

COMPREHENSIVE SEXUALITY EDUCATION

FOR OUT OF SCHOOL YOUNG PEOPLE IN ZAMBIA

FACILITATOR'S GUIDE



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Republic of Zambia
Ministry of Youth, Sports and Child Development

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This resource manual is based on the Out of School Comprehensive Sexuality Education Framework of the Republic of Zambia implemented under the Ministry of Youth, Sport and Child Development. The manual is in line with international standards and up-dated to include current thinking on sexuality education and new information on HIV and Sexual and Reproductive Health (SRH).

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INTRODUCTION FOR FACILITATORS

Welcome to the Comprehensive Sexuality Education Curriculum for Out of School Young People! This curriculum is designed to help youth in Zambia face the challenges of growing up, developing positive relationships, protecting their sexual and reproductive health, and working to improve the situation of young people in their own communicates.

The challenges affecting youth today are all too visible: the growing numbers of teenage pregnancies, school dropouts, drug use, and social, sexual and reproductive health problems, like date rape, STIs and HIV, are all indicators that many youth are simply unable to cope. Youth leaders can help young people by providing them with correct information, challenging them to look at their own attitudes and behaviours, and helping them to develop the skills they need to adopt healthy behaviours and to stay safe now and in the future.

For young men and women, adolescence and youth is a time filled with excitement, new feelings, unanswered questions, challenges, changes and difficult choices. They need to know the facts about their own sexuality, plan for happy futures and healthy lives ,and begin preparing for the world of work.

During this time, their relationships are changing. Their relationships with peers of the same and opposite sex gain in importance, while they still need to have respectful, loving relationships with family members. Young people must also learn to deal with physical and emotional changes, new romantic and sexual feelings, and making responsible decisions on their own about sex, protection, reproduction and parenthood.

The Comprehensive Sexuality Education (CSE) Curriculum is a simple guide that focuses on three important issues young people face:

- · Recognizing the importance of adhering to their own values;
- Learning more about how their bodies function and dealing with sexual and reproductive changes, feelings and behaviours; and
- Thinking about and planning for their future.

Comprehensive Sexuality Education helps young people find out who they are now, where they are heading, who they hope to become, and how to get to where they want to be.

Comprehensive Sexuality Education provides many activities that facilitators can use to help young people to:

- Gain information about themselves, their sexuality, how to prevent pregnancy and avoid sexually transmitted infections and HIV, and to learn more about preparing for the world of work;
- Look at their attitudes and feelings about growing up, gender roles, risk taking, sexual behaviour and relationships; and
- Practise making decisions, setting goals, communicating clearly, negotiating to protect their own health, and resisting negative peer pressure.

ABOUT THIS MANUAL

OVERVIEW

The Comprehensive Sexuality Education Resource Manual is based on the following assumptions:

- Young people can learn to be safe. They can learn how to avoid unplanned pregnancies and sexually transmitted infections (STIs), including HIV.
- They can achieve this by choosing to abstain from sex for moral, religious, ethical or health reasons or by using condoms consistently and correctly. They can combine condoms with other methods of contraception for extra protection against pregnancy.
- Young people who know their rights and responsibilities and who believe in gender equality have better sexual health outcomes than their peers.
- Young people can learn to make good choices if they have complete factual information, healthy attitudes and good decision-making, communication and planning skills.

Using this manual, trained facilitators, including experienced youth leaders, can help young people to gain the knowledge, attitudes and skills they need to make healthy decisions and to communicate their choices clearly. The manual uses interactive, participatory activities to help young people gain new information and skills. Existing programs for young people can incorporate any or all of the activities included here into their on-going activities.

The facilitators play an important role and directly affect the success of any educational program. Facilitators should be those who:

- · Are well-informed about human sexuality, gender and rights, sexual and reproductive health and life skills;
- · Are comfortable discussing sexuality issues and human relationships;
- Are non-judgemental;
- · Really enjoy working with young people;
- · Respect the views of young people, even if these views are very different from their own;
- · Believe that young people can make good decisions for themselves;
- · Have good group facilitation and communication skills; and
- Have a sense of humour!

MANUAL OBJECTIVES

It is assumed that facilitators may want to add or change questions in exercises and spontaneously explore issues as they arise, depending on the needs of their groups.

The main objectives of this manual are to provide out-of-school youth with a chance to:

- Learn more about themselves how they feel about sexuality and relationships; what their personal values are; what is happening to their bodies and emotions; what influences their developing feelings and choices; and how gender roles and stereotypes affect them;
- Identify what they want to happen in their lives and figure out how to work towards building good futures by planning and setting goals; and develop their understanding of relationships and their communication skills
- Acquire accurate knowledge about human sexuality, human rights and gender; how to protect their sexual and reproductive health; and how to reduce sexual and gender-based violence.

The manual has two books: this Facilitator's Manual and a Participant's Workbook.

FACILITATOR'S MANUAL

The Comprehensive Sexuality Education manual has three sections: Who Am I? Where Am I Going? And How Do I Get There. Each section is divided into units, which take anywhere from 2.5 to over 13 hours to deliver in full.

Each unit has an introductory section that consists of the purpose and objectives and a list of the activities in the unit and the amount of time it will take to deliver them; detailed activity plans; and concluding notes. Each activity consists of the following:

- Purpose
- · Time Required
- · Learning Objectives
- Materials Needed
- Preparation
- Steps
- Linking Sentence

Section One: Who Am I? Looks at the young person as an individual. It covers values and rights, adolescent growth and development, sexuality and gender roles and equality to help young people understand themselves better.

Section Two: Where Am I Going? Focuses on planning for the future, including work, relationships and communication skills.

Section Three: How Am I Going To Get There? Deals with issues that can affect the plans that young people make, such as an unintended pregnancy, HIV and STIs, and sexual and gender-based violence. It prepares young people to protect themselves and to cope with these situations so that they have the best chance to achieve their goals.

Each activity ends with a set of key messages. These are the main points that participants should take away with them from the activity and that the facilitator should reinforce.

Some activities have Facilitator Information at the end that provides the information the facilitator needs to know to run the activity and in some sections, additional information that may be needed to answer participant questions.

Linking Sentences are provided at the end of each activity to help the facilitator make the connection between the activities. The facilitator should not read these word for word, but can use them as a guide to close one activity and move to the next one.

At the end of each unit, there are Concluding Notes, which are intended to guide the facilitator to close the unit appropriately.

Note to Facilitator: From time to time you will see notes to the facilitator, which give additional information for running the activity.

PARTICIPANT'S WORKBOOK

The Participant's Workbook is an activity book that is used by participants throughout the training. There are three sections that coincide with those in the Facilitators Manual. Each section consists of:

- Purpose and Objectives
- Units
- Activities
- · Lessons Learned
- My Commitment

The workbook contains the worksheets and information that are used to when delivering the activities in the manual. The workbook is designed for use with literate groups, as it requires significant reading, writing and analysing skills. Each participant may keep her/his workbook. If your participants cannot read, you will need to adapt the activities.

HOW TO USE THIS MANUAL

This manual is intended for use with out of school youth aged 10 to 24 years. It provides materials for comprehensive sexuality education and represents a maximum package. To deliver all of the activities will take 10 days. There are two similar but somewhat different programmes for young people aged 10-14 and for young people aged 15-20. It is ideal that the same group of youth be taken through the entire manual, but when this is not possible, choose the modules or activities that you feel are the most relevant to your participants based on a needs assessment or your knowledge of the group.

The program can be delivered in different ways. For example, you could do a single workshop of 10 days; you could start with a 5-day workshop that you follow up with shorter weekly sessions, for example, of 2-3 hours until you have completed all the sessions; or you can do a shorter workshop and select those activities that suit your participants because of their age or their risk factors or one that emphasises certain issues, for example, gender and rights, or gender and violence prevention, or preventing pregnancy, STIs and HIV. You can also adapt the activities to suit the needs of youth of different ages, ethnic or educational backgrounds. Sample 3, 5 and 10-day programmes are provided below.

If you select only certain activities from the units, you will need to read them carefully to see if they require participants to have any knowledge from activities that you are skipping. You may also need or want to adjust the activities to cover some additional content.

SAMPLE PROGRAMMES

3-DAY PROGRAMME

In this 3-day program, basic information about HIV needs to be integrated into the session 'Myths and Facts about STI'. The Conversation Circle and Commitment activities also need to be adapted so that they are suitable for the end of the day rather than the end of a unit.

Day 1	Time
Introductory Activities (Setting Grounds Rules, etc.)	90 minutes
International Values & Human Rights	75 minutes
Sex - What's the Truth?	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	60 minutes
Conversation Circle and Commitment	20 Minutes
	6 hours 35 minutes

Day 2	Time
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes
Weighing the Options	45 minutes
Speaking for yourself	60 minutes
How pregnancy Happens	45 minutes
Decision-Making about Pregnancy Options	75 minutes
Preventing Unwanted Pregnancy	90 minutes
Conversation Circle and Commitment	20 minutes
	7 hours 25 minutes

Day 3	Time
Myths and Facts about STIs	75 minutes
Positively Alive!	60 minutes
The MCP Handshake	45 minutes
Exploring Outercourse	75 minutes
Reducing the Risk	45 minutes
Traditional Practices: Keep, Change or Stop	75 minutes
My Commitment to Myself	60 minutes
	7 hours 15 minutes

5-DAY PROGRAMME

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Day 2	Time
Sex- What's the Truth	45 minutes
Power and Privilege	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	60 minutes
Relationship Rights and Responsibilities	75 minutes
Building Health Relationships	45 minutes
Conversation Circle and Commitment	20 minutes
	6 hours 50 minutes

Day 3	Time
Weighing the Options	45 minutes
Don't Pressure Me	90 minutes
Are You Listening?	60 minutes
Speaking for Yourself	60 minutes
How Pregnancy Happens	45 minutes
Making Decisions about Pregnancy Options	75 minutes
Conversation Circle and Commitment	20 minutes
	6 hours 35 minutes

Day 4	Time
Preventing Unwanted Pregnancy	90 minutes
Myths and Facts about STIs	75 minutes
How Much Do You Know about HIV	50 minutes
To Know or Not to Know Your HIV Status	60 minutes
Positively Alive!	60 minutes
Multiple Partnerships	40 minutes
The MCP Handshake	45 minutes
Conversation Circle and Commitment	20 minutes
	7 hours 20 minutes

Day 5	Time
Exploring Outercourse	75 minutes
Reducing the Risk	45 minutes
Traditional Practices: Keep, Change, or Stop	75 minutes
What Should They Do?	60 minutes
Getting Consent	75 minutes
My Commitment to Myself	60 minutes
	6 hours 30 minutes

COMPLETE 10-DAY PROGRAMME FOR ADOLESCENTS AGED 10-14

Day 1	Time
Introductory Activities (Setting Grounds Rules, etc.)	90 minutes
Warm Up: Zip Zap	5 minutes
Understanding Values	30 minutes
Influences on My Values	60 minutes
Values Voting	40 minutes
What Do My Values Tell Me to Do	45 minutes
International Values and Human Rights	75 minutes
Conversation Circle and Commitment for Unit 1	20 minutes
	6 hours 5 minutes
Day 2	Time
Warm up: Clay Game	10 minutes

Day 2	Time
Warm up: Clay Game	10 minutes
What is Adolescence?	15 minutes
Changes During Adolescence	75 minutes
Female Reproductive System	45 minutes
Understanding Menstruation	60 minutes
Male Reproductive Systems	45 minutes
Conversation Circle and Commitment for Unit 2	20 minutes
Warm up - Body Talk	30 minutes
Sources of Sexual Learning	30 minutes
Coping with Attraction	45 minutes
	7 hours 15 minutes

Day 3	Time
Sex - What's the Truth	45 minutes
Conversation Circle and Commitment for Unit 3	20 minutes
Warm up - If I were, I would	15 minutes
What is Power	30 minutes
Power and Privilege	45 minutes
Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	60 minutes
Conversation Circle and Commitment for Unit 4	20 minutes
	6 hours 25 minutes

Day 4	Time
Warm up: The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting goals	40 minutes
Gender Roles and Vocations	30 minutes
Conversation Circle and Commitment for Unit 5	20 minutes
Warm up- The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes
Peer Group Relationships	45 minutes
Being Smart about Social Media	60 minutes
Weighing the Options	45 minutes
Conversation Circle and Commitment for Unit 6	20 minutes
	7 hours o minutes

Day 5	Time
Warm up: Mute Line Up	20 minutes
What is Communication?	20 minutes
Are you Listening?	60 minutes
Speaking for Yourself	60 minutes
Non-verbal Communication	60 minutes
Conversation Circle and Commitment for Unit 7	20 minutes
Warm up - Robot Testing	10 minutes
How Pregnancy Happens	45 minutes
Making Decisions about Pregnancy Options	75 minutes
	6 hours 10 minutes

Day 6	Time
Preventing Unwanted Pregnancy	90 minutes
Discussing Contraception	45 minute
Teen Services Safari	150 minutes
Conversation Circle and Commitment for Unit 8	20 minutes
	5 hours 5 minutes

Day 7	Time
Message from HIV Positive Youth	20 minutes
Myths and Facts about STIs	75 minutes
How Much Do You Know about HIV	50 minutes
How HIV Makes You Sick	60 minutes
To Know or Not to Know Your HIV Status	60 minutes
Treatment for HIV	45 minutes
Positively Alive!	60 minutes
	6 hours 10 minutes

Day 8	Time
Understanding and Challenging Stigma, part 1	30 minutes
Understanding and Challenging Stigma, part 2	60 minutes
Conversation Circle and Commitment for Unit 9	20 minutes
What Would You Do?	20 minutes
Multiple Partnerships	40 minutes
The MCP Handshake	45 minutes
Older Partners, What's the Risk?	90 minutes
What Difference Does a Drink Make?	60 minutes
	6 hours 5 minutes

Day 9	Time
Exploring Outercourse	75 minutes
Overcoming Barriers to Condom Use	75 minutes
Reducing the Risk	45 minutes
Asking for What You Want and Need	60 minutes
Conversation Circle and Commitment for Unit 10	20 minutes
Warm Up - Life Boat	10 minutes
Child Marriage	60 minutes
	5 hours 45 minutes

Day 10	Time
Traditional Practices: Keep, Change, or Stop	75 minutes
Sexual and Gender-based Violence	45 minutes
What Should They Do	60 minutes
Getting Consent	75 minutes
My Commitment to Myself	60 minutes
	5 hours 15 minutes

COMPLETE 10-DAY PROGRAMME FOR YOUNG PEOPLE AGED 15-20

Day 1	Time
Introductory Activities (Setting Grounds Rules, etc).	90 minutes
Warm up: Zip Zap	5 minutes
Understanding Values	30 minutes
Influences on My Values	60 minutes
Values Voting	40 minutes
What Do My Values Tell Me to Do?	45 minutes
International Values and Human Rights	75 minutes
Conversation Circle and Commitment for Unit 1	20 minutes
Warm up: Clay Game	10 minutes
Female Reproductive System	45 minutes
	7 hours o minutes

Day 2	Time
Understanding Menstruation	60 minutes
Male Reproductive System	45 minutes
Conversation Circle and Commitment for Unit 2	20 minutes
Warm up - Body Talk	30 minutes
Let's Talk about Sex	60 minutes
Human Sexual Response	60 minutes
Sex - What's the Truth	45 minutes
Conversation Circle and Commitment for Unit 3	20 minutes
	6 hours 15 minutes

Day 3	Time
Warm up - If I Were, I Would	15 minutes
What is Power?	30 minutes
Power and Privilege	45 minutes
Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	60 minutes
Conversation Circle and Commitment for Unit 4	20 minutes
Warm up: The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting Goals	40 minutes
Gender Roles and Vocations	30 minutes
	7 hours o minutes

Day 4	Time
Work Options	45 minutes
Start with What You've Got	40 minutes
Conversation Circle and Commitment for Unit 5	20 minutes
Warm up - The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes
Being Smart about Social Media	60 minutes
Sexy, Safe and Smart	60 minutes
	5 hours 55 minutes

Day 5	Time
Don't Pressure Me	90 minutes
When Would You End it?	75 minutes
Conversation Circle and Commitment for Unit 6	20 minutes
Warm up: Mute Line Up	20 minutes
What is Communication?	20 minutes
Are you Listening?	60 minutes
Speaking for Yourself	60 minutes
Non-verbal Communication	60 minutes
Conversation Circle and Commitment for Unit 7	20 minutes
	7 hours 5 minutes

Day 6	Time
Warm up - Robot Testing	10 minutes
How Pregnancy Happens	45 minutes
Making Decisions about Pregnancy Options	75 minutes
Preventing Unwanted Pregnancy	90 minutes
Discussing Contraception	45 minutes
Teen Services Safari	120 minutes
Conversation Circle and Commitment for Unit 8	20 minutes
	6 hours 45 minutes

Day 7	Time
Message from HIV Positive Youth	20 minutes
Myths and Facts about STIs	75 minutes
How do you know about HIV?	50 minutes
How HIV Makes You Sick?	60 minutes
To Know or Not to Know Your HIV Status	60 minutes
Telling Our Partners	60 minutes
Treatment for HIV	45 minutes
Positively Alive!	60 minutes
	7 hours 10 minutes

Day 8	Time
Understanding and Challenging Stigma, part 1	30 minutes
Understanding and Challenging Stigma, part 2	60 minutes
Conversation Circle and Commitment for Unit 9	20 minutes
What Would You Do?	20 minutes
Multiple Partnerships	40 minutes
The MCP Handshake	45 minutes
Older Partners, What's the Risk?	90 minutes
What Difference Does a Drink Make?	60 minutes
	6 hours 5 minutes

Day 9	Time
Exploring Outercourse	75 minutes
Overcoming Barriers to Condom Use	75 minutes
Reducing the Risk	45 minutes
Asking for What You Want and Need	60 minutes
Conversation Circle and Commitment for Unit 10	20 minutes
Warm Up - Life Boat	10 minutes
Child Marriage	60 minutes
	5 hours 45 minutes

Day 10	Time
Traditional Practices: Keep, Change, or Stop	75 minutes
Sexual and Gender-based Violence	45 minutes
What Should They Do	60 minutes
Getting Consent	75 minutes
My Commitment to Myself	60 minutes
	5 hours 15 minutes

PLANNING YOUR WORKSHOPS

When planning a workshop, you need to consider three main components: the participants, the facilitators and the implementation of the workshop. For each one, the specific issues that you need to think through are listed below.

The Participants

- · Who are your participants? What is their age range?
- · What attitudes, knowledge and understanding, and skills are participants likely to bring to the workshop?

How much exposure do the participants have to the topics?

- · What expectations will the participants have of the workshop?
- What should the participants know or be able to do by the end of the workshop?
- How literate are they?

The Facilitators

- · How many facilitators will you need to run the workshop?
- Do you need to have both male and female facilitators?
- · What are the facilitators' expectations concerning pay, transport, accommodation, food and so on?
- Who will be included in planning the workshop programme?
- Who will run which activities?
- · Will you need guest facilitators for any activities?
- What do all the facilitators need to discuss or know before the workshop?
- What do you expect the facilitators who are not facilitating a particular activity to do during that time (will they support the facilitator, prepare for future activities, observe, record what happens in the session, or not be present at all)?
- How will you handle conflicts between participants in the workshop?
- · How will you deal with participants who arrive late, skip sessions or consistently break ground rules?
- How will you ensure that some participants do not dominate group discussions?
- · How will you record the workshop proceedings, if you need to do so?

The Workshop

- Preparation and planning are important, however be flexible, relaxed and creative.
- If the workshop includes a Saturday, make sure the participants are willing to participate on Saturday. Allow time for people to travel to and from the workshop.
- Make sure that your budget will cover the number of participants expected and other workshop costs.

Some points to consider are:

- · How much time do you have for your workshop?
- · What will the hours of the workshop be every day? When will there be breaks and how long will they be?
- · What activities will you include in the programme?
- Is the workshop venue easy to get to or will transport have to be provided?
- Is the venue booked?
- How will you register people when they arrive?
- Will participants be given materials a folder, programme, pen, and/or a notebook? If you are not giving them materials, do they know what to bring?
- If you are using electrical equipment e.g. overhead projectors, videos players, etc. have they been checked to make sure they are working? Do you have the extension leads or adaptors that you need?
- What materials, such as flipchart paper, markers and tape, Bostik or Prestik, do you need?

Tips for planning your workshop programme

To design and conduct a programme that meets the needs of youth, you need to do the following:

- Be very familiar with the entire manual.
- · Determine how much time you have for the workshop and which activities you will run.
- Determine the amount of time you need to run the activities with your group. The amount of time given for each activity is only an estimate you may need more or less.
- · Allocate time for and plan the introductory sessions.
- Decide how you will evaluate the workshop and allocate time for it.

Implementing the Workshop

The Comprehensive Sexuality Education Manual gives detailed plans for activities to address the different issues and reach the objectives. You should adapt them to suit your group and the time and resources available to you. The important thing is that learning takes place in a way that can influence and/or change behaviour of the participants.

Setting the Stage for the Workshop

At the beginning of the workshop, you will need to set the stage with some initial activities that help participants to start to get to know you and each other and orient them to what will happen during the workshop. These should include the following:

Introductions: Begin the workshop by welcoming the participants and introducing yourself and any co-facilitators. Briefly describe your own background, where you are from, why you are there, your education and training in the field of sexuality education and sexual and reproductive health and what you plan to do in the workshop. Give participants a chance to introduce themselves or each other. Depending on the size of the group and time available you may ask them to briefly share some personal information as well. See the box below for a recommended introductory activity.

Programme: Briefly go over the programme with the participants and make sure that they are aware of when you will start and finish each day and when the breaks will be. Discuss any concerns that they have.

Purpose: Write the workshop objectives on flipchart paper to share them with the participants. Discuss them with participants and check how they feel about these objectives. You may also want to give the participants an opportunity to express their expectations of the workshop. If they have expectations that you cannot meet, you should let them know this.

Ground Rules: It is important to create a 'safe space' for participants to speak freely and openly about sensitive issues and personal experiences. Developing a set of ground rules will define acceptable group behaviour and help youth feel more comfortable sharing with each other.

Ask the group to brainstorm the ground rules that they want for the workshop and agree on them. Write the ground rules on flipchart paper and hang them where the group can see them during the entire workshop. Refer to them whenever needed and ask the participants to help you to enforce them. This can be done by simply saying 'Ground rules' when one of them is being broken, for example, if many people are talking at the same time.

If your participants do not come up with the following common ground rules, you may want to suggest them:

- Confidentiality: What we share in this group will remain in this group and will not be told to others.
- Respect: We should respect other's opinions and experiences, even if they are different from our own or we do not agree with them.
- One person talks at a time: Listen to each other with respect.
- No cell phones during sessions: Establish rules for how cell phones will be handled during sessions turned off, turned to silent, etc., and what the consequences will be if the rule is not followed. Be sure to enforce it.

- **Don't judge others:** It is okay to disagree with another person's point of view, but not to judge or put down another person because they do not feel the same as you do.
- **Speak for yourself:** Express your own views and opinions and feelings. Use the word 'I' to start your sentences, for example: 'I do not want to marry before I have a job.' Do not talk about someone else's private life or, talk more generally, without identifying the name of the person in your story.
- Right to pass: Although participation is encouraged, participants have the right to 'pass' on any issue. It is okay to say: 'I'd rather not do this particular activity' or 'I don't think I want to answer that question.'

Anonymous Question Box: Make an anonymous question box – empty paper boxes are good for this purpose since they have lids. You can decorate it and cut a slot in the lid so that paper can be slipped into the box (but don't cover the whole thing in paper so that you can no longer remove the lid). Introduce the anonymous question box to participants and show them where it is. Tell the participants that they can write down any questions that they don't want to ask in front of the group and put them in the question box at any time. Alternatively, you can also ask all of the participants to put their questions in the box at the end of each day. Take the questions out of the box every day and answer them first thing the next morning.

Icebreaker: Doing a fun icebreaker during the introductory activities can set a good tone for the workshop and help make participants more comfortable with each other.

RECOMMENDED INTRODUCTORY ACTIVITY: CHECKING-IN



Purpose

Participants discuss why they joined the programme or workshop. This will give the facilitator information about what the participants are expecting from the course. They also discuss how their own lives have been affected by HIV (and/or teen pregnancy, harmful traditional practices, gender-based violence, broken relationships) which personalises the issue(s) and brings home to everyone that these issues are serious, widespread and close at hand. This is intended to be a very serious exercise that focuses their minds on the topic and encourages them to take the workshop seriously.

Note to Facilitator

If you live in a country where HIV is very widespread, you may choose to focus the activity on HIV alone. Otherwise, you can expand the focus to include additional issues that affect the young people you are working with, as indicated above, such as teen pregnancy, traditional practices, gender-based violence, and/or broken relationships.

Objectives:

By the end of this activity, participants will be able to:

- Describe how their own lives have been affected by HIV (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).
- Explain why everyone has been affected by and is living with HIV (or why everyone's life has been affected by issues related to sexuality, such as HIV, teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).



Time: 45-60 minutes



Materials:

Flipchart paper, Koki pens or markers, Prestik, Bostik or tape



Preparation:

Write the following on a piece of flipchart paper:

Tell the group:

- Your name and/or the nickname that you want to be called
- Why you joined this workshop
- · How you are feeling today
- How your own life has been affected by HIV (Note to Facilitator: Put the issues that you have selected to focus on here, i.e. HIV, teen pregnancy, traditional practices, gender-based violence, and/or broken relationships)
- Think about how HIV (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships) has affected your life and what you will share with the participants when you model the checking in process. Share what you can and be honest. You do not need to declare your HIV status, but you should explain how HIV and AIDS (or the other issues you selected) has had an impact on your life, your family and friends, and on your behaviour, and what you have learned from your experiences dealing with HIV (or the other issues related to sexuality that you selected). Your openness will encourage participants to be open as well. It is important to show that HIV (or other issues related to sexuality) is a personal issue in all of our lives. Set a serious tone for the activity.



Steps

- 1) Post the flipchart paper with the main points of the checking-in process where everyone can see it. Ask the participants to sit in a circle (without desks in front of them).
- 2) Explain that they are now going to "check-in" with each other. Tell them that they will say:
 - Your name and/or the nickname that you want to be called and your grade;
 - · How you are feeling today;
 - · Why you joined the workshop; and
 - How your own life has been affected by HIV and AIDS (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).

Remind participants that what is said in the room must stay in the room.

3) Tell participants that you will start.

Note to facilitator: When you check-in, you are providing them with a model for the process and setting the tone. Be sure to articulate clearly how your own life has been affected by HIV (or the other issues related to sexuality that you selected). The more open you are, the more likely it is that participants will be open.

- 4) After you check-in, start with the person on your left and go around the group. Have each participant check-in. Remind them of the points to cover if necessary, though whatever they say is fine. Encourage them, but do not force them to talk.
- 5) After all the participants have had a turn, thank them for introducing themselves and for sharing, especially about how their lives have been affected by HIV and AIDS.
- 6) Tell the participants: All [insert nationality] have been affected by and are living with HIV and AIDS (or the other issues related to sexuality that you selected). Even those of you who think that you have not been personally affected have been. Why? Because you are growing up at a time when you must be aware of HIV, know how to protect yourself, and act to protect yourself. None of us can just ignore HIV.

Note to facilitator: If you have selected other issues in addition to HIV, you can say: All [insert nationality] have been affected by problems related to our sexuality. We are all living with HIV, STIs, teen pregnancy, child marriage, violence and broken relationships. Even those of you who think that you have not been personally affected have been. Why? Because you are growing up in a community that is affected by all of those issues, you are living in a time when you must be aware of STIs and HIV, know how to protect yourself, and act to protect yourself. None of us can just ignore these issues!

Preparing and conducting activities

Before conducting an activity, you need to do the following:

- Familiarize yourself with the instructions and the content, as needed. Read through the activity and all of the related materials and decide if you will make any changes.
- Do any research you need to do about things like national laws and policies and local services.
- Prepare any materials that are needed before the session begins.
- Consider how the participants will react to the activity and the topic. Discussing sensitive issues, such as rape, can bring up emotional responses in some of the participants, which they may need to talk about. You should deal with these situations individually. Sometimes you may be able to provide the support needed, however, if the problem is significant or very intense, it is best to refer the person to an experienced counsellor. Be prepared to make referrals when necessary.

Role of a Facilitator

Your role as facilitator is to:

- · Monitor and manage the group to make sure that everyone is participating actively.
- Keep discussions on track so as to achieve objectives of the activity in a timely way.
- Clarify points, make corrections when necessary, and add missing points to discussions and conclusions to make sure that correct facts are given.
- Assess participants' acquisition of knowledge and skills.
- Help participants learn to think for themselves and to make their own decisions well. Do not lecture participants, tell them what to do in their personal lives or tell them what the 'best choice' is.

Experiential Learning

Experiential learning is essentially learning from our experiences. These experiences can be created in a classroom or they can come from real life. The activities in this manual use experiential learning to help young people gain information, examine their attitudes and values, learn and practise skills and come to their own conclusions.

In experiential learning, the participants do an activity or remember an experience. Then they discuss the experience or activity together to learn from it. Afterwards they are asked to come to more general conclusions about what they learned and to apply it to new situations in the learning environment or in their real lives. Experiential learning is interactive and participant-centred.

This manual uses a variety of experiential learning methods. Feel free to modify any of the techniques suggested to suit your participants, but do not be afraid to try new approaches.

Working with out-of-school or low-literate youth

Each group of youth is different. Make sure you take time to assess the group's needs so that you can meet them most effectively.

Some guidelines are:

• Involve the learners as much as possible in any preparation that needs to be done, including getting the room set up, preparing materials, etc.

- Use simple terms and local language as much as possible.
- Use interactive methods as much as possible. These methods allow participants to share what they know
 with each other and to share and learn from each other's experiences. Keep presentations and lecturers to a
 minimum.
- Find fun and exciting ways to get the information across and achieve the objectives.
- · Use lots of short energizers, especially after lunch.
- Use audio-visuals whenever you can, including posters, pictures, drawings, models, videos, songs, and local materials identified by the group.
- Use real-life examples to help make points.
- · Use relevant local folklore, stories and proverbs when they support the content.
- Have participants answer questions and summarize as much as possible, using their vernacular and own terms when appropriate.
- Ask the participants what they learned or understood or what the main points of an activity were to check what they got out of it and if they misunderstood anything.

Evaluating the Workshop

The purpose of an evaluation is to assess to what extent:

- · The objectives of the programme or activity were met;
- · The information imparted was understood;
- The programme met the expectations of the participants;
- · The participants learnt new information; and
- The facilitator was effective in conducting the programme.

Evaluation is done at the end of each activity, as well as at the end of each unit and at the end of the entire curriculum. At the end of each activity, the facilitator should ask the participants to summarize what they have learned or what they think the main points of the session were. Their answers to these questions will tell the facilitator what the participants got out of the activity and what stood out to them. If they got the wrong information or messages, it gives the facilitator an opportunity to clarify. The 'Conversation Circle' is used at the end of each unit to help participants recap what they learned and what it means to them.

The facilitators' role is always to ask the opinion of the learners and permit a variety of ideas to come out during the evaluation process. You can ask the group to be constructive in their criticism and to suggest ways to improve the programme.

Evaluation Techniques

Pre and Post-Training Questionnaires:

It is always useful to give the participants a pre-training questionnaire to see what they think the training will be about and to assess their starting level of knowledge and skill. A sample pre- and post-test questionnaire is included in Annex 2. During the final evaluation of the workshop, you will be able to find out if the workshop was what they had expected it to be.

For non-literate groups questionnaires can be turned into a verbal 'team' game, with each team scoring for a correct verbal answer. Overall scores should be higher, with responses given more rapidly in the post-test.

Some evaluation techniques that you can choose to use during the workshop are:

Flash Feedback:

Participants and facilitators sit in a circle. A facilitator asks the group a direct question, for example: 'Tell me how you felt about the day today?' or 'What are two new things you learned today?' Going around the circle, each person gives a personal opinion in a very short statement. It is called 'flash' feedback because of the speed with which opinions are given. It should not take more than 30 seconds for each person. No discussion is allowed as the flash is going on.

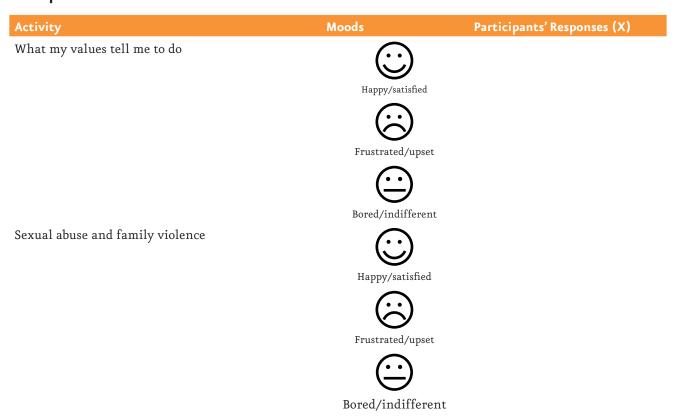
Mood meter:

A mood meter allows the group to measure the mood and atmosphere of the workshop. It may or may not be directly related to the content of the workshop.

At the beginning of the workshop, prepare a mood meter chart on flipchart paper with the total number of sessions for that day, or for the morning and afternoon or for the whole day, depending on what you want to measure (see the example below). Write these in a vertical line. In the horizontal columns for each training session, draw at least three different mood symbols, for example, faces showing happiness, indifference or frustration/anger.

Participants should place an `X' or a dot in line with the emotion they are feeling at the end of each session, or at the end of the morning, afternoon or day. Use the results to discuss the energy level of the group and/or the reasons for their feelings as the program progresses.

Example of a mood meter



Evaluation Committee:

At the beginning of each day, two or three participants volunteer or are chosen to evaluate the day's events. They may use any technique to gather information from the other learners. Normally, facilitators and the evaluation committee meet immediately following the day's sessions to assess their findings and prepare to present findings before the next day's sessions begin.

End of Day Questionnaire:

You should always ask the group for comments and respond to any other issues that may require your attention. An example of a daily evaluation questionnaire is provided in Annex 2. Modify it to suit what you want to know. If you choose to use it, then make sure there are sufficient copies available each day that it will be used.

Final Evaluation

There are several methods of doing a final evaluation of the workshop. Here are a few of these:

Scaling: Use a scale from 1 to 10 to measure how participants feel about specific issues, for example, to assess any expectations and fears that were raised at the beginning of the workshop. The questions to ask are:

- · Did we avoid the following fears?
- Did we meet your expectations?

To answer these questions, each participant places an answer for each question on a scale from one (the worst) to ten (the best). The points are then added up and discussed. This can also be used to assess other factors of the workshop such as:

- Workshop venue and facilities
- Content of sessions
- Knowledge and skills gained (pre-post test for these)
- Daily schedule
- · Duration of sessions and training



SECTION 1 WHO AM 1?

UNIT 1: VALUES AND RIGHTS

PURPOSE AND OBJECTIVES

The purpose of this unit is to introduce and define the concept of values and rights and help young people identify their own values. The unit assists participants to talk about and explain their personal values, to identify how the values of their family, culture and religion and friends have influenced them and to examine the relationship between values and behaviour.

By the end of this unit, participants should be able to:

- Explain what values are
- Identify their personal values:
- Compare their personal values to the values they learned from their family, culture and religion and friends
- Explain what is most important to them in life and why;
- Describe how their personal values affect their behaviour;
- Communicate their values to others; and
- · Explain their human rights and responsibilities related to health, sexuality and gender

ACTIVITIES

Activity	Time
Warm up - Zip Zap	5 minutes
Understanding values	30 minutes
Influences on my values	60 minutes
Values voting	40 minutes
What do my values tell me to do?	45 minutes
International values and human rights	75 minutes
Conversation circle and commitment	20 minutes
	4 hours and 35 minutes

ACTIVITY 1.1: WARM UP - ZIP ZAP



Purpose

To help participants learn each other's names in a fun way.



Time: 5 minutes



Preparation

If participants do not already have name tags, have them make them. Ask the participants to put on their name tags for this activity.



Steps

- 1. Ask all participants to sit in a circle, while you remain standing.
- 2. Explain the game as follows:
 - There are two words in this activity 'Zip' which means left and 'Zap' which means right.
 - I will call out one of these words at a time and point to a participant.
 - When I say 'Zip' the person I'm pointing at must say the name of the person sitting on their left.
 - When I say 'Zap' the person I'm pointing at must say the name of the person sitting on their right.
 - When I say 'Zip Zap' everyone has to move to another seat, myself included.
 - If the person I am pointing at delays too long, s/he must exchange places with me.
 - · The new person left standing then does the calling.
- 3. Start the game and continue for about four minutes.

ACTIVITY 1.2: UNDERSTANDING PERSONAL VALUES



Purpose

To look at the different meanings of the word 'value' and come to an understanding of what it means in the context of family life and relationships.

Objectives

By the end of the activity, participants will be able to:

- Explain what a value is;
- · List at least five things that are important to them in life and explain why;
- · Explain two behaviours that they think are right and wrong and explain why.



Time: 30 minutes



Materials needed:

None



Preparation

None



Steps

- I. Ask the participants to brainstorm a list of different things that are important to them in their lives. If they have difficulty starting, give them one example, such as 'education.' List all suggestions on the flipchart paper. (Answers may include things like: education, health, family, friends, work, religion, respect, love, honesty, kindness, hard work, and talent). The list should be quite long.
- 2. Tell participants that the activity is about values. Explain that the word 'values' has a couple of meanings. One is shown in this list they just made. Ask them: What is it?

Write 'My personal values are...' on flipchart paper. Write their correct responses on the flip chart paper as follows:

My personal values are the things that:

- Are important to me in life.
- 3. Then ask: What else does the word 'values' mean? Use their responses and add to them to come up with the following and add this to the list started in step 2:
 - · I think are right and wrong
 - I think are desirable or not
 - I think are worthwhile or not
 - I think are acceptable or not

Explain that values are the things that are important in the way that you live and work. Ask them to give you one or two examples. If they have a difficulty, give them another example, such as 'I believe that it is wrong to lie.'

4. Tell participants to open their workbooks to page II. They should think about what five things are most important to them and list them in their workbooks.



WORKSHEET: WHAT IS IMPORTANT TO ME IN LIFE?

Personal Values

Personal values are the things that are important in the way that you live and work. They are the things that:

- Are important to you in life.
- · You think are right and wrong.
- You think are good and bad.
- · You think are desirable or not.
- · You think are worthwhile or not.
- You think are acceptable or not.

Think about what you value most in life and list them.

The five most important things in life to me are:

- 7. After about five minutes, call their attention back to the front and go around the room ask each participant to share the number one item on their list. Ask all the participants to listen carefully to each other.
- 8. Then Ask:
 - · What values did many participants mention?
 - Did the male and female participants mention similar or different values? If there were differences, ask: Why do you think there are differences?
 - As we grow up, different people and institutions influence our values. Who or what has influenced your values? (Answers may include parents and family, religion, media, friends, teachers, traditional and religious leaders, education, reading).
 - Who decides what your personal values are? (You do).
 - · How do values affect behaviour? (Values guide your behaviour and help you to make decisions).
- 9. Ask the participants what they learned and add any of the following points they do not mention
 - Your personal values are things that are important to you in the way you live and work.
 - Our values are influenced by the people around us and by ideas we get from things like religion, media, and books.
 - · Values influence our behaviour and the choices we make.

Linking sentence

As we discussed, families, religion, school, reading, the media and culture can influence our personal values. We will now look at some of those influences on our values.

ACTIVITY 1.3: INFLUENCES ON MY VALUES



Purpose

To explore the influence of family, culture, religion and friends on their values and which influences they disregard and why; and to examine how they decide on their personal values.

Objectives

By the end of the activity, participants will be able to:

- Identify the values they were taught by their family, culture, religion, and friends on given topics;
- Explain how they decided what their personal values were on those topics.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Tell the participants that in this activity they are going to discuss the values they learned from their families, culture, religion, and friends about drinking, sex, and gender. Ask participants to turn to page 12 in their workbooks. Ask one of the participants to read the instructions. Ask if they have any questions. Give them 20 minutes. Circulate as they work to help them as needed.
- 2. After 20 minutes or when they have finished, call their attention back to the front of the room. Go through the worksheet with them by asking one person to share what they learned from their family about drinking. Then ask who learned something different. Make notes on two or three different values that different participants learned.

Note to the facilitator: On drinking alcohol, if they all say that they learned that drinking is not good, ask them how many of them have at least one parent who drinks (most likely many or most of them will raise their hands). Ask them what message they get about drinking if they see one or both parents drinking.

- 3. Follow the same process for values about drinking they learned from their culture, religion and their friends. Then ask:
 - How many of you got the same message about drinking alcohol from your family, culture, religion and friends?
 - Is that also your personal value about drinking alcohol? If not, why not?
 - · How many of you got different messages?
 - · How did you decide which message to make your personal value?



WORKSHEET: WHAT DID YOUR FAMILY, CULTURE, RELIGION AND FRIENDS TEACH YOU ABOUT...?

Personal Values

Think about what you learned from your family, culture, religion and friends about the following topics. Write down what they taught you. Make a note if you did not learn anything about the topic from the source. Remember that sometimes we learn from people's behaviour, not just their words.

sometimes we learn from people's benaviour, not just their words.
What did you learn about drinking alcohol from your:
Family:
Culture:
Religion:
Religion.
Friends:
What did you learn about differences between males and females from your:
Family:
Culture:
Religion:
Kengion.
Friends:
What did you learn about when it is okay to start having sex from your:
Family:
Culture:
Religion:
ich givit.
Friends:

- 5. If you have time, go through the same process for the differences between males and females and when it is okay to start having sex.
- 6. Then ask the following questions:
 - Were there any topics that your family, culture, religion or friends did not teach you anything about? If so, which ones? Why do you think this is so?
 - Does family, culture, religion or friends have the most influence on your values? Why?
 - Do you share all of your family's values? Why or why not?
 - What about your culture's values? What about your religion's values? Your friend's values?
 - Who decides what your personal values are? (Only you do).
- 7. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - · Each one of us is influenced by the values of our family, culture, religion, and friends.
 - Sometimes we learn different values from different sources.
 - We need to decide for ourselves what our personal values are.

Linking Sentence

Families do not always communicate their values directly. Many values are picked up from observing behaviour. Values that deal with sexuality are often communicated indirectly because parents are shy or don't know how to discuss such topics with their children. Understanding our family's values is important because they influence our own values. However, we don't always share all of our family's values. We will now look further at our own values.

ACTIVITY 1.4: VALUES CLARIFICATION



Purpose

To recognize what values are important to us.

Objectives

By the end of the activity, participants will be able to:

- State their position on the topics discussed.
- Logically explain the reason for their position.



Time: 40 minutes



Materials needed:

A4 paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

- Prepare three signs marked Agree, Disagree and Unsure. Place these on the wall at three different places a fair distance from each other to allow easy movement.
- Read through the values statements and decide which ones you want to use. Write the ones you will use on slips of paper then fold them and place them in a basket. Participants will choose and read the statements. If your participants have difficulty reading, read the statements yourself.

Facilitator resource: values statements

- Men need more sex than women.
- It is better to raise a child on your own than to marry a man that you don't love just because he will help with the baby.
- Having a job you love is more important than making a lot of money.
- People living with HIV don't need to tell their sexual partners they have the virus.
- A wife should not refuse to have sex with her husband for any reason.
- A man who cries is like a woman.
- You should have sex only with those you truly love.
- It is okay for men to have more than one sexual relationship at a time.
- Girls should stay at home so men cannot rape them.
- A family with many children is better than a family with fewer children.
- Men should always have the last word when it comes to making family decisions.
- · Getting contraception is the girls' responsibility because she is the one who gets pregnant.
- Having a son is better than having a daughter.
- It is as acceptable for girls to have sex before marriage as it is for boys.



Steps

- 1. Introduce the activity by saying:
 - When a person is clear about their own values, they can easily talk about them in front of others. To know what your own values are, you need to figure out what you truly believe regardless of what your family or others around you believe. And you need to be willing to say what you really think and not what we think that is what others want to hear. We should not be afraid to stand up for our own values.

- 2. Explain to participants that in this activity, they will express their feelings about statements that show particular values. Show participants the three signs labelled 'Agree,' 'Disagree' and 'Unsure'
- 3. Give the following instructions for this activity:
 - In the basket are different statements. You will take turns choosing a statement, which you will read out aloud.
 - After the statement is read, you will decide if you agree, disagree, or are unsure about it and move to stand by the sign on the wall that matches your position. For example: If you agree with the statement, you will go and stand beneath the 'Agree' sign.
 - There are no right or wrong answers, only opinions based on your values. Each person is entitled to his/her own opinions.
 - For each response, I will ask a few of you to explain why you decided to stand there. If you change your mind about your position, you are welcome to do so
- 4. Ask a participant to choose and read the first statement and have participants move to their positions agree, disagree or unsure.
- 5. Starting with the least popular point of view, ask a few participants at each position why they chose to stand there. Make sure you get different points of view. Then do the same process for the other two points of view.

Note to facilitator: Having participants share the reasons for their positions is the most important part of this activity.

- 6. Repeat this process with as many of the value statements as you have time for. When time is up, ask them to return to their seats.
- 7. Ask the following questions to generate a discussion:
 - How easy was it to decide your position?
 - Did you follow the crowd on any of the statements? If yes, why?
 - Did you feel any pressure from your peers to change your position during the activity?
 - Does peer pressure ever influence your values and decisions in other situations? Why do you think this happens?
- 8. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - You need to think carefully about what your own values are they may not be the same as your family's or other people's values.
 - It is important to know your own values and be confident enough to share them with others. This helps others understand and respect your opinions and decisions.

Linking sentence

Your values should guide your behaviour, so they play an important role in the choices that you make. Being clear about what your values are will help you to know what to do in different situations. Sometimes we act in ways that are not consistent with our values – this can be due to peer pressure or because we have adopted others' values that are not truly our own. Let's look at how our values affect our behaviour.

ACTIVITY 1.5: WHAT DO MY VALUES TELL ME TO DO?



Purpose

To make the connection between our values and the way we behave; to discuss what makes us behave contrary to our values.

Objectives

By the end of the activity, participants will be able to:

- · Give at least three reasons why people sometimes do not act in line with their values;
- · Explain how they should act according to their own personal values.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- I. Tell participants that in this activity, they are going to discuss the relationship between values and behaviour. Ask them:
 - If someone says that family is one of the most important things in life, how will they act? What things will they do? (Take care of their family members, spend time with them and help when there are problems).
 - If a person values their health, what will they do? (Have a healthy diet, not drinking, not smoking, do exercises).
- 2. Divide participants into groups of four. Ask participants to open their workbooks to page 13. Ask one of them to read Meri's story out loud and then tell them to discuss the questions in their groups. (If your group does not have strong literacy skills, read the story to them yourself and then read the questions out loud).



WORKSHEET: MERI'S STORY

p. 13

Meri is 19 years old. She comes from a poor family that has strong Christian faith. She grew up believing that you should wait until you are married to have sex. She also believes that it is important that people who have sex use protection so that they don't have an unplanned pregnancy or get an STI or HIV. A month ago she met Peter. They started talking and really liked each other. Since then, they hang out together all the time and they have become very close. Meri feels like she is falling in love with him. Last night, he came over to her house when her parents and other family were away. He started touching her and told her that he loved her and wanted to have sex with her. She wasn't sure what to do. Then she started thinking about how she thought she loved him and how some of her friends have sex with their boyfriends. Finally, she agreed to have sex with him, but only if he used a condom.

- 1) What are Meri's values about sex and protection?
- 2) Which value did Meri follow?

- 3) Which value did she not follow? Why did she ignore her own value?
- 4) If she followed her own value, what should she have done?
- 3. After about 15 minutes or when they have finished, call their attention back to the front and have different groups answer each question. Discuss their answers by asking the other groups if they have anything to add and/or if they agree with the answer. Generate a discussion about why Meri did not act according to all of her values. (Probing questions: What was she thinking about when she had to decide what to do?)
- 4. Then ask:
 - How do you feel when you do something that is against your values? Probing question: How do
 you think Meri felt later?
 - Why do people sometimes behave in ways that are not in line with their values? (Possible
 answers: encouragement or pressure from friends or peers; fear of losing friends; fear of losing a
 relationship; wanting to make someone else happy; feel unsure about own values or choices feel
 conflicted; feel insecure; curiosity wanting to 'try' something or try someone else's values).
 - What helps people to behave in ways that are in line with their values? (Possible answers: It feels good; having strong clear beliefs; want to please parents and other adults).
- 5. Ask participants to open their workbooks to page 14. Have a participant read the instructions and then give them ten minutes to complete the activity. Then ask some of them to share their responses with the group.



WORKSHEET: WHAT MY VALUES TELL ME TO DO

p. 14

Look at the list you made of the things that are the most important to you in life on page 11. Pick one of them.

Write down three things that a person who values this should do.

For example, if you picked 'health,' write down three things that a person who values their health should do.

- I.
- 2.
- 3.

Think about how you really behave. Is it in line with your values? If not, why not? If it is, what helps you to act in accordance with this value?

- 6. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Our values should guide our behaviour, but people often behave differently from what they say or think they value.
 - · When we act in ways that are not in line with our values, we may feel conflicted or guilty.
 - If you are acting in ways that are not in line with your values, you need to think about what your personal values really are.

Linking sentence

So far we've talked about our personal values and some of the things that influence them, like our family values. There are also international values that are expressed as human rights. The last activity of this unit is about our human rights related to sexuality, gender and health.

ACTIVITY 1.6: GLOBAL VALUES AND HUMAN RIGHTS



Purpose

To introduce the concept of human rights; and to familiarize participants with their basic human rights related to health sexuality and gender.

Objectives

By the end of the activity, participants will be able to:

- · List at least five human rights related to health, sexuality and gender.
- Explain at least one responsibility that we have.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

- Write each of the ten rights in step 7 onto slips of paper. Fold them up and put them in a bag (or basket, bowl or hat).
- · Find out the legal age of marriage in Zambia.



Steps

Tell participants that this activity is about human rights. Ask: Can someone tell me what a right is? Give positive feedback and use their responses to come up with a definition similar to the following and write it on flipchart paper:

A right is something that all people are entitled to, or have the freedom to do, just because they are human beings.

Ask them for a couple of examples of some human rights.

- 2. Tell participants that our human rights have been agreed upon internationally in treaties developed by the United Nations. Ask them what treaties they have heard of. Add any of the following that they do not mention: the Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child. Explain that these treaties include the rights that all people have related to gender, sexuality and health.
- 3. Now explain that they are going to work in small groups. Each group will pick one right that is related to health, sexuality and gender. They will develop a role play about their right. The role play will show the right, but it cannot say what it is. The other groups will have to guess what the right is. If they guess correctly, they will get one point. As soon as the audience guesses, the next group will do their role play. Do not allow them to look in their workbooks during the activity.
- 4. Divide participants into five to ten groups. Have each group pick one of the rights out of the bag. Give them 15 minutes to develop their role play.

- 5. After 15 minutes, call their attention back to the front of the room. Ask for a group to volunteer to go first. Find out from the group what their right is. Tell the audience that if they think they know what the right is, they should call it out. When someone calls out the correct right, end the role play and give the group a point. (Be generous for example, accept the right to equality for 'the right to be treated equally and with dignity.') As the rights are guessed, write them on a piece of flipchart paper and ask them if they have any questions about the right. If so, ask other participants to try to explain the right. If they can't, explain it yourself.
- 6. Do all the role plays in the same way, keeping track of their points. After all the role plays, declare a winner if you have one.
- 7. Tell the participants to open their workbooks to page 15. Explain that this is the list of the human rights that they just role played.



INFORMATION: OUR RIGHTS RELATED TO HEALTH, SEXUALITY, AND GENDER

We all have:

- 1) The right to be treated equally and with dignity. From birth, we all have the same dignity and rights as every other human being.
- 2) The right not to be discriminated against for any reason. We have all of these human rights no matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status. There is no justification for discrimination.
- 3) The right to feel safe. We all have the right to feel safe and not to be harmed or humiliated. We have the right to live free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
- 4) The right to control our bodies. Each person's body belongs to him or her. No one has the right to abuse, injure, or violate someone else's body in any way. No one has the right to alter another person's body without their agreement. Everyone has a right to decide to have sex or not, to be free from forced sex, and to choose their partners. No one can force to sell your body for money.
- 5) The right to privacy in our personal life. This right means that no one has the right to harm or attack your reputation. No one can invade your privacy or interfere with or bother your family without good reason. This includes the right to privacy, respect and confidentiality when seeking health care. It means that your medical information, including your HIV status, must be kept private. Only you have the right to tell others about your HIV status.
- 6) The right to marry, when we are legally old enough, and have a family. Both partners have the same rights when they are married and if and when they are separated. Nobody has the right to force you to marry or to choose your partner for you. Everyone has the right to decide whether or not to have children, how many to have and when to have them.
- 7) The right to ask for, receive and share information. This right includes information about health and sexuality.
- 8) The right to have a healthy life. We have the right to the highest attainable standard of health, including sexual and reproductive health. We all have the right to access sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV, including young people. We also have the right to have a satisfying, safe and pleasurable sexual life, free from pressure or force.
- 9) The right to education, including education about health and sexuality. We all have the right to go to school. At school, we should have the opportunity to develop all of our talents and our mental and physical abilities. We should not be forced to drop out of school in order to get married or because we got pregnant.

Our rights come with responsibilities.

- · We have the responsibility to learn about our human rights, and the laws and policies of our country.
- Only we can stand up for our rights and ensure that they are respected.
- We have the responsibility to respect and protect the rights and freedoms of others, as they should protect and respect ours.
- 8. Ask them if they have any questions about any of these rights. Answer their questions. Then explain that rights come with responsibilities. Ask them to look at the bottom of the page, after number 9, and have a participant read the first responsibility. Ask them if they have questions about their responsibilities.
- 9. Then ask the following questions:
 - · Which rights are the most important to you?
 - · What does having the responsibility to respect the right of others mean?
 - Why is there a human rights convention just for children? (Answer: Because children are vulnerable (cannot defend themselves) and need to be protected).
 - What about the one just for women? (Answer: Because women have traditionally been discriminated against and treated unequally).
 - · According to human rights, is there anyone with more rights than others?

Emphasize that everyone has the same rights. No person, group or government anywhere in the world can take these rights away from you.

- 10. Ask participants to summarize the main things that they learned from this activity. Add any of the following key messages that they do not mention.
 - · We all have the same rights, freedoms and responsibilities just because we are human beings.
 - Women and men of all ages have the right to experience their sexuality in a safe, healthy, responsible, respectful and pleasurable way.
 - · We have a responsibility to respect and protect the rights of others.
 - · No one can take away our human rights.

CONCLUDING NOTES

As you grow and have more experiences, your values may develop and change. To become yourself, you need to continue to identify your own personal values – those things that are important to you, that you think are right and wrong for yourself. And you need to live by your values.

Knowing what your human rights are can give you a sense of dignity and worth as a human being. For everyone to enjoy their rights, we must all respect the rights of others.

ACTIVITY 1.7: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and note the key facts and skills learned; to show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of our values.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- · Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Write the three questions in step I on a piece of flipchart paper. You may want to keep this paper as you will need it at the end of each unit.

Note to the facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the first unit. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 6-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - · How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 16 in their workbooks and fill in the worksheet.



WORKSHEET: WHAT I LEARNED ABOUT VALUES

Answer the following questions, using what you learned in this unit:

- 1) What is the most important thing you learnt from this unit?
- 2) Why is it important to you?
- 3) How will it influence your behaviour?
- 4) Write a commitment or promise to yourself related to what you learned about values and rights. You will not be asked to share this with the group.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about how they will change their behaviour based on what they learned about values and rights.

UNIT 2: ADOLESCENT DEVELOPMENT

PURPOSE AND OBJECTIVES

This unit explains the physical, social and emotional changes that take place during adolescence.

By the end of this unit, participants should be able to:

- Explain the meaning of adolescence
- Describe the physical and emotional changes that occur during adolescence;
- · Name the parts of the male and female reproductive and sexual anatomy and their functions; and
- Give a basic explanation of what happens during the menstrual cycle.

ACTIVITIES

Activity	Time
Warm up - Clay Game	10 minutes
What is Adolescence?	15 minutes
Changes during Adolescence	75 minutes
Female Reproductive System	45 minutes
Understanding Menstruation	60 minutes
Male Reproductive System	45 minutes
Conversation Circle and Commitment	20 minutes
	4 hours and 30 minutes

ACTIVITY 2.1: WARM UP - CLAY GAME



Purpose

To relax and have fun before starting the new unit



Time: 10 minutes



Steps

- 1. Ask participants to stand in a circle making sure that everyone can see each other clearly.
- 2. Give the following instructions:

One person begins by imagining they are holding a handful of clay, which they can make into any object they want. They mime with their hands transforming the clay into an object, for example a cup of tea, and they then use the object, e.g. they show drinking the tea.

The imaginary object is then passed onto the person besides them who squashes it back into clay and makes it into something else.

3. Stop after everyone has had a chance.

ACTIVITY 2.2: WHAT IS ADOLESCENCE?



Purpose

To define adolescence and discuss some of the challenges that come with it.

Objectives

By the end of the activity, participants will be able to:

- Define adolescence.
- Describe something exciting and something challenging about adolescence.



Time: 15 minutes



Materials needed:

None



Preparation

None



Steps

1. Introduce Unit 2. Then ask participants to brainstorm what adolescence means. Write their responses on the flipchart. Most of the following points should come out:

Adolescence is:

- · The period between childhood and adulthood.
- · A period of physical, emotional and social change.
- A period of sexual development.
- A time for finding out who you are and what is important to you.
- A time to think about and plan for your future.

2. Ask participants:

- What do you think is difficult during adolescence? What challenges do young people face during adolescence?
- What is exciting during adolescence?
- 3. Ask participants to summarize the discussion. Add any of the following points that are not mentioned.
 - · Adolescence is the time in life when we move from being a child to becoming an adult.
 - Adolescence is both challenging and exciting.
 - Adolescence can be confusing because sometimes you feel or are treated more like an adult and sometimes you feel or are treated more like a child.

Linking sentence

During adolescence, many changes take place. In the next activity, we will look at those changes in depth.

ACTIVITY 2.3: CHANGES DURING ADOLESCENCE



Purpose

To discuss the physical, emotional and social changes that take place in males and females during adolescence; to identify which changes are the same for everyone and which differ by sex; and to identify ways to cope with feelings during adolescence.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age.



Objectives

By the end of the activity, participants will be able to:

- · List at least four changes that happen only to boys and four that happen only to girls;
- · Name at least four changes that happen to both boys and girls;
- Explain two ways that they can manage their feelings during adolescence.

Time: 15 minutes



Materials needed:

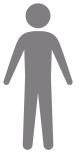
Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper



Preparation

Write or print the following in large letters on pieces of paper cut in halves or thirds. When you have finished, mix them up so that they are not in order.

May have temporary breast growth	Shoulders broaden & chest gets wider
Breasts develop	Hips, thighs & bottom widen
Sweat glands develop	Skin becomes oilier; may get pimples & acne
Growth of facial hair	Moods change quickly
Genitals get bigger	Try to know & understand yourself
First ejaculation	Start feeling sexual attraction
First ovulation & menstruation	Develop own values
Hair grows on body, in armpits and on genitals	Concerned about being normal & fitting in
Wet dreams	Start having romantic relationships
Increase in vaginal & cervical secretions	Become part of peer groups
Become taller & gain weight	Want to look & behave like your peer group
Gain in muscular strength	Feel peer pressure
Fat tissue increases	Become more independent from parents & family
Voice changes	Feel closer to friends







Social Physical Emotional



Social Physical Emotional

Take three pieces of flipchart paper and draw a figure of a boy on one, a figure of a girl on one and a half boy/half girl figure on one. Write 'PHYSICAL' above the body, write 'SOCIAL' on the left side and 'EMOTIONAL' on the right side, as show:



Steps

- 1. Tell the participants that this activity is about the changes that take place during puberty and adolescence.
- 2. Post the pictures that you prepared at the front of the room. Divide participants into three-seven groups. Tell them that each group will get four pieces of paper that have some changes written on them. In their groups, they will discuss and decide if the change is something that happens to only boys, only girls or both boys and girls. Then they will decide if the change is physical, social or emotional.
- 3. Give them 5 minutes to discuss in their groups. Then call their attention back to the front. Ask them to turn to page 19 in their workbooks and to write the changes in the correct place as we go through them.
- 4. Ask the first group to have one of their members come to the front with one of the changes and tell everyone where the group decided it should be posted. Ask if the others agree. If it is correct, have them post it in the correct place. For physical changes, they should post them on the body shown in the picture. Use the Facilitator Information: Physical, Emotional and Social Changes In Boys, Girls and Both Sexes During Adolescence as a guide to the correct answers. As you go through the changes, ask them if they have any questions and discuss as needed.
- 5. Move from group to group taking one change from each group and following the same process until you have gone through all of the changes. Keep the activity moving at a rapid pace.



WORKSHEET: CHANGES THAT HAPPEN DURING ADOLESCENCE

Which changes during puberty happen only to males, only to females and which happen to both? As you discuss the changes that occur during adolescence during the session, write the changes in the correct place on the pictures below.

- 6. Ask them if they have any questions about any of the changes. Then ask the following questions:
 - What do you notice about the changes that are different for boys and girls? (Answer: They are all physical).
 - Are the changes mostly the same for boys and girls or mostly different? (Answer: They are mostly the same).

- How do these social and emotional changes make you feel? (Possible answers: Shy, confused, worried, happy, excited among others).
- 7. Tell participants that the changes are mostly the same, but that as a group, girls start changing about 2 years before boys. Individuals will start changing at different ages. Reassure them that this is normal. Then ask participants to brainstorm for positive ways to manage the moods and emotions they experience during adolescence. Make a list of their ideas.

Some examples of coping strategies are:

- Exercising or doing some physical activity
- Eating well (eating a balanced diet)
- · Discussing emotions with family, friends or religious leaders
- Listening to music
- Laughing
- Crying
- Doing something you enjoy, like a hobby
- · Participating in community activities
- · Reading or watching TV
- 8. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - As a group girls start puberty earlier than boys.
 - Puberty changes do not start at the same age for everyone.
 - The social and emotional changes are the same for girls and boys, but some physical changes are different for boys and girls.
 - These changes can make us feel confused or worried.
 - There are many different ways to manage our feelings, including talking to friends or others about what we are going through.

Linking sentences

Some of the physical changes that take place during puberty prepare our bodies for having children. We are now going to talk about the sexual and reproductive parts of the body – those that are involved with having sex and making babies.

FACILITATOR INFORMATION: CHANGES DURING ADOLESCENCE

Boys PHYSICAL CHANGES	Girls	Both
 May have temporary breast growth First ejaculation Wet dreams Gain in muscular strength Shoulders broaden & chest gets wider Growth of facial hair 	 Breasts develop First ovulation & menstruation Increase in vaginal & cervical secretions Fat tissue increases Hips, thighs & bottom widen 	 Genitals get bigger Hair grows on body, in armpits and on genitals Become taller & gain weight Voice changes Skin becomes oilier; may get pimples & acne Sweat glands develop
EMOTIONAL CHANGES		
		 Moods change quickly Try to know & understand yourself Start feeling sexual attraction Develop own values Concerned about being normal & fitting in
SOCIAL CHANGES		
		 Start having romantic relationships Become part of peer groups Want to look & behave like your peer group Feel peer pressure Become more independent from parents & family Feel closer to friends

ACTIVITY 2.4: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM



Purpose

To discuss and understand the parts of the female sexual and reproductive systems and their functions.

Objectives

By the end of the activity, participants will be able to:

- · Name the main internal and external parts of the female sexual and reproductive systems;
- Describe the functions of the clitoris, vagina, uterus, and ovaries.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik; Poster: Female Sexual and Reproductive System, External; Poster: Female Sexual and Reproductive System



Preparation

Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.



Steps

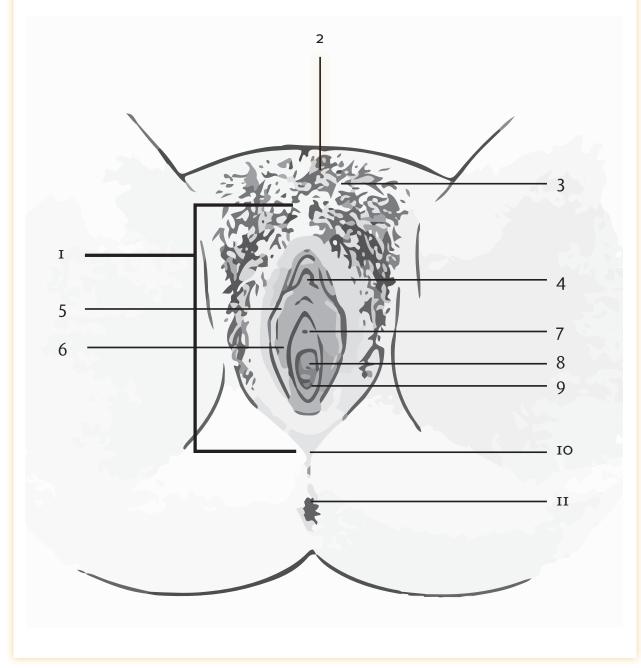
- I. Brainstorm what the word 'reproduce' means. (Answer: to have children or offspring).
- 2. Tell them that this activity is about the female reproductive and sexual system. Write the following words onto the flipchart:
 - Vulva
 - · Mons pubis
 - · Outer lips
 - · Inner lips
 - Clitoris
 - · Urinary opening
 - · Vaginal opening
 - Hymen
- 3. Divide participants into groups of three to five. Tell them to turn to page 20 in their workbooks. In their groups, they should discuss the words listed on the flipchart paper and label the parts on the picture.
- 4. Put up the poster of the Female Sexual and Reproductive Systems, External (showing the external parts). Go through the answers by pointing to each body part and asking the following two questions for each one.
 - What is this part called?
 - What is its purpose?

Use the Facilitator Information to add to what the participants' say, if needed, but do NOT read the notes to the participants. Encourage questions as you go through the answers.



THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM

Discuss in your groups and write the names of the body parts in the diagram below.



Answer key: Parts to be shown are:

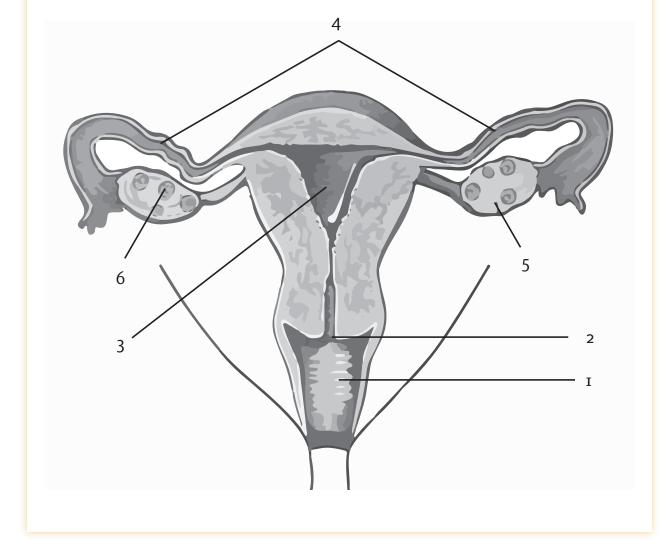
ı Vulva	7 Urethral opening
2 Pubic hair	8 Vaginal opening
3 Mons pubis (pubic mound)	9 Hymen
4 Clitoris	10 Perineum
5 Outer labia/lips	11 Anus
6 Inner labia/lips	

- 5. When you have finished, tell participants that the notes on the female reproductive system are on page 21 in their workbook.
- 6. Put up the poster of the Female Sexual and Reproductive Systems, Internal organs and go through each part, asking the participants the following questions for each:
 - What is this part called?
 - What is its purpose?

Use the Facilitator Information to add to what the participants know, without reading it out loud. Encourage questions during the discussion.



POSTER AND WORKSHEET: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM, INTERNAL



Answer key: Parts to be shown are:

ı Vagina	4 Fallopian tubes
2 Cervix	5 Ovary
3 Uterus	6 Ova

- 7. Tell participants that the notes on the reproductive organs are on page 22 and 23 of their workbooks.
- 8. At the end of the discussion remind participants that if they have questions that they don't want to ask in front of others, they can put them in the Anonymous Question Box.
- 9. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - The woman's sexual and reproductive organs are located inside and outside her body.
 - · The uterus is where a fertilized egg grows into a baby.
 - · The clitoris is the only organ in both men and women whose only function is sexual pleasure.

Linking Sentence

In addition to allowing humans to have babies, the genitals are a source of sexual pleasure. We need to know how our genitals look and feel when they are normal, so that we will realize if something is wrong. Understanding the menstrual cycle can also help us to avoid unintended pregnancies and to get pregnant when we want to.



FACILITATOR AND PARTICIPANT INFORMATION: THE WOMAN'S SEXUAL AND REPRODUCTIVE SYSTEM

OUTER SEXUAL AND REPRODUCTIVE PARTS

Vulva is the word for all of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

- The **mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.
- Outer lips (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.
- Inner lips (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.
- Clitoris is the small organ, shaped like a flower bud, at the top of the inner lips, above the urinary opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.
- Vaginal opening is the opening between the inner lips that is below the urinary opening and above the anus. The penis enters the vagina through this opening during sexual Intercourse. Menstrual blood leaves the body and babies are born through it.
- **Hymen** is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during every day activities, such as exercise, or from using tampons.
- Perineum is the area between the vaginal opening and the anus.
- Anus is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

INNER REPRODUCTIVE PARTS

The *vagina* leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates, however, it does not have a lot of nerve endings and is not very sensitive. During sexual intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. It is lined with folds of skin which stretch easily during sexual intercourse and when giving birth.

The *cervix* is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The uterus is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The endometrium is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining leaves the body.

The *fallopian tubes* are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called fimbria) that pull the egg from the ovary into the tube. Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slowly down the tube towards the uterus.

The **ovaries** are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (oestrogen & progesterone), store immature eggs, and produce mature eggs.

Other (not part of the sexual and reproductive system)

Urinary opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body. It is not a part of the reproductive system but it is found in the vulva.

The **bladder** is the sac that collects and stores urine.

ACTIVITY 2.5: UNDERSTANDING MENSTRUATION



Purpose

To understand what menstruation is and why it happens; to provide factual information about menstruation and dispel misinformation.

Objectives

By the end of the activity, participants will be able to:

- · Explain the basic process of menstruation.
- · Identify myths about menstruation.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper



Preparation

Write the following parts of the menstrual cycle in large letters on separate pieces of A4 paper and mix them up so that they are not in order.



Steps

- I. Write the word 'menstruation' on flipchart paper. Ask participants: What is menstruation? (Answer: The breaking down of the lining of the uterus).
- 2. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.
- 3. Ask for seven volunteers to come to the front of the room. Give each volunteer one of the A4 papers that you prepared with the parts of the menstrual cycle on them. Tell them to hold the papers up in front of them and to stand facing the others. Tell them that these papers show what happens during the menstrual cycle. Ask the participants who did not volunteer to put them in the correct order by telling the volunteers holding the papers, which order they should stand in. After they have finished, check the order and make sure it is correct (the correct order is shown above). Then post them in order on the wall and allow the volunteers to sit down.

Tell participants that although many eggs may start to mature in step 2, usually only one becomes full mature.

- 4. Then ask the participants the following questions:
 - What is the first day of the menstrual cycle? (Answer: The first day of bleeding)
 - How long is menstruation? (Answer: Usually from 3-7 days).
 - How long does it take the eggs to mature? Point to the third card. (Answer: 10-20 days)
 - How long is it between the beginning of menstruation, card 1 and ovulation, card 4? (Answer: It depends on the woman and on her cycle. It can be from 10 to 22 days long. This is the part of the cycle that can vary a lot).
 - How long is it between ovulation, card 4 and menstruation starting again, card 7? (Answer: It depends on the woman, but it is usually 12-16 days and is usually the same length in every cycle).
- 5. Ask if they have any questions and answer them.

- 6. Tell the participants that they are now going to do a true-false activity to see how much they know about menstruation. Put up two signs in different places in the room, one that says 'True' and one that says 'False.' Tell them that you will read out a sentence and they should go stand next to the sign that they think is the correct answer. Then you will discuss.
- 7. Read the following statements one at a time. After participants have moved to their signs, ask each group why they are standing at that sign. Then give the correct answer, confirm why it is correct, and provide any additional information, using the information provided, as needed.

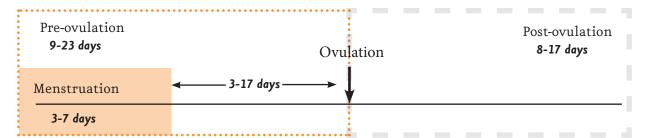
Ovulation always falls in the middle of the menstrual cycle.

• (Answer: False. Ovulation usually happens 12-16 days before menstruation begins. If a woman's cycle is shorter or longer than 28 days, ovulation will not occur in the middle of her cycle).

A woman can't get pregnant from sex during her period.

• Answer: False. Sperm can live inside the woman's body for up to seven days. If a woman with a short cycle has unprotected sex during the last two days of her cycle, for example, and ovulates 3-4 days later, the sperm can still be alive and waiting to fertilize the egg. If they ask questions, you can use the chart below to show how this can happen. For example, if a woman has unprotected sex on the last day of her period and ovulates four days after finishing her period, sperm could still be alive in the fallopian tubes when she ovulates.

Menstrual Cycle - 20-36 days long



Women undergo their period once a month.

• Answer: False. Different women have different cycle lengths. The length of the cycle can be anywhere between 21 and 35 days or even longer. So how often a woman undergoes her period will depend on the length of her cycle. It can be shorter or longer than one month. Her cycle can also be regular (always about the same length) or irregular (often different lengths). More than 4 out of 10 women have cycles that vary by more than 7 days.

Medication can change the length of the menstrual cycle.

• Answer: True. Medication, illness, stress, depression, poor nutrition, and travel can all change the menstrual cycle.

During the first two years of menstruation, girls often have irregular cycles or miss periods completely.

• Answer: True. When they first start menstruating, their bodies are still adjusting to the changes.

It is 'safe' to have unprotected sex in the days immediately after a girl's period ends – she won't get pregnant.

• Answer: False. The days immediately after the period ends can be very risky for getting pregnant, depending on the girl's cycle. The only safe time during the menstrual cycle is the days after ovulation. However, it is difficult to know exactly when ovulation has occurred unless you have special training.

Having painful periods is more common during adolescence.

• Answer: True. Many adolescents have painful periods. They can take a common pain medication like, Panadol or ibuprofen. Taking contraceptive pills also reduces period pain. Periods usually get less painful when women are older.

Some women and girls experience other physical and emotional changes before their periods start.

Answer: True. In the days before menstruation, some girls and women get tender breasts, stomach
cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed
or irritable. This is called pre-menstrual syndrome or PMS.

To know what is normal for her, a girl needs to keep a record of her own menstrual cycle.

- Answer: True. Every woman has her own cycle. It is useful for a woman to know her own cycle.
 To keep a record of your periods, write down the day that bleeding starts in a notebook. You can
 then count how long your cycle is. You can also write down the day the bleeding stops to find out
 how long your periods usually last).
- 8. Invite questions and comments from the participants and allow general discussion on issues raised. Emphasise that menstruation is a completely natural process and one that is necessary for people to have children. There is nothing to be ashamed of.
- 9. Tell participants that there is some information on menstruation in their workbooks on page 24. They can read it during their own time.



PARTICIPANT INFORMATION

MENSTRUATION

Menstruation is nature's way of preparing a woman's body for pregnancy. Most girls start menstruating between the ages of 9 and 16 but in rare situations others go up to 19 years. They will continue to menstruate regularly, unless they become pregnant, until menopause, which happens between the ages of 45 and 55.

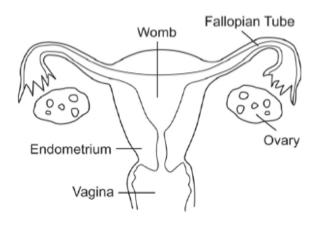
The menstrual cycle has two main parts – pre-ovulation and post-ovulation. Pre-ovulation varies in length by woman and by cycle – It is usually between 15-17 days long, but can be as short as 9 days or as long as 23 days. It begins with the first day of menstruation and ends with ovulation. Menstruation is when the lining of the uterus breaks down and leaves the body. It usually lasts from 3 to 7 days.

During menstruation, eggs begin to mature again. Usually only one will become fully mature. After menstruation, the lining of the uterus begins to thicken again. When the egg has matured, hormones cause it to be released from the ovary. This is called ovulation. It usually occurs 12-14 days before the start of the next menstrual bleeding, but can be anywhere from 8-17 days before menstruation.

After ovulation, the finger-like ends of the Fallopian tube pull it into the tube. If the egg meets sperm in the Fallopian tube, it may be fertilized. If this happens, the fertilized egg is moved down the tube to the uterus. When it reaches the uterus, it attaches itself to the lining and the woman becomes pregnant. If the egg is not fertilized in 12 to 24 hours, it dies and is absorbed by the body. The woman's hormone levels will go down and usually after 12-16 days, the next cycle and menstruation start again.

Depending on the woman, the cycle may be from 20 to 35 days long or longer. A woman's cycle length often varies month to month and it changes with age. During the first few years of menstruation, many girls miss periods or have irregular periods and the number of days between their periods may vary greatly. Things like travel, stress, depression, poor diet, and illness can also affect the length of the cycle. Depending on the length of a woman's cycle, the fertile period may or may not be in the middle of it. Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every woman to know her own cycle.

Once every cycle n egg matures in an ovary



- 1. Harmones cause the mature egg to be released from the ovary, which is called ovulation. The finger like end of the fallopian tube move the egg into the tube. Then it slowly moved down the tube.
- 2. The egg begins maturing during menstruation. While the egg is maturing, the woman's hormones cause the uterus to develop a thick lining of blood and tissue.
- 3. If the egg is not fertilized by sperm within 24 hours, it dies and is absorbed by the body. The woman's hormone levels will then go down, which causes the lining of the uterus to break down and leave the body. This is menstruation, which is the beginning of the cycle.
- 10. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Menstruation happens when the egg is not fertilized by the sperm.
 - Every girl is unique and has her own menstrual cycle that she needs to keep track of.
 - Sperm can live in the woman's body for up to 7 days.
 - It is possible for a girl to get pregnant if she has unprotected sex during her period or in the days immediately after it ends.

Linking sentence

Although boys do not have periods, they need to understand how periods happen so that they don't believe stories they hear about menstruation. Both boys and girls need to understand how their reproductive parts work and how pregnancy happens. Next we will look at the boys sexual and reproductive systems.

ACTIVITY 2.6: THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS



Purpose

To understand the parts that make up the male reproductive system and what they do; to learn how to care for the outer reproductive organs.

Objectives

By the end of the activity, participants will be able to:

- · Name the main internal and external parts of the male sexual and reproductive systems;
- Describe the functions of the penis, urethra, testes, prostrate and seminal vesicles.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, Poster: The Male Sexual and Reproductive System; You only need one poster with all the parts on it.



Preparation

- Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.
- Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag.

Scrotum	Prostate
Testes	Cowper's Glands Seminal vesicles
Penis	Epididymis
Urethra	Vas deferens (sperm duct)



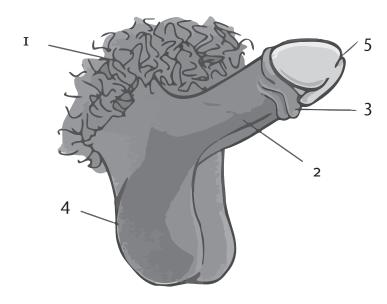
Steps

- Put up the poster of the Male Sexual and Reproductive System and ask participants to study it for a minute. How many parts can they name?
 Note: image is of an erect penis
- 2. Explain that the names of the parts are on pieces of paper. You will ask for volunteers to come up and take one piece of paper. They will then see if they can put the name on the correct part of the male sexual and reproductive systems. They can get help from others if they have difficulty. This diagram is also shown on page 25 of the Participant's Manual.
- 3. Invite participants to take one piece of paper from the box or bag and to put it in the correct place on the poster. If they have trouble, ask the other participants to help.
- 4. As each part is labelled, ask the participants what its function is. Use the Facilitator Information: The Male Sexual and Reproductive Systems to add to what they say, but do not read it.



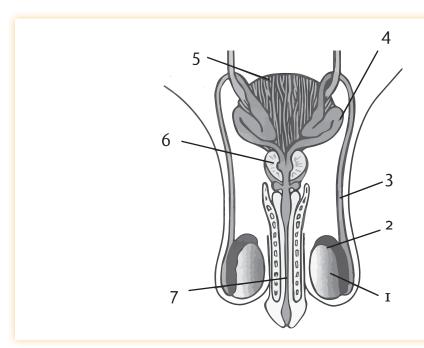
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THE MALE SEXUAL AND REPRODUCTIVE SYSTEM



Answer key: Parts to be shown are:

1 Pubic hair	4 Scrotum
2 Penis	5 Urethral opening
3 Foreskin	



Answer key: Parts to be shown are:

1 Testicle	5 Bladder	
2 Epididymis	6 Prostate	
3 Vas deferens	7 Urethra	
4 Seminal vesicle		

Note to Facilitator: The answers are shown on the diagram.

5. Ask the following questions:

QUESTIONS	ANSWERS
Where do the fluids in semen come from?	The epididymis (sperm), the seminal vesicles (nourishing fluid) and the prostate gland (lubricating fluids)
When do boys start having erections?	Before they are born.
When do boys start ejaculating?	During puberty
What happens during an ejaculation?	The sperm leave the epididymis and move through the vas deferens. They mix with the fluid from the seminal vesicles and then with the fluid from the prostate and then they leave the body through the urethra.
How many sperm are in one ejaculation?	A single ejaculation has between 150 and 500 MILLION sperm in it.
When can a boy start making girls pregnant?	As soon as he starts ejaculating.

6. Write the words 'wet dreams' on flipchart paper and ask the participants: What are wet dreams? Use the following notes to add to what the participants say as needed.

Wet Dreams

Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not have regular sex are more likely to have wet dreams.

7. Write the words 'spontaneous erections' on the flipchart paper and ask the participants: What are spontaneous erections? Use the following notes to add to what they say as needed.

Spontaneous Erections

Spontaneous erections are erections that happen suddenly for no reason. It is common for teenage boys to get sudden erections, even when their penises have not been touch and they feel no sexual excitement. Teenage boys can have erections 20 or more times a day because of high or changing level of testosterone in their bodies. Spontaneous erections go away by themselves if they are not touched.

Note about Girls, Erections and Wet Dreams:

Participants may ask about whether girls also have erections and wet dreams.

Girls can also have orgasms during their sleep. These are sometimes also called wet dreams, since their vaginas lubricate or get wet, but they usually don't ejaculate.

Girls do have erections. When a girl or woman becomes sexually excited, the clitoris also fills with blood and becomes erect. Because it is relatively small, it is not as easy to notice.

8. Ask participants if they have any questions and tell participants that the notes are on pages 26-27 of their workbook.

- 9. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - · A boy's first ejaculation means that he is producing sperm and can cause a pregnancy.
 - A single ejaculation has 150-500 million sperm in it.
 - · Most boys and some men have wet dreams or ejaculations while sleeping. They are normal.
 - It is common for boys to have many sudden erections during puberty.

Linking sentence

Knowing our bodies and the changes they go through helps us to value and respect our bodies more and to want to protect them. In addition to the physical changes boys and girls go through in adolescence, there are also emotional and social changes that prepare them for adulthood. We are going to talk about those next.

Concluding notes

During adolescence, we go through many physical, emotional and social changes. We become more in touch with our bodies, feelings and sexuality. Although these changes may bring about different feelings and worries in young people, they are a normal part of becoming an adult. Just as the caterpillar goes into a cocoon and comes out a butterfly – adolescence is a process of growing into something beautiful and unique. It brings with it new and exciting challenges and experiences.



FACILITATOR AND PARTICIPANT INFORMATION

THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS

The external parts of the male sexual and reproductive systems are:

The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, making it the most sexually sensitive organ in males. When stimulated, the penis fills with blood and becomes larger and harder (erect). The head or tip of the penis, called the glans, is the most sensitive part of the penis. In uncircumcised men, a fold of skin, called the foreskin, covers the glans. It can be rolled back to show the head of the penis. This skin is removed during circumcision. Both semen and urine leave the penis through the urinary opening at the tip of the penis. The three functions of the penis are urination; sexual pleasure; and reproduction.

The **scrotum** is a loose bag of skin that hangs behind the penis between the man's thighs. It holds and protects the testicles and the epididymis. The scrotum holds the testes outside of the body to keep their temperature low, so that they can make and store sperm. When it is cold, the scrotum pulls the testes up close to the body to keep them at the right temperature.

The internal reproductive and sexual organs of males are:

Testes or testicles are two oval-shaped glands, the size of a small egg, that are inside the scrotum. They produce testosterone (the main male hormone) and sperm. The scrotum and testes are sensitive to touch and can be a source of sexual pleasure.

The *epididymis* is a small organ, made of many tiny tubes, that sits on top of each testicle. The sperm mature in these tubes and stay there until the man ejaculates. If sperm are not ejaculated after 4-6 weeks, they die and are absorbed into the body.

The **vas deferens** are two long, very thin tubes, which go from the epididymis to the seminal vesicles. When a man is about to ejaculate, the sperm move from the epididymis and travel through the vas deferens to the seminal vesicles.

The **seminal vesicles** are two small glands that produce about 60% of the semen. When the sperm arrive at the seminal vesicle, they mix with this fluid, which nourishes and protects the sperm.

The **prostate** is a gland found just below the bladder, which produces a thin, milky fluid that is a lubricant for the sperm. This fluid mixes with the fluid from the seminal vesicles and the sperm to make up semen. The prostate is also very sensitive and can give sexual pleasure when massaged.

The **Cowper's glands** are two small glands near the urethra, which produce a basic (non-acidic) fluid. This fluid, called pre-ejaculate, comes out of the penis before ejaculation. Urine leaves the urethra acidic; the pre-ejaculate neutralizes the urethra before the semen passes through it to protect the sperm.

The *urethra* is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation. Other (not part of the sexual and reproductive system)

The **bladder** is the sac that collects and stores urine.

ACTIVITY 2.7: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and note the key facts and skills learned; and to think about how they will use this new knowledge and skills by making a commitment to change one thing about themselves related to growing up and becoming an adult.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the second unit. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 6-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 28 in their workbooks and fill in the worksheet.



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WORKSHEET: WHAT I LEARNED ABOUT GROWING UP

Based on the information discussed and what you learned in this unit, answer the following questions:

- 1. What is the most important thing you learnt from this unit?
- 2. Why this information is important to you?
- 3. How will it influence your behaviour?
- 4. Write a commitment or promise to yourself related to growing up and becoming an adult. You will not be asked to share this with the group.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about how they will change their behaviour related to growing up and becoming an adult.

UNIT 3: SEXUALITY

PURPOSE AND OBJECTIVES

This unit introduces the concept of responsible sexuality and provides an opportunity for young people to identify sources of information and messages they have received about sexuality. The unit discusses sexual attraction and how to handle it. It also gives participants the opportunity to ask questions they have about sexuality, provides information on human sexual response and provides correct information about sexual behaviour.

By the end of this unit, participants should be able to:

- Define sexuality;
- List different sources of information about sexuality
- Identify reliable sources of information about sexuality
- Explain how values about sexuality affect behaviour;
- Become more comfortable talking and asking questions about sexuality.
- Describe human sexual response.

ACTIVITIES

Activity	Time
Warm up - Body Talk	30 minutes
Sources of Sexual Learning	30 minutes
Coping with Attraction	45 minutes
Sexual Orientation	60 minutes
Let's Talk about Sex	60 minutes
Human Sexual Response	60 minutes
Sex - What's the Truth	45 minutes
Conversation Circle and Commitment	30 minutes
	5 hours and 50 minutes

ACTIVITY 3.1: BODY TALK



Purpose

To get participants to speak more freely and feel more comfortable when talking about sexuality and the parts of the reproductive and sexual organs.

Objectives

By the end of the activity, participants will be able to:

• Talk about sexuality more easily.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

None



Steps

- 1. Explain that communication about sexuality and our sexual body parts is important. Write the headings 'Male Sexual Organs,' 'Female Sexual Organs', and 'Sexual Intercourse' at the top of three pieces of flipchart paper and put them up on the wall. Divide the participants into 3 groups, and have each group stand in front of one paper.
- 2. Tell the groups that when you say 'start', they should brainstorm and write down all the words they know for their topic. They can be slang, scientific words, children's words, medical words, or vernacular
- 3. After just 2 minutes make the groups stop and move to the next flipchart where they will read what the previous group wrote and then add any other words they can think of. Stop them again after 2 minutes, and repeat the process a final time.
- 4. Ask for volunteers from each group to read out the lists. Then ask them:
 - · How did you feel doing this activity?
 - Why did we do this kind of activity? (Answer: For fun, to laugh, to become more comfortable talking about sexuality in an open way, get over our nervousness).

ACTIVITY 3.2: SOURCES OF SEXUAL LEARNING



Purpose

To understand what 'sexuality' means and how it differs from 'sex'; to discuss where young people get information about sexuality and the types of information that they get.

Objectives

By the end of the activity, participants will be able to:

- Identify at least five sources of information about sexuality in their own lives.
- Explain which sources are reliable and which are not.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

None



Steps

- I. Write the words 'Sex' and 'Sexuality' on flipchart paper. Ask participants what they understand the words to mean.
- 2. Write the responses on flipchart paper under the respective word.
- 3. Then use their responses to come up with definitions similar to the following:

Sex is the biology of being male or female. A person's sex is determined by their chromosomes, hormones and genitals. A person's sex is usually assigned at birth based on their genitals. The term 'sex' is also short for sexual intercourse. Sex is an important part of one's sexuality.

Sexuality is much more than sexual intercourse. It is an important part of who we are as people and includes all the feelings, thoughts, and behaviours of being male or female.

Explain that people are sexual and express their sexuality even if they do not have sexual intercourse. Sexuality is expressed from birth to death in so many ways, for example, in the ways they walk, talk, dress, show love to another person and so on.

- 4. Draw a circle with pie slices, like an empty pie chart on a sheet of flipchart paper and label at the top 'Sources of Sexual Learning'.
- 5. Ask participants to brainstorm all the people, places and things that teach us about sexuality, especially those that adolescents and young people learn from. Write their responses into slices of the pie. You may need to add more slices as they give additional responses.
 - Sex is the biology of being male or female. It also refers to sexual intercourse.
 - Sexuality is much broader than sex. It includes sexual behaviour, but also includes the feelings, thoughts, and behaviours of being male or female.
 - We learn about sexuality from many different people, places and things, including our own experiences.
 - We need to make sure the source is reliable before we believe what we hear about sexuality and sexual health.

Linking sentence

As we grow up we are influenced by everything around us. We get information about sexuality from many sources, but not all of it is correct. Most people do not know a lot about sexuality unless they try to find correct information.

Human sexuality is an important part of who we are. Knowing about sexuality can help us understand the different feelings that we experience and how to manage them.

ACTIVITY 3.3: COPING WITH ATTRACTION



Purpose

To think about what to do when one experiences feelings of sexual attraction.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age.

Objectives

By the end of the activity, participants will be able to:

- Identify at least five sources of information about sexuality in their own lives.
- Explain which sources are reliable and which are not.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Copy the story and questions below onto a sheet of flipchart paper.

Betty and Thulani

Betty is 14 years old. She met Thulani, who is 15, at the school fair two months ago and they have become good friends. Lately Betty has been thinking about Thulani a lot and feels like she always wants to text him or be with him. Both Thulani and Betty think that they are falling in love with each other. They spend a lot of time doing things together and they sit close to each other and hold hands a lot. Thulani's feelings for Betty are getting stronger too. Sometimes when they are together he wants to kiss and touch her. Betty too is longing to kiss Thulani and to be in his arms – it just seems like the right thing to do.

- What is happening to Thulani and Betty?
- Does this happen in real life?
- What do you think Betty and Thulani should do? Why?
- · What would you do if you were Betty or Thulani? Why?



- 1. Post the flipchart paper on which you wrote the story. Then ask for a volunteer to read it aloud to the whole group. Ask another participant to read the questions.
- 2. Divide the participants into small groups and tell them to discuss the questions:
- 3. After 10 minutes, bring participants back together to share their responses to the questions.
- 4. Generate a discussion by asking the participants the following questions:
 - If Thulani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: He will get an erection, his heart may start beating faster).
 - What about Betty what will happen to her body? (Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster).

- If they get sexually aroused, do they have to have sex? (Answer: No).
- · What can they do instead?
- What does our society expect Thulani to do as a boy when it comes to sex? Probing questions: What do people say about guys and sex? How are boys supposed to behave when it comes to sex?
- What does our society expect Betty to do as a girl when it comes to sex? Probing questions: What do people say about girls and sex? How are girls supposed to behave when it comes to sex?
- What effect do these messages have on boys? Probe for effects on their attitudes, desires, expectations and behaviours. What are the bad effects on them?
- What effect do they have on girls? Probe as above.
- What is your opinion about expecting one thing from boys and the other from girls (i.e. that boys should be sexually experienced; girls should be virgins)? Generate a discussion about whether this makes sense by asking questions that make the participant think and challenge the status quo. Such as, does it make sense to have two different standards? If both boys and girls follow this, who will boys have sex with?

Note to facilitator: Use the Facilitator Information: Coping with Sexual and Intimate Feelings below to add to what participants say if needed. Don't lecture them — focus on getting them to share their ideas with each other.

- 5. Ask for comments and questions from the participants and discuss these.
- 6. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Being attracted to someone is part of starting and building relationships and friendships.
 - Sexual desire and excitement does not have to lead to sexual activity of any kind.
 - Society gives different messages about men and women's sexuality. These affect our sexual attitudes, desires, expectations and behaviours.
 - If you are getting into an intimate, romantic relationship with someone, it is important to talk about your sexual feelings, values and how you want to handle them. If you can't talk about sex with someone, you aren't ready to have sex with them!

Linking sentence

Young people need to spend time getting to know each other as individuals and not rush into sexual intercourse as a way of expressing their emotional or sexual feelings. During adolescence we naturally start to become aroused by someone or something. During this time some young people will realise that their romantic and sexual attraction is to the opposite sex



FACILITATOR INFORMATION

COPING WITH SEXUAL AND INTIMATE FEELINGS

It is natural and normal for us to feel sexually aroused by something or someone. This can happen at any time and does not mean that we are looking for sex. The way people dress, the way they smile, walk and talk can stir feelings of attraction and desire inside others. This is just our sexuality expressing itself – it is our body's way of acknowledging ourselves and others as sexual beings.

Feeling turned on does not mean that one has to have sexual intercourse. It means the person has a strong feeling of attraction to another person or to the thought of a sexual behaviour. They may or may not want to express it and it may or may not be through sexual intercourse.

Society's different messages to boys and girls about their sexuality influence how they experience and handle their feelings of sexual attraction and arousal. Most girls are taught that they should keep their virginity and that is having sex is shameful; if they are sexually experienced, they may be seen as loose or worse. Therefore, they are more likely to be happy to sit and talk about something personal or common between them, even if they are sexually aroused. This intimate sharing can make the relationship stronger. On the other hand, although boys and men also need intimacy, in most societies they are encouraged to become sexually experienced. They may feel that being a virgin is shameful, so they may want to move into a sexual relationship before the couple really knows each other well. These behaviours are stereotypical and young people should be encouraged to know themselves and what is right for them rather than to follow gender stereotypes.

Getting to know one another intimately is important in building a strong relationship. It also helps for a couple to talk about the sexual feelings that they have so they can make a decision about how to handle it. There are many things that two people who are attracted to each other can do without having sexual intercourse.

ACTIVITY 3.4: LET'S TALK ABOUT SEX

(Adapted from: Understanding and challenging HIV stigma: Toolkit for action, International HIV/AIDS Alliance)



Purpose

To enable participants to find out more about sexual behaviour; and to build their comfort and ability to talk about sex more openly.

Objectives

By the end of the activity, participants will be able to:

- · Talk and ask questions about sex more openly
- Participate in a dialogue about how young men and women feel about sex.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Cut sheets of A4 paper into slips of paper - about 4 to 6 slips per sheet.

Note to facilitator: Depending on age, culture, religious beliefs and attitudes, talking about sex may be a sensitive issue. This exercise provides a chance for young people to ask each other questions about sex and discuss answers together in an open way. The facilitators should introduce the topic carefully and be clear about the purpose of the exercise.



- 1. Divide participants into same sex groups and give each person a slip of paper. Tell them that this is their chance to ask any question about sex that they wish to ask members of the opposite sex. No one will know who wrote which question. Give them a few minutes to write their question. Then ask them to fold the paper.
- 2. Collect all the girls' questions in one bowl, and all the boys' questions in another bowl. Hand the girls' questions to the boys and the boys' questions to the girls.
- 3. Ask the groups to discuss each question together and write their answers on a flipchart. Circulate while they are working to help them as needed. If they are not comfortable with writing, you can tell them to prepare their answers orally.
- 4. Come back together and share the questions and answers in the big group. Allow the group to respond or clarify points, if necessary.
- 5. Ask participants:
 - How did you find the exercise?
 - What did you learn?
 - · What were some differences in the questions and answers of the boys and the girls?
- 6. Ask the participants to summarize what they learned or understood doing the activity. Add any of the following key points that they do not mention.

- Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about.
- We need to learn to talk about sex more openly.
- Talking more openly can help us take care of sexual health and to enjoy our sexual relationships more.

Linking Sentence

Because sexuality is not often talked about in many societies, many people do not understand how their own body works sexually. Some people base their ideas about sex on what they see in the movies, what is in pornography or stories that they hear from other people, which are often unrealistic or even completely false. In the next session, we will learn about how our bodies respond to sexual stimulation.

ACTIVITY 3.5: HUMAN SEXUAL RESPONSE



Purpose

To provide information on human sexual response and its variations.

Note to facilitator: This session is especially relevant for young people aged 15 years and older.

Objectives

By the end of the activity, participants will be able to:

- Identify at least five sources of information about sexuality in their own lives.
- Explain which sources are reliable and which are not.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Write or print the following in large letters on one piece of A4 paper each and keep them aside.

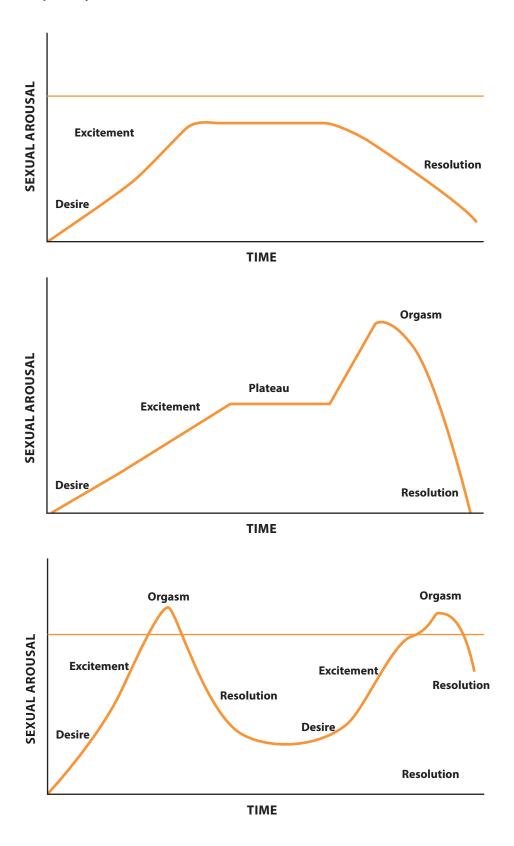
- Excitement
- Orgasm
- Resolution

Prepare cards by writing or printing the following in large letters on one piece of A4 paper each and then mix them up so that they are not in order.

Penis becomes erect	Blood pressure increases even more
Clitoris becomes erect	Breathing rate increases even more
Nipples become erect	Rhythmic contractions in the genitals
Vagina gets wet	Ejaculation
Inner lips of the vulva swell	Muscles contract throughout the body
Skin of the scrotum swells	Feelings of intense pleasure
Scrotum pulls up closer to the body	Muscles relax
Heart rate increases	Blood is released
Blood pressure increases	Breathing slows
Pre-ejaculate appears at the tip of the penis	Heart rate slows
Breath rate increases	Blood pressure goes down
Muscles become more and more tense	Penis becomes soft
Pulse rate increases even more	Clitoris becomes soft

Draw the following graphs on pieces of flipchart paper without the words 'desire' 'excitement' 'orgasm' and 'resolution' on them.

Sexual response cycle





- 1. Post the first drawing in front of the room. Tell participants that this activity is about how the body responds sexually and that this drawing is a visual picture of that. Quickly go through the following questions to introduce the parts of the human sexual response cycle without taking questions:
 - What makes a person's body begin to respond sexually? (Answers: sexual stimulation, desire)
 - Write **DESIRE** in the appropriate place on the drawing you posted.
 - What are the first signs that a person's body is responding sexually for men? For women? (Erections, the vagina becomes wet or lubricates)
 - Tell participants that this stage is called.... Write **EXCITEMENT** on the drawing in the appropriate place.
 - If the sexual stimulation continues and excitement builds, what happens next? (Answer: orgasm)
 - Write **ORGASM** on the drawing in the appropriate place.
 - · What happens after orgasm? (Erection goes down, body returns to normal state over some time)
 - Tell participants that this is called **RESOLUTION** and write the word on the drawing in the
 appropriate place.
- 2. Tell participants that this is one version of what is called the human sexual response cycle (write this at the top of the drawing). It is based on one that was developed by two researchers called Masters and Johnson.
- 3. Tell them that we are now going to look at what happens in the body during excitement, orgasm and resolution. Put the three pieces of A4 paper on which you wrote or printed 'Excitement', 'Orgasm' and 'Resolution' and put them up on the wall in a row but with some space in between and below them. Tell the participants that you have cards on which are written the changes that happen in the body during each of these three parts of the cycle. They will work in pairs and each pair will decide which part of the human sexual response cycle the cards they receive belong to and post them under the appropriate sign.
- 4. Have the participants to form pairs and give each pair two or three of the cards you prepared (Note: There are 26 cards. Divide them more or less evenly among the pairs depending on the number of participants you have).
- 5. After a few minutes, when all of the pairs have posted their cards, call their attention to the front and have them stand in front of the wall where the signs are posted. Starting with Excitement, go through the cards that are posted underneath it. For each card, ask the participants, is this card in the right place? If it is not, ask them where it should go and then move it appropriately. Use the Facilitator Answer Key: Human Sexual Response Cycle to guide you to the correct placement of the cards.
- 6. Once all of the cards are in the correct place, ask the participants if they can summarise briefly what happens to the body when it responds sexually. Ask if they have any questions and answer them.
- 7. Tell the participants to return to their seats. Then explain that this first drawing is a very linear version of sexual response. In real life, however, sexual response often does not fit that model exactly. Tell them that they will now look at some variations.
- 8. Post the second drawing and ask for a volunteer to come up and label the parts of the sexual response cycle on it. Tell them to check their answers with the rest of the participants before writing. Once it is labelled, ask the participants: What happened in this variation?
 - Then do the same for the third drawing.

Note to facilitator:

- In the second image, the person becomes excited, but does not have an orgasm.
- In the third image, the person has two orgasms.
- 9. Tell them that there are many more variations. After you have gone through the variations, ask the following questions:
 - What do you notice about the variations? (Answer: Not all parts of the cycle occur every time a person gets sexually excited).
 - Do men or women usually get sexually excited more quickly? (Answer: men)
 - Do men or women usually achieve orgasm more quickly? (Answer: men)
 - After orgasm, do men or women take longer to return to a normal state? (Answer: Women)
 - Are men or women able to have more than one orgasm in a very short time? (Answer: Women. Men's bodies need to go through resolution before he can get another erection).
 - Do you think the third variation (point to graph) shows the sexual response of a man or a woman? (Answer: A woman since there are two orgasms without complete resolution).
 - In the variation (point to graph), the person did not have an orgasm. Do you think that sex can be satisfying at times without orgasm? Why or why not? Probing question: Why do people have sex?
 - Is the response cycle different when you masturbate from when you have sexual intercourse? (Answer: No, but many people have orgasms more easily and more quickly from masturbation).
 - What is the value in understanding human sexual response? (Answers: Knowing how your body responds sexually can help you feel more in control of your body; receive and give pleasure to your partner; make your relationships more satisfying; and better understanding of any sexual problems).
- 10. Ask for comments and questions from the participants and discuss these.
- II. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Physical touch and mental stimulation or fantasy can make the body respond sexually. This is called the Human Sexual Response Cycle.
 - The parts of the sexual response cycle, whether alone or with a partner, are: desire, excitement; orgasm: and resolution.
 - Knowing how your body responds to sexual stimulation can help you to feel more in control of your body, to give and receive pleasure and improve your relationships.

Linking sentence

Understanding how our bodies work can help us and our partners to enjoy our sexuality more and enhance our intimate relationships. The next session will look to address some common wrong information that people have about sex.

Facilitator answer key

HUMAN SEXUAL RESPONSE CYCLE

Excitement

- Penis becomes erect
- Clitoris becomes erect
- Nipples become erect
- Vagina gets wet
- Inner lips of the vulva swell
- Skin of the scrotum swells
- Scrotum pulls up closer to the body
- Heart rate increases
- Blood pressure increases
- Pre-ejaculate appears at the tip of the penis
- Breath rate increases
- Muscles become more and more tense

Orgasm

- Pulse rate increases even more
- Blood pressure increases even more
- Breathing rate increases even more
- Rhythmic contractions in the genitals
- Ejaculation
- Muscles contract throughout the body
- Feelings of intense pleasure

Resolution

- Muscles relax
- Blood is released
- Breathing slows
- Heart rate slows
- Blood pressure goes down
- Penis becomes soft
- Clitoris becomes soft

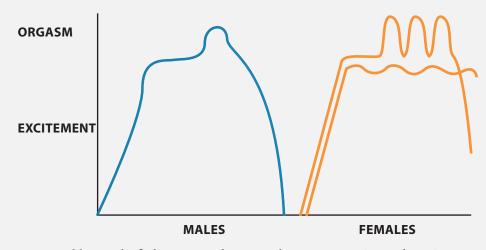


FACILITATOR INFORMATION

HUMAN SEXUAL RESPONSE CYCLE

In the 1960s, two American researchers, Masters and Johnson conducted an extensive study of the human body's physiologic response to sexual stimulation. Whatever caused the stimulation, they found that the person went through the same 4 stages of sexual response – excitement, plateau, orgasm and resolution. Since then other scientists have come up with some alternatives to the original one, for example, adding desire at the beginning of the cycle. In this course, we are collapsing the excitement and plateau phases, as they are somewhat similar and plateau may be difficult to distinguish. In principle, the cycle goes as follows:

I. Excitement: The body starts to become sexually excited. Physiologically, the basic process is the accumulation of blood in parts of the body, especially the genitals, resulting in an erection of the penis or clitoris. Excitement is quicker in men than in women. In many men, a few drops of fluid from the Cowper's glands appear at the tip of the penis, which may contain some sperm and can contain HIV. This fluid reduces the acidity of the urethra. The body's response can be affected by age, alcohol and fatigue.



- 2. Orgasm: A sudden peak of pleasure. Both men and women experience sharp increases in pulse rate, blood pressure and breathing rate during orgasm. Muscles contract throughout the body, including in the hands and feet. The process is similar in both sexes. In men orgasm and ejaculation usually go together. In men, ejaculation occurs in two phases. First, glands containing fluids (the seminal vesicles and prostate) contract and deposit their fluids into a bulb at the base of the urethra; men feel these contractions as a sensation that ejaculation is about to happen and cannot be stopped, which it cannot be. This is called the point of ejaculatory inevitability. The second phase occurs when the urethral bulb and the penis contract rhythmically, forcing the semen through the urethra and out of the penis. Orgasm in women usually takes longer to achieve than in men. Unlike men, women can have multiple orgasms or move from one orgasm to another within a short time. Some women may ejaculate during orgasm. In female ejaculation fluid (not urine) spurts out of the urethral opening.
- 3. Resolution: Orgasm results in a massive release of muscular tension and blood from the engorged blood vessels. The processes described above are reversed and the body returns to its usual state. Resolution generally takes 15-30 minutes, though it may take longer if the person has not had an orgasm. For most men, a period of rest, called the refractory period, is necessary before they are able to get another erection and have another ejaculation. The length of this period varies (from a few minutes to 24 hours) according to the man's age, how exciting the stimulation is, and the amount of time since his last ejaculation. Young men have short refractory periods and can often get erect again very quickly.

ACTIVITY 3.6: WHAT'S THE TRUTH?



Purpose

To correct misinformation about sexuality and sexual behaviour.

Objectives

By the end of the activity, participants will be able to:

- Identify common myths about sex.
- · Provide correct information in place of those myths.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

None



Steps

- Tell participants that you are going to read statements about sexual behaviour and they will decide if they are true or false. Then you will discuss together and sort out the myths or wrong information from the facts.
- 2. Read the statements in the 'Sex, What's the Truth?' chart below one at a time. Ask the participants to write down their answer. If your participants have good literacy skills you can have them open their workbooks to page 31 and write their answers, and then have a neighbour score them. If they are not very literate, put up true and false signs and have them move to stand by their answer. Then ask one person to give their answer. Ask other participants if they agree or disagree and why.

Note to Facilitator: Do this even if the first person gives the correct answer and the correct reason because it brings out incorrect reasoning that can be corrected.

Encourage and affirm those who have the right information. Get as much of the information as possible from the participants themselves and make sure the full explanation comes out by asking questions as needed. Use the information provided below as needed. Continue in this way through all of the statements.

1) Masturbation is harmful

False. Masturbation is not harmful. It is a safe way to satisfy sexual desire and is often part of therapy for people who are having sexual problems. However, it is a personal choice based on morality or religious grounds. Some people choose not to masturbate and some feel that it is wrong.

2) If a girl is a virgin, she will bleed the first time she has sex

False. Bleeding happens when the hymen is torn. However, some girls are born without hymens. Hymens can also easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. So, not bleeding does not mean a girl has had sex before.

3) It's the man's role to initiate sex.

False. In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. Women can initiate

sex when they want it. Even those who follow traditional gender roles often have a way to indirectly communicate their desire for sex to their partners.

4) Many women do not have orgasms from vaginal intercourse alone.

True. Many women, about 70-75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm and often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.

5) The first time a woman has sex, it will hurt.

False. The first time a woman has sex, it may or may not hurt. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. Her partner can also start by inserting fingers to gently stretch open the hymen, if the woman has one. If a woman feels nervous or afraid, the couple may want to wait

6) Once a man gets sexually excited, he cannot control himself.

False. He may not want to control himself or stop, but all humans, male and female, can always stop at any point in a sexual experience. Some men believe that if they get really sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but it will go away on its own.

7) The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them.

True. Every person has their own preferences and things which 'turn them on.' Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.

8) Most men will lose their erection during a sexual experience at some time in their lives.

True. Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.

9) If the man has a big penis, his partner will feel more pleasure.

False. Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the man does, not his size, that is important. In fact, very large penises may be uncomfortable or even painful for women. Also remember that most women do not have orgasms from vaginal sex alone.

10) The right age to have sex is 18.

False. There is no right age to have sex. Each person has to decide for themselves when they feel ready to have sex. It may depend on their relationship, values, and feelings. On the other hand, all countries have laws that say how old a person has to be to be able to agree to have sex and in Zambia the legal age to consent to have sex is 16 Before that age, the person is considered to be young to make this decision.

11) If a man can keep vaginal intercourse going long enough, the woman will have an orgasm.

False. As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.

- 3. Ask participants:
 - What else have you heard about sex that you aren't sure if it is true or not?
 - · Why are there so many myths about sex and sexual behaviour?
 - · How can we make sure that we have the right information?
- 4. Ask for comments and questions from the participants and discuss these.
- 5. Ask participants to summarize what they learned from this activity. Add any of the following points that are not mentioned.
 - Masturbation can sometimes be helpful to solve sexual problems for some people.
 - A girl may or may not bleed the first time she has sex.
 - Most women need to have their clitoris touched to reach orgasm.
 - To know how to please your partner, talk to them.
 - Most men will sometimes lose their erections during sexual experiences.
 - There is no right age to have sex it will depend on the person's relationship, values, and feelings but take note of the legal age of consent for sex in Zambia being 16 years and above
 - If you aren't sure about something you heard about sex or sexuality, check it with a reliable source before you believe it.

CONCLUDING NOTES

Sexuality is much more than sex — it is an important part of who a person is and of life. Sexuality is shaped by the messages and values that a person learns from their family, society and by other influences. Being attracted to someone is part of building friendships and relationships, but attraction does not have to lead to sexual intercourse. Young people, both males and females, need to be comfortable talking about sexuality and be honest with each other about how they feel and what they want in a relationship.

ACTIVITY 3.7: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of their sexuality.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on sexuality. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 6-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - · How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 32 in their workbooks and fill in the worksheet.



WORKSHEET: WHAT I LEARNED ABOUT SEXUALITY

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- 1) What is the most important thing you learnt from this unit?
- 2) Why this information is important to you?
- 3) How will it influence your behaviour?
- 4) Write a commitment or a promise to yourself related to your sexuality. You will not be asked to share this with the group.

For high literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will change related to their sexuality.

UNIT 4: GENDER ROLES AND EQUALITY

PURPOSE AND OBJECTIVES

This unit examines the meaning and effects of power, privilege and discrimination in general and specifically related to gender. It encourages participants to develop empathy by feeling what it is like to be in a group without power. It teaches participants to understand what gender is and to distinguish sex and gender. The unit also challenges them to examine how gender roles limit both girls and boys, to consider what they want to see changed about gender and to challenge gender stereotypes.

By the end of this unit, participants should be able to:

- Describe the different types of power
- Discuss the effects of power and privilege on those without power as individuals, on interpersonal relationships and on society;
- Distinguish between sex and gender;
- Explain gender stereotypes and how they affect personal development and relationships of both girls and bovs:
- Identify their values about gender roles and gender equality;
- Challenge gender stereotypes

ACTIVITIES

Activity	Time
Warm up – If I Were, I Would	15 minutes
What Is Power?	30 minutes
Power and Privilege	45 minutes
Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	60 minutes
Conversation Circle and Commitment	20 minutes
	5 hours and 20 minutes

ACTIVITY 4.1: IF I WERE, I WOULD



Purpose

To start discussions about gender by finding out about the opposite sex and about gender roles using a fun activity.

Objectives

By the end of the activity, participants will be able to:

- · State what they like about being a member of their own sex;
- · Explain what they would do if they were the opposite sex and why.



Time: 15 minutes



Materials needed:

None



Preparation

None



- 1. Have the participants stand in a circle. Tell them that you are going to read them a sentence that they will complete, one at a time, going around the circle.
- 2. Ask for a volunteer to start. Then read the first sentence stem: 'The thing I like most about being a woman /man is...' Have each person answer.
- 3. Then read the second sentence stem: 'If I were a woman or man for one day, I would... 'Have each person answer.
- 4. Then ask the group as a whole:
 - What did you notice about the women's answers to the first question?
 - What about the men's answers?
 - What did you notice about the men's answers to the second question?
 - What about the women's answers?
 - · What did you learn about gender roles from this exercise?

ACTIVITY 4.2: WHAT IS POWER



Purpose

To explore the meaning of power; and to identify the four types of power.

Objectives

By the end of the activity, participants will be able to:

- · Name and explain the four types of power;
- · Give an example of each type of power.



Time: 30 minutes



Materials needed:

Flipchart paper, markers, pens, tape and scissors or Bostik or Prestik



Preparation

Write the following on a piece of flipchart paper:

Instructions: Work with your neighbour, to try to complete the spaces in the story below, putting one of the following words in each space: over, to, with, within

Abasi and Flora are boyfriend and girlfriend. They are members of a youth group. As individuals, they both have power (a)_____ themselves. Abasi had a girlfriend before, but she left him, because he was using his power (b)_____ her by trying to control everything she did. But in his relationship with Flora, Abasi has changed. Now, each of them join power (c)_____ the other as they support each other. They believe that relationships need to be equal and respectful to be happy and safe. That is why they have decided to use their power (d)____ try create a community that encourages equality and non-violence.



- 1. Tell participants that in this activity they are going to discuss power. Understanding power is important for understanding equality and inequality.
- 2. Write the word 'power' in the middle of a piece of flipchart paper. Ask participants to brainstorm words and expressions that mean 'power.' Write all their suggestions on the flipchart paper, around the word 'power.' (Answers could include: strength, ability, authority, violence, force, prestige, control, money, energy, etc).
- 3. Thank participants for their contributions. Then ask participants:
 - How would you define power? Use their responses to come up with a definition similar to the following:
 - Power is being able to direct or influence the behaviour of others or the course of events.
 - Do you think power is positive or negative? Why?
 - What do others think?
 - · Have them discuss their opinions.
- 4. Pick up on their opinions and explain that there are many types of power. So power can be used positively or negatively. Tell them they will now think about the different forms power can take.

5. Ask them to open their workbooks to page 35. Also post the flipchart paper on which you wrote the story. Ask a participant to read the instructions. Answer any questions that they have and tell them that they have 3 minutes to fill in the blanks.

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WORKSHEET: TYPES OF POWER

Instructions: Work with your neighbour, to try to complete the spaces in the story below, putting one of the following words in each space: over, to, with, within

Abasi and Flora are boyfriend and girlfriend. They are members of a youth group. As individuals, they both have power (a)_____ themselves. Abasi had a girlfriend before, but she left him, because he was using his power (b)_____ her by trying to control everything she did. But in his relationship with Flora, Abasi has changed. Now, each of them join power (c)_____ the other as they support each other. They believe that relationships need to be equal and respectful to be happy and safe. That is why they have decided to use their power (d)____ try create a community that encourages equality and non-violence.

- 6. After 3 minutes pass, call their attention back to the front. Ask participants to suggest the words that fill in the four spaces. Discuss until you reach an agreement. As a group, fill in the missing words on the flipchart, in a different colours, if possible, as follows: a) within; b) over; c) with; d) to
- 7. Explain that these reflect the different kinds of power: 1) Power within oneself; 2) Power over someone; 3) Power with others; and 4) Power to do something. Power can be used positively or negatively.
- 8. Ask participants to return to their neighbour and discuss what they understand by each of these types of power. Give participants 5 minutes for this discussion.
- 9. Facilitate a discussion with the entire group about the four types of power, drawing attention to the difference between positive power and negative power. Use the following questions and the Facilitator And Participant Information: Types Of Power below to guide the discussion.
 - What is 'power within'? What are some examples?
 - How can we use the power within ourselves?
 - What is 'power over'? What are some examples?
 - · Why do some people have power over others?
 - What happens when people use their power over others? Is it just?
 - What is 'power with'? What are some examples?
 - Why would people join their power together?
 - What is 'power to'? What are some examples?
 - What is the difference between using power positively and using it negatively? Can you give some examples?
- 10. Tell participants to that information on the types of power is on page 35 of their workbooks.
- II. Ask the participants what they learned from this activity. Add any of the following key messages that they do not mention.
 - Power can be used positively and negatively.
 - We all have power within us, even if sometimes we don't realize it.
 - · Using our power over others often violates their human rights.
 - · We can join our power with others to change our community for the better.
 - We all have power to do something, to act.

Linking Sentence

It is important to understand that we all have power inside ourselves as individuals and that we can come together to join our power to work for social changes that we want. In all societies some people are given more power than others based on social norms. This is not because they earned it or are better than others – it is mostly based on tradition. The next activity we will look at some other groups that have power in our society and try to understand the experiences of being in groups with and without power.



FACILITATOR AND PARTICIPANT INFORMATION

TYPES OF POWER

Power within is the strength that arises from inside ourselves when we recognize that we all have an equal ability within ourselves to positively influence our own lives and community. By discovering the positive power within ourselves, we are moved to address the negative uses of power that create injustice in our communities and society. We can nurture the power within ourselves, so that we can take control of our own lives and work to improve our communities.

Power over means the power that one person or group uses to control another person or group. This control can come from direct violence or more indirectly, from the social beliefs and practices that position men as superior to women. Using one's power over another is injustice. We need to understand that whenever any group uses their power over another group, it is unjust and leads to community problems, including violence and health problems such as HIV.

Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Understanding and valuing power with can inspire us to join our power with others to support those who are disadvantaged and to work for positive change in our communities.

Power to is the belief, energy and actions that individuals and groups use to create positive change. Power to is when individuals decide to work to ensure that everyone enjoys all of their human rights, and can achieve their full potential. We can use our power to take action to create a community that supports and promotes human rights and the equality of all human beings.

ACTIVITY 4.3: POWER AND PRIVILEGE

Adapted from Helping Teens Stop Violence and Engaging Boys and Men in Gender Transformation: The Group Education Manual, Engender Health and Promundo



Purpose

To enable participants to identify groups in their society with more or less power; to identify the privileges accorded those in the groups with power and privilege and the discrimination experienced by those with less power and privilege.

Objectives

By the end of the activity, participants will be able to:

- Explain what power and privilege are;
- · Identify groups that have more power and those that have less power;
- Describe the ways in which groups with less power are discriminated against and how that makes them feel:
- Explain how power has to be shared for all people to enjoy their human rights.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



- Tell participants that this activity is about groups that have 'power over' other groups. Tell them that you are going to look at who has power in our society and what happens as a result of some groups having power over others.
- 2. Draw a chart with two columns on flipchart paper. Label the first column 'More power' and the second column 'Less power.' Ask the participants to provide examples of social groups that have power and their counterparts that have less power. Encourage them to think of as many groups as they can. The result should include most of the following pairs as well as ethnic and religious groups with more or less power in your society. Add any that are missing that you think are important make sure to include at least one of those that is starred.

More Power	Less Power
Adults	Children, young people
Men	Women
Rich	Poor
Parents	Children
Youth	Children
White People	Non-white people
Boss	Worker

Teacher	Students
Heterosexuals	Homosexuals
People with disabilities	People with disabilities
Mentally healthy people	Mentally ill people

- 3. Ask participants to identify themselves in each of these groups. Give them a minute to do so. Then ask them:
 - Where do you find yourselves on the chart? Probing questions: Only in more power groups? Only in less power groups? (Participants should indicate that they are on both sides of the chart).
 - So do all of you know what it is like to be in a group with more power? And do you all know what it is like to be in a group with less power?
- 4. Then tell participants to think about one less power group they belong to. Ask:
 - How are you treated by people in the 'power' group? List their responses in a new column or on a new piece of flipchart paper.
 - How would you describe this treatment (point to the flipchart)? (Probe, if necessary, to get the response that they are treated poorly and discriminated against).
 - If it has not been mentioned already, tell them that being treated differently like this because you are in a certain group is called discrimination. Ask: What does it feel like to be discriminated against? (List their responses on the flipchart paper).
 - What are the consequences of this discrimination (point to the list)?
 - How do groups with less power want to be treated? Probing questions: Do you want to be discriminated against?
 - Tell them that you want to talk about the power group now. Tell them to think about one of more power groups they belong to. Ask them:
 - How do the people in the power group act? List their responses on flipchart paper.
- 5. Tell them that people in groups with more power have what we call 'privileges'. Explain that privileges are special rights, advantages or freedoms just because they are in a power group.
 - What privileges do men enjoy just because they are men that most women do not enjoy? List their responses on flipchart paper. (Answers will depend on the specific place and culture, but may include: work outside of the home, don't need to do household chores (cooking, laundry, cleaning), don't need to take care of children & sick people, decide when and whom they will marry, make decisions, take on leadership roles in the community, can go out anytime, walk in the dark without fear, and so on).
 - Why do power groups have privileges? Probe: Are they better than other people? (Answer: They are not better. There is no reason except tradition or habit for them to have more power).
- 6. Then ask them the following questions to generate discussion:
 - Do you think it is right for power groups to treat those with less power badly and discriminate against them?
 - The first article of the Universal Declaration of Human Rights say (write this on flipchart paper as you read it): 'All human beings are born free and equal in dignity and rights.' According to this right, how should power be distributed in society? Do you agree? (Ask probing questions if they do not agree that encourage them to see that everyone deserves to be treated equally, for example: So you agree that in all cases, the people who have more power now, like white people, should

have it and be able to treat you badly?)

- · What needs to happen for everyone to enjoy this right?
- 7. Remind participants that while some groups may have power over us, if we believe it is not right, we all have power within that we can use to change the situation.
 - Ask the participants to summarize the main things that they learned in this activity. Add any of
 the following that they do not mention.
 - We all belong to or have belonged to both groups with and without power.
 - Those with more power have privileges and are treated better than those with less power based on tradition.
 - Discrimination against groups with less power is unjust, has serious consequences and is a violation of human rights.
 - Power needs to be shared equally for all people to enjoy their human rights.

Linking Sentence

When you are in a group that has been given more power by society, it is important to remember how it feels when those with more power use that power over you and treat you unfairly. We need to have empathy for other and treat them as we would like to be treated. In the next activity, we will look at the effect of power imbalances on society.

ACTIVITY 4.4: EXPERIENCING A POWER IMBALANCE

Adapted from SASA! Awareness Training Module Session 2.2 Why Power Balances Exist, Raising Voices.



Purpose

To demonstrate the effects of one group having 'power over' another on achieving a goal; and to experience the effects of 'power with' or working together equally to achieve a goal.

Objectives

By the end of the activity, participants will be able to:

- Describe the effect that power imbalances have on our ability to get things done and on society;
- · Recognize the need for equality among people.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, 15 pieces of A4 paper, 15 pens



Preparation

Before the activity, write the following statement on a piece of flipchart paper: 'In our society everybody is equal; no one has the right to use their power over another person.' Set it aside and turn it upside down, so that no one can read it.



Steps

- 1. Explain that in this next activity, participants will experience a power imbalance. Ask for 5-10 female volunteers and 5-10 male volunteers. Tell the rest of the participants that they are members of the community. Put the three groups into their positions:
 - Ask the male volunteers to line up their chairs in the middle of the room and take a seat. Ask the female volunteers to stand in front of a male, so that there are two lines facing each other and five to ten female/male pairs.
 - Ask the male participants to stand on their chairs facing their partners. Ask the female participants to put their hands behind their backs. Explain that they must stay in this position.
 - Ask the community members to surround the pairs in a circle.

Then put a piece of paper and a pen or pencil in between each female/male pair, on the floor in front of the chairs.

2. Ask:

- Participants on the chairs, how do you feel standing on the chair?
- Participants in front of the chairs, how do you feel standing before the person on the chair?

3. Explain the exercise:

- For this exercise, the participants standing on the chairs have more power than the participants standing in front of them on the floor.
- There is one way for the pairs to become equal. This is by drawing a perfect circle and an equal sign in the middle of that circle on the paper between them. However, the partners must do this together with both partners holding the pen— not just one of them.

- Participants on the chairs must remain standing and cannot squat. Participants on the floor have to keep their hands behind their backs.
- Community members watch the activity inside the circle. Remain silent until I show you a flipchart with a statement on it. At that point you will read the statement aloud to the pairs in the middle.
- · Ask if there are any questions and answer them. Then tell them to begin.
- 4. After 1-2 minutes, ask the participants: Is this working? Are there any perfect circles? (There will be no perfect circles).
- 5. Tell the participants to switch roles the girls should stand on the chairs and the boys on the floor with their hands behind their backs. Then tell them to try to do the same exercise. After another 1-2 minutes, ask the participants: Are there any perfect circles now? (There will still be no perfect circles).
- 6. Ask the pairs to switch again. When the guys are back on the chairs, explain: The boys have power over the girls, but the community members think this is not right. Ask the community members to read their statement. Hold the flipchart with the statement high in the air so that everyone can see it: 'In our community everybody is equal; no one has the right to use their power over another person.'
- 7. After the statement has been read, tell them that the community silence has been broken. Tell the girls standing on the floor that their hands are free now. Tell them to try to do the same exercise again. Make sure no one cheats by squatting on their chair.
- 8. After another 1-2 minutes, say: Things have improved but there are still no perfect circles. Boys, please balance your power with the girls by getting down from the chair. Ask: Can there be perfect circles now?
- 9. Allow participants to figure out how to draw the circle and then have them show their efforts to community members who can clap for them. Ask participants to return to their seats.
- 10. Discuss the activity by asking the following questions:
 - · How did the activity make you feel?
 - Those of you on the chairs?
 - Those of you on the floor with your hands behind your backs?
 - · Those of you who were community members?
 - · How did you feel when you were able to switch places and have power over the other person?
 - Did it help you accomplish your goal?
 - Do men and boys worry that sharing power means they will lose their power? Does this happen?
 Do both people having power mean one person has less? (If necessary, explain that balancing power does not mean losing power because power does not come in limited supply. It is not a quantity; it is a feeling).
 - · How did it feel to be equal?
 - Do you think our communities are a powerful force influencing how we behave?
- II. Ask the participants to summarize what they learned from the activity. Add any of the following key points that they do not mention.
 - When some people use their power over others, the two groups cannot work together well to reach their goals.
 - The power imbalance between males and females is not healthy. It creates tension, struggle and resentment.

- Balancing power does not mean losing power because power does not come in limited supply. It is not a quantity; it is a feeling.
- Only when we speak out and reject the power imbalance between the sexes will the consequences of this imbalance on women and girls end.
- Men's power over women and our silence about it, allow the discrimination against women and girls to continue.

Linking Sentence

If we want to achieve a healthy and just society and have healthy and just relationships, we need to change the power imbalance between the sexes, personally and in our community. In the next activities, we will learn more about gender, gender stereotypes and how they affect all of us.

ACTIVITY 4.5: SEX AND GENDER, WHAT'S THE DIFFERENCE?



Purpose

To define the terms 'sex' and 'gender'; to understand the difference between them.

Objectives

By the end of the activity, participants will be able to:

- · Explain the difference between sex and gender;
- Identify whether a statement is about sex or gender;
- · List at least two of the three differences between women and men.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Tell the participants that this session is about the difference between sex and gender. Ask them to form pairs with their neighbours and to discuss what they know about sex and gender.
- 2. After 2 or 3 minutes, call their attention back to the front of the room. Ask them to share what they discussed. Use their ideas to come up with a definition of 'sex' and of 'gender' similar to the following and write them on flipchart paper:

Sex is about the biology of being male or female. It is based on the biological differences between men and women.

Gender is what it means to be male or female in a specific society. It includes how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities.

3. Ask participants:

- What biological differences between men and women do you know? (Answer: Men and women have: I) different reproductive organs (e.g. men have a penis, women have a clitoris and Vagina); 2) different chromosomes (women have XX chromosomes and men have XY); 3) different dominant hormones (women have more oestrogen and progesterone, men have more testosterone).
- What are gender roles? (Answer: Gender roles are the different roles (jobs, responsibilities, behaviours) that men and women are expected to do in a specific culture based on their sex).

4. Explain that:

- · Sex is the same across the world in all cultures.
- At birth, your sex is assigned to you based on your genitals.
- · Gender is cultural. What is expected of your gender varies by culture and changes over time.
- Gender roles are learned as you grow up.

- 5. To assess the participants understanding, tell participants that you will read some sentences and they should decide if it reflects sex or gender. If they think, the sentence is about gender, they should raise their hands. Ask those who raised their hands to explain why they think the sentence is about gender. Ask those who did not raise their hands to explain why they think the sentence is about sex. Use their responses to give them the correct answer (shown in the parentheses).
 - Girls are gentle; boys are rough. (Gender)
 - Women give birth to children; men don't. (Sex)
 - Women do most of the housework. (Gender)
 - Boys' voices change a lot during puberty. (Sex)
 - Women should not make decisions independently. (Gender)
 - Women's risk of HIV often depends on their partners' sexual behaviour. (Gender)
 - Men can only feed babies using bottles. (Sex)
 - · It is important to have male children. (Gender)
- 6. Ask participants:
 - · What is another statement that shows about sex?
 - · What is another statement that shows gender?
 - Have gender roles changed over the last 20 years in your community? How?
- 7. Tell participants that there are only three important differences between men and women. Ask them if they know what they are. List the correct answers (shown below) on flipchart paper and add any that they do not mention.
 - 1) Only men can make women pregnant.
 - 2) Only women can get pregnant and give birth to babies.
 - 3) Only women can breastfeed.
- 8. Ask participants what the main points of the activity were. Add any of the following that they do not mention:
 - Sex is the biological state of being male or female. A person's chromosomes, anatomy and
 hormones determine their sex. It is the same everywhere in the world and usually does not
 change.
 - Gender is what it means to be male or female in a specific society, including how we expect
 women and men to behave and what we think are masculine and feminine characteristics,
 abilities, responsibilities and opportunities. It is culturally determined; varies across the world
 and changes over time.
 - The only things that men cannot do are to give birth to a child and to breastfeed a child.
 - · A woman can do anything she decides to do, except make another woman pregnant.

Linking sentence

Knowing that gender is something that is created by society, that varies from culture to culture and that changes over time, we can realize that it is something that we can also work to change. In the next activity, we will think about gender stereotypes, their impact on us and how society tries to reinforce them.



FACTILITATOR & PARTICIPANT INFORMATION

THE DIFFERENCE BETWEEN SEX AND GET	NDER
Sex	Gender
Biologically determined by our chromosomes (XX or XY); anatomy (penis, testes or vagina, ovaries, uterus); predominant hormones (e.g. more testosterone or more oestrogen)	Socially constructed roles, responsibilities, behaviours expected of men and women.
Universal: Factors related to sex are the same around the world — men have penises and women have vaginas in every country.	Cultural: Gender varies within and between cultures; the roles of men and women are different in the United Kingdom from the roles of men and women in Zambia.
Born with: Generally unchanging (although change is now possible with hormones and surgical intervention).	Learned behaviour: Changes over time. For example, in the past, few women became lawyers or physicians; today it is more common to find women in these professions.

Gender roles refers to the different roles and behaviours that a society expects of men and women. These are based on what a specific society believes about what men and women can or cannot do. Some examples, include women should cook, clean, care for children and the sick; men should earn money and repair things. While traditional gender roles still have a strong influence on many people, they are also changing a lot. For example, before, some countries would not allow women to join the army.

Sex has more than one meaning. First, it means whether a person is biologically male or female. A person's sex is assigned at birth based on their genitals. It is also short for sexual intercourse.

Stereotypes are rigid and oversimplified beliefs about groups of people. They are not based on fact, but on assumptions, usually learned from others. Examples of stereotypes are 'male dancers are homosexuals' or 'women do not make good soldiers'.

There are three differences between men and women based on the differences in their bodies:

- Only women can get pregnant and give birth.
- Only women can breastfeed.
- Only men can make women pregnant.

Other statements about the differences between men and women as a group are stereotypes.

Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person's biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However, some people feel that they are in the wrong body. They are transgender. Some say that they have a female brain trapped in a male body, or the other way around. Some identify with neither gender; some with both genders; while others feel they cannot relate to the idea of gender at all. Some transgendered people change their sex by taking hormones and having surgery.

ACTIVITY 4.6: ACT LIKE A LADY, ACT LIKE A MAN

Adapted from Helping Teens Stop Violence and Engaging Boys and Men in Gender Transformation: The Group Education Manual, Engender Health and Promundo.



Purpose

To identify gender stereotypes for men and for women; to understand how people are treated when they do not conform to these stereotypes and relate that to how these stereotypes are reinforced; to understand the consequences of gender roles and stereotypes on personal development.

Objectives

By the end of the activity, participants will be able to:

- Name some of the rules of behaviour for men and for women;
- Explain how society uses violence to keep people inside their 'gender box';
- Discuss at least two negative effects that these gender rules have on the lives of women and men



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, 15 pieces of A4 paper, 15 pens



Preparation

None



Steps

- Tell participants that in this activity we are going to look more closely at gender roles and how they
 affect us.
- 2. Ask the participants if they have ever been told to 'act like a man' or 'act like a lady.' Then ask them: What boys are being told to do or not to do when someone says 'act like a man' or 'be a man'? Use the following questions to get them to think more deeply, if needed:
 - · What behaviours do they want to see?
 - What behaviours do they NOT want to see?
 - · What characteristics should men show?
 - What does 'act like a man' when talking about sexuality?

List all of the characteristics named on the board or on chart paper, as follows:

ACT LIKE A MAN

Be tough
In control
Hide your feelings
Don't cry
Show anger
Have sexual intercourse
Make money
Be able to fight

3. When they have finished responding, draw a box around the entire list and label it 'Act like a Man.'

Tell the participants: We call this the 'Act like a man box.' Inside this box are some of the 'rules' that society has created for boys and men. All boys are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box. Note to facilitator: It is important to emphasize this point.

4. Ask:

- Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
- How does living in the box affect a man's health?
- · How does living in the box limit men's lives?
- 5. Go through the same process for young women, listing their answers on a new piece of flipchart paper. Ask: What girls and women are being told to do or not to do when someone says 'act like a lady' or 'be a lady.' Using the following questions to encourage them to think more deeply, if needed:
 - · What behaviours do they want to see?
 - · What behaviours do they NOT want to see?
 - · What characteristics should women show?
 - What does 'act like a lady' mean when talking about sexuality?

ACT LIKE A LADY

Be sweet
Sexy, but not too sexy
Passive
Listener
Smart, but not too smart
Caretaker
Polite

6. Draw a box around the entire list and label it 'Act like a Lady.' Tell the participants: This is the 'act like a woman box.' Inside this box are some of the 'rules' that society has created for women. All girls are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box. Note to facilitator: Again, emphasise this point.

7. Ask:

- Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
- How does living in the box affect a woman's health?
- · How does living in the box limit women's lives?
- 8. Then ask the participants: What are these 'rules' called? (Answer: Gender norms and stereotypes)

 Use their response to come up with the following definitions and write them on flipchart paper:
 - Gender norms are the things that society has decided should be 'normal' for men and women.
 - Stereotypes are generalizations about groups of people that are not based on facts.

Explain that when we assume or think that all people in a group are the same, it is a stereotype. For example, 'men are strong' is a stereotype. In fact, not all men are strong.

- 9. Now ask the following questions:
 - What put-downs or names are young women called when they don't fit into the box? For example, what happens when a girl is too tough or too sexy? (For example, bitch, tomboy, slut, fool, and many others).

Write these put-downs on the board or flipchart paper on the right side of the Act Like A Lady Box (see the example below)

• What physical or other things might be done to young women who don't fit in to the box? (Answers: Rape, being beaten, molested, killed, rejected, hit, pinched, whistled at, job discrimination, bullying, teasing and many others).

Write these down on the board or flipchart paper on the left side of the box.

• What put-downs or names are young men called when they don't fit into the box or try to escape the box? (Coward, gay, moffie, sissy, pussy, wimp, girl and many more).

Write these put-downs on the board or flipchart paper on the right side of the Act Like A Man Box.

• What physical or other things might be done to young men who don't fit in to the box? (Fights, being beaten up, bullied, teased, ignored and more).

Write their responses down on the board or flipchart paper on the left side of the box.

ACT LIKE A LADY

Bitch	Be Sweet	Beaten up
Tomboy	Sexy but not too sexy	Molested
Slut	Passive	Hit
Lazy	Caring, caretaker	Pinched
Idiot	Listener	Whistled at
	Clean	Killed
	Polite	Rejected
		Bullied
		Teased

ACT LIKE A MAN

Coward	Be in control	Fights
Gay	Hide their feelings	Beaten up
Moffie	Don't cry	Discriminated
Moron	Show anger	Bullied
Madman	Make money	Teased
	Be strong	Ignored

10. Point to the ways that they are being treated when they step out of the box and tell participants that all of this violence is based purely on gender – it is what is called gender-based violence. Take the box that you brought and put it on the floor in the middle of the room and emphasize to the participants:

Society is using this violence and name-calling to tell you to get in that box and stay in there. Get in the box!!! Don't come out!

- · How does this affect you?
- Do you want to live in a box?
- Can you be yourself? Can you be free? (If needed, use an example, if guys cannot show their feelings, what might they do instead? (E.g. drink alcohol)
- Is it right to be violent to people who don't stay in the gender box?
- What do you think we should do about these gender boxes we are being forced to live inside?
 Why?

Get different participants' opinions and allow them to discuss. Ask questions to help them understand that for our own well-being, gender norms need to change – that we need to work towards gender equality. Such as: Is being pushed into this box helping us or hurting us? (Point to the stars next to the harmful rules in the gender boxes)

- How can we get rid of these boxes and be our true selves?
- II. Ask participants to summarize what they learned from this activity and discussion. Add any of the following key messages that they do not mention:
 - Be yourself. Don't live in the gender box!
 - Stereotypes are generalizations about groups of people that are not based in fact.
 - Gender role norms and stereotypes (or gender rules) harm us and keep us from being ourselves.
 - Society uses violence and name-calling to try to make people conform to gender norms (stay in the gender box).
 - We need to change gender roles and norms.

Linking Sentence

Gender roles limit the lives of men and women and keep our communities from benefiting from everything that men and women have to offer as community members. It is important for all of us to think about whom we really are and want to be and what type of relationships we want to have. We do not need to follow gender role stereotypes if we do not want to.

ACTIVITY 4.7: CHALLENGING GENDER STEREOTYPES



Purpose

To challenge participants thinking about gender stereotypes and to get them to think about how gender roles can be changed.

Objectives

By the end of the activity, participants will be able to:

- · Describe at least two things the other sex wants to change about gender roles;
- · Express some understanding of and empathy for the experiences of the other sex;
- · Discuss how they want gender roles to change;
- · Explain at least two things that they can do to challenge gender roles.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



- Explain that this activity is called a fishbowl. In a fishbowl, some participants will sit in the centre
 – 'in the fishbowl' and discuss a topic. The others will listen. Then you will change places. Tell them
 that the discussion topic is still gender.
- 2. Start with the boys (they are likely to be more talkative and set an example for the girls). Make a circle of chairs in the centre of the room just enough for each boy to have a chair. Invite the boys to sit in the chairs. Have the girls stand outside the circle.
- 3. Tell them that you will ask them some questions and the boys will discuss among themselves. The girls will listen. Ask the following questions, one at a time, and give them time to discuss. When the discussion slows down, ask the next question.
 - What is the most difficult thing about being a man in Zambia?
 - What beliefs about men make you angry or frustrated?
 - What accurate information should replace those beliefs?
 - · What do you wish girls understood about boys?
 - What kind of man do you want to be?
 - What changes do you want to see in men's roles? In the behaviours that are expected of men?
- 4. Now ask the girls if they have any questions they would like to ask the boys about gender. Take 2-3 questions from the girls.
- 5. Have the girls and boys change places, so the girls are sitting in the circle of chairs and the boys are on the outside listening. Use the same process as for the boys, asking the following questions:
 - · What is the most difficult thing about being a woman in Zambia?
 - · What beliefs about women make you angry or frustrated?
 - What accurate information should replace those beliefs?
 - What do you wish boys understood about girls?
 - · What kind of woman do you want to be?

- What changes do you want to see in women's roles? In the behaviours that are expected of women?
- 6. Now ask the boys if they have any questions they would like to ask the girls about gender. Take 2-3 questions from the boys.
- 7. Bring the whole group back together and ask the following questions:
 - · What was it like to be in the fishbowl? How did you feel?
 - · What was it like to observe the discussion? How did you feel?
 - What surprised you?
 - · What did you learn about the other gender?
 - Who can summarize what the boys want to change about being a man?
 - Who can summarize what the girls want to change about being a woman?
- 8. Explain that in order for society to develop and for everyone to enjoy all of their human rights, we need to work towards gender equality. Let's make a list now of the new men and women we want to see what 'transformed' men and women will be like.

Take a piece of flipchart paper and make a column for men and one for women. Label them 'Transformed Men' and 'Transformed Women.' Ask the participants to list characteristics of men who are 'living outside the box'. Record their answers (see example below). After you get seven or so responses, ask the participants to list the characteristics of women who are 'living outside the box.' Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

Transformed Men

- Are loving
- Show caring
- Communicate honestly
- · Express our emotions appropriately
- Practice safer sex
- Treat partner with respect
- Treat both women & men with respect
- · Speak out in favour of gender equality

Transformed Women

- Are loving
- Show caring
- Communicate honestly
- · Express our emotions appropriately
- Practice safer sex
- Treat partner with respect
- Treat both women & men with respect
- · Speak out in favour of gender equality
- 9. Finally ask the following questions:
 - How can you, in your own lives, challenge some of the ways men and women are expected to act?
 - · What can we do to start changing gender roles? List their responses on flipchart paper.
- 10. Ask the participants what they understand about gender from this activity. Add any of the following key points that they don't mention:
 - You should be yourself. You do not need to follow gender roles.
 - We need to work to change gender roles and gender-based inequality.

Concluding Notes

We have the potential to start to change what society and others expect of us in terms of our gender, and to do more of what we feel is right for us. To build a society that respects the human rights of all people and to end the harmful effects of gender roles on both men and women, we need to challenge those roles and stereotypes. Both our society and our personal relationships will become stronger, when men and women, boys and girls are equal.

ACTIVITY 4.8: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of gender roles, stereotypes and gender equality.

Objectives

By the end of the activity, participants will be able to:

- · Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on gender. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 38 in their workbooks and fill in the worksheet.

For low literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will change related to gender.

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WORKSHEET: WHAT I LEARNED ABOUT GENDER

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Based on the information discussed and what you learned in this unit, answer the following questions:

- $\scriptstyle\rm I.$ What is the most important thing you learnt from this unit?
- 2. Why this information is important to you?
- 3. How will it influence your behaviour?
- 4. Write a commitment or promise to yourself related to gender. You will not be asked to share this with the group.

SECTION 2 WHERE AM I GOING?

UNIT 5: PLANNING FOR THE FUTURE

PURPOSE AND OBJECTIVES

This unit assists young people to think about setting clear goals for their future and to identify obstacles that may affect the achievement of their goals. The unit will also help young people to recognise the influence of gender stereotypes on their vocational choices and to consider some different work options.

By the end of this unit, participants should be able to:

- Explain their short and long term goals
- Identify how gender stereotypes can affect vocational choices
- Describe their work options
- Discuss the kind of work they are interested in and what they need to do to reach their career goals

ACTIVITIES

Activity	Time
Warm up – The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting Goals	40 minutes
Gender Roles and Vocations	30 minutes
Work Options	45 minutes
Start with What You've Got	40 minutes
Conversation Circle and Commitment	20 minutes
	3 hours and 25 minutes

ACTIVITY 5.1: WARM UP - THE LETTER



Purpose

To have fun and move around the room



Time: 10 minutes



Steps

- 1. Ask participants to sit in a circle.
- 2. Explain that you are the postman and you have a letter for certain people in the group.
- 3. Start by saying 'I have a letter for all participants wearing jeans or T-shirts or black shoes (choose something common to most people in the group).
- 4. Those people who fit the description then have to move and find another seat. You should also find a seat which means that someone will be left standing.
- 5. The person left standing becomes the postman and the game continues.

ACTIVITY 5.2: UNDERSTANDING SHORT AND LONG TERM GOALS



Purpose

To understand the difference between short and long-term goals and which ones are easier to achieve and why.

Objectives

By the end of the activity, participants will be able to:

- · Explain what a goal is;
- · Explain the difference between short and long term goals;



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik and A4 paper



Preparation

Write the following short-term and long-term goals on separate pieces of paper. Label the short-term goals 'A' and the long-term goals 'B'.

A Goals: Short term

I want to go to the park with my friends on Saturday.

My sister wants to buy a book.

I want to get a new pair of shoes.

My mom wants to go to town next weekend.

B Goals: Long term

My brother wants to get married.

I want to work as a teacher.

My sister is in Form 1 and wants to go to university.

I want to have my own business.



Steps

- 1. Write the word 'goal' on a flipchart and ask teens to brainstorm what they think the word means. List their responses on flipchart.
- 2. Use their responses to come up with a definition similar to the following:

A goal is the result that a person wants to achieve through their work.

Explain that it is something a person works to accomplish. It can be something they want to do, a place they want to go, something they want to have or a personal quality or skills they want to develop.

- 3. Ask for eight volunteers and give each one of them a goal from the goals you prepared. Mix them up so that they are not in order. Ask each volunteer to read out their goal so that everyone can hear. Ask the others to listen carefully and see if they can figure out what the difference is between the A goals and the B goals.
- 4. Ask the participants:
 - What is the difference between the 'A' goals and the 'B' goals?
 - Which of the two can be achieved more easily? Why?

5. Then ask:

How would you define a 'short-term goal'?

Use their responses to come up with a definition similar to the following:

Short-term goals are those that can be accomplished in a short period of time, such as a day, or even a month.

How would you define a 'long-term goal'?

Use their responses to come up with a definition similar to the following:

Long-term goals are those that need a longer period of time to accomplish – six months to several years or more.

What is the purpose of having goals in life? (Answers: They give direction and purpose to life; guide decisions in life; make life more interesting; give us motivation and hope).

Tell the participants that most long-term goals are achieved step by step and not all at once.

- 6. Ask for questions or comments and discuss these.
- 7. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Setting goals is a good way to focus one's energy and efforts.
 - · Short-term goals are easier to achieve.
 - · Long-term goals call for more planning.

Linking Sentence

Goals are part of life. Everyone sets different goals for themselves at different stages of their lives. Understanding the difference between short and long-term goals makes it easier for a person to set the right goals for themselves, at the right time.

ACTIVITY 5.3: SETTING GOALS



Purpose

To practice setting goals

Objectives

By the end of the activity, participants will be able to:

- · State one long-term goal they have;
- Discuss two things that could prevent them from achieve their goals;
- Explain what they would do if something got in the way of their achieving their goal.



Time: 40 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- I. Divide participants into small groups of 4. Tell them to each think of one long-term goal that they would like to achieve in the next 5 years. Then they should discuss the following questions in their groups:
 - · What could delay or prevent us from achieving our goals?
 - How would this affect our plans?
 - How could we deal with these problems what would we do?
 - How can we still achieve our goals or what new goals would we have to set?
- 2. After 15 minutes bring the groups back together and let them share their responses.
- 3. Use the following questions to stimulate discussion:
 - Who is actually in control of your life now? Probing question: Who decides what goals you want to achieve?
 - When it comes to life plans, which years are difficult to think about? Why?
 - What would change about your future if you became a parent this year or next? How would your goals change? Why? Who or what would be in control then?
 - If becoming a parent now would upset your plans, what can you do? (Answer: You can prevent the pregnancy).
 - · If you are a parent or do become one soon, should you give up on your goals? Why or why not?
 - How can you plan for unforeseen incidents? (Answer: Have some alternative plans; be flexible in your planning).
- 4. Ask participants to summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - Be flexible in planning so that if something goes wrong, you can adjust your plan or focus on another goal. You can have alternative plans.
 - · As you grow up, you become more and more in control of your own life.

- You can set your own goals and work towards them.
- If you imagine the obstacles that could come up, you may be able to prevent them or plan for what you would do if they happen.

Linking Sentence

5. Setting goals is like making decisions for your future. Young people often set goals related to the work they want to do when they are older. There are many jobs that a person can do. Some jobs are gender stereotyped, but we should not let gender stereotypes keep us from doing the work that we really want to do.

ACTIVITY 5.4: GENDER ROLES AND VOCATIONS



Purpose

To look at how gender influences choices of work, training and professions for both males and females.

Objectives

By the end of the activity, participants will be able to:

- · List gender stereotyped jobs in their culture;
- Explain how gender-based stereotypes about jobs limits people.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Ask participants:
 - What are some gender stereotypes about the kinds of job that men and women should have?
 - · How do these stereotypes affect our work choices?
 - · Is this effect positive or negative?
 - Are these stereotypes true? Why not?
 - If necessary, remind the group that one negative result of stereotypes may limit us. The belief
 that only men can do certain jobs and only women can do other ones is based on tradition and
 not fact. In other cultures, it may be different. So, it doesn't have to be that way.
- 2. Divide participants into three groups. Give each group a piece of paper and ask them to brainstorm and develop a list of:
 - 10 people from anywhere in the world who are well known or popular male and/or female.
 - 10 African men who are well known or popular.
 - Io African women who are well known or popular.
- 3. After a few minutes, ask the groups to give you the names on their lists. Write these on flipchart paper under the relevant heading.
- 4. Generate a general discussion by asking participants the following questions:
 - Which of these three lists was the easiest to compile? Why?
 - Which one was the hardest to compile? Why?
 - What do you notice about the first list?
 - What kinds of jobs or professions do the women on your list have? What about the men?
 - Which of the males or females on these lists have non-traditional careers?
 - If you want to do a job that is stereotypes as 'not for your gender', what should you do?

- 5. Ask participants to summarize what they learned during the activity. Add any of the following points that were not mentioned.
 - Beliefs about the type of work that men and women can or should do can affect our choices about what to study and what work to do.
 - Sometimes people do not pursue the jobs they really want because of these gender stereotypes.
 - We can go against these stereotypes to do the work that we want to do.

Linking sentence

If you are passionate about an area of work, you should not let gender stereotypes prevent you from pursing it. Before trying to get work, it is useful to have some knowledge about the world of work. Let us now look at the different work options that people have.

ACTIVITY 5.5: WORK OPTIONS



Purpose

To explore the career or work choices that young people have; and to identify what they need to be suitable for different career choices.

Objectives

By the end of the activity, participants will be able to:

- Explain the difference between employment, entrepreneurship and volunteerism;
- · Discuss the advantages and disadvantages of each;
- Explain which one they think suits them the best and what they would need to be qualified for that option.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Before starting the activity, prepare the three sheets of flipchart paper as follows:

Group 1:

Advantages		
Employment	Entrepreneurship	Volunteerism

Group 2:

Disadvantages		
Employment	Entrepreneurship	Volunteerism

Group 3

Qualities/Skills Needed		
Employment	Entrepreneurship	Volunteerism



Steps

- 1. Tell the participants that there are three main areas that they can think about for starting a career. Write the words Employment, Entrepreneurship and Volunteerism on flipchart paper. Ask participants to share their understanding of what the words mean.
- 2. Use their responses to come up with definitions similar to the following. Add to what they say as needed. For each, ask participants to give examples of the kind of job or work that falls into that category.
 - Employment means you work for someone else. You are an employee and receive a regular salary. You may also receive benefits such as pension fund; medical aid or insurance; travel, study or car allowance. Not all employers provide all of these benefits. You will most likely have regular work hours, but there may be times when you are required to work on weekends or public holidays.
 - Entrepreneurship means you are self-employed. You have your own business and are your own boss or you are a partner in a business. You sell your services or goods to those who need and can pay for them and you set your own work hours. You have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service.
 - Volunteerism means you work without earning any pay or specific benefit. You do the work because you enjoy it, because it is meaningful or important to you or to learn a skill or get experience. You may get a small allowance.
- 3. At the end of the discussion, divide participants into 3 groups. Assign each group one heading (Employment, Entrepreneurship, Volunteerism) and tell them to write points under the heading on flipchart papers that you provided.
- 4. After 2 minutes ask each group to:
 - · Leave their flipchart paper;
 - · Move left to the next flipchart paper; and
 - Read through what is written there and add any additional points.
- 5. After 2 minutes, tell the groups rotate again.
 - After another 2 minutes, tell the participants to return to their original seats. Have each group present what is written on their flipchart paper. Then ask them to discuss the following in their groups (write these questions on flipchart paper):
 - Do I have the qualities or skills needed for any of these areas right now?
 - · Which of these three am I most suited for right now? Why?
 - What do I need to be suitable for the others?
- 6. After 8-10 minutes, call their attention back to front and ask them to share their discussions. Spend more time on the last question and list their responses to it on a piece of flipchart paper under the heading 'Career Development: Young People's Needs.'
 - Stimulate general discussion by asking:
 - · How can you get the skills, knowledge, and experience that we listed here?
 - Do you need to have all of those things to be suitable?
 - · What concerns or worries do you have about your future options?
- 7. Ask participants to turn to page 43 in their workbooks and copy the list of needs they identified and add their own ideas about how they can get them.



WORKSHEET: MY CAREER NEEDS AND HOW TO ACHIEVE THEM

Copy the list of career needs discussed in the group and the suggestions made on how to achieve them.

Need	How to achieve it

- 8. Ask participants to summarize what they learned during the activity. Add any of the following points that were not mentioned.
 - It can be hard to get employment without skills and experience.
 - To start your own business, you need money and business skills.
 - Volunteerism can give you a lot of experience and skills for work.
 - Many employers recognize volunteer activities as experience.

Linking Sentence

This activity shows that we need a lot of different things in order to be successful in employment or entrepreneurship. It is natural to feel downhearted because you think that you don't have the skills or training needed and that it would be difficult to get these. But they may not be as hard as you think. We will now look at how you can gain more knowledge and skill without being a paid employee.

ACTIVITY 5.6: START WITH WHAT YOU'VE GOT



Purpose

To identify the natural abilities and qualities we already possess that could help us achieve our goals.

Objectives

By the end of the activity, participants will be able to:

- Explain at least three abilities and three qualities that they have;
- Describe how they can use their abilities and qualities to earn money or further develop themselves.
- Describe the goal they have set for themselves.



Time: 40 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Think of your abilities and qualities so that you are prepared to share them in step 2.



Steps

I. Brainstorm the meaning of 'ability' and 'quality'. Ask for examples of each and check participants' understanding. If necessary, clarify what the two terms mean.

Ability is the talent, skill or competence to do something. It may be gained through training or education or it may be a natural ability.

Quality is a personal characteristic or attribute such as enthusiasm or persistence.

2. Ask participants to turn to page 44 in their workbooks. Read through the instructions step by step and make sure that participants understand before they begin. Give an example of one of your abilities and qualities before the group starts.



WORKSHEET: START WITH WHAT YOU'VE GOT

1. Think about yourself for a few minutes then fill in the boxes below:

A. My Abilities (list 3 below)

B. My Good Qualities (list 3 below)

Things I can do well or am great at:

2. Choose one item from column A and write how you could use this to a) earn money or b) gain more skill/knowledge.

3. Look at the qualities listed in column B and decide if you have what it takes to achieve what you wrote in 2 above. If yes, set one goal for yourself using that ability. If no, repeat steps 2 and 3 until you have set one goal that is realistic and achievable. Write that goal below. You will be asked to share this with the group.

MY GOAL:

- 3. When the participants are finished, invite them to share their abilities, qualities and goal.
- 4. Generate a discussion using the following questions:
 - · How do you feel about yourself when you look at your abilities and qualities?
 - How do you feel when you compare your qualities and abilities with the career development needs from the previous activity? [Refer participants to page 44 in their workbooks]
- 5. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.
 - Each person has a natural gift or talent that can be used to earn money.

CONCLUDING NOTES

As young people, having goals and a plan for the future is important. They will help you to know what to focus on and to make good choices about how to spend your time now. Young people still have many opportunities for training and learning so it is important for you to take advantage of those while you can. Focus first on learning as much as possible about different things that interest you, so that you can develop a range of skills and get new knowledge to use in your work life. Taking opportunities to volunteer can help you build your skills and experience and may sometimes lead to paid work or to other opportunities.

ACTIVITY 5.7: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of planning for their future.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper. **Note to Facilitator:** Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on planning. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 45 in their workbooks and fill in the worksheet.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will change in terms of planning for their future.



WORKSHEET: WHAT I LEARNED ABOUT PLANNING MY FUTURE

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Based on the information discussed and what you learned in this unit, answer the following questions:

- 1) What is the most important thing you learnt from this unit?
- 2) Why this information is important to you?
- 3) How will it influence your behaviour?
- 4) Write a commitment or promise to yourself related to planning for your future. You will not be asked to share this with the group.

UNIT 6: RELATIONSHIPS

PURPOSE AND OBJECTIVES

This unit examines different kinds of relationships and helps participants to understand what builds or destroys a relationship. In this unit we will look at the qualities of an ideal partner as well as the arguments for and against having sexual intercourse as a teenager. How to stay safe when using social media is also addressed.

By the end of this unit, participants should be able to:

- List and explain their relationship rights and responsibilities;
- Explain behaviours that can build or harm relationships;
- Discuss the types of problems that can happen when people use social media;
- Explain how to stay safe when using social media;
- List the qualities that they are looking for in a romantic partner, including the person's attitudes towards sex and protection;
- Identify the pros and cons of having sex as a teenager;
- Identify the different types of peer pressure;
- Demonstrate how to handle peer pressure effectively
- Describe the behaviours that would lead them to end a relationship and why

ACTIVITIES

Activity	Time
Warm up – The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes
Peer Group Relationships	45 minutes
Being Smart about Social Media	60 minutes
Sexy, Safe and Smart	40 minutes
Weighing the Options	45 minutes
Don't Pressure Me	90 minutes
When Would You End It?	75 minutes
Conversation Circle and Commitment	20 minutes
	8 hours and 45 minutes

ACTIVITY 6.1: WARM UP - THE HUMAN WEB



Purpose

To focus participants on the complexities of relationships and the need to work together to solve most problems.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 10 minutes



Steps

1. Ask participants to stand in a circle with their arms outstretched.

Note to Facilitator: If working with a large group do this activity in two small groups, either simultaneously if there is enough space, or one group after the next. There should be no more than 12 participants in a group.

- 2. Explain that when you say 'Move', all the participants should walk slowly towards the centre of the circle, and grab hold of whichever hands they touch across the circle. They should check that they are holding the hands of two different people.
- 3. Now tell them that their task is to work together as a team to untangle themselves without letting go of each other's hands.
- 4. If they did not follow the instructions well, i.e. some are holding the hands of people to their sides and not in front of them, ask the groups to start again.
- 5. Let participants return to their seats when they have succeeded or when the time is up.

ACTIVITY 6.2: RELATIONSHIP RIGHTS AND RESPONSIBILITIES



Purpose

To introduce rights and responsibilities specifically related to relationships and to apply those rights to specific situations that can come up in relationships.

Objectives

By the end of the activity, participants will be able to:

- Explain at least three of their relationship rights
- Explain at least two of their relationship responsibilities
- · Identify situations in which their relationship rights are being violated



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

On a piece of flipchart paper, write the following:

Relationship Rights:

- The right to ask for what I need or want.
- The right to say no without feeling guilty.
- The right to be myself.
- The right to always be treated with respect and as an equal.
- The right to protect my sexual health.

On another sheet of flipchart paper write the following:

Relationship Responsibilities:

- · Respect the rights of others.
- · Accept responsibility for myself and my actions.
- Always treat my others with respect.



Steps

- I. Introduce the activity by telling participants that this activity is about their relationship rights: what they are, how to exercise them, and why they are important. To review the definition of rights, ask: Can someone remind us what a right is? (Answer: A right is something that all people are entitled to, or have the freedom to do, just because they are human beings).
- 2. Tell them that now we are going to look at some rights that people have in relationships. Put up the flipchart paper you prepared with the 'Relationship Rights' and ask a participant to read the first one: The right to ask for what I need or want.

Get one or two examples of what it means in a relationship by asking participants: What is an example of what this right means in a relationship?

Note to Facilitator: If participants have difficulty coming up with examples, give them one example from the Participant Information: Relationship Rights & Responsibilities below. Then ask them for another example. Make sure that their suggestions are good examples of this right.

- 3. Follow the process in step 2 for the next four rights.
 - The right to say no without feeling guilty.
 - The right to be myself.
 - · The right to always be treated with respect and as an equal.
 - The right to protect my sexual health.
- 4. Post the flipchart paper that you prepared with the 'Relationship Responsibilities' on it. Explain to the participants that just as we learned when we discussed human rights, rights also come with responsibilities in relationships. Ask a participant to read the first one: Respect the rights of others.

Ask the participants: What is an example of what this means when you are in a relationship? Get one or two examples only.

- 5. Follow the process in steps 4 for the other responsibilities.
 - Accept responsibility for myself and my actions.
 - Always treat my boyfriend or girlfriend, husband or wife with respect.
- 6. Ask participants to turn to page 48 of their workbooks to the list of rights and responsibilities with some examples. Then ask them:
 - · Do you have any questions about these rights and responsibilities?
 - Do you think they apply equally to everyone? To both women and men?



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Information:

YOUR RELATIONSHIP RIGHTS AND RESPONSIBILITIES

Everyone has the following rights in their relationships:

The right to ask for what I need or want.

- To ask someone to go out with me (to ask for a date)
- · To suggest activities
- To tell my partner (boyfriend or girlfriend, husband or wife) when I need affection
- To tell my partner what my limits are (what I am willing or not willing to do)
- To tell my partner when I need time for myself
- To ask my partner to use a condom or other protection

The right to say no without feeling guilty.

- To refuse to go out with someone
- To refuse any activities that I don't, agree with, even if my partner is excited about them
- To refuse any sexual activities at any time, for any reason, even if I have done them before
- To end a relationship for any reason I choose
- · To refuse to lend money
- · To refuse to take responsibility for my partner's behaviour, choices, mistakes, or acts of violence

The right to be myself.

- To wear what I want
- To eat what I want
- To have my own opinions and say what I think
- To have and express my own feelings
- To decide how much time I want to spend with my partner

- · To set my own limits and act according to my own values
- To be in charge of my own body, property, boundaries, and privacy
- · To have friends, activities and time apart from my partner
- · To make my own decisions and change my mind

The right to always be treated with respect and as an equal.

- · To feel comfortable being myself
- To have my decisions, limits and values respected
- · Not to be criticized, put down or insulted or treated as a servant or property
- To have a partner who values me for me, encourages me, and wants the best for me
- To be listened to seriously and not be interrupted
- · To participate fully in decisions affecting me
- To have a partner who gives as much to me as I give to him/her
- To have my needs be treated as important as my partner's needs
- · To pay my own way
- To let someone pay for me without owing them something in return
- · To feel safe in the relationship and not be abused physically or emotionally

The right to protect my sexual health.

- · To prevent unplanned pregnancy and STIs, including HIV
- · To refuse unprotected sexual activities
- To get sexual health information
- · To get reproductive health services
- · To decide freely and responsibly the number, spacing and timing of children

These rights come with responsibilities. Everyone has the responsibility to:

Respect the rights of others.

- Accepting gracefully when someone refuses me.
- Not to put others at risk for disease or pregnancy.
- · Sharing the results of my STI and HIV tests with my current and future sexual partners.
- · Not to use physical or emotional force or violence to get someone to do something.
- · Not to abuse someone physically, sexually or emotionally.

Accept responsibility for myself and my actions.

- Determine my own limits and values.
- Check my actions and decisions to decide if they are good or bad for me.
- Communicate clearly and honestly.
- · Admit to being wrong when appropriate.
- Protect myself from unplanned pregnancy, STIs and HIV.
- Get the information and services I need to protect myself.
- Get tested for HIV and STIs, if I am sexually active.
- Ask for help when I need it.

Always treat others with respect.

- Not to exert power or control in the relationship.
- · Never hurt my partner physically or abuse him or her verbally or emotionally.
- Not to be controlling or manipulative in my relationship.
- Respect my partner's limits, values, feelings, and beliefs, including his or her decisions concerning sexual activity and affection.
- Involve my partner in decisions and be willing to compromise (find decisions and solutions that we both agree on).
- Give my partner space to be his or her own person.

- 7. Tell the participants that they are now going to apply these rights to some specific situations that can come up in relationships. Ask them to turn to the next page in their workbooks (page 51). Ask one participant to read the instructions. Then do the first example together as follows:
 - · Have a participant read the example.
 - Ask which rights are being violated in the situation.
 - · After a participant responds, ask him or her why.
 - Then ask the others if they agree and discuss until there is agreement about whether that right is being violated or not.
 - Then ask if there are any other rights that are being violated and follow the same procedure. Finally ask: If this happens to you, what can you do to stand up for your rights?

Note to Facilitator: Use the Facilitator Information: Answer Guide to Putting Rights into Action below to guide you.



WORKSHEET: PUTTING RIGHTS INTO ACTION

Instructions: Read the situation. Use the information on Relationship Rights and Responsibilities to identify which rights are being violated. Then answer the questions.

- 1. Your boyfriend or girlfriend works and you don't. When you go out, your girlfriend or boyfriend always pays. Now he or she is saying that you owe him or her sex.
 - Rights being violated and why:
 - What can you do to stand up for your rights?
- 2. You want to use a condom, but your girlfriend or boyfriend is refusing.
 - Rights being violated and why:
 - What can you do to stand up for your rights?
- 3. When you are apart, your girlfriend or boyfriend texts you ALL the time to find out who you are with and what you are doing. If you don't text back immediately, she or he gets angry.
 - · Rights being violated and why:
 - What can you do to stand up for your rights?
- 4. Sometimes when you say what you think, your girlfriend or boyfriend rolls their eyes or makes a face.
 - Rights being violated and why:
 - · What can you do to stand up for your rights?
- 8. Ask the participants to pair up with the person sitting next to them and to complete the remaining situations together. Tell them they will have 15 minutes to complete the rest of the worksheet.
- 9. After 15 minutes, call everyone's attention back to the front. Tell the participants that you will go through the worksheet together. For each situation, ask for a volunteer to read the situation and say what rights are being violated in the situation and why. Then ask:
- 10. Did anyone identify any other rights that are being violated? Why do you think so? Discuss until there is agreement about the rights being violated.

- What can you do to stand up for your rights?
- · What other ideas did people come up with?
- II. Ask the whole group the following question and generate a discussion:
 - What do you need to do if you want to enjoy your rights?
 - · What do other people need to do for you to enjoy your rights?
 - Is it easier for men or women to exercise their rights? Why? (Note: Allow the participants to discuss, but make sure the following key point comes out: Because men are given more power by society, it is almost always easier for them to exercise their rights).
 - Do you think that is the way it should be?
 - If your rights are constantly violated in a relationship, what should you do?
 - How does knowing your rights make you feel? What kind of power does it give you? (Answer: 'Power within' and 'power to'
- 12. Ask the participants to summarise the main points of the activity. Add any of the following that they did not mention.
 - · Everyone has the same rights and responsibilities in relationships.
 - Relationship rights include the right: to ask for what you need or want; to say no without feeling guilty; to be yourself; to always be treated with respect and as an equal; and to protect your sexual health.
 - Relationship responsibilities include: respecting the rights of others; accepting responsibility for yourself and your actions; and always treating your partner with respect.
 - Both partners in a relationship need to make sure that they respect the other's rights and that their own rights are respected.
 - To enjoy these rights, people need to be willing to stand up for them. Sometimes this means ending a relationship.

Linking Sentence

When you know the rights you have in relationships, you are better able to make sure that your rights are not violated. Sometimes you will have to stand up for rights and you may have to end a relationship in which your rights are not respected. Keeping in mind our relationship rights, we will now think about qualities that strengthen and damage our relationships.

Facilitator answer guide

Putting rights into action

1. Your boyfriend or girlfriend works and you don't. When you go out, your girlfriend or boyfriend always pays. Now he or she is saying that you owe him or her sex.

Rights being violated and why:

- The right to always be treated with respect and as an equal because he or she is treating you like he or she can buy sex from you, which does not show respect. You did not agree to exchange sex when he or she paid they did so voluntarily.
- The right to say no without feeling guilty because he or she is trying to make you feel guilty by saying you owe him or her sex.

What can you do to stand up for your rights?

- Tell my partner that I don't owe him or her sex just because he or she pays for things; that sex
 is not something I am willing to exchange; or that I did not agree to exchange sex when she or
 he paid for things.
- Tell my partner that what I am willing to do or not to do sexually has nothing to do with what he or she has given me or done for me.
- Break up with him or her if s/he doesn't understand.
- 2. You want to use a condom, but your girlfriend or boyfriend is refusing.

Rights being violated and why:

- The right to protect my sexual health because if he or she refuses to use a condom, you could get pregnant or become infected with a sexually transmitted infection (STI) or HIV.
- The right to always be treated with respect and as an equal because she or he is not considering your desire to protect your health, which is a sensible desire.

What can you do to stand up for your rights?

- Explain your reasons for wanting to use condoms and why you will not have sex without one.
- Stick to your position: insist that if you are going to have sex, you have to use a condom; continue to refuse to have unprotected sex.
- Break up with him or her if he or she keeps insisting.
- 3. When you are apart, your girlfriend or boyfriend texts you ALL the time to find out who you are with and what you are doing. If you don't text back immediately, she or he gets angry.

Rights being violated and why:

- The right to always be treated with respect and as an equal because his or her behaviour shows that he or she thinks that I cannot be trusted and need to be monitored or that I could be doing something wrong.
- The right to be myself because he or she is acting like I cannot do things without him or her or have other friends.

What can you do to stand up for your rights?

- Discuss your feelings about his or her behaviour (e.g. it feels like you don't trust me, like you think you need to monitor me) and ask him or her to not to text or call so often.
- Explain to your partner that you need to have other friends and activities without feeling like s/he doesn't trust you, is suspicious or is watching you.

4. Sometimes when you say what you think, your girlfriend or boyfriend rolls their eyes or makes a face.

Rights being violated and why:

- The right to always be treated with respect and as an equal because she or he is not listening to you seriously or respecting your opinions when she or he rolls their eyes or makes a face.
- The right to be myself because she or he is communicating to you that your opinions are not
 worthy. His or her behaviour could make you start to feel uncomfortable being yourself by
 expressing your opinions.

What can you do to stand up for your rights?

- Talk to him or her and ask him or her why they are reacting in that way.
- Ask him or her to stop rolling their eyes or making faces that communicate that they think what you are saying is ridiculous or stupid.

ACTIVITY 6.3: BUILDING HEALTHY RELATIONSHIPS



Purpose

To identify positive and negative factors that influence relationships and to discuss how to build positive relationships

Objectives

By the end of the activity, participants will be able to:

- Describe at least three things which build relationships and explain why they are important.
- List at least three things which can harm relationships.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

- The right to ask for what I need or want.
- Draw a ship like the one below on a piece of flipchart paper. Leave space below the ship as you will need to write in the water.
- Also take five pieces of flipchart paper and write the following at the top of one piece of paper each: Peers, Work colleagues, Romantic or sexual partners, Family and Community



Steps

- 1. Start with an open discussion on:
 - · Why do people get into relationships?
 - What are the different types of relationships that young people find themselves in?

List their responses on flipchart paper.

- 2. Put up the picture of the ship that you prepared. Explain that just as there are certain things that keep a ship afloat and moving (calm seas, fuel, and solid body), there are certain things that keep relationships afloat.
- 3. Ask for an example of something that is necessary for a strong or healthy relationship (e.g. respect) and write it on the body of the ship.
- 4. Then point out that there are certain things that can damage or ruin a relationship, just as stormy seas or a bad storm can sink a ship. Ask for an example (e.g. dishonesty) and write it in the water beneath the ship.
- 5. Divide the participants into 5 groups and give each group one of the flipchart papers you prepared with the headings: Peers, Work colleagues, Romantic or sexual partners, Family and Community.
- 6. Tell participants that they have 15 minutes to do the following:
 - Draw a picture of a ship in the water.
 - Identify at least 5 things that help make their particular type of relationship strong and write these on the body of the ship.
 - Identify at least 5 things that could damage or destroy the relationship and write these in the water beneath the ship.

- 7. When all the groups are finished, ask them to hang their pictures on the walls. Allow them some time to move around and look at each other's ships. Ask them to compare them: what similarities do they see? What differences are there?
- 8. Ask them the following questions to generate a discussion:
 - What do you notice about the positive things listed for the different types of relationships? (Answer: Most relationships have similar positive things listed, such as communication, love, kindness, honesty and respect).
 - What do you notice about the negative things? (Answer: Again, there are many similar things such as lying, saying hurtful things, and failing to do what one has promised).
 - Which qualities do you think are the most important in a relationship? Why? How can you show [that quality] in a relationship?
 - Which qualities do you think are the most difficult to find in a relationship? Why?
 - If no one mentions power, ask: What about power, what kind of power works best in relationships? (Answer: 'Power with')

Use the Facilitator Information: Qualities of Healthy Relationships to add to what they mentioned if needed. Try not to talk at length, as this is boring for participants. It's better to ask questions about any qualities that did not come up.

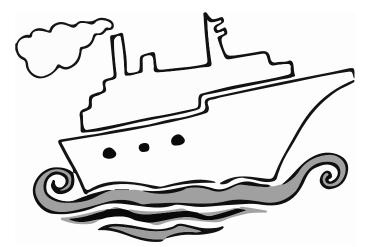
- 9. Ask participants to turn to page 53 in their workbooks.
- 10. Ask if there are any questions or comments and address them.
- II. Ask the participants to summarize what they learned and add any of the following points they did not mention:
 - · Respect and communication are important for building good relationships.
 - We need to be honest with each other. We need to tell each other when things are going right and when we are unhappy about something.
 - Sharing power in relationships is necessary. If one person has power over the other, the relationship is actually based on a lack of respect for the person with less power.



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WORKSHEET: BUILDING HEALTHY RELATIONSHIPS

Copy the list of things that can build or break a relationship. Write them where they belong on the ship - things that strengthen relationships on the body of the ship and things that damage or break relationships in the water.



• No two people are the same. Being different doesn't make one person right and the other wrong. We need to understand our differences and compromise for relationships to be successful.

Linking Sentence

Everyone deserves good relationships. The best relationships result when both people work hard at communicating, understanding each other, and showing respect. We need to keep working at those that are important to us.



FACILITATOR AND PARTICIPANT INFORMATION

QUALITIES OF HEALTHY RELATIONSHIPS

Respect

- Valuing and appreciating the other person their ideas, opinions, activities, accomplishments and contributions.
- Showing the other person that they are valued, worthwhile, and important, even when they are different from you.
- Respecting the other person's rights and showing consideration.
- Encouraging the other person's growth, activities and belief in self; showing concern for and interest in his or her feelings, needs and wants; acknowledging other person's feelings and points of view; wanting what is best for the person; helping.
- · Negative criticism, name-calling and ridiculing are harmful.

Honesty and Trust

- Part of being honest is being your true self.
- · To be honest, you need to communicate openly, fully and truthfully.
- Honesty is communicated when a person's verbal communication and non-verbal behaviour give the same messages.
- It includes admitting when you are wrong; accepting responsibility for your actions; and bringing up issues or problems.
- Showing that you trust the other person involves believing what they tell you; allowing the other person freedom and space to be alone, to have other friends and to spend time away from you.

QUALITIES OF HEALTHY RELATIONSHIPS

Communication

- Humans communicate both using words and through their actions, gestures, facial expressions and other body language.
- Listening carefully to what the other person says without judging and accepting their feelings, even when we don't agree with them, are an important part of communicating respect and empathy.
- In healthy relationships there is a balance of talking and listening.

Empathy and Understanding

- Having empathy means trying to understand the other person's position and feelings

 trying to put yourself in their shoes and see situations from their point of view and understand why they feel the way that they do.
- This shows a deeper understanding, particularly if communicated back to the other person using different words.
- Understanding someone does not mean that you agree with them.
- · Sharing Power
- Sharing power means that you have 'power with' the other person rather than 'power over'.
- When you share power, you make decisions together; seek solutions to problems that both people agree with; are willing to compromise; have a balance of giving and receiving; and try to share responsibilities and work equally.

Common values and attitudes

- In successful relationships the two people often have many shared or similar values. If your values about most things differ, you may often be in conflict.
- Pressuring the other person to change their values may harm a relationship. If virginity
 before marriage is valued, for example, then pressure to become sexually active may damage
 the relationship

ACTIVITY 6.4: PEER GROUP RELATIONSHIPS



Purpose

To discuss the importance of belonging to a group; to look at the benefits and disadvantages of belonging to a group.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age.

Objectives

By the end of the activity, participants will be able to:

- Explain the value of friendship;
- · Describe the advantages and disadvantages of being part of a group of peers;
- · Discuss at least three ways that they can cope with peer pressure.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Ask participants the following questions to introduce the topic:
 - · Why are friends important?
 - · How do your friends influence you?
- 2. Ask for participants to buzz in three's for 2 minutes about the advantages and disadvantages of belonging to a group of friends. While they are doing that, put two sheets of flipchart paper on the wall. Write the heading 'Advantages' on one sheet and 'Disadvantages' on the other. Place an assortment of markers next to the posted papers.
- 3. Then invite a volunteer from each group to write points under each heading. The other participants can add points from where they're seated. Discuss as they add things.
- 4. Ask participants:
 - What is 'peer pressure'? (Answer: Peer pressure is when a peer or group of peers influence or try to influence your choices and behaviours).
 - What are some examples of how your friends and peers have influenced you positively or negatively? How did you feel about the individual or group at the time?
 - How have you handled peer pressure?
 - What relationship rights do you have related to peer pressure? (Answers: The right to say no without feeling guilty; the right to be themselves; the right to be treated with respect).
 - What responsibilities do you have related to peer pressure? (Answers: the responsibility to respect the rights of others, to treat others with respect)
- 5. Ask the group to get back into their buzz groups of threes and come up with a list of ways to cope with peer pressure.

- 6. After about three minutes, ask the groups to share their discussion and make a list of their points on flipchart paper. Then encourage general discussion to make sure that all the participants agree with and accept the list for themselves.
- 7. Ask if there are any comments or questions and discuss them.
- 8. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned:
 - It is healthy and normal to want to belong to peer groups.
 - · Peers and peer groups often influence young people's decisions and behaviours.
 - · We should be true to ourselves and our own values and make decisions that are good for us.
 - Friends are important but we should not allow ourselves to be pressured into doing things that we do not want to do.

Linking Sentences

During adolescence, it is normal to become more focused on peers and less on your family because you feel that they understand you better. Having friends and belonging to groups is good, but you need to be aware of peers who are not good influences on you. They may not be bad people, but sometimes our desire to fit in with our group influences us, directly or indirectly, to do things that we don't really want to do or that we know are not good for us. Your true friends will respect you and your choices.

More and more young people are connecting with their friends and peers on social media. In the next activity, we will look at how to be smart when using social media.



FACILITATOR INFORMATION

THE INFLUENCE OF PEERS AND FRIENDS

Many adolescents want to belong to peer groups. Belonging to a group often means conforming to the behaviour acceptable to the group, which may result in individuals being 'swallowed' up by the group. Sometime the group's behaviour is harmful, for example, drinking alcohol or using drugs. If a young person is or wants to be part of a group, they may do things they would not do on their own. This is called peer pressure. Peer pressure often results in someone joining the group behaviour rather than risk being ridiculed or rejected by them.

Not all peer pressure is bad. Peer groups can also have positive influences if the peers we spend time with are involved in productive and positive activities such as working hard in school, keeping in good physical shape, or being helpful in the community.

ACTIVITY 6.5: BEING SMART ABOUT SOCIAL MEDIA



Purpose

To increase awareness of the risks of being on social media; and to know how to avoid those risks.

Objectives

By the end of the activity, participants will be able to:

- · Describe the positive impact of social media on their lives
- · Explain two undesirable things that can happen when they use social media
- List at least three things to do to use social media safely



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

- Find out from some of your participants what social media they use a lot. If they do not use Facebook or some of the other apps much, you may want to adapt the activity to focus more on the ways that they use social media. Most young people will have cell phones and will use them to text, and to take and share photos at the very least.
- Familiarize yourself with any websites and apps that you do not know about.



Steps

- Ask participants how they communicate with their friends nowadays. Pick up on their answers
 related to using cell phones, social media and the Internet. Tell them that this activity is about being
 smart when using social media.
- 2. Ask the participants the following questions:
 - What is social media? (Answer: Social media are websites and applications or apps that allow users to create and share content with others, to interact with others or to find people with similar interests).
 - What are some examples? (Answer: Facebook, WhatsApp, Twitter, Instagram, Snapchat) Write their answers on flipchart paper.
 - What which ones do you use?
 - · Why are you using social media? What do you use it for? List their answers on flipchart paper.
 - What are the positive or good things about using social media? List their answers on flipchart paper.
 - What are the negative or bad things about using social media? List their answers on flipchart paper.
 - If you post something on a website like Facebook, who can see it? (Possible answers: It depends on your privacy settings, but usually your friends, but if someone comments, their friends can see it and if they comment, the friends of their friends can see it).
- 3. Tell participants that while social media have positive impacts on our lives, they can also cause problems for us that we may not even be aware of. Tell them that they are now going to think about some situations that can happen when they use social media and think about what could go wrong.
- 4. Divide the participants into eight groups. Ask them to open their workbooks to page 56 and assign each situation to two groups. Give them ten minutes to do the activity.



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WORKSHEET: WHAT CAN GO WRONG?

Instructions:

Read the situation assigned to your group and make a list of all the things that might go wrong in this situation.

- 1. A 16-year-old girl takes a nude picture of herself with her phone and sends it to her boyfriend.
- 2. A young man's friend asks him if he can use his computer or phone. He agrees.
- 3. A girl starts a phone or Internet friendship with a cute 17-year-old boy. He wants to meet her and she agrees.
- 4. A boy gives his girlfriend his Facebook username and password.
- 5. After ten minutes call their attention back to the front and for each situation, ask one group to present their situation and the results of their discussion for the first question. Then ask the second group to add to their answer. Then ask the other participants if they have anything else to add. If the group has missed anything significant, you can mention it.

Facilitator's answer sheet for what can go wrong?

Qualities of healthy relationships

Instructions: Read the situation and make a list of all the things that might go wrong in this situation.

1. A 16-year-old girl takes a nude picture of herself with her phone and sends it to her boyfriend.

Answers: Her boyfriend can show it to one or more of his friend; he can send it to a friend, who in turn sends it to other friends; a friend of his could see it and take a screenshot of it and then show it or send it to others; he could lose his phone and someone else could see it and share it with others; his parents could look through what is on his phone and see it; after they break up with her boyfriend, he could share it with others; when she applies for a job, the person making the decision about hiring could see it; her parents could see it. She could be charged with making pornography and, since she is under the age of 18, she could be charged with making child pornography.

2. A young man's friend asks him if he can use his computer or phone. He agrees.

Answer: His friend can access all the files on his computer, including his photos, emails and other private documents. His friend could copy personal or private photos, videos, emails and documents onto a drive or send them to himself by email, or he could take a screen shot of the photos. Once he has the photos, videos or documents, he can share them with others, post them on line, and so on. While his friend may not intend to hurt him, he might do so without intending to. For example, he might share a sexy or naked picture of his friend's girlfriend or post a funny but embarrassing picture of his friend as a joke.

3. A girl starts a phone or Internet friendship with a cute 17-year-old boy. He wants to meet her and she agrees.

Answer: The person is not really a cute 17-year-old boy. When they meet, the person could rob her, beat her up, rape her, kidnap her, kill her, trick her, and/or force her to do sex work or to pose for pornographic photos or to participate in pornographic (blue) movies.

Qualities of healthy relationships

4. A boy gives his girlfriend his Facebook username and password.

Answer: She can post pictures or other material on his Facebook page that could harm him and she can write to his friends as if she is him. She might not do this normally but if she gets very angry and wants revenge on him or if they break up, she could hurt him by doing such things. If she attacks someone else on his Facebook page and harms the person's reputation, the person could take him to court.

6. Then Ask:

- One of our human rights is the right to freedom of expression. However, it is not an unlimited right. At what point does your right to express yourself end? (Answer: It ends when it does not respect others' rights to privacy, dignity and reputation, or when it is hate speech (speech that offends, threatens, or insults groups of people).)
- Explain that if you share information on social media that damages another person's reputation, it may be illegal and you could be taken to court if the information is not both true and in the public interest.
- · What can you do if someone else posts an inappropriate photo of you on the Internet?
- 7. Now have the participants brainstorm a list of social media safety rules. Ask: What can a person do to stay safe in the situations we discussed? Write their idea on a piece of flipchart paper. Then ask them to open their workbooks to page 57 and compare their rules to those recommended by experts. If there are any new ones, discuss them and ask them if they think it should be added to their list.
- 8. Ask participants to summarize the main things that they learned from this activity. Add any of the following points that they did not mention.
 - Social media helps us to stay in touch with our friends and family more easily.
 - Social media also has risks.
 - Think carefully about what you post online because it can remain there forever. Lots of people can see it, download it, and share it. It won't be private anymore.
 - Respect others online.
 - Don't become friends with strangers online or agree to meet someone you met online.



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SOCIAL MEDIA SAFETY RULES

- Don't post or give out personal information online, like your name, address, phone number, email, passwords or location.
- 2. Do not share details about your life with people you don't know online.
- 3. Think carefully about what you say before you post something online. Don't post anything that you would not say in person. Respect other people's privacy and be polite when you post photos or content about of others.
- 4. Think carefully before posting or sending pictures or videos of yourself. Once you've put a picture of yourself online others can see it, download it, send it to other people and post it elsewhere. You don't control it anymore.
- 5. Don't post or send pictures or other content that may embarrass you or get you in trouble now or later in life. Once something is online, it can remain online forever.
- 6. Never send a picture of yourself to a stranger.
- 7. Keep your privacy settings as high as possible.
- 8. Don't accept or befriend people you don't know online.
- 9. Remember that not everyone online is who they say they are. A person who says they are a 15 year-old girl could be a 40 year-old man.
- 10. Don't meet up physically with people you've met online. You don't really know who they are or what they might do. If you ever do decide to meet somebody in real life who you met online, meet in a group of at least 3 or 4 people and in a public, well-lit and populated area during the daytime.
- II. Don't bully or attack other people online. Don't post inappropriate photos of them. Respect other people's views. Even if you don't agree with someone else's views, you don't need to be rude.
- 12. If you see something online that makes you feel uncomfortable, unsafe or worried or if someone sends you a sexual picture or asks you to send them one of yourself, tell someone you trust about it immediately.

ACTIVITY 6.6: SEXY, SMART AND SAFE



Purpose

To have young people think about what makes a person sexually attractive to them, including what attitude towards practicing safer sex they find attractive.

Objectives

By the end of the activity, participants will be able to:

- Describe what they are looking for in a partner, including what attitudes they want them to have towards sex and protection, and why.
- Describe and explain their attitudes towards sex and protection.
- Explain how they can learn about their partner's attitudes towards sex and protection.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Tell participants that in this activity, they are going to talk about romantic relationships and what they are looking for in a boyfriend or girlfriend.
- 2. Ask participants:
 - How and where do young people meet each other?
 - How can you know that you are romantically attracted to another person? How do you know if they are also attracted to you?
 - What kinds of things do young people who like each other do together?
- 3. Tell the participants that they are now going to think about what they are looking for in a boyfriend or girlfriend. Divide the participants into same sex groups of about 5-6 people each. Tell them to turn to page 58 in their workbook.



WORKSHEET: WHAT I AM LOOKING FOR IN A PARTNER

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Instructions

Discuss the following questions in your group. Prepare a presentation. If people have different ideas, present all the ideas. For example, you can say: Some people thought..., and others thought... OR Most people in our group thought...but some thought....

- 1. What qualities are you looking for in a boyfriend or girlfriend?
- 2. What will make them 'sexy' or attractive to you?
- 3. What attitude do you want them to have about sex? Include attitudes about protection.

- 4. Give each group a piece of flipchart paper and marker to write their answers. Tell them to discuss the questions on the worksheet. If they have different opinions, they can include all ideas on the flipchart paper. They will present their work to the other groups
- 5. After about fifteen minutes, call their attention back to the front and have each group present their ideas.
- 6. Then ask them to compare and summarize, by asking:
 - What are the main differences, if any, between what the girls are looking for and what the boys are looking for?
 - What qualities that people are looking for in a partner did every group have?
 - What qualities that are sexy did every group have?
 - · What attitudes about sex did every group have?
 - If it doesn't come up, ask: What attitudes about protection did every group have?

To emphasize the message, repeat their answer to the last question about attitudes to sex and protection. For example, say: So all the groups think that [insert their common ideas, such as 'willing to always use a condom' 'willing to go for an HIV test', etc.] is attractive in a boyfriend or girlfriend, right?

- 7. Tell participants that you are going to ask them some questions. If their answer is yes, they should raise their hands. Then ask the following questions and ask them to explain their answers (take a 1-2 explanations):
 - Is someone who will have sex without a condom attractive?
 - Is someone who will talk openly with you about how to protect yourselves attractive?
 - Is someone who is pressuring you to have sex attractive?
 - Is someone who will have sex with you immediately after you meet them attractive?
 - Is someone who wants to explore other sexual activities, but NOT have sex attractive?
- 8. Ask participants to turn to page 59 of their workbook and to fill out the Quiz 'How Sexy, Smart and Safe R U?' Circulate and help them with the scoring if necessary.



WORKSHEET: QUIZ - HOW SEXY, SMART AND SAFE R U?

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Instructions

Answer these questions honestly to know how sexy, smart and safe you are

Agree Disagree Not sure Score

- I. Exploring sexual activities other than sexual intercourse sounds like fun.
- 2. I can think of sexy things to do besides having sexual intercourse.
- 3. I believe we can get and give sexual pleasure without having sex.
- 4. Making love is about more than just having sexual intercourse.
- 5. I am willing to wait to have sex until we both feel ready.
- 6. I think the decision to have sex is serious.
- 7. I want to know my partner well before I have sex.

- 8. I will not have sex with someone who I know has another partner.
- 9. I will talk with my partner about using condoms before having sex.
- 10. I will not have sex without using a condom.
- II. I am willing to have an HIV test.
- 12. I want to have only one partner at a time.
- 9. When they have finished, call their attention back to the front of the room. Tell them to turn over the worksheet to score their worksheet giving themselves 2 points if they answered 'agree', ½ point if they answered 'not sure' and o points if they answered 'disagree'. Then tell them to add up their scores and find out what their scores mean. Help them as needed.
- 10. Then ask the following questions:
 - What were your results? (Who was very sexy? Very smart? Very safe?)
 - What does it mean if you answered 'not sure' a lot? (Answers: It means that you: need to think more about these things; aren't ready to have a relationship that includes sexual activities; need to become clearer about what you want and what you will and will not do).
 - Would you want to know how a potential partner answers these questions?
 - How can you find out what their answers are? (Answer: Ask them! Communication is one of the most important parts of every relationship).
 - Do you expect the same things from yourself as you expect from a partner?
 - If not, why is it different?
- II. Ask participants to summarize the main points of the activity. Highlight any of the following points that they did not mention:
 - · Most people want a partner who will talk openly about protection from pregnancy, STIs and HIV.
 - Most people want a partner who will not have unsafe sex.
 - · You can be sexy and have pleasure without having sex.

Linking sentence

It is not always easy to get to know what a person is really like. Sometimes we can know a person for a long time and still be surprised by something they do or say. What is important is to know ourselves and what we want in a relationship, and be able to decide if someone is good for us or not. This decision will help us determine which people we will have in our lives and what kind of relationship we will have with them.

ACTIVITY 6.7: WEIGHING THE OPTIONS



Purpose

To examine reasons for and against having sexual intercourse as an adolescent; and to discuss what influences a young person to engage in or delay sexual intercourse.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-16 years of age.

Objectives

By the end of the activity, participants will be able to:

- List at least four reasons teens wait to have sex and four reasons teens decide to have sex;
- · Discuss which option has better reasons and why;
- Name at least three things that a young person needs to be able to do before having sexual intercourse.



Time: 45 minutes



Materials needed:

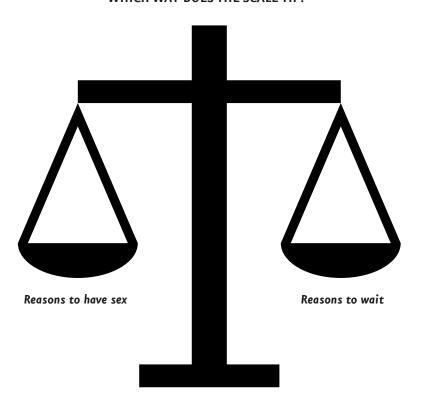
Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Draw the following picture on a piece of flipchart paper

WHICH WAY DOES THE SCALE TIP?





Steps

- Start the activity by explaining to the participants that this activity will focus on sexual decision making.
- 2. Put up the drawing of the scale and explain that the scale represents two choices young people can make about having sexual intercourse either to have sexual intercourse now (as a teenager) or to wait.
- 3. Divide the participants into four groups and give each group a sheet of flipchart paper.
- 4. Ask half of the groups to brainstorm all the reasons and arguments why a young person would decide not to have sex now. Ask the other half of the groups to brainstorm all the reasons and arguments why a young person would decide to have sex now. They should write their responses on flipchart paper. Give them 10 minutes.
- 5. After 10 minutes bring the groups back together and ask them to present, starting with one side of the scale. For each side of the scale, let one group put up their flipchart paper and then ask the second group to add any additional points onto the flipchart paper. Each side of the scale should have one list of responses beside it.
- 6. Add any of the following points that did not come from the group and which they agree to, by asking: What about ...? Is this another reason young people have/wait to have sexual intercourse?

Reasons young people have sexual intercourse

- · To communicate loving feelings in a relationship
- · To receive and give pleasure
- To get affection
- · To satisfy curiosity
- To not be a virgin anymore
- To feel close or closer
- To stop pressure from partner or friends
- · To hold onto a partner
- To avoid loneliness
- To get gifts or other benefits
- To show independence from parents and other adults
- To show one is an adult
- Because they are married
- To become a parent

Reasons young people wait to have sexual intercourse

- · To follow religious beliefs or personal or family values
- · Don't feel ready for intercourse
- · Relationship is not ready for intercourse
- To find the right partner first
- To try to keep a romantic relationship from changing
- Not to have any risk of pregnancy
- Not to have any risk of STIs and HIV
- To avoid hurting parents
- To avoid hurting reputation
- To avoid feeling guilty
- To focus on future goals first
- To wait for marriage

- 7. Go through each list and ask participants rank each reason using a scale of i to 3 with i = not a very good reason, i = a fairly good reason and i = an extremely good reason. Challenge them to be honest and think hard if their answers are not logical. Note their rankings.
- 8. Stimulate a general discussion using the following questions:
 - Overall, which side of the scale has more convincing or better reasons?
 - Are the reasons for having sex different for young men from those of young women? How so?
 - Why do you think there are differences in the reasons of boys and girls? Does this make sense? If necessary, point out that society has a 'double standard' it promotes sexual activity for males and shames female sexuality. There is no good reason for this 'double standard.'
 - · What most influences teenagers to have sex? What most influences them not to have sex?
 - What is the best and worst thing about not having sex as a young person? What is the best and worst thing about having sex as a young person?
 - What does a teenager need to know or be prepared to do, if she/he is going to have sexual intercourse? (Possible answers: Know their body and how it functions; be able to talk to their partner about sex; be able to talk to their partner and to get protection from pregnancy, STIs and HIV; be able to use their methods of protection; be prepared to accept the consequences if there are any).
- 9. Ask participants to summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - Each person must make their own decision about when to have sex and take responsibility for their choice.
 - Choosing to have sex is a serious decision that needs to be thought about carefully to avoid regrets.
 - Before you have sex, you should be able to talk to your partner about sex and protection and to take action to prevent unintended pregnancy, STIs and HIV.

Linking sentence

Not making good decisions about sex is one reason many teenagers have unplanned pregnancies and/or contract an STI or HIV. Being able to make the right decision can be especially difficult when someone else is pressuring you to make the decision that they want you to make. We will now look at how to deal with such situations.

ACTIVITY 6.8: DON'T PRESSURE ME! MANAGING PARTNER PRESSURE



Purpose

To learn the different types of peer and partner pressure; to develop the skills to handle disagreements and pressure from a partner; to be able to avoid taking risks to please a partner.

Note to facilitator: This session is appropriate for older participants, 15-24 years of age.

Objectives

By the end of the activity, participants will be able to:

- Identify examples of arguments, put downs and threats;
- · Give examples of internal pressure and external, explicit pressure;
- Explain at least two ways to handle pressure from a peer or partner;
- Demonstrate dealing with pressure effectively in a role play.



Time: 90 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Copy the role play situations so that you have enough copies to give each group. Cut each role play and each part in the role play apart.



Steps

- To introduce the activity, ask:
 - How can a partner help you to protect yourself?
 - What can a partner do that makes it more difficult for you to protect yourself? (Possible answers: Put pressure on you; threaten you).
- 2. Explain that communication about sex, protection and testing often goes smoothly (or easily), but sometimes there are disagreements about these issues. One person may pressure the other to do what she/he wants. Pressure from someone you love can be difficult to handle because you want to make them happy.

Tell them that this activity is about how you can handle pressure from your partner to do something that you don't want to do or to do something risky. Ask participants to turn to page 57 of the workbook.

3. Explain the following and write the highlighted words on flipchart paper:

There are three main ways that a partner (or anyone else) can put pressure on you. The first is arguments. Arguments are when someone gives you reasons for why you should do something or change your mind.

Ask: Who can give me an example of a common argument your partner might make to convince you not to wait to have sex? If necessary, tell them to come up with realistic answers – what someone would say in real life. (Possible answers: You would if you loved me. Everyone's doing it. It feels so good). Tell them to write one of the examples in their workbooks (on the worksheet shown below).

Note to Facilitator: Make sure that the responses are realistic (i.e. not 'I'll kill you if you don't have sex with me') and that they are really arguments and not put downs or threats. If they are not arguments, question them.

The second is put downs. Put downs are when someone insults you, calls you names, or says things to make you feel bad. Ask: Who can give me an example of a common put down? (Possible answers: You are such a baby. You're never any fun. And I thought you were a real man). Give them time to write an example in their workbooks.

The third is threats. Threats are when someone says that if you do not do what they want, they will do something that they think you won't like. Who can give me an example of a common threat? (Possible answers: I'll leave you; I'll find someone who will; I'll tell your friends). Give them time to write an example in their workbook.

- 4. Explain that there are two ways that you can feel pressure. It can be external and explicit that is your partner says so directly to you. Or it can be internal you just think so. For example, you believe that your partner will leave you if you don't have sex, but he or she has never actually said that.
- 5. Tell participants that you are going to read some examples. You want them to tell you: 1) If it is external and explicit or internal; and 2) what type of pressure it is. Read the following examples:
 - Sometimes you are afraid to tell the sugar daddy that you should use a condom. If you are dating the man because of money and you don't want to lose the money, you just do it.

Answer: Threats, internal

• When I slept with her, she told me she trusts me and loves me, so let's have sex without a condom

Answer: Arguments, external and explicit

• I was going to wait, but she really wanted to do it. So I thought, you know, I am acting like a child. I should be a man. Let me grow up.

Answer: Put down and arguments, internal

• Well, I did it because he was saying things like, 'Everyone needs sex – that's normal. What's wrong with you?'

Answer: Put down, external and explicit.

• I loved this guy and I wanted to please him and show him that I would do anything for him. So I had to reconsider my decision to wait.

Answer: Arguments, internal

• Well, he said that he needed sex and if I wouldn't sleep with him, I was forcing him to find another girl.

Answer: Threats, external and explicit.

• I told him I was waiting. He asked me, 'What are you waiting for? You might die today and you didn't have sex.'

Answer: Argument, External and explicit

6. Ask: What can a person do when they are being pressured to do something? Take a few of their ideas and give them positive feedback. Don't get into a long discussion at this point.

7. Ask them to look at page 61 of their workbook and look at where it says 'Ways to Dealing with Partner Pressure'. Then say:

If you do not want to agree and do what your friend or partner wants, you can:

Negotiate – Try to find a solution that both of you are happy with. For example, you can say 'What if we go visit our friends Margaret and Pious instead?'

Delay – Put off the decision until later. For example: 'Let's talk about it another time. I need some time to think first.'

Refuse – Say no clearly. For example: 'Sorry, but I am not ready to have sex, so I am not going to do it now.'

Leave – Leave the situation and, if necessary, the relationship. For example: 'I have to leave now. Bye!'
Then ask for two volunteers to read the example of managing pressure on page 61.



WORKSHEET: TYPES OF PRESSURE AND WAYS TO DEAL WITH IT

Types of pressure

Arguments = Giving reasons for why you should do something or change your mind. (The reasons are not necessarily good reasons!)

Example:

Put downs = Insulting you, saying things or calling you names to make you feel bad. Example:

Threats = Saying that if you don't do what they want, they will do something that they think you won't like. Example:

Peer or partner pressure can be:

- \bullet $\;$ External and explicit that is when your partner says so directly to you; $\;$ OR
- Internal when you just think or believe so. For example, your partner never said they will leave you if you don't have sex, but you think they will.

Ways to deal with pressure

If you do not want to agree to do what your friend or partner wants, you can:

Negotiate

Try to find a solution that both of you are happy with. For example, say:

- What if we do... instead?
- I don't want to do that, but maybe we could...
- What would make us both happy?

Delay

Try to find a solution that both of you are happy with. For example, say:

- · Maybe we can talk about it later.
- · I'd like to talk to a friend first.
- I need to get more information before I decide what I want to do.

Refuse

Try to find a solution that both of you are happy with. For example, say:

- No, I don't want to do that! And I really mean no.
- No. Seriously! I won't change my mind.

Leave

Leave the situation and, if necessary, the relationship.

You can use these options with a partner or a peer or anyone who is pressuring you to do something you don't want to do.

Example

A: Don't do that. We talked about this before and I told you how I feel. I don't feel ready to have sex yet. B: Come on, sweetie! I know you want to wait and all, but we've been together for so long now. We should do it, man. It's time! How long are you gonna wait, anyway?

Negotiate:

A: You know that I want to finish school first. How about if I make you feel real good this way.... (touches partner)?

B: That's great, but we always do that... I want the real thing! I'll use a condom – you don't need to worry... Please!!! I really want it. You know I love you so much.

Delay:

A: I know you do, but I am feeling pressured right now. I don't want to make any decisions under pressure. Let's talk about it again another time. Okay?

B: Another time, another time.... It's always another time!! When is it gonna be this time?

Refuse and Leave:

A: I know you really want to do it for real and you feel frustrated. But I am not going to be pressured to do something I am not ready to do. I want to finish school first. If you love me, you will understand that and you'll wait. Right now, I am willing to do other things to make you feel good, but I don't want to have sex. I think I am gonna go home now. I don't want us to fight about this. I'll text you later, okay? B: Alright... Later.

8. Then ask:

- In what kind of situations can you try to negotiate? (Answer: When the other person is willing to talk calmly and reasonably; when they are not drunk, angry or being unreasonable or violent).
- When should you delay the decision? (Answer: When you aren't sure about what you really want, or when someone is drunk or not rational).
- When should you just refuse? (Answer: When you are sure about what you want; when your position is final and not negotiable).
- When would you leave? (Answer: If the situation seems dangerous or violent; if you see there is no way to resolve the conflict).
- 9. Divide participants into pairs (you may have one group of three, depending on the number of participants). Ask each pair to identify a Partner 1 and a Partner 2. Explain that there are three situations and each person will receive a role to play. They should not discuss with each other. Emphasise that the person being pressured should focus on negotiating a solution. If that doesn't work, then they can try delaying, refusing or leaving. They should try to keep the relationship and avoid fighting.

Handout the role plays, giving each Partner 1 their role and each Partner 2 their role. Tell them that they have two minutes to think about how they are going to play their role. They should not discuss it with each other.

- 10. After about 2 minutes, tell them to stop preparing. Ask for some volunteers who have Situation 1 to do their role play. Tell the others to observe closely. Stop them after 2-3 minutes. Ask the observers:
 - How well did they resolve their differences? What did the person under pressure say to try to negotiate a solution?
 - What was the outcome?
 - · What could they have done better?

Stress maintaining the relationship and negotiating a solution, when possible. Have several more pairs with Situation 1 do their role plays for the group. Follow the same process. Then do the same for Situation 2 and then for Situation 3. Do as many role plays as you have time for.

MANAGING PARTNER PRESSURE - ROLE PLAY SITUATIONS

Situation 1

Partner 1: You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetie, but you do not want to have sex yet – you just don't feel ready. You are happy with just making out and you don't want to risk pregnancy, STIs or HIV.

Partner 2: You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetie and really want to have sex with him or her soon. You believe that most of your friends have already done it so you really want to feel what it is like. Since you are planning to use condoms to prevent pregnancy, STIs and HIV, you got some recently. Ask your sweetheart to have sex. Put some pressure on him or her, but don't overdo it.

Situation 2

Partner 1: You and sweetheart have been using condoms for the last month and you are tired of them. You really want to know what it feels like without a condom. You've only been with your sweetie since

you got together. You trust him or her, and you are wondering if s/he really trusts you. Tell your sweetheart that you want to stop using condoms and use another kind of contraception. Put some pressure on him or her, but don't overdo it.

Partner 2: You and your sweetheart have been using condoms for the last month. You are really happy about it. Condoms prevent pregnancy, STIs and HIV and you think they are just fantastic! You've only been with your sweetheart since you got together. You trust him or her, but you think you never know when someone could make a mistake or could fall out of love in the future. You just feel like it is better just to be safe and keep using condoms.

Situation 3

Partner 1: Your darling wants to have sex without a condom first and then put on a condom before ejaculating. You don't think this is a good idea at all. You know it isn't safe because there is HIV in the fluid that comes out before ejaculation. Also he might forget to stop and put on the condom. You could get pregnant. Discuss it with your partner.

Partner 2: You want to have sex without a condom first and then put one on before ejaculating. You think this will give you the best of both worlds – sex without a condom, but still preventing pregnancy and HIV. You believe that you have the control to do this and you won't make a mistake. Discuss it with your partner and put some pressure on him or her, but don't overdo it.

- II. To conclude ask the whole group:
 - Should you put pressure on someone else to do something they are not sure they want to do?
 Why or why not? Probing questions: Is it right to pressure others? Do you like it when someone
 pressures you? Note: Encourage participants to discuss the importance of respecting other
 people's choices.
 - If someone threatens to leave their girlfriend or boyfriend if they don't have sex, what is your opinion of the relationship? Probing questions: If someone threatens you, do they really love you? (Answer: If someone threatens to leave you if you don't have sex with them, it isn't a good relationship. They don't love and respect you).
 - Instead of pressuring each other to take risks, how can young people support each other to stay safe?
- 12. Ask participants to summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - The three main ways people put pressure on another person are: arguments, put downs and threats. These can be external and explicit or internal.
 - If you do not want do what the other person wants, you can: negotiate or try to find a solution that you are both happy with; delay making the decision; refuse directly; or leave the situation or, if necessary, the relationship.
 - If someone is very angry and could get violent, you should leave the situation.

Linking sentence

When it comes to sex, protection and staying safe, the decisions you make are important to your future, your relationship and your health. Only you can decide what is best for you. While it is important to listen to your partner and to respect what they want and need, you should not let anyone pressure you into doing something that you do not want to do. Your partner should also respect what you want and need. Being able to find a compromise that respects and suits both of you is the sign of a strong relationship.

ACTIVITY 6.9: WHEN WOULD YOU END IT?



Purpose

To provide participants with the opportunity to consider what they would do in various abusive or risky situations and what would cause them to end a relationship.

Objectives

By the end of the activity, participants will be able to:

- Describe what they would do if various unhealthy behaviours occurred in a relationship and why.
- Explain why jealousy and violence are not signs of love.
- Discuss why physical, sexual and emotional violence should not be tolerated in a relationship.
- Explain the link between violence and HIV.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Make three signs that say 'Do nothing' 'Discuss the behaviour and try to change it' and 'End the relationship.' Post them in different spots in the room where participants have room to stand.



Steps

- Introduce the topic by telling participants: Sometimes people find themselves in unhealthy relationships. These are relationships that hurt them, cause them pain or damage their health. Still the person often stays in the relationship for different reasons. Ask:
 - What are some things that people do in relationships that show that the relationship is not good—that it is unhealthy? Write some of their answers on flipchart paper. If they have difficulties, give them an example: Lying in a relationship.
 - Why would someone stay in a relationship that is unhealthy?
- 2. Tell them that they are now going to think about what they would do in some different relationship situations. (If you have not posted the signs you prepared already, do so now). Point to the signs you posted and tell the participants that you are going to read some statements about something a person might do in a relationship that is not healthy. They will imagine that their partner has done this and then decide if they would 1) Do nothing; 2) Discuss the behaviour and try to change it or 3) End the relationship'. They will stand beside the sign that shows their answer. Then you will discuss why they decided to stand where they did. Tell them that there are no correct answers. If they change their mind about their answer during the discussion, they can change places. Ask them if they have any questions and answer them.
- 3. Have them all come stand in the centre of the room and begin by reading the first statement below. Once participants are all standing under the sign that corresponds to their answer, ask a couple of participants under each sign to explain why they would do nothing; discuss the behaviour and try to change it; or end the relationship. Also ask those standing under 'discuss the behaviour' what they would say to their partner. Ask questions to challenge their logic if their reasons do not make sense.

Statements: What will you do if your partner...

- Makes frequent negative comments about your clothes, body, or hair.
- · Reveals that they are much older than you thought they were.
- Gets angry when you don't agree to do what they want to do.
- Makes you hide things from your family.
- · Often puts you down in private.
- Puts you down in public.
- Accuses you of cheating with someone when you are not.
- Blames you when s/he beats you because you made him or her angry.
- Calls, texts or turns up unexpectedly to check up on you.
- Refuses to get tested for HIV or STIs with you.
- · Cheats on you.
- · Hits you and then apologizes.
- Forces you to have sex when you do not want to.
- 4. Tell the participants to return to their seats and ask the following questions:
 - If you 'do nothing' about these behaviours, what can happen? Use a specific example if it can help them to understand that these are signs that the relationship is unhealthy, so they need to do something.
 - What behaviours would definitely cause you to end a relationship? If necessary ask: Would lying cause you to end a relationship? Cheating? Violence?
 - Is it a good idea to think about what to do in these situations now? Why?

Make sure the following points are brought up in the answer to the final question:

- It is important to know what you are not willing to tolerate in a relationship.
- One reason is that sometimes when you are in a relationship, you don't think clearly. As they say, love is blind.
- For example, if you decide now what you will do if your partner hits you, it is more likely that you will know what to do, if it actually happens instead of making excuses for the person.
- 5. Generate a discussion by asking the following questions:
 - If someone is disrespecting you or using threats, is that love? Probing questions: For example, if they say they will leave you if you don't have sex with them, do you think they love you? (Answer: No, if someone threatens you or disrespects you, it is a sign that the relationship is unhealthy and not real love).
 - People sometimes say that if someone beats you or is very jealous, that is a sign of love. Do you agree? Why or why not? Probing questions: If someone beats you, are they respecting you? Are they treating you as an equal? If someone is very jealous of you, do they trust you?

Note to Facilitator: If many participants agree with the last statement after discussing it, tell them:

- Getting violent or feeling very jealous are NOT signs of love.
- Violence and abuse are used to control another person.
- Extreme jealousy is a sign that the person is not secure in the relationship.
- Saying that violent behaviour is a sign of love is an excuse for behaviours that hurt people and violate their rights.
- What is the relationship between violence in a relationship and HIV?

(Answer: If sex is unwanted or violent, it is more likely that there will be injuries that allow HIV to enter the blood. Also when there is violence in a relationship, the person who is being beaten or raped will find it very difficult to insist on condom use).

- 6. Remind participant that they have rights so they should not tolerate abuse! Tell them that if they are in an abusive relationship, they should talk to a trusted adult or a counsellor or social worker. It is their right to leave that relationship. So they should get the help they need.
- 7. Tell participants that there is a worksheet that they can do on their own on page 59. Ask participants to summarize what they learned during the activity. Add any of the following points that are were mentioned.
 - Sexual and physical violence and emotional abuse in a relationship hurt a person and damage health.
 - Respect is important in healthy relationships. Violence, abuse, threats and insults are not respectful
 - Many people remain in unhealthy relationships. They may tell themselves that the problems are not serious, make excuses for their partner, or blame themselves.
 - It is helpful to think about what you would do about certain behaviours in a relationship before they happen.
 - No one has the right to force you to stay in a relationship or to physically or verbally abuse you if you choose to leave.

CONCLUDING NOTES

Relationships, especially romantic ones, are a very important part of adult life. Healthy loving relationships are not as easy to develop and maintain as we might believe. Relationships take commitment, work, good communication and empathy. If a relationship is or becomes abusive or violent, it is important to get out of the relationship. Breaking up is never easy — not for the one ending the relationship or the one being left behind. But most people go through it at some point, often when they are young.



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WORKSHEET: WHERE DO YOU DRAW THE LINE?

Instructions: In a healthy relationship, both people are honest, respectful, responsible and equal. The behaviours in the chart below have been identified as signs that a relationship is not healthy. Use your imagination and decide what you would do if they happened to you in a relationship. Think about why you would do that and then tick the appropriate box.

Imagine if your partner:	Would you:		
	Do nothing?	Discuss the behaviour	End relationship
Makes negative comments about your clothes, body, or hair.			
Reveals that they are much older than you were led to believe.			
Gets angry when you don't agree to do what they want to do.			
Makes you hide things from your friends or family.			
Puts you down in public.			
Often puts you down in private.			
Accuses you of cheating with someone when you are not.			
Blames you when s/he beats you because you made him or her angry.			
Calls, texts or turns up unexpectedly to check up on you.			
Cheats on you.			
Hits you and then apologizes.			
Refuses to use a condom.			
Will not let you get or use protection.			
Forces you to have sex when you do not want to.			
Refuses to get tested for HIV or STIs with you.			

Are you clear about the behaviours that would cause you to end a relationship?

What behaviours would you not tolerate at all in a boyfriend or girlfriend?

What behaviours would you not tolerate at all in a wife, husband or committed partner?

ACTIVITY 6.10: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of their relationships.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to the facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on relationships. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - · How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 60 in their workbooks and fill in the worksheet.

For high literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will change related to their relationships.



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WORKSHEET: WHAT I LEARNED ABOUT RELATIONSHIPS

Based on the information discussed and what you learned in this unit, answer the following questions:

- 1. What is the most important thing you learnt from this unit?
- 2. Why this information is important to you?
- 3. How will it influence your behaviour?
- 4. Write a commitment or promise to yourself related to your relationships. You will not be asked to share this with the group.

UNIT 7: COMMUNICATION

PURPOSE AND OBJECTIVES

This unit examines the role of communication in every aspect of life. It provides a range of activities that practise effective communication in different settings and helps participants examine their communication skills.

By the end of this unit, participants should be able to:

- Explain the importance of communication;
- Distinguish between verbal and non-verbal communication;
- List at least five barriers to effective listening;
- Describe at least three ways to be an active listener
- Demonstrate active listening skills
- Demonstrate how to use an I-statement to address a problem they are having with someone.

ACTIVITIES

Activity	Time
Warm up – Mute Line Up	20 minutes
What is Communication?	20 minutes
Are you Listening?	60 minutes
Speaking for yourself	60 minutes
Non-verbal Communication	60 minutes
Conversation Circle and Commitment	20 minutes
	4 hours

ACTIVITY 7.1: WARM UP - MUTE LINE UP



Purpose

To enable participants to see how they can communicate without words, using only signs and body language.

Objectives

By the end of the activity, participants will be able to:

• Describe how people can communicate non-verbally.



Time: 20 minutes



Materials needed:

None



Preparation

Some alternatives to lining up by age (oldest to youngest) in step two are to have the participants' line up by their height, or shoe size, or birthday. Decide which you want to use. Height will be easier than age, for example.



Steps

- 1. Ask participants to stand in an open area of the room. If you have many participants, you may want to break them into two or three groups to reduce the time the activity will take.
- 2. Explain that they are going to do a fun activity to test their communication skills. The rules are as follows:
 - They are not allowed to speak, make any noises, silently mouth any words or write throughout the activity.
 - You must line up in order from oldest to youngest (not just by year, but by month and day).
- 3. Check that participants understand and then tell them to start.
- 4. When they are all in a line, check if they got it right and are actually lined up from oldest to youngest.
- 5. Then ask participants:
 - · How did you communicate without using words?
 - · What difficulties did you have?
 - · What did you learn from this activity?

ACTIVITY 7.2: WHAT IS COMMUNICATION?



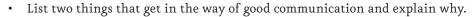
Purpose

To come up with an understanding of what communication means that is applicable to the group and activities

Objectives

By the end of the activity, participants will be able to:

- Define communication;
- Discuss how people communicate;





Time: 20 minutes

Materials needed:



None

Preparation

None



Steps

- 1. Tell participants that we are starting Unit 7 on communication. Note that communication is the most important relationship skill. Ask them:
 - Why do we talk? Write their ideas down on flipchart paper under the heading "We talk because..."
 - · Why do we listen? Write their ideas down under the heading "We listen because..."
 - · So what are we trying to achieve when talking and listening?
 - What is communication? How would you define it?

Write their responses on flipchart paper. Use the participants' responses to come up with a definition similar to the following:

Communication is when a person sends a message to another person and the other person understands the message that the sender intended to send and responds.

Draw this diagram on flipchart paper if it will help them to understand:



Ask if they have questions and explain as needed.

2. Ask the participants:

- What are some of the different ways that we communicate? (Some answers: talking face to face, talking on the phone, texting, email, instant message or chat, through our facial expressions, body movements and voice quality).
- • What gets in the way of good communication?
- Probing question: What creates misunderstandings? (Some answers: not listening, yelling or getting angry, emotions, not being honest. Lying, criticizing or put downs, interrupting)
- What helps us to communicate better? (Some answers: listening well, eye contact, clarifying if you understood, asking questions, looking interested).
- 3. Ask if they have any questions or comments and discuss.
- 4. Ask participants to summarize what they learned during the activity. Add any of the following points that were not mentioned.
 - Communication is when two or more people exchange messages using verbal and non-verbal language.
 - Good communication is when the person or people receiving the message understand what the person sending it wants them to understand.

Linking sentence

Communication is key to every aspect of our life and plays an especially important role in building and strengthening our relationships. Let us now learn some techniques for communicating more effectively.

ACTIVITY 7.3: ARE YOU LISTENING?



Purpose

To increase effective listening skills.

Objectives

By the end of the activity, participants will be able to:

- Explain the purpose of listening;
- · Give at least three tips for active listening;
- Demonstrate good active listening skills when listening to a friend talk about a problem.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Review the paraphrasing example in step 5 to make sure you understand and can give examples.



Steps

I. Have participants sit or stand in a circle. Tell participants that you are going to do an experiment. You are going to whisper something to the person on your right. Each person will whisper it to their neighbour and we will see what the last person heard. Whisper any message of your choice. For example, 'condoms protect us' or 'communication is important.' Find out what the last person in the line heard. Then tell them what the original message was. Ask them: What happened? Why was the message at the end different from the one at the beginning?

Note to facilitator: If you have many participants, divide them into two lines and give each one the same message.

2. Note that one of the problems was that people were not listening carefully. Tell participants that this activity is about active listening skills. Say: Let's review, what is the goal of listening? Why do we listen?

Possible answers: We listen because we want to understand the other person; to learn about or know the other person; to find out what they think or feel.

Emphasise that the main point of listening it to understand the other person.

- 3. Ask the participants: What do poor (or bad) listeners do? Write their ideas on flipchart paper. Then ask: What do good listeners do? Get several ideas from them.
- 4. Ask them to turn to page 70 in their workbook. Have different participants read the 'How to Listen Actively' or read them to the participants if they have difficulties with reading. Where relevant, give an example, or demonstrate the point, for example when you get to #2 or 4. Then ask them if they have any questions and answer them.



INFORMATION: HOW TO LISTEN ACTIVELY

HOW TO LISTEN ACTIVELY

Active listening is more than just hearing the words that someone is saying.

Active listeners:

- 1. Focus give the speaker your full attention and concentrate only on listening.
 - Don't do anything else, like cooking, cleaning, texting, or reading.
 - Don't think about anything else, don't think about how to respond, why the person is wrong, or let your mind wander.
- 2. Show that you are listening and interested in what the person is saying.
 - Look the person in the eyes;
 - · Lean toward the speaker;
 - · Nod or shake your head in response;
 - Say 'yes,' 'I see,' 'go on,' and 'uh-huh.'
- 3. Use an appropriate facial expression.
- 4. Only speak to respond to what the person is telling you.
 - Get feedback. From time to time, check that you received the correct message by repeating and summarizing what you understood. For example, say, 'Let me see if I understood you. Are you saying that...?'
 - Ask questions to clarify and understand better. For example, 'Do you want to say that...?'
- 5. Listen to more than the words.
 - Pay attention to non-verbal communication their body, face and voice.
 - Try to figure out the feelings beneath the speaker's words.
 - Ask a question to see if you are right about how they feel. For example, 'Are you nervous about going for the interview?' or 'Are you disappointed that it ended like that?'
- 6. Don't jump to conclusions about what the person will say. Listen to what they do say!
- 7. Don't interrupt, judge, or criticize the speaker. Just be open and try to understand! Understanding someone doesn't mean you agree with them.
- 5. Tell them that repeating what the speaker says in different words is a good way to see if you understand what they are saying. This is called **paraphrasing** (write this on flipchart paper). If you misunderstood, the speaker can correct you and explain things more clearly. If you understood correctly, the speaker will know that you are really paying attention. Give them the following example:

Glory tells you, 'I broke up with Jason. Every time I tried to talk to him about our relationship, he would refuse to talk. I couldn't take it anymore. It's been hard but I feel much better now.'

Ask them to discuss with their partner and come up with a sentence that they would say to Glory to show him that they understood her. After a few minutes ask for some volunteers to give you their responses.

Note to Facilitator: Their responses should summarize and reflect how Glory feels using their own words, for example, 'So, you are glad you broke up with Jason even though it has been hard, right?' or 'It sounds like you really tried to work it out with Jason but in the end you couldn't. It was hard but now you feel better.'

- 6. Ask the participants to form pairs. Tell them that one person will be the listener and one will be the speaker. Later they will change roles. Tell them to decide who will speak first and who will listen. Tell the speakers to think of some recent problem they had with a friend or family member or acquaintance that they feel comfortable discussing (nothing too personal or intimate). Tell the listeners to try to be the best listener possibly using the tips that you just discussed e.g. looking at the person, trying to understand what they feel, saying, 'Yes, go on' and asking questions to see if you understand. Ask if there are any questions and tell them to begin.
- 7. After two or three minutes, tell them to stop. Ask the speakers:
 - Did you feel that you were understood? Why or why not?
 - Probing questions: What did the listeners do? What non-verbal messages did they give you? Did they do anything that made you feel that they were not listening? What?
- 8. Ask the listeners:
 - How did you feel? Was it difficult? Why or why not?
 - What did you do to show that you were listening actively?
 - What did you forget to do? Did you paraphrase?
- 9. Now ask them to switch roles and have those who were listening talk about a recent problem they have for two or three minutes, while their partners try to be the best listener as possible as they can. After two or three minutes, stop them and ask the questions in steps 7 & 8 again.
- 10. Tell them to imagine the following: You are having an argument with a friend. You decide to use only active listening. You only listen to them and try to understand what they are saying. You try to really understand their feelings. You don't respond except by asking questions about what they are saying. You repeat what you understood and ask them if that is what they meant. Ask:
 - What do you think will happen (to the argument)? (Possible answers: It will probably end. It may turn into a discussion instead of an argument).
 - Why? (Possible answers: Because you are trying to understand instead of trying to defend
 yourself or argue back. You are not participating in the argument; you are only listening and
 understanding).

Tell them that understanding someone doesn't mean that you agree with them. But if you love someone, you need to understand their thoughts and feelings, even when you don't agree. You are two different people, so you won't always think and feel the same way. That is okay. You just need to understand each other.

- 11. Ask them if they have any questions and answer them.
- 12. Have the participants summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - Active listening means focusing on the other person and trying to really understand what they
 are saying and how they are feeling.
 - Check your understanding by repeating and summarizing what you hear the person saying, so the person can correct you if you misunderstood.
 - Understanding someone does not mean you agree with them.
 - Active listening can turn fights and arguments into discussions and can improve relationships.

Linking sentence

Listening is one key to good communication. Try to practise your listening skills in your everyday life and see what happens. This will help improve your communication skills and strengthening your relationships.

ACTIVITY 7.4: SPEAKING FOR YOURSELF



Purpose

To teach participants how to formulate I-statements, give them the opportunity to practice developing I-statements, and experience the value of direct, honest communication.

Objectives

By the end of the activity, participants will be able to:

- Explain the difference between a you-statement and an I-statement;
- List the main parts of an I-statement;
- Demonstrate how to develop an I-statement when given a problem situation.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Review the situations in step 6 and come up with at least one I-statement for each.



Steps

- I. Then tell the participants that this activity will focus on how express yourself to communicate better in relationships. To get them thinking, ask them:
 - · How do people usually handle disagreements and problems in relationships?
 - · When they communicate about problems, what often happens?
- 2. Explain that I-statements are a way of directly but kindly talking about your feelings. They are useful for:
 - Talking to someone about a problem you are having with their behaviour
 - · Complaining effectively;
 - · Telling someone you think they are not treating you right;
 - Avoiding putting someone else down;
 - Expressing your own feelings about the problem honestly;
 - Admitting or owning your feelings, opinions, and needs; and
 - Empowering yourself.
- 3. Demonstrate the difference between you-statements and I-statements by giving the following example of a you-statement:

You always leave your clothes all over the floor and on the chair in our room! I can't stand it when our room is so messy! I don't want to share this room with you anymore because you're just hopeless!

Ask:

- · How will you feel if someone says that to you?
- How will you respond?

Then read the following example of an I-statement.

When I came home yesterday and found your clothes on the floor and on the chair in our room, I felt frustrated. I need to be able to sit at the desk and study. Would you be willing to either put your clothes away or leave them only on your bed so that they are not in my way?

Ask:

- · How will you feel if someone says that to you?
- How will you respond?
- Which will you prefer to hear the You-statement or the I-statement?
- 4. Ask them what differences they observed in the two statements. If necessary, point out that in the second statement (the I-statement), the person 1) said how they feel; 2) expressed their needs; 3) asked if the other person would be willing to do something to solve the problem. In the first statement (the You-statement), the person was accusing the other person, attacking them, threatening them and insulting them.



INFORMATION FOR THE FACILITATOR AND PARTICIPANT

I-STATEMENTS

I-statements are a very useful way to complain about something that is bothering you or to bring up a problem you are having with someone.

Example: On Monday, when you shouted at me, I felt really scared. It reminded me of when my father used to shout at my mother and then beat her. I need to feel like we can discuss our problems calmly and try to solve them. Would you be willing to talk to me about any problems you have with me when you are calm?

How to make an I-statement:

- 1. State the facts about what happened. It is best to use a specific example, like, 'Yesterday, when...' or 'Last weekend, when...' For example, 'On Monday, when you shouted at me
- 2. State your feelings about what happened without blaming. 'I feel...' or 'I felt...' For example, 'I felt really scared.' You can explain why you felt that way 'It reminded me of when my father used to shout at my mother and then beat her.'
- 3. State what you need. 'I need....' For example, 'I need to feel like we can discuss our problems calmly and try to solve them.'
- 4. Make a request for what you want the other person to do. 'Would you be willing to...?' For example, 'Would you be willing to talk to me about any problems you have with me when you are calm?'

The parts of an I-statement

When...

I feel OR I felt...

I need...

Would you be willing to...?

5. Now ask them to form pairs and to open their workbooks to page 72. Have the participants read out loud or, if they are not good readers, read the information aloud to them yourself. Then ask if they have any questions.



WORKSHEET: MAKING I-STATEMENTS

Instructions: Read the situation assigned to you and come up with an I-statement to express to the other person the problem you have with their behaviour, how you feel and what you want.

How to make an I-statement:

- 1. You share a kitchen with some friends. On Monday, they left their dirty dishes around the kitchen, as they often do. You had to spend an hour cleaning the kitchen before you could cook. You like a clean kitchen and you don't want to have to clean someone else's dishes before you can cook. Tell your friends how you feel about what happened and what you want using an I-statement.
- 2. Your best friend invited you to meet on Friday evening. He or she forgot about it and went out with his or her boyfriend or girlfriend instead. You waited for an hour. When you tried to message him or her, there was no response. You don't want to be let down stood up when you've made plans with someone. Tell your best friend how you feel about what happened and what you want using an I-statement.
- 3. Last Saturday night your boyfriend or girlfriend really upset you by getting drunk and trying to force you to have sex. You don't feel ready to have sex yet and he or she knows that. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.
- 4. On Friday night, when you went out with some friends, your boyfriend or girlfriend got very jealous when she/he saw you talking to another boy or girl, as they often do. She /he shouted at you in front of everyone and then left. You don't want to be shouted at in public and you want to be able to talk to your friends without your boyfriend/girlfriend getting jealous and creating a scene. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.

Situation assigned to my group:
Our I-Statement (Use the parts of the I-statement given in 'Information about I-statements'
above):

- 6. Then have the pairs count off up to four and assign them each an example to work on. Tell them that their task is to write and come up with an I-statement to express the problem they have with the other person, their feelings about the situation and to ask for what they want. Go round while they work and help them as needed.
- 7. When they are ready, read the first situation and ask all the pairs that worked on it to present their I-statements. After each one, ask the other participants to give feedback. Provide additional feedback on their I-statement if needed to make sure they are done correctly. Follow the same process for all of the situations. If you don't have time, you can ask only a couple of pairs to share their statements for each example, instead of all the pairs.
- 8. Ask the following questions and generate a discussion.
 - · How do you feel when someone uses the word 'you' when voicing their opinion or a feeling?

For example, 'You do this!' or 'You are a....!'. Note to Facilitator: If they don't mention feeling defensive or wanting to defend themselves, mention that very often people who feel attacked want to defend themselves.

- How do you feel when someone uses the word 'I' when explaining their opinion or feelings?
- · How will I-statements help you communicate better?
- Every relationship has some problems or conflicts. How can I-statements help you to solve problems and conflicts in your relationships?
- 9. Tell participants that it takes practice and time to learn this kind of communication technique. If they keep trying it, it will start to feel more natural.
- 10. Ask participants to summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - When communicating about problems, people often use 'you-messages' which blame, criticize, insult or attack the other person.
 - You-messages are more likely to get defensive responses and to make the problem or conflict worse.
 - I-messages explain your feelings and point of view and your needs without blaming, criticizing, insulting or attacking the other person.
 - Learning communication techniques requires repeated practice before they feel natural.

Linking sentence

Communication is key to every aspect of our life and plays an especially important role in building and strengthening our relationships. We can use certain techniques, like I-statements, that will help us to communicate our feelings and needs without blaming or criticizing the other person. In the next activity, we will focus on the importance of non-verbal communication.

ACTIVITY 7.5: NON-VERBAL COMMUNICATION



Purpose

To review the components of communication; to think about how our voice affects our communication; and to practice interpreting body language.

Objectives

By the end of the activity, participants will be able to:

- Explain the importance of non-verbal communication.
- Identify the differences in meaning when the same words are said using different vocal tones and effects.
- Offer at least one interpretation of different body postures, gestures and facial expressions.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Practice all of the examples in Step 3 to make sure that you are prepared to really demonstrate the differences in the vocal qualities.



Steps

- I. Tell the participants that in this activity, they will learn about non-verbal communication. Ask them:
 - What is non-verbal communication? (Answer: communication using our tone of voice and body language).
 - How much of communication do you think happens through words? (Answer: Research has found that only 7% of communication is through words).

Tell them that this means that 93% of our communication is non-verbal – 38% is tone of voice and 55% is body language.

- 2. Tell them that first we will look at how our voice affects our communication. Explain that you are going to read some sentences changing only how you use your voice, not the words. They should listen very carefully and then tell you how the meaning changed.
- 3. Read the following examples using the instructions given and then ask the questions. Note to facilitator: Only 30 minutes are allocated to complete the first four steps. If it is taking too long, don't do the last example.

Example 1:

- Say: 'Okay! Now listen carefully!' in a loud voice.
- · Say: 'Okay, now listen carefully!' in a soft voice.

Ask participants:

- What did you understand from the first one? (Answer: You better listen, pay attention, I am in control, do what I say).
- What did you understand from the second one? (Answers: What I am going to tell you is a secret).

Example 2:

- Say: 'I did not say he lost the keys.' (Emphasise the word 'I').
- Say: 'I did not say he lost the keys.' (Emphasise the word 'he').
- Say: 'I did not say he lost the keys.' (Emphasise the word 'lost').
- · Say: 'I did not say he lost the keys.' (Emphasise the word 'keys').

Ask participants:

- · What does each sentence mean? Repeat each sentence one by one and ask them what it means.
- 'I did not say he lost the keys.' (Someone else said it).
- 'I did not say he lost the keys.' (Someone else lost the keys).
- 'I did not say he lost the keys.' (Maybe he just can't find them).
- 'I did not say he lost the keys.' (He lost something else).

(If you need another example, you can use the following: I never said she stole my money. Emphasizing the words she meaning I said someone else stole it; my meaning she stole someone else's money; money meaning she stole something else, not money, from me).

Example 3:

- Say: 'It's okay. Forget it!' with an angry voice.
- Say: 'It's okay. Forget it!' with a sweet or kindly voice.

Ask participants:

- What did you understand from the first one? (I am angry or unhappy with you. It's not really okay.)
- What did you understand from the second one? (It really is okay. I like you anyway).

To show how much our voice affects the meaning of our words, note that the first one means the opposite of what the words mean if take alone.

If you have time, do the fourth example:

Example 4:

- Say: 'So, last night I went out with some friends. We were having a good time, but then two of them got drunk and got into a fight' in a flat, monotone, bored voice.
- Say the same sentences in an excited, animated voice with lots of emotion.

Ask participants:

- What did you understand from the first one? (Answer: The person was bored, not happy).
- What did you understand from the second one? (Answer: The person feels excited about what happened. It is an interesting story to tell. There was drama).

4. Then ask the following questions:

- What were some of the differences in voice that I demonstrated? List these on flipchart paper. (Answers include: volume (loud or soft), change in pitch to emphasize word(s), tone or the quality of voice that conveys emotions).
- What did you understand from this activity? (Answer: The way you say something (or how you use your voice) is very important in communication. It can change the meaning of the words completely).

Probing question: How important are these qualities of your voice for communication?

- 5. Tell participants that they are now going to look at how we communicate using body language, which is 55% of our communication. Ask them: What is body language? Use their responses and come up with a definition similar to the following:
 - Body language is using your body parts (face, eyes, hands) to communicate thoughts and feelings.
- 6. Have participant brainstorm a list of all the types of body language they can think of. Write their ideas down. For each idea, get them to give an example, but do not get into the meanings of the examples that will be done later. Their responses may include:
 - · Facial expressions, examples: smiling, frowning, scowling.
 - Body movements and posture, examples: slouching, arms folded, sitting up straight, swaying, tapping your fingers or foot.
 - Body orientation, examples: standing or sitting face to face, or side by side, turning towards someone or away from them.
 - Gestures, examples: waving our hands, pointing, thumbs up.
 - Eye movements, examples: looking someone in the eyes, looking down or away, rolling your eyes.
 - Touch, examples: shaking hands hard or soft, hugging, slapping on the back, patting on the head, pinching or gripping on the arm.
 - Personal space, example: sitting or standing very close or standing far apart.
 - Appearance or image, examples: how we dress; how we present ourselves and act.

Add anything important that is missing from their list. Ask if they have any questions.

- 7. Explain that they are now going to see some examples and we will discuss what they mean. Ask for four volunteers who want to act out some different body language for the class. Bring four chairs to the front of the classroom.
- 8. Read out the following body language examples one at a time and have all of the volunteers demonstrate them. For each one, ask the other participants: What is their body language communicating? Discuss their ideas. If they have different ideas about what is being communicated, note that there may be more than one interpretation of what each means.

Note to facilitator: Only thirty minutes are allocated for this second half of the lesson. If there is not enough time, do not do all of the examples.

- Shrugging your shoulders
- Sitting with arms crossed across your chest
- · Putting your thumbs up while your hand is in a fist
- Tapping your foot
- · Looking with tight lips and narrowed eyes
- · Shaking your head from side to side or left to right to left
- · Nodding your head up and down
- Pacing up and down
- · Talking or listening with clenched hands
- · Looking down when talking
- · Looking with a big smile
- · Leaning back on your chair with hands on your head
- 9. After you have gone through the examples, ask them the following questions:
 - Which ones were the most difficult for you to interpret?
 - · Which ones had more than one meaning?
 - Can we misunderstand body language? (Answer: yes).
 - What should you do if you are not sure what someone's body language means? (Answer: Ask them or ask them if your interpretation is correct).

- · How aware are you of your own body language?
- Why is it important to be aware of our own body language and other people's body language? (Answer: It is 55% of communication, so very important to understanding others).
- 10. Why is it important for our words and our non-verbal communication to give the same message? (Answer: To communicate clearly, avoid confusion, not to give mixed messages).
- II. Ask the participants if they have any questions or comments.
- 12. Ask participants to summarize what they learned from the activity. Add any of the following points that were not mentioned.
 - Only 7% of our communication is from words; 93% is non-verbal.
 - Some ways that our voice changes the meaning of our words are: emphasis on certain words, how loudly we speak, how high or low we speak, how much emotion we use.
 - Body language can include our facial expressions, our body movements and posture, our gestures, eye contact, touch, the amount of space between us, and our appearance.
 - Body language can have more than one meaning and can be misinterpreted.
 - Ideally, our verbal and non-verbal communication should send the same message.
 - · People can tell what we really mean by our non-verbal signs.

CONCLUDING NOTES

Communication is key to every aspect of our lives and plays an essential role in the quality of our relationships with others. The way we communicate with others influences their reactions to us.

Active listening is a critical element of effective communication. We must listen attentively first, and then speak. Positive feedback and sharing are also important ways of improving communication. We also need to be aware of what our bodies are saying – not just our mouths. We must make sure that our words and our bodies are sending one and the same message.

ACTIVITY 7.6: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about their communication.

Objectives

By the end of the activity, participants will be able to:

- · Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on relationships. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 73 in their workbooks and fill in the worksheet.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will do to improve their communication.



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WORKSHEET: WHAT I LEARNED ABOUT COMMUNICATION

Based on the information discussed and what you learned in this unit, answer the following questions:

- $\scriptstyle\rm I.$ What is the most important thing you learnt from this unit?
- 2. Why this information is important to you?
- 3. How will it influence your behaviour?
- 4. Write a commitment or promise to yourself about how you will improve your communication. You will not be asked to share this with the group



HOW AMI GOING TO GET THERE?

UNIT 8: PREGNANCY

PURPOSE AND OBJECTIVES

This unit describes how pregnancy happens and explores the consequences of an unintended or unwanted pregnancy on a young person's life. It teaches decision-making skills by looking at the options that a woman has when she becomes pregnant and emphasises how to prevent unintended pregnancies. Finally, participants visit a sexual health service to learn about the services offered and what they can expect when they go there.

By the end of this unit, participants should be able to:

- Explain how a woman gets pregnant
- List at least three consequences of early pregnancy
- Explain how to make good decisions
- Describe the options that a woman has when she is pregnant
- Explain how to prevent an unintended pregnancy
- · Discuss the contraceptive methods suitable for teen
- Explain how to use condoms correctly
- Speak more comfortably about contraception
- Identify where sexual health services are located in the community
- Feel more comfortable going to sexual and reproductive health services.

ACTIVITIES

Activity	Time
Warm up – Robot testing	10 minutes
How Pregnancy Happens	45 minutes
Decision-making About Pregnancy Options	75 minutes
Preventing Pregnancy	90 minutes
Discussing Contraception	45 minutes
Conversation Circle and Commitment	20 minutes
	7 hours and 15 minutes

ACTIVITY 8.1: WARM UP - ROBOT TESTING



Purpose

To get participants moving around the room; and to have fun before engaging in intense discussions.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- · Describe how they think they will change their behaviour based on what they learned.



Time: 10 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.



Steps

- 1. Divide the participants into groups of three.
- 2. Two people in each group should act as robots and the other as a 'robot tester'.
- 3. Let all the robots start moving at the same time, walking in the same direction.
- 4. The testers should follow her/his two robots and control their robots' movement by simply touching either their right or left shoulder.
- 5. The tester must try to stop their own robots crashing into obstacles such as walls, chairs, or other robots.
- 6. Stop the game when it is clear that participants are having fun and are relaxed.
- 7. If time allows you can let the 'robots' and 'testers' change places or do the activity at another time during the training program, so that each person gets a chance to be a 'robot' and a 'tester'.

ACTIVITY 8.2: HOW PREGNANCY HAPPENS



Purpose

To discuss the process by which pregnancy happens and to provide information on emergency contraception to reduce the risk of pregnancy if they have unprotected sex, a condom burst, or are raped.

Objectives

By the end of the activity, participants will be able to:

- Describe what would happen to their hopes and dreams if they became a parent now;
- · Explain the process by which pregnancy occurs;
- Discuss emergency contraception, specifically the key points of its use, such as the circumstances when it can be used and when a woman should go to get it.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Write the following in large letters on ten pieces of A4 paper or print each in large letters on a piece of paper and then mix them up so they are not in order:

Unprotected vaginal sex	Sperm meet the egg
Ejaculation in the vagina	One sperm enters the egg
Sperm travel through the cervix into uterus	Fertilized egg is moved down the fallopian tube
Sperm travel through the uterus	Fertilized egg reaches the uterus
Sperm travel up the fallopian tube	Fertilized egg attaches to the uterus
	1

- Find out about the availability of emergency contraception in your country and the respective district. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?
- Find out what the laws say about men's responsibility for their children. Can they be legally required to pay child support?



Steps

- I. Ask participants to close their eyes and sit back in their chairs. Tell them to think about their hopes, dreams and plans for the future. Speaking slowly and pausing for a long time between questions, ask:
 - · What do you hope will happen in the next few years?
 - What are you dreaming about?
 - What are your plans for the future?

After at least a minute (don't rush them), say: There's been a change in your circumstances. If you are a girl, you just found out that you are pregnant. If you are a boy, you just found out that your girlfriend is pregnant and you are going to be a father. What will happen now?

- 2. After about 30 seconds, then tell them to open their eyes. Ask them:
 - If this happens to you now, what will happen to your hopes, dreams and plans?
 - Do you want to get pregnant now? Why or why not?
 - What responsibility do boys have for their children if they get a girl pregnant? Note to Facilitator: Make sure it comes up that we have a moral obligation to care for our own children. If there is a legal obligation in your country, make sure that this comes out. In most countries the mother can take the father to court to get child support money.
- 3. Tell participants that they are now going to learn about how a woman gets pregnant. Ask for ten volunteers (try to get an equal number of males and females) and ask them come to the front of the room.
- 4. Give each volunteer one of the cards you prepared and tell them:

The process that leads to a pregnancy is written on these cards in steps. You have two minutes to put yourselves in the correct order so the cards describe how a woman gets pregnant.

Tell the rest of the participants to observe how the group does the task.

5. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

Correct Order:

- 1) Unprotected vaginal sex
- 2) Ejaculation in the vagina
- 3) Sperm travel through the cervix
- 4) Sperm travel through the uterus
- 5) Sperm travel up the fallopian tube
- 6) Sperm meet the egg
- 7) One sperm enters the egg
- 8) Fertilized egg is moved down the fallopian tube
- 9) Fertilized egg reaches the uterus
- 10) Fertilized egg implants in the lining of the uterus.
- 6. When the order is correct, post the cards on a chalkboard or wall.
- 7. Ask the participants the following questions:
 - How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? (Answer: A few seconds).
 - So if, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant? (Answer: No, it's already too late. Once sperm are in the cervix they cannot be washed away).
 - Can you jump up and down to make the sperm come out of the vagina? (Answer: No, it's already too late they are on their way to the egg. No amount of jumping will make them turn around!)
 - How long is it between step 7, the fertilization of the egg, and step 10, the egg implanting in the uterus? (Answer: Five or six days).
 - Is there ANYTHING you can do in those five days after unprotected sex that could help prevent a pregnancy? Probing questions: Have you ever heard of emergency contraception? The 'morning after' pill? (Answer: You can take emergency contraception).

Emphasize that emergency contraception is the only method you can use to help prevent an unintended pregnancy after sex.

Ask them if they have heard of any other way to prevent pregnancy after unprotected sex. Dispel all of the myths that they have heard. There is NO other way to prevent unintended pregnancy after unprotected sex.

Also explain that if the couple has unprotected vaginal sex but the man pulls out of the vagina before ejaculating, there is still a chance the woman can become pregnant. The reason is that in most men, a small amount of fluid comes out of the penis before ejaculation. This is call pre-ejaculate or pre-cum and it may have sperm in it from a previous ejaculation.

- 8. Ask: What do you know about emergency contraception? Praise correct responses and use their answers to lead into the next step.
- 9. Ask the participants to open their workbooks to page 78. Ask one or more participants to read the points.



WORKBOOK INFORMATION:

p. 78

MOST IMPORTANT INFORMATION ABOUT EMERGENCY CONTRACEPTION

- 1. Emergency contraception must be taken within 72 hours preferably within the first 12 hours (approximate 3 days) of unprotected sex.
- 2. You should take it as soon as possible after unprotected sex. The sooner you take it, the better it works.
- 3. Emergency contraception is available in clinics and, in some countries at pharmacies. Just ask for emergency contraception.
- 4. Emergency contraception is for emergencies, not for regular use.

10. Ask participants the following questions to generate discussion and bring out key points:

· It is for emergencies. What is an 'emergency'?

Main points:

- When a condom bursts or breaks
- · If you are raped or forced to have sex
- · If you did not use a condom or other contraception
- If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.
- It is only for emergencies. So if you are going to have sex and do not want to get pregnant, what should you do? (Answer: Use a condom and/or another contraceptive method to prevent pregnancy).
- But if you do have unprotected sex for any reason and you do NOT want to get pregnant what should you do? (Answer: Go to a clinic (or pharmacy) as soon as possible to get emergency contraception).
- II. Tell participants that they will learn more about protecting themselves from pregnancy in an upcoming session. Ask participants if they have any questions about pregnancy and discuss them. Use the Facilitator's Information below to assist you to answer their questions. Do not lecture them or talk at length, however. Reference page 79 of the Participant's Workbook.

- 12. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - An unplanned pregnancy can result from unprotected vaginal sex without protection; from not using contraception correctly every time you have sex; and sometimes because contraception fails.
 - The only method you can use to help prevent an unintended pregnancy after sex is emergency contraception.
 - Emergency contraception can help prevent pregnancy when someone has unprotected sex, when a condom bursts, when contraception is not used correctly or when someone is raped.
 - Emergency contraception should be taken as soon as possible after unprotected sex, but no later than 3 days afterwards.

Linking sentence

The most effective way to avoid an unintended pregnancy is not to have sexual intercourse. If you do have unprotected sexual intercourse, using emergency contraception reduces the likelihood of a pregnancy. However, if a young couple does get pregnant, the young woman will need to consider her choices and make a responsible decision for herself and her partner. In the next session we will learn how to make such a decision.



FACILITATOR AND PARTICIPANT INFORMATION: HOW PREGNANCY HAPPENS

HOW PREGNANCY HAPPENS

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the days immediately before it, she may become pregnant. Once the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. If sperm find the egg, one of them may enter it. This joining of sperm and egg is called fertilization. The fertilized egg then begins dividing its cells as it travels down the fallopian tube to the uterus. When it reaches the uterus, it attaches itself to the lining. This is called implantation. Once implantation has happened, the woman is pregnant.

If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may leak into the fluid before it leaves the body.

Note to facilitator: If participants ask about the following, use the information below to explain. Do not give them a lecture about these topics.

Twins occur in two ways. One, the ovaries release two eggs at once and both are fertilized and implant themselves in the uterus so that two foetuses develop. These are called fraternal twins. The other way is when one fertilized egg splits into two and both develop into foetuses, resulting in identical twins. They are identical because they come from the same fertilized egg and therefore have exactly the same genes.

Ectopic pregnancy happens when the fertilized egg implants itself outside the uterus, most often in a fallopian tube although it can also implant in the abdomen, on the ovary or in the cervix. It may implant in the fallopian tube because scarring from an infection has blocked the tube. The fertilized egg then begins to grow outside the uterus. An ectopic pregnancy cannot develop normally outside the uterus and the growing tissue might destroy parts of the woman's reproductive system. For example, if the foetus begins to grow in the tube, which is tiny, it can burst without warning. Ectopic pregnancies are very dangerous and need to be treated as an emergency in a hospital. In the case of a tubal pregnancy, if the woman does not get it removed before the fallopian tube bursts, she may lose the tube or even die. Symptoms of an ectopic pregnancy include:

- · Vaginal bleeding with severe abdominal or pelvic pain;
- · Shoulder pain; and
- Feeling light-headed and/or fainting.

ACTIVITY 8.3: DECISION-MAKING ABOUT PREGNANCY OPTIONS



Purpose

To learn a model for making good decisions and to apply it to a situation in which a teenager experiences an unintended pregnancy; to discuss the options that a pregnant woman may have and look at the advantages and disadvantages of each.

Objectives

By the end of the activity, participants will be able to:

- · Explain the steps for making a good decision;
- · Demonstrate how to use the steps to make a good decision when given a specific problem to solve;
- List the options that a pregnant woman has and describe the advantages and disadvantages of each.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find out about the abortion and adoption laws and procedures and policies in your country.



Steps

- I. Remind the participants that one of the possible consequences of unprotected sexual intercourse is unintended pregnancy. Ask:
 - How does a girl or a woman know that she is pregnant? What are the signs? (Answers: missed period; a positive pregnancy test; nausea and vomiting, breast tenderness; unusual tiredness; mood swings, irritability and emotional sensitivity; greater hunger and weight gain; food cravings or aversions to foods; sensitivity to aromas; frequent urination; heartburn and/or constipation; dizziness and/or fainting; low back pain; and bloating).
 - Where can a pregnancy be confirmed? (Answer: at a (youth friendly) health facility).
- 2. Tell the participants that in this activity, they will learn about how to make good decisions and then apply that process to deciding what to do about an unintended pregnancy. Ask the group:
 - When do people make decisions? (Answer: Everyone makes many decisions every day from what to wear to what to eat).
 - When do we need to take more time make decisions? (Answers: when the decision is important or big; when faced with a difficult situation or problem; when there's more than one choice; when faced with a challenge or challenging situation).
- 3. Introduce the decision-making model using the following presentation. Write out each highlighted word, step by step, on the flipchart as you introduce and describe it. Reference page 80 of the workbook.

- 4. Whenever we are facing an important decision or difficult problem, we can go through a conscious process to help us make the best decision. This decision-making process is made up of the following steps:
 - 1) Problem: Identify the problem or challenge you are facing.
 - 2) Choices: List all the options or choices or that you have.
 - 3) Consequences: For each choice, list all the possible consequences, both positive and negative.
 - 4) Decision: Look at the choices and their consequences and make your decision.
 - 5) Evaluation: Ask yourself why you made this decision and if it is the best one to make. Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If you do not think you made the best choice after answering these questions, make another decision and evaluate it.
- 5. Ask participants if they have any comments or questions and discuss these.
- 6. Tell participants that they will now practice using the model. Divide participants into groups of four and ask them to turn to page 81 in their workbooks. Have a volunteer read the situation. Then do the first two steps as a whole group, i.e. ask them:
 - What is the problem?
 - What are the possible choices that Sonja has? (Answer: Single parenting, marriage and parenting, adoption, abortion, and fostering

Then tell them to complete the activity in their groups. Circulate as they work and help them as needed.

Note to Facilitator: For semi-literate youth, do the following:

- · Read the situation in the workbook out loud.
- Identify the problem and their choices as a whole group.
- Tell the participants to get into pairs or groups of three and use the model to make a decision about what they would do.
- Tell them to prepare a short role play to present their decision.
- 7. Go through Steps 3, 4, and 5 asking several groups to share their responses to each step. Challenge their thinking as needed to make sure that they fully understand the consequences of each option. Use the Facilitator Information: Options Available to Pregnant Teenagers to guide you.
- 8. Ask participants:
 - Were the final decisions of the groups the same or different? Why?
 - What was it like to use this model?
 - · Was it difficult to make a final decision? Why or why not?
 - · Who can help a teenage couple decide what to do about an unintended pregnancy?
 - · What are the pressures a teen couple might face while making this decision?
 - Who has the right to make the final decision about an unintended pregnancy? (Answer: The pregnant woman or girl has the right to make the final decision because it is her body).
 - Do you think it is important to use a model like this when making big decisions like this one? Why or why not?
 - Why do people sometimes make bad decisions? How can you avoid that?
 - What is different about making a decision with another person, for example, when you are in a relationship? (Answer: You need to consider their needs, feelings, desires and solutions; you may need to compromise).



WORKSHEET: GOOD DECISION-MAKING

Instructions:

Read through the situation below and use the decision-making process you just learned to come to a decision by following the steps listed.

Situation: Sonja and Yousef are both 16 years old and neither of them has a job. They have been together for about six months. They started having sex about two months ago. They were using condoms but six weeks ago they had unprotected sex once when they didn't have a condom. They just found out that Sonja is pregnant. Imagine that you are Sonja. What will you do?

Step 1: What is the problem that you are facing:

Step 2: What are yo	our choices? List	all of the option	s that you can th	iink of. Write th	iem in the space
below.					

Choice 1:			
Choice 2:			
Choice 3:			
Choice 4:			
Choice 5:			

Choices	Positive or Good consequences	Negative or Bad Consequences
1		
2		
3		
4		
5		

Step 3: What are the possible consequences of each choice? Write these in the spaces below Positive or Good Consequences

Step 4: Decide what to do. What is your decision?

Step 5: Evaluate your decision. Why did you make this decision?

Is this really the best choice? Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If not, go back and make another choice.

- 9. Tell participants that there is some information on page 83-85 in their workbooks and encourage them to read through it when they have time.
- 10. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - When a teenage girl has an unintended pregnancy, she has several options to choose from, including becoming a single parent, getting married and parenting, putting the baby up for adoption, fostering the baby and abortion.
 - The pregnant woman may involve the man or boy who is responsible in the decision, but she will make the final decision.
 - Before making a big decision, you need to think of all the consequences of your options, especially the negative consequences.
 - Making decisions with another person, for example, when you are in a relationship, often requires that both people compromise.

Linking sentence

Now that we understand the difficult choices a pregnant teenager faces and the possible consequences on future plans and options, we need to understand how to prevent unintended pregnancies. If young people choose to engage in sex, they need to be informed about the different methods of contraception that are appropriate for them.



FACTILITATOR AND PARTICIPANT INFORMATION: PREGNANCY OPTIONS

The options available to teenagers who become pregnant are: abortion, adoption, single parenting, marriage and parenting; and fostering. In some countries there are homes for pregnant girls who are unmarried where they can stay during the pregnancy.

Abortion (or termination of pregnancy): Although legally restricted in many African countries, illegal abortions (sometimes called 'back street abortions') are common. When abortions are done in conditions that are not hygienic, the risk of infection is higher, which can result in infertility and sometimes death. Some people have very strong feelings for or against abortion.

Facts to consider:

- Abortion is legally restricted in most African countries. It is allowed without restrictions up to 13 weeks in South Africa and up to 12 weeks in Mozambique.
- In some countries, it is allowed in cases of rape and incest, if the life or health of the woman is in danger or if the baby has a condition that means it cannot live.
- Some religions do not support abortion.
- · Without counselling, the emotional risks may be higher.
- In Zambia it is conducted following the Termination of Pregnancy Act, Cap 304 of 1972.

Some reasons women choose abortion include:

- To finish education;
- To save the family name;
- · To keep the pregnancy a secret;
- · To please the man who caused the pregnancy;
- To pursue other goals;
- To not raise a child in poverty or as a single parent;
- · To protect her own health;
- In cases of rape, sexual abuse or incest.

Adoption: There are two types of adoption: adoptions in which the mother and others know the identity of the adoptive parents and adoptions in which the identity of the adoptive parents is not known.

Facts to consider:

- Giving up a child for adoption may or may not be a traumatic decision for the mother, father and their families. The mother may experience additional emotional stress after the adoption if she was pressured into the decision; spends time with the baby before putting it up for adoption; or is rejected by her family or community.
- The teenage mother has the final decision. Whether she is 11 years old or 18, she has to sign the legal papers. In some countries, the father may also have to give consent.
- Once legal papers are signed, the adoption is considered final. However, there is usually a period of time during which the woman can withdraw her consent.

Some reasons women choose adoption include:

- Termination of pregnancy is against the girl's principles, illegal or too risky.
- To finish her education.
- · To please her family.
- To try to start a new life.
- Thinking the child may have a better chance in life with another family.
- Because the father doesn't want to marry her.

Marriage and parenting: The couple decides to marry because of the pregnancy. They may be pressured to marry by the girl and/or boy's families.

Facts to consider:

- Few teenagers realize the enormous responsibility of parenting. The pressures of parenthood may lead to marital conflict.
- Few teenagers have the emotional maturity to marry. They may be unable to cope and/or face instability or violence in the relationship.
- If they have to leave school early in order to parent, they may have poor employment opportunities and financial difficulties.
- They may feel trapped and isolated from friends and resent the child.
- They may mourn their missed opportunities.
- · If they live with their parents, they may have no privacy.

Some reasons couples choose marriage and parenting include:

- Their parents pressure them to do it.
- · To give the child a name or to keep their child from being illegitimate or born out of marriage.
- Believing it is their payment for making a mistake.
- Thinking it was 'meant to be.'
- · Being in love and thinking that they can handle it.

Single parenthood: Single parenthood is a common choice among teenagers but a very challenging one. Becoming a single parent often limits education, career, and marriage opportunities.

Facts to consider:

- A child is a 24-hour 7-day a week responsibility. Young people may not consider this seriously enough.
- A young parent's earning capacity is limited, often resulting in greater poverty.
- Single parenthood, especially in adolescence, can results in social isolation and loneliness. The young person may not be able to visit or go out with friends.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother lives at home, it may result in confusion of roles with her own parents, and eventually lead to conflict and power struggles.
- · The adolescent father:
 - May not know his rights or his rights may be disregarded.
 - May be forgotten or ignored.
 - May have to pay child maintenance. If he does not do this voluntarily, the mother can get a court order that says he has to pay.

Some reasons women or men choose single parenthood include:

- Believing that it is the most acceptable choice.
- Wanting to have a baby though their ideas about being a mother or father may not be realistic.
- · Thinking it is her or his 'payment' for making a mistake
- · Not wanting to marry the mother or father of the child.
- Her or his parents offered to help raise the child.
- · Her or his parents want a grandchild.

Fostering: Fostering is when someone raises the child until the biological parents are able to care for it. Some people think it is traumatic for both the child and the foster parents when the biological mother or father retrieves the baby.

Some reasons women or couples choose fostering include:

- To be able to finish her education.
- To ensure the baby is well cared for until they are more mature and ready to take on the responsibility.

ACTIVITY 8.4: PREVENTING PREGNANCY



Purpose

To discuss the different methods of preventing pregnancy and how they work; and to identify those that are suitable for young people.

Objectives

By the end of the activity, participants will be able to:

- Name at least three modern contraceptive methods that are suitable for young people;
- Explain the advantages and disadvantages of a contraceptive method that they would like to use;
- · Correctly demonstrate how to use a male condom on a model.



Time: 90 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, samples of the contraceptive methods the pill (oral contraceptives), injectable contraceptive, emergency contraception, male and female condoms (more than one per participant) and male penis models (at least one for every three students) and one or two female reproductive system models.



Preparation

Make sure that you know the facts about the different methods so that you can answer the participants' questions correctly. Go through step 4 and answer each question to prepare. If you will use a guest facilitator, share the activity plan with them and discuss it so that they will not lecture the participants.



Steps

- 1. Ask the group how pregnancy can be prevented and allow them to brainstorm the methods that they know. List these on flipchart paper. Then ask them to identify any that are myths and to explain why they are myths. If necessary, give factual information yourself about those that are not scientific methods.
- 2. Add any of the following methods that are missing from the list below:
 - Abstinence;
 - The pill (oral contraceptives);
 - · Injections;
 - Male condoms;
 - · Female condoms.
- 3. Ask participants which methods are suitable for young people and star those. (These are the ones on the list above).
- 4. Show the participants the example of emergency contraception that you brought with you and pass it around so they can see it. Remind them that you already discussed emergency contraception in the last activity, so you won't discuss it again unless they have questions.
- 5. Then tell them that you will now discuss each method listed on the flipchart paper. For abstinence, the pill (oral contraceptives) and injections, show them the example of the method, if you have one and pass it around the room for them to look at. Then ask the participants:
 - How does this method work?
 - What do you think are the advantages of (or good things about using) this method?

- · What do you think are the disadvantages (or bad things)?
- What questions or concerns do you have about it?

Make a note of key words from their responses. After each question add to what they have said and give additional factual information on each method using the Facilitator Information below.

- 6. For male and female condoms, ask (separately for each):
 - How many of you know how to use a male (female) condom correctly?
 - · Who thinks that they can show us the exact right way to use a male (female) condom?

Give the volunteer a penis model (or female model) and a condom and ask them to show the others the right way to use it. Ask the other participants to observe and make sure that they do it 100% correctly.

After they do their demonstration, ask the other participants if they showed how to use a condom correctly. Have them make any corrections needed or make them yourself?

Note to Facilitator: For younger adolescents, aged 10-14, you should do the demonstration yourself, rather than asking one of the participants to do it. For the male condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants. For the female condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants.

- 7. Tell participants to turn to page 86 in their workbooks to see the information on how to use the male and female condom. Ask participants if they have any questions or comments and discuss them.
- 8. Then ask participants:
 - Which of the methods that you know prevents pregnancy AND STIs AND HIV? (Answer: Abstinence, male and female condoms).
 - Why do some couples use condoms and another contraceptive method? (Answer: To be sure to prevent pregnancy if the condom bursts).
 - Who is responsible for making sure that a couple is using contraception the boy, the girl or both? Why? (Answer: Both partners are responsible).
 - Who is responsible for deciding which method to use? Why? (Answer: They can discuss together. If they want to use a method that the girl must take, then she should be the final decision maker about which method, because it is her body).
 - Who is responsible for getting the contraception? (Answer: For condoms, either can get them. For hormonal methods, the girl must go to the clinic, but emphasise that they can go together so they both understand how to use the method).
 - If you have the opportunity to have sex, but you don't have a contraceptive method with you, what would you do?
 - Boys, if your girlfriend tells you that you don't need to worry because she is using the pill, what would you say?
 - Where are youth-friendly sexual and reproductive health services available in this community?
 - · Are you comfortable going there if you needed contraception? Why or why not?
 - Where else can you get contraception if you don't feel comfortable going to the places we just discussed?



PARTICIPANT INFORMATION: HOW TO USE A MALE CONDOM

Practice putting a condom on by following these steps:



1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



2. When the penis is hard or erect, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors to avoid accidentally damaging the condom.



3. Remove the condom and determine the correct side to unroll. Make sure it is looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, pull the foreskin back.

Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – they make cause the condom to break.



4. Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.



- 5. While pinching or holding the tip with one hand, unroll the condom all the way down to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.
- 6. After ejaculation and before the penis gets soft, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.



7. Tie the condom to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.



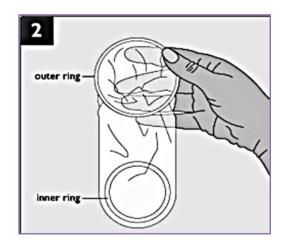
WORKBOOK INFORMATION: HOW TO USE A FEMALE CONDOM

Follow these steps to use a female condom:

- 1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.
- 2. When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at the notch on the top right see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors.

The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse. See picture 2 below.





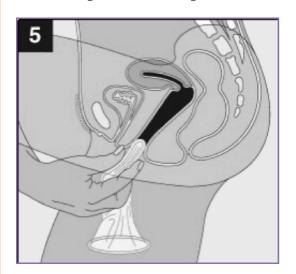
3. Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or into a figure eight. See picture 3.

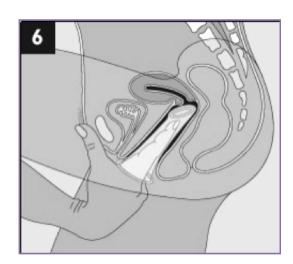


4. Choose a comfortable position - raise one leg, sit or lie down. See picture 4.

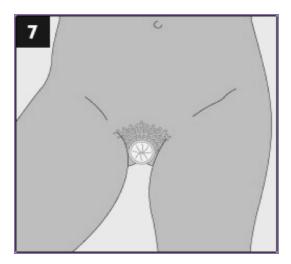


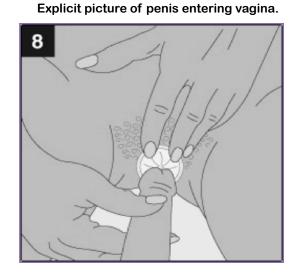
5. With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.



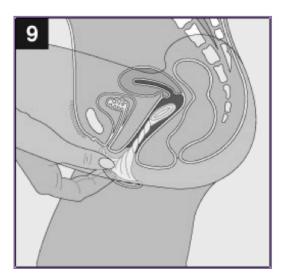


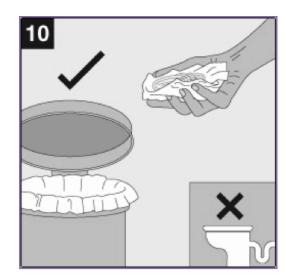
6. The condom is now in place – see picture 7. When you are ready to have sex, guide the penis inside the condom. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.





7. To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. See picture 9 Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.





Reference: http://www.ripnroll.com/femalecondoms.htm

Female condoms are not difficult to use, but they may take some practice to get used to. Women should practice putting it in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, try a different body position (e.g. lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.

- 9. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Abstinence is the most effective way to prevent pregnancy when use correctly.
 - Ways to prevent pregnancy that are appropriate for young people include: abstinence, male and female condoms, the pill, and the injectable.
 - Different people may experience different side effects from contraception many have none at
 - The safest methods are those that protect you against unintended pregnancy, STIs AND HIV.
 Those are abstinence, male and female condoms alone or with another method, such as oral contraceptives or injections.
 - Pregnancy prevention is the responsibility of both partners.
 - Using condoms correctly and consistently is the most important protection skill. Every young person must know how to do it.
 - · Practise using a condom properly, especially if you are not confident.

Linking sentence

It is important to know the different methods of pregnancy prevention and how they work. But it may not be easy to raise the issue of pregnancy prevention with your partner or with a parent. Sex is still considered a 'taboo' in some cultures and this can make it more difficult to talk about it. For this reason, many young people can find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.



FACTILITATOR AND PARTICIPANT INFORMATION: PREGNANCY PREVENTION

There are four main types of methods that prevent pregnancy:

- 1. Methods that rely on your behaviour, like abstinence, are called behavioural methods;
- 2. Methods that use hormones to interfere with ovulation, change the cervical mucous and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called hormonal methods; and
- 3. Methods that prevent the sperm and egg from meeting, are called barrier methods;
- 4. Methods that cannot be reversed are called permanent methods. They require surgery and are only recommended for people who already have all of the children that they want to have.

Methods Suitable to Young People

The methods for preventing pregnancy that are recommended for young people are:

- Abstinence and Outer course (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- · Injections
- Emergency contraception
- Vaginal ring
- Contraceptive patch

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them result in infertility. No method is completely effective, although there are many that are highly effective. Therefore, there is some risk involved when using any method. Ideally, the decision of which contraceptive method to use should be made by both partners.

Abstinence

Abstinence means completely avoiding sexual intercourse. It is a good choice for adolescents who are not ready for sexual intercourse and the risks of pregnancy and STIs. Abstinence requires self-discipline and respect for each other's wishes. The responsibility rests with both partners. It is 100% effective in preventing pregnancy and STIs, including HIV, if used correctly (which means the couple sticks to their decision and does not have sex).

Outercourse

Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other among others. Outercourse can be 100% effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.

Some advantages of abstinence and outercourse are: the most effective way to prevent pregnancy, if followed; the most effective protection from sexually transmitted infections (STIs) and HIV, if followed; no physical side effects; and is free. Some disadvantages of abstinence and outercourse are: may be difficult not to have sex for long periods of time; and may lose control and forget the decision not to have sex (in which case, may not be prepared to use protection from pregnancy and STIs).

Male condoms

Male condoms are latex sheaths that are rolled onto the erect penis before sexual intercourse.

They are a barrier method because they prevent the semen and hence, the sperm, from entering the vagina. When used properly, every time a person has sex, condoms are effective in preventing pregnancy and STIs, including HIV. Some advantages of the male condom, in addition to being the most effective way to prevent STIs and HIV for people who are having sex, are: doesn't require clinic visit or prescription; free or cheap and easily available; can be carried easily and discreetly by men and women; allows men to participate in preventing pregnancy and infections; may decrease early ejaculation and make intercourse last longer; nothing drips from the vagina after intercourse; has few side effects; and does not affect the menstrual cycle. Some disadvantages of the male condom are: can interrupt sexual activity; can reduce feeling during sex for men; and a few people may develop an allergy or sensitivity to latex (they can use female condoms which are not made from latex).

Female condoms

Female condoms are narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. A ring holds the condom in place during intercourse and the bag catches the man's semen so that it does not enter the vagina. If used properly, every time a person has sex, they are effective in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, they also offer some additional protection from STIs that are spread by skin-to-skin contact.

Some advantages of female condoms, in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman's understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before so that they do not interrupt sexual activity. Some disadvantages of female condoms are: not as effective in preventing pregnancy as male condom or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.

Oral contraceptives or the pill

These include the combination pill and the mini-pill. The mini-pill is not recommended for young people. Contraceptive pills contain hormones that prevent pregnancy by suppressing ovulation, changing the movement of the fallopian tubes, making the mucous in the cervix thick, which prevents the sperm from entering the uterus and by reducing the thickness of the lining of the uterus before menstruation. When used correctly, the pill is highly effective in preventing pregnancy. Some advantages of the pill are: lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples. Some disadvantages of the pill are: does not protect against STIs, including HIV; must be taken every day at the same time (may be difficult for some women to remember); may have side effects; and requires a prescription.

Contraceptive injections

Contraceptive injections are hormonal methods that work similarly to the pill. There are different types of injections that work for different lengths of time. When used correctly, contraceptive injections are highly effective in preventing pregnancy. Some advantages of contraceptive injections are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone estrogen; may decrease the risk of cancer of the ovary or uterus. Some disadvantages of contraceptive injections are: does not protect against STIs, including HIV; may cause

changes in the menstrual cycle; may cause irregular bleeding or heavy spotting; menstruation may not occur (called amenorrhea); may result in weight gain; side effects can last for a long time due to the amount of the hormone injected into the body; requires injections on a monthly or tri-monthly basis; and when a woman stops using it, there may be a delay in her fertility coming back.

Emergency contraception

Emergency contraception is pills that are taken within 3 days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. They may cause a disruption in the menstrual cycle. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, and if the couple had unprotected sex.

A couple should seek counselling when choosing a contraceptive method other than condoms. Counselling will provide them with all the facts they need to make a decision about which method is most suitable for them and how to use the method properly. Young people can use both a condom and another method of contraception to increase their protection from pregnancy.

Common side effects and symptoms vary with the different methods but generally may include: headaches; irregular menstrual cycles; stomach cramps; nausea and sometimes vomiting; and/or weight loss or gain.



FACTILITATOR INFORMATION: OTHER METHODS OF PREGNANCY PREVENTION

The following information about methods that are not suitable for young people is included only in case a participant asks questions about one of these methods. Do not provide information about them to participants if they do not mention them.

Intrauterine Device (The IUD or the coil): IUDs are small devices that are inserted into the uterus by a trained health worker. They prevent the man's sperm from fertilizing the woman's egg. Depending on the type, it can work for up to 10 years before it must be replaced. Some IUDs contain the hormone progestin and use hormones to help prevent pregnancy as well. It is highly effective against pregnancy but does not prevent STIs or HIV.

Withdrawal: Withdrawal is when a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. If no sperm enter the vagina, the woman will not get pregnant. However, the pre-ejaculate may have sperm in it, which theoretically could cause a pregnancy. It is not a good method for young people because it requires self-knowledge and self-control and because it is less effective than other methods. Using withdrawal is much more effective than doing nothing to prevent pregnancy since it can be 73-96% effective for preventing pregnancy. However, it does not protect against STIs or HIV.

Fertility Awareness Methods (FAM): Fertility awareness is based on knowing the signs that a woman is ovulating and therefore fertile and could get pregnant. It uses a combination of different methods to monitor these signs (basal body temperature, cervical mucus, position of the cervix and counting the days). If the methods are used together and correctly, they provide a good way to know the days a woman is fertile. To know how to use these methods correctly, women need to take a class. It is not recommended for young people because of the level of knowledge required. When used correctly, it can be quite effective in preventing pregnancy (although less than some other methods), but it does not protect against STIs or HIV.

Lactational Amenorrhoea Method (LAM): Lactational Amenorrhoea can be used during the first six months after birth if the woman is exclusively breastfeeding her baby. Exclusive breastfeeding, which means the baby is getting only breast milk whenever it is hungry, can prevent the ovaries from releasing an egg for up to six months. It does not protect against STIs or HIV.

Sterilization is a surgery that makes it almost impossible for a man or a woman to have any more children. Since these operations are permanent, they are only recommended for men or women who are certain that they do not want any more children and not for young people. Vasectomy or sterilization for a man is a simple operation in which the vas deferens are cut and sealed. After a vasectomy, the man will still ejaculate but the semen will not have sperm in it. Tubal ligation or sterilization for a woman is an operation in which the woman's Fallopian tubes are cut and sealed. It does not change a woman's ability to have sex or to feel sexual pleasure.

ACTIVITY 8.5: DISCUSSING CONTRACEPTION



Purpose

To look at how to raise or handle the issue of contraception with partners.

Objectives

By the end of the activity, participants will be able to:

- · Feel more comfortable talking about contraception;
- Demonstrate the ability to talk about contraception in a role play.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Depending on the number of participants and the time available, choose which scenarios to do. Before the session, copy the scenarios and cut them apart.



Steps

- I. Divide the participants into groups of 3 or 4. Then ask them participants to open their workbooks to page 90 and have one participant read the instructions. Then assign each group one of the scenarios. You do not need to have them read the scenarios out loud.
- 2. After 20 minutes bring the groups back together. Have each group present their scenario.
- 3. At the end of each presentation invite questions and comments from the observing participants about the approach and solutions shown.
- 4. After all the presentations have been done, use the following questions to generate a discussion:
 - Do most youth want to be able to discuss issues of contraception with their parents? What about with their partners?
 - Why is it difficult for teens to raise these issues with parents? What about with their partners?
 - What can you do to overcome these difficulties?
 - Do you think it is important to talk about contraception with your sexual partners? Why?
 - When should you talk about it? (Answer: Before you start having sex; when you are not in a sexual situation)
 - Who is responsible for bring up the topic? (Answer: Both partners are responsible.
- 5. Stress to the participants that they are responsible for protecting themselves, so they need to take all the necessary actions to do so.
- 6. Remind participants that if they can't talk about sex and protection with their partner, then they aren't ready to have sex with their partner.
- 7. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.
 - Discussing contraception with your sexual partners is necessary and very important for avoiding unintended pregnancies and protecting your health.
 - To make sure you are protected, you need to talk with your partner about what methods you will use to protect yourselves from pregnancy, STIs and HIV before you start having sex.



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WORKSHEET: TALKING ABOUT CONTRACEPTION

Instructions: In your groups:

- · Read through the scenario.
- Discuss how you would deal with or discuss the situation.
- · Prepare a sketch to show the scenario and your solution.
- All group members must play a role.
- You have 20 minutes to do this.

Scenario 1:

You are a 15-year old teenage girl who has painful cramps when you menstruate. A health worker who visited your school told you that using the contraceptive pill could stop the cramps or make them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

Scenario 2:

You and your girlfriend have been having sex regularly for a few weeks. You have not used a condom every time. You were hoping that she is using the pill or something so that she doesn't become pregnant. But now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect yourselves.

Scenario 3:

A number of your friends have become pregnant. Your boyfriend wants to have sex with you and you

Scenario 4:

Your father finds a condom in the pocket of your trousers in the dirty-clothes basket. He calls you and starts asking you about your sexual activities. He knows you have a girlfriend but doesn't think that you should be having sex. You and your girlfriend are not having sex. You have decided that you are not ready for sex until you have a job. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

Linking sentence

Now you've learned about preventing unintended pregnancies, some about protecting yourself from STIs and HIV, and what to do if you get pregnant. Some of these things require accessing sexual health services, but many young people may not be familiar with those services or might feel nervous about going there. In the next activity, we will break down those barriers.

ACTIVITY 8.6: YOUTH SERVICES SAFARI



Purpose

To remove barriers to accessing services by having participants visit and become familiar with a reproductive health services

Objectives

By the end of the activity, participants will be able to:

- Describe where they can go for youth friendly sexual and reproductive health services;
- Explain what happened when they went to visit the service and their impression of the services and providers;
- Feel more comfortable accessing sexual and reproductive health services.



Time: 2-2.5 hours



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Before doing this activity, you will need to identify which reproductive or sexual health service you will take the participants to visit and make arrangements with that health facility for the visit. The service must provide reproductive or sexual health services and should preferably be nearby and be youth-friendly or have some health workers who are open to youth and non-judgmental. If possible, ask for a provider to talk through a pelvic exam with the female participants while another provider talks through a male genital exam with the male participants.

You may need to do this activity later in your program, depending on when the services are able to accommodate your group.



Steps

- 1. Tell participants that this next activity is about accessing sexual and reproductive services. Ask them: What are your rights related to health services? Make sure the following rights are mentioned:
 - The right to health care;
 - The right to respect;
 - · The right to dignity;
 - The right to privacy, i.e. their health information should be kept confidential;
 - · The right to information.
- 2. Tell them that they will be going to visit [Name of the facility] to see what sexual and reproductive services they provide and what the place is like. Explain what will happen during the visit according to what you arranged it with the facility.
- 3. Tell them that while they are at the facility, they will need to gather some information about it. Ask them to turn to page 94 in their workbook and go through the information they need to get. (See next page). Then answer any questions that they have about the visit.
- 4. When you get back from the visit to the facility, ask the participants to share their experiences and findings. Go through the questions on page 83 in their workbook and get their answers.

- 5. Use the following questions to stimulate discussion:
 - · How did you feel about going to a place that offers sexual and reproductive health services?
 - Were the facilities youth friendly? Why or why not?
 - · How did the girls' experiences differ from the boys'?
 - If you ever needed treatment for STIs or contraceptives, would you go to this facility? Why or why not?
 - Would you recommend this facility to other young people? Why or why not?
- 6. Ask the participants what the main things they learned in this activity were. Add any of the following key messages that they do not mention:
 - · You have the right to respect and privacy (confidentiality) when seeking health care.
 - If you need contraception, HIV or STI testing and treatment, ante-natal care or other sexual and reproductive health services or information, go to a health care centre.
 - Some services are designed to be friendly to young people.
 - Some services are available for free or at low cost to young people.

CONCLUDING NOTES

An unintended pregnancy is just one of the consequences of unprotected sexual intercourse. It brings a number of problems and difficulties for both teenagers and their families. Before engaging in sexual intercourse, young people need to think about the possible consequences, know how they can protect themselves, discuss protection with their partners and get the methods they decide to use. It is important to take responsibility and not to risk having unprotected sex. Abstinence, outercourse and male and female condoms are the most suitable methods because they protect against both pregnancy and STIs, including HIV. These methods can be combined with other contraceptive methods, such as the pill or injections, for extra protection against pregnancy.



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WORKSHEET: TEEN SERVICES SAFARI

General Information about the Service	Sexual & Reproductive Health (SRH) Services Offered	Accessibility & Availability	Confidentiality	Youth Friendly Features	Barriers for Youth
Name and address Location of service Phone number	Who works at the service? What SRH services do they provide? Include counselling, physical exams, treatments and referrals. Are all services found in one place?	Hours of service Is an appointment necessary? Easy to access for young people? How would you get there? Is there a cost? If so, could you pay it? Are they welcoming & open to questions? How did they respond to your questions? Are they non- judgemental?	Do you have the option to remain anonymous? Is parent consent required? Release of information – who will be able to access your personal information? Confidentiality what does it mean?	List what they are doing to make their service friendly and welcoming to young people. What special services do they provide for young people? Include anything about the services that appeals to you as a young person.	List anything that would be a barrier to your use of the service or that you think other youth would find a barrier.

ACTIVITY 8.7: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by making a commitment related to their sexual behaviour and unintended pregnancy.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on pregnancy. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 95 in their workbooks and fill in the worksheet.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what behaviours they will change based on what they learned about unintended pregnancy.



WORKSHEET: WHAT I LEARNED ABOUT PREGNANCY

Based on the information discussed and what you learned in this unit, answer the following questions:

- 1. What is the most important thing you learnt from this unit?
- 2. Why this information is important to you?
- 3. How will it influence your behaviour?
- 4. Write a commitment or promise to yourself related to their sexual behaviour and unintended pregnancy. You will not be asked to share this with the group.

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV

PURPOSE AND OBJECTIVES

This unit aims to help learners understand the facts about sexually transmitted infections (STIs) and HIV. It challenges myths and presents facts about how STIs and HIV are transmitted, their signs and symptoms and possible consequences. It also increases understanding about how HIV attacks the body and causes AIDS, why everyone should get tested for HIV, and the benefits of antiretroviral treatment if you have HIV. The unit also emphasises living positively with HIV and challenges participants to understand and reduce stigma and discrimination in general as well as stigma and discrimination associated with HIV.

By the end of this unit, participants should be able to:

- Express the desire to protect themselves from STIs and HIV
- Explain basic facts about sexually transmitted infections and HIV
- Correct misinformation about transmission and prevention of STIs and HIV
- Give a basic explanation of how HIV attacks the body
- Convince others that it is better to get tested for HIV and to know your status than not to do so
- Describe the importance of treatment for people living with HIV
- Explain how to live positively with HIV and AIDS
- Describe how it feels to be stigmatised
- · List at least two things they can do to challenge stigma associated with HIV

ACTIVITIES

Activity	Time
Warm up: Messages from HIV Positive Youth	20 minutes
Myths and Facts about STIs	75 minutes
How Much Do You Know about HIV	50 minutes
How HIV Makes You Sick	60 minutes
To Know or Not to Know Your HIV Status	60 minutes
Telling Our Partners	60 minutes
Treatment for HIV	45 minutes
Positively Alive!	60 minutes
Understanding and Challenging Sticka, Part 1	30 minutes
Understanding and Challenging Sticka, Part 2	60 minutes
Conversation Circle and Commitment	20 minutes
	9 hours

ACTIVITY 9.1: MESSAGES FROM HIV POSITIVE YOUTH



Purpose

To motivate negative participants to protect themselves, especially from HIV and pregnancy; to help positive participants feel like their voices are being heard.

Objectives

By the end of the activity, participants will be able to:

Discuss at least two things that young people living with HIV want them to know.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik.



Preparation

Read through the quotes and identify the key points of each.



Steps

- 1. Ask participants to turn to page 98 of their workbooks. Tell them that some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers.
- 2. Ask for a volunteer to read the first message. Then ask the following questions:
 - What does [Stella] want you to understand?
 - What does she suggest that you do? Why?



INFORMATION: WHAT I WANT TO TELL YOU: MESSAGES FROM YOUNG PEOPLE LIVING WITH HIV

Instructions: Some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers. Read what they had to say and think about it.

Stella, 25 years old, has known she has HIV since she was in secondary school. She says:

People will say it's normal to have HIV because you have options. But it isn't normal to live with HIV. You can't have that fun you used to have, fun like normal sex and having a baby without fear. The fear of death is always in you, even though we will all die. And if you are not in a relationship, you won't find the real one. HIV has a lot of stigma and discrimination attached to it. The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV. Always use condoms and get tested with your partner if you are serious. Girls, don't leave it up to the man — you also need to say, 'Let's use a condom.' Protect yourselves, guys!

If you are HIV positive, live your life and make the best out of it. You have a future. It is not the end of the world. HIV is a manageable virus. ARVs (antiretrovirals) are here at the state hospitals and there are mobile services in rural areas.

Johnson, 20 years old, says:

Young people are more afraid of pregnancy than the virus. You should concentrate on avoiding both pregnancy and the virus. We tend to believe that if we are with a boyfriend or girlfriend for three months, then we are a couple and there is no need to use a condom. Meanwhile, the other one is cheating on us. Looking at some grown up people, too, they are getting HIV because one is faithful but the other one isn't. You need to look out for yourself, man, and just use condoms all the time... If you are negative, get serious! Maintain your status – don't get the virus!

Justine, a 23 years old student at Polytech, says:

Young girls like me come from villages to the university and suddenly, you know, you aren't with your relatives anymore. And there is a lot of peer pressure – you see how others are living – this one has this and that – clothes from Foschini, cell phones. It's a trap that is easy to fall into. There are a lot of pregnancies and some girls have unsafe abortions. Or like me, they end up pregnant and HIV positive. Don't think it can't happen to you like I did. I am telling you – that is what is propelling HIV– the temptation, especially money. Ladies, I hope you will listen and understand me: If you hear about money or cell phones, please, don't forget about your own life.

Max is 13. He says:

Don't forget that there are children born with HIV. When you sing songs like 'AIDS is a Killer,' it hurts us. Think about how we feel. Don't hurt people who have the virus!

- 3. Follow the same procedure for the rest of the quotes, one at a time until all have been read.
- 4. Ask participants the following questions: Whose message stood out to you? Why?
- 5. Ask participants to summarise the main things that they understood from this activity. Add any of the following key messages that they do not mention:
- 6. The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV.
 - If you are HIV positive, you still have a future it's not the end of the world. But if you are negative, do everything you need to do to stay negative.
 - You need to concentrate on avoiding both pregnancy and HIV, not just pregnancy.
 - If you hear about money or cell phones, don't have sex without a condom for them and forget about your own life.
 - Don't hurt people who have HIV.

ACTIVITY 9.2: MYTHS AND FACTS ABOUT SEXUALLY TRANSMITTED INFECTIONS



Purpose

To learn how sexually transmitted infections (STIs) are spread and how they can be prevented; and to discuss the effects and consequences of STIs; to correct wrong information; and to discuss what to do if you have an STI.

Objectives

By the end of the activity, participants will be able to:

- Explain what an STI is and how they are transmitted;
- Name at least four different STIs;
- List at least three signs or symptoms of an STI;
- Explain the link between untreated STIs and HIV;
- List at least one possible consequence of not getting treated when you have an STI.
- Describe what a person should do if they think they have an STI.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, optional: music player and recording of the song 'Private Party'



Preparation

- Make three signs marked 'True', 'False' and 'Don't Know' and post them at different places in the room where participants will be able to stand.
- Find out where people can get tested and treated for STIs in your community and identify any places that provide youth-friendly services.



Steps

- I. Optional: If you have access to the song 'Private Party' (available at http://www.safeguardyoungpeople.org/music/) and can play it for the participants, start the activity by playing it. Ask the participants to listen closely to the words of the song. Then ask them the following questions:
 - What is the song about?
 - Who is not invited?
 - Who is the bouncer?
 - · What are the main messages in the song?
- 2. Write 'STI' at the top of flipchart paper. Ask the participants:
 - What does STI stand for? Write their responses on flipchart paper.
 - How do you get an STI? (Answer: By having unprotected sexual intercourse).
 - Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone (e.g., herpes and genital warts (HPV)).
- 3. Ask the group to brainstorm the following and list their responses on the flipchart paper:
 - · STIs they know
 - Any other names for those infections (slang)

- If any of the following are missing, add them: gonorrhoea; chlamydia; syphilis; herpes; genital warts or human papillomavirus; hepatitis B; pubic lice; and scabies.
- Note that these are the most common STIs.
- 4. Point out the signs labelled 'True', 'False' and 'Don't Know/Unsure' that you posted in the room. Ask the participants to stand up and explain that you are going to read a statement and they should move to the sign that shows how they feel about each statement if they think it is true, they will move to the true sign and so on.
- 5. Read the first statement below and give participants time to move. Ask each group why they are standing under that sign. Then give the correct answer and add to the explanations or information given by the participants as needed. Use the Facilitator Answer Key: STIs True or False below as a guide to the answers.

Statements	Answer Key
You won't get an STI if you only have oral sex.	False: STIs can be transmitted through oral sex. You can get gonorrhoea, in your throat, for example. Herpes and syphilis can also be spread through oral sex.
Only people who have lots of sex partners get STIs	False: Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.
You cannot get STIs from toilet seats.	True: The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat.
Many STIs can be transmitted to babies during pregnancy or birth.	True: Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth.
You can have an STI even if you do not have any signs or symptoms.	True: In more than half of all cases, a person with an STI has no signs or symptoms that they notice.
You can tell if someone has an STI by looking at their genitals.	False: Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts.
Some common signs of STIs on or around the genitals unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.	True: These are the most common signs of having an STI.
Women have more noticeable signs and symptoms than men.	False: Women are more likely not to have any noticeable signs or symptoms than men. They may have signs that are inside the vagina or they may have no signs at all.
STIs caused by viruses cannot be cured.	True: STIs caused by viruses (herpes, genital warts (HPV), hepatitis B and HIV have no cure. Those caused by bacteria (gonorrhoea, chlamydia, and syphilis) or by parasites (pubic lice and scabies) can be cured.

Statements	Answer Key
Passing urine after sex protects you from STIs.	False: During sex, the bacteria and viruses that cause STIs enter the body very quickly. Urinating does not eliminate them. It can help protect women from urinary tract infections though.
If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.	True: If you have an STI, the skin or mucous membranes of your genitals may have a sore or be inflamed, making it easier for HIV to enter the body. If you have an STI and HIV, it is more likely that you will transmit the virus when you have sex. In addition, having an STI is a sign that you are not using condoms correctly every time you have sex.
STIs cannot lead to cancer.	False: Some STIs can lead to cancer. Some types of genital warts (HPV) lead to cervical cancer. Hepatitis B can lead to liver cancer
STIs that are not treated can result in problems getting pregnant.	True: Untreated STIs can cause infections in the upper reproductive tract of both men and women. These infections may cause scarring that blocks the vas deferens (sperm duct) in men and the fallopian tubes in women. They can also make tubal ectopic pregnancies (when the fertilized egg attaches itself to the fallopian tube) more likely.

True or False Statements

- 6. Read out a second statement and repeat the same process. Continue for all of the statements.
- 7. Ask participants what other things they have heard about STIs that they think may be wrong. Discuss these and any other questions or comments that they have.
- 8. Ask participants: What should people who think they may have an STI do?
 - Make sure the following key points come out in the discussion:
 - Go to a clinic and get tested as soon as possible;
 - If you have an STI, tell all of your sexual partners to get tested;
 - Take all of the medicine prescribed even if you feel better; go back to the clinic to make sure the infection is gone; use condoms every time you have sex; if you have an STI that cannot be cured, tell all of your future sex partners about it before you have sex with them.

9. Ask them:

- If you think that you might have an STI or you just want to get checked to make sure, where can you go?
- · Which of those services is youth-friendly?
- 10. Ask the participants if they have any questions, comments or concerns and respond to them. Tell them that there is some information on STIs on page 96 in their workbooks. They can read it when they have time.
- II. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Anyone can get an STI, if they have unprotected sexual intercourse.
 - STIs are spread through unprotected sexual intercourse, including oral and anal sex. Some, like herpes and genital warts, can be spread from skin-to-skin contact.
 - Both partners must be treated to make sure that there is no chance of reinfection.
 - Abstinence or condoms used correctly every time you have sex, are the only ways to prevent transmission of STIs.
 - Many STIs can be cured, but those caused by viruses, such as herpes, genital warts, and HIV, have no cure.
 - There are vaccines to protect you from hepatitis B and from genital warts.



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FACTS ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIS)

How STIs are spread:

STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of women's anatomy).

Types of STIs:

STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomonaisis, scabies and pubic lice. They can be cured.

Signs and symptoms of STIs:

In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs & symptoms of STIs on or around the genitals are: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men. Because STIs often don't have signs and symptoms, many people are not aware that they have one. So if you have had unprotected sex, you could have an STI and not know it.

STIs and HIV:

STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.

Consequences of untreated STIs:

Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (pelvic inflammatory disease (PID) in women or inflammation of the testicles in men), infertility (not being able to get pregnant), cervical cancer (HPV), liver cancer (Hepatitis B and C), serious damage to the nervous and cardiovascular system (syphilis) and even death (syphilis and HIV).

Genital warts (HPV) and cervical cancer:

The virus that causes genital warts (HPV) is an important cause of cervical cancer in women. There is now a vaccine against genital warts, so all young women should get vaccinated for genital warts, if possible. Women who have not been vaccinated can get a test, called a Pap smear, to make sure that they do not have signs of cervical cancer. All women should get this test every three years if they can, but it is especially important for women who have genital warts and for women who are HIV positive because they are at higher risk for cervical cancer.

Preventing STIs:

Abstinence or not having sex is the surest way to avoid getting an STI. For those who are having sex, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI. In addition to the vaccine for genital warts (human Papillomavirus), there is a vaccine for Hepatitis B.

Candidiasis:

Candidiasis, also called yeast infections, candida, white discharge or thrush, is usually not sexually transmitted. In women it is the result of an increase in the natural yeast in the vagina. It is rare in men. Signs of candida include thick white, lumpy discharge; bright red skin on the vulva and in the vagina; intense itching of the vulva and vaginal opening; and discomfort or pain during sex. It can be easily treated and will go away on its own.

If you think you may have an STI, do the following:

- I. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
- 2. Tell anyone with whom you've had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
- 3. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone.
- 4. Go back for a check-up to make sure the infection is gone, even if you feel better.
- 5. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
- 6. If you get an STI that cannot be cured, always tell your sex partners about the infection before you have sex with them and always use condoms.

Remember that anyone can get an STI.

Linking sentence

untreated?

Blindness in baby

Sterility in men

Risk of tubal

transmission

pregnancy Facilitates HIV

FACILITATOR INFORMATION

STIs happen because people are still engaging in unprotected sexual activity. They are common among adolescents. If a person suspects that s/he may have an STI, s/he should go for treatment rather than ignoring it. A person with an STI is more likely to get HIV and to spread HIV to others.

Although you may feel scared or nervous to go to a clinic, it is the best thing to do to make sure that you are properly treated. Now that you know some of the basic information about STIs, let's learn more about one infection that is usually sexually transmitted, HIV.





	SEXUA	LLY TRANSMITTED INF	ECTIONS	
	Gonorrhoea	Chlamydia	Syphillis	Herpees
Common names	Drip, clap, dose		The pox	Blisters, cold sores
Infectious agent	Bacteria	Bacteria	Bacteria	Virus
How do you get it?	Sexual contact	Sexual contact	Sexual contact From mother to child	Sexual contact Skin-to-skin contact with or without a sore
When will it	ı – 10 days	ı – 3 weeks	Stage 1:1-3 months	2 – 20 days
start to show?			Stage 2: 3 – 6 months	
			Stage 3: Many years	
What are the symptoms?	Women: pelvic pain, painful urination, vaginal discharge;	Women: pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse or no symptoms Men: discharge from penis, painful urination; most will have no symptoms	Stage 1: a painless sore Stage 2: fever, headache and a rash	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. No signs or symptoms.
	fever; most will have no symptoms.		Stage 3: very ill. The cause is not always easy to find.	
	Men: painful urination, discharge or drip from penis or no symptoms			
Treatment	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics	Not curable. Medications can help prevent the sores from reappearing.
What are the effects if	Pelvic infection Infertility	Severe infection of reproductive organs	InfertilitySkin diseases	Sores will go away without

(PID)

Facilitates HIV

transmission

Mental illness

Baby may be born

blind or stillborn

Facilitates HIV

transmission

Paralysis

Arthritis

Death

treatment, but

often reappear

person is ill or

Can pass on to

Facilitates HIV transmission.

when the

stressed.

baby.

	Human papillomavirus	Hapatitis B	Pubic Lice	Scabies
Common names	Warts, genital warts, HPV	Jaundice	Crabs	
Infectious agent	Virus	Virus	Parasite	Parasite (a small mite)
How do you get it?	Sexual contact and	Sexual contact	Sexual contact From mother to child	Sexual contact Skin-to-skin contact with or without a sore
When will it start to show?	I – 6 months	r – 6 months	Immediately	I month
What are the symptoms?	Small painless bumps on the genitals, with a slight itching or burning. They can be inside the vagina in women and the urethra in men. There may be no outward signs. Women need a pap smear to tell	Stage 1: Flu, fatigue, weight loss, painful joints	Sexual contact	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. No signs or symptoms.
Treatment	Not curable. Warts can be removed by burning, freezing or minor surgery. A vaccine is available.	Rest and healthy food.	Curable with antibiotics	Not curable. Medications can help prevent the sores from reappearing.
What are the effects if untreated?	 Can grow large and spread Some types can lead to cervical cancer Can pass on to baby 	Itching in the area of the chest, genital hair. Lice crawling and small eggs (nits) on hair and clothing.	Itching at night	 Sores will go away without treatment, but often reappear when the person is ill or stressed. Can pass on to baby. Facilitates HIV transmission.

Candidiasis, also called candida, yeast infection, white discharge and thrush, is usually not sexually transmitted in women. It is the result of an increase in the natural yeast in the vagina. Pregnancy, taking antibiotics, diabetes and illnesses that suppress the immune system, like HIV, increase the likelihood of candidiasis. It rarely affects men. Signs in women include thick white, lumpy discharge; bright red skin on the vulva and in the vagina; intense itching of the vulva and vagina; and discomfort or pain during sex. In men, it can cause redness, discomfort and itching of the penis. It can be treated with a cream. If not treated, it will go away on its own and does not cause lasting harm.

ACTIVITY 9.3: HOW MUCH DO YOU KNOW ABOUT HIV?



Purpose

To assess how much participants know about HIV; to review basic information about HIV transmission and prevention; to enable participants to share the knowledge they have with each other; and to ensure that all participants have the correct information.

Objectives

By the end of the activity, participants will be able to:

- · Explain how HIV is and is not transmitted;
- · List the five fluids that can transmit HIV when exchanged;
- Describe how HIV can be prevented.



Time: 50 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, a bag or other container, optional: small prize for the winning team



Preparation

Write the following statements for the game onto slips of paper (without the answers) and fold them up. Keep the three categories of statements separate by putting each into a separate bag or container. Label each bag so you know which is which.

Statements is about how you get HIV:

- A person can get HIV if they have sex without using a condom. (True)
- · A person can get HIV by using needles or razors that were used by someone else. (True)
- · A person can get HIV from a mosquito that bit someone with HIV before. (False)
- An HIV positive woman who is pregnant can pass HIV to her baby. (True)
- An HIV positive woman who breastfeeds can pass HIV to the baby. (True)
- · HIV can be transmitted through witchcraft. (False)
- · I can get HIV by being around people who are HIV positive. (False)
- Condoms can spread HIV. (False)
- A person with a sexually transmitted infection can get infected with HIV more easily. (True)

Statements is about preventing HIV:

- · Not having sexual intercourse is one way to protect yourself from HIV. (True)
- Using contraceptive injections is one way to protect yourself from HIV. (False)
- Always using condoms correctly and consistently with sex partners greatly reduces your risk of getting HIV. (True)
- Pulling the penis out before the man ejaculates is one way to protect yourself from HIV. (False)
- Having sex with only your regular partner will protect you from HIV. (False)
- If a person is not in a high-risk group, they don't need to worry about getting HIV. (False)
- A person doesn't need to worry about getting HIV because there is now a cure. (False)
- · There is a vaccine to prevent HIV infection. (False)
- · A person taking medicines for HIV cannot spread the virus. (False)
- A pregnant woman who is HIV positive can take medicine to protect her baby from HIV. (True)
- If a person and their partner both have HIV, they don't need to use condoms. (False)
- Having unprotected sex with a person who is healthy and fit is safe. (False)

Tiebreaker statements:

- If you have an HIV, you will know you have it. (False)
- Getting circumcised will protect a man from HIV. (False)
- An HIV positive woman can have a baby who does not have HIV. (True)
- HIV can survive outside the body for about a day. (False)
- If you have a negative HIV test, you may still be HIV positive. (True)
- If you have HIV, you can get infected with HIV again. (True)
- Make sure you know all of the correct answers and the reasons for them by reading the
 Information for the Facilitator. If you are unsure, you can get a co-facilitator who is experienced
 in the field of HIV to assist you.



Steps

- I. Tell the participants that they are going to play a game now called 'How Much Do You Know?' Ask them to count off from I to 4. Have them form four teams. Have each team pick a name for themselves and write their names on a piece of flipchart paper in order to keep score.
- 2. Explain the game to the participants:
 - Each team will pick a statement out of the bag and read it out loud. They will consult with each other briefly and decide if the statement is true or false. After 15 seconds I will ask the team for their final answer.
 - If their answer is correct, they get one point.
 - The team with the most points remaining at the end of the game will win. If there is a tie, there will be tiebreaker statements, until one team wins.
 - · Ask if there are any questions and clarify as needed.

Note to Facilitator: Keep the time yourself or ask your co-facilitator or someone on another team to keep the time.

- 3. Explain that the first set of statements is about how HIV is transmitted. Have the first team pick a statement out of the bag and read the statement out loud. After 15 seconds, ask them for their final answer.
 - Then have the next team pick a statement out of the bag and continue in this way. Praise correct
 answers. If there are incorrect answers, ask if anyone can explain why it is incorrect. Keep the
 game moving along quickly.
- 4. When all the statement have been taken from the first bag, tell them that the next set of statements is on how people can protect themselves from HIV. Have the next team pick a statement out of the second bag and continue in the same way.
- 5. After all the statements in the second bag have been answered, see which team has the most members remaining. If you have a tie, tell them that they will now move on to the tiebreaker statements. Tell them that they will now also have to explain their answer correctly to stay in the game. Any team that gives a wrong answer will be out!
 - Note to facilitator: Use the Facilitator Information below as a guide to the correct answers.
- 6. Go through the tiebreaker statements until there is a winner. If there is still a tie by the end, tell them that you are very impressed they have so much knowledge of HIV that you can't even declare a winner! If you have a prize, give it to the winning team or teams.
- 7. Ask the participants to open their workbooks to page 104, 'Important Information about HIV.' Tell them that we will fill out the worksheet together to summarise the correct information.

- 8. Have a participant read the statement on the worksheet and ask the whole group for the answers. Write the correct answers on flipchart paper. Use the Facilitator Information below as a guide to the correct answers.
- 9. Ask the participants the following questions to generate a discussion:
 - We listed three ways you can get HIV. Are there any other ways of getting HIV that you heard about? Note to facilitator: Discuss any things that they bring up and end by emphasizing that if they hear that you can get HIV in any other way through mosquitoes, curses, witchcraft, living with someone who is positive, etc., it is not true!
 - We listed five fluids that transmit HIV. Are there any other fluids that can transmit HIV? Any that you heard about and you aren't sure if it's true or not?

Note to facilitator: Have the participants discuss any that they bring up. Emphasize that these are the ONLY fluids that transmit HIV. Tears, saliva, sweat, sneezing and coughing cannot transmit HIV.

- Do you have any questions about how HIV is and is not transmitted?
- Do you have any questions about how you can protect yourself from HIV?
- Do you have any questions about any behaviours and whether or not they transmit HIV?
- If you were explaining which behaviours are risky and which are not to a friend, what would you say first?
- 10. Tell participants that in sub-Saharan Africa, young women aged 15-24 are twice as likely to have HIV than young men of the same age. Ask them why they think that is the case? Allow them to discuss and ask them questions, such as 'What effect do gender roles have on young women's ability to protect themselves from HIV?' to bring out the following points:
 - Biologically, women are more likely to become infected with HIV through unprotected heterosexual intercourse than men. Young girls, whose reproductive systems are not fully mature, are even more likely to become infected if they have unprotected sex.
 - Because of gender inequities, women have less power in relationships and therefore are less able
 to negotiate condom use. This is especially true for young women who are in relationships with
 older men.
 - Young married or partnered women may not be able to abstain from sex or refuse unprotected sex. This is especially true if they fear violence from their partners.
 - · Women and girls are more likely to be raped.
- II. Ask participants what the main points of the activity were. Add any of the following points that they do not mention:
 - HIV can be transmitted through unprotected sex; through the exchange of blood (from sharing
 needles or other sharp cutting or piercing instruments); and from an infected mother to her baby
 during pregnancy, birth or breastfeeding.
 - The five body fluids that can transmit HIV are semen, pre-ejaculate, vaginal fluids, blood and breast milk.
 - Any time these fluids are exchanged between people there is a risk of HIV being transmitted.
 - HIV can be prevented by not having sex and by using condoms correctly every time you have sex.
 - Girls and women are at higher risk for HIV for biological reasons and because of the effects of gender roles and sexual violence on them.

Linking sentence

HIV is the virus that causes AIDS. Although HIV has no cure, there are treatments that can help people stay healthy and live a long life if they have HIV. Now that we have reviewed the basic information about how HIV is transmitted, we are going to look at how HIV attacks the body and makes someone sick.



FACILITATOR INFORMATION: BASIC FACTS ABOUT HIV TRANSMISSION AND PREVENTION

HIV stands for human immunodeficiency virus. HIV is a virus that lives in humans and attacks the immune system. AIDS is acquired immune deficiency syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when his or her immune system is so damaged by HIV that it is too weak to fight off infections.

Transmission of HIV

The three ways that HIV can be transmitted are:

- Through sex without a condom with someone who has HIV (vaginal, oral or anal sexual intercourse);
- 2. Exchange of blood with someone who has HIV (usually from a used needle or something sharp, like a razor); and
- 3. From an HIV positive woman to her baby during pregnancy, birth or breastfeeding.

You cannot get HIV from mosquitoes, curses, witchcraft or living or working with someone who has HIV. Mosquitoes do not transmit HIV because HIV does not survive inside a mosquito (it is digested); and mosquitoes take blood from a person when they bite them, but they do not inject blood into the person they bite. So, there is no exchange of blood.

The five body fluids that can transmit HIV are:

- 4. Semen
- 5. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)
- 6. Vaginal fluids
- 7. Blood
- 8. Breast milk

Any time these fluids are exchanged between two people there is a risk of HIV being transmitted. For example, if there is an exchange of semen or vaginal fluids (with someone who is HIV positive) during sexual intercourse without a condom or an exchange of blood (with someone who has HIV) from sharing needles or other sharp instruments that have fresh blood on them. A person with a sexually transmitted infection (STI) can get infected with HIV more easily because STIs can cause sores and irritations of the skin that allow HIV to enter the body more easily. STIs also make it more likely that they will pass HIV on to their partners. Therefore, it is important for anyone with an STI and their partners to get treated.

Anyone who exchanges these body fluids can get HIV, whether they are in a high-risk group or not. There is still no cure or vaccine for HIV. However, there are medicines called antiretrovirals that enable many people with HIV to live long, healthy lives. Although medicines for HIV reduce the amount of HIV in the body fluids and therefore make it less likely that the person will transmit HIV, it does not eliminate the risk completely. So a person taking medicine for HIV can still transmit HIV.

Protection from HIV

The two best ways to protect yourself from getting HIV from sex are the following:

- Do not have sex (abstain);
- 2. Use condoms correctly every time you have sex.

Not having sex at all prevents the sexual transmission of HIV. If you don't have sexual intercourse, semen, pre-ejaculate and vaginal fluids cannot be exchanged. However, the person may still get HIV

from sharing needles or sharp, bloody instruments with a person who is infected. Condoms are very effective protection when they are used correctly and consistently every time you have sex since they prevent the transmission of semen and vaginal fluids. However, other contraceptive methods (including the pill and contraceptive injections) do not prevent the transmission of HIV. Condoms do not transmit HIV.

Pulling the penis out before the man ejaculates (also called 'dipping') does not protect the man or the woman from HIV. The pre-ejaculate (the fluid that comes out of the penis before a man ejaculates) may have HIV in it (if he is HIV positive). The man will also have contact with the woman's vaginal fluids, which may HIV in it (if she is HIV positive).

Having only your regular partner prevents the sexual transmission of HIV ONLY IF that partner does not have HIV already and also has no other sex partners. You cannot be completely certain that another person does not have other partners. Many people have more than one sex partner and do not tell their other partners. Having only one partner does reduce the risk of getting HIV.

A man who is circumcised can still get HIV. Circumcision reduces, but does not eliminate, his risk of getting infected. He may still transmit HIV to his sex partners if he is infected.

If you have HIV, you can get infected with HIV again. There are different types of HIV. If you have one, you can get infected again with another type of HIV. So even if both partners have HIV, they should still use condoms to protect themselves from getting infected again.

To protect yourself from getting HIV from blood:

- · Do not sharing needles for injecting drug use;
- Do not get body piercings, tattoos, or get cut to pricked with needles, razors, or other sharp objects that have been used and not sterilized;
- · Avoid direct contact with blood by using gloves or plastic bags.

A baby born to an HIV positive mother may be HIV negative. If pregnant women are not taking HIV medicine, one in three babies born to them will be HIV positive; two out of three will be HIV negative. If women with HIV take medicine when they are pregnant, the chance of the baby having HIV is much lower: only about 1 baby in 20 will be HIV positive.

How to know if a person is HIV-positive

It is impossible to know if a person has HIV by the way they look. Many people who are infected with HIV do not know that they are infected because they feel and look healthy. Many live for years without developing signs or symptoms of HIV infection. Meanwhile, it is damaging their immune system. Eventually, the immune system is so damaged that the person becomes ill from other diseases and can't get better. Some of the most common signs that the person may eventually have include: weight loss; severe diarrhoea; sores in the mouth; thrush; coughs that take a long time to go away; fever; sweating; and severe headaches. The only way for a person to know if they have HIV is to have an HIV test.

You can have a negative HIV test and still be HIV positive. The HIV test measures the antibodies to HIV. It takes several weeks (or longer - up to three months) after a person is infected for the body to develop these antibodies. This is called the window period. If a person has an HIV test after being infected but before developing antibodies, the test will be negative, even though the person has HIV. That is why if you test negative for HIV, it is recommended that you have a second HIV test three months later.

HIV cannot survive outside of the body for long. As soon as the fluid carrying HIV dries, the HIV dies.

ACTIVITY 9.4: HOW HIV MAKES YOU SICK



Purpose

To understand how the immune system works; what HIV does in the body; and how it causes illness.

Objectives

By the end of the activity, participants will be able to:

- Explain how HIV attacks and destroys the immune system;
- Describe why a disease or infection, like TB, will kill a person with a very weak immune system (like someone who has been living with HIV for many years).



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper, pins



Preparation

- For the drama, you will need to have I Chris, 8 or more bodyguards, 3 HIV antibodies, 2 TB bacteria, 10 or more HIV (you should have at least two more HIVs than you have bodyguards). If you do not have enough participants, reduce the number of bodyguards and HIV proportionally. Prepare a description of their role for each role as follows:
 - Chris: You are a healthy young person, who likes to party with your friends and to enjoy life to the fullest.
 - Bodyguards: You are CD4 cells in the immune system of Chris. Your job is to protect Chris
 from any virus, bacteria or other invaders that come into Chris' body. Whenever an invader
 enters Chris' body, you attack them. However, if they attach themselves to you and enter
 your body, you can no longer attack them. You will die soon afterwards. To start with Chris
 will have six bodyguards, but Chris' body constantly produces more of you.
 - HIV: You enter Chris' body and try to destroy Chris' immune system. As soon as you enter Chris' body, you very quickly try to attach yourself to one of the bodyguards. If you do that, you cannot be killed. If a bodyguard attacks you before you attach yourself to one of them, you will die. After you attach yourself to a bodyguard, you make more HIVs and then the bodyguard dies. If an HIV antibody attacks you when you are not attached to a bodyguard, you will die. Three of you will enter Chris' body at first.
 - HIV antibodies: Your job is to attack and kill any HIV that you find that is not attached to a bodyguard (CD4 cell).
 - TB bacteria: You enter Chris' body and try to make Chris sick. You can attack the bodyguards. If a bodyguard attacks you, you will die, so try to avoid them!
- Adjust the numbers in the activity plan according to the number of participants you have. The numbers in the plan are for 24 participants.



Steps

- Tell the participants that in this activity, they are going to act out a play about how HIV attacks a person's body and affects the immune system. Assign all of the participants' roles to play and give them the role descriptions that they prepared. Tell the bodyguards, HIV antibodies, HIVs and TB bacteria read their role description and to discuss how they will play their roles for a couple of minutes.
- 2. Give the participants paper, markers and pins and ask them to label themselves according to the parts they are playing.
- 3. Have everyone stand up and clear a large space in the middle of the room for the drama. Ask the participants to act out their roles in the story as you narrate it. Tell them they will need to pay attention. Read only the narrator parts, unless the participants need more help. Then direct the actors as needed to follow the script below.

Drama: How HIV Works in the Body

This is Chris. S/he loves partying with friends and enjoys life to the fullest.

These are Chris' bodyguards (enter six bodyguards). They are armed to the teeth and always on the lookout for any germs that want to attack Chris. They fight them off with everything they have so that Chris does not get sick.

Chris doesn't know it, but the person s/he is about to have unprotected sex with is HIV positive. There they go, some HIV silently enter Chris' body (enter three HIV). They quickly look for bodyguards to attach themselves to.

The bodyguards immediately recognize HIV as an invader that should not be in Chris' body. They try to attack the HIV before the HIV attach themselves to the bodyguards.

Some HIV have entered some of the bodyguards. Now HIV controls these bodyguards. The bodyguards that HIV controls can no longer do their job of fighting – they are disarmed.

The HIV that is inside the bodyguards turns them into HIV making factories. The bodyguards now make thousands of new HIV. The new HIV leave the bodyguards (enter five more HIV) and look for other bodyguards to attack. The bodyguards that made the HIV die (dead bodyguards leave the drama (but may be call on to enter it again)). The HIV that were attached to the bodyguards can attach themselves to new bodyguards or may be killed if attacked by an HIV antibody.

Chris' body makes some new bodyguards (enter 2 bodyguards). The bodyguards and HIV continue to struggle – who will win?

After sometime, the bodyguards are able to start making some HIV antibodies to kill HIV (enter 3 HIV antibodies). The HIV antibodies can find and kill any HIV that are not attached to a bodyguard. (Note to facilitator: most HIV should be attached to bodyguards).

The bodyguards that were taken over by HIV continue to release new HIVs into Chris' body (enter the remaining HIVs). Then those bodyguards die (the dead bodyguards leave the drama).

The bodyguards are also making new bodyguards to replace the old ones, but they can't do it fast enough (enter 2 new bodyguards). The HIV quickly attach themselves to the new bodyguards, disable them, and they start making more HIV.

Meanwhile, Chris continues to enjoy life, partying and having fun, while her/his bodyguards are slowly being killed off. The bodyguards that the HIV have attached themselves to, die (and leave the drama).

The bodyguards and the HIV antibodies continue trying to fight the HIV, but HIV is outsmarting them. They've been fighting for a long time now and there is more and more HIV and fewer and fewer bodyguards. HIV is winning the fight and now there are hardly any bodyguards left to fight.

Now TB attacks Chris (enter 2 TB bacteria) and there aren't enough bodyguards to fight both the HIV and the TB. TB wins the fight with the bodyguards.

With TB, Chris starts to feel really, really sick. S/he can't seem to get better. Sometimes s/he has diarrhoea, sometimes fever, sometimes there is a rash – s/he just doesn't know what is wrong.

With only a very few bodyguards left, Chris' body cannot fight off TB or any other germs and s/he dies.

- 4. At the end of the drama, ask the participants to share their understanding of the drama and what they learned from it.
 - Explain that in our drama there were only a few HIV, a few bodyguards, and a few antibodies. In the actual immune system, there are many millions of them and more are constantly being produced.
 - The reason that HIV is able to destroy the immune system over time, is that it can hide inside the CD4 cells, the bodyguards in the drama, while turning the cell it is hiding in into a HIV making factory and then killing it. Over many years, this erodes the immune system until it cannot protect the person from diseases anymore.
- 5. Invite general comments and questions and discuss them. Make sure that participants' concerns have been addressed and that they understand the immune system and how it works.
- 6. Tell participants that on page 105 in their workbooks there is some information about how HIV attacks the body that they can read when they have time.
- 7. Ask the participants to recap the main points of the activity. Add any of the following that they do not mention:
 - · HIV invades and hides in CD4 cells; it uses them to make more HIV, and then destroys them.
 - The more HIV there is in the body, the fewer CD4 cells there are to fight off illnesses.
 - A weak immune system makes it easier for other infections to make the person sick and more difficult for them to get well again.
 - · A person can live with HIV for a long time and look and feel healthy.
 - The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS.

Linking sentence

If HIV is left untreated, it slowly destroys the immune system of the person. When this happens, the person is unable to fight off common infections and illnesses and they become very sick and eventually die. Now treatment is available that can prevent this from happening. However, before someone who has HIV can get the treatment to save their life, they have to know that they have HIV. In the next activity, we will discuss getting tested for HIV.



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PARTICIPANT INFORMATION: FROM HIV TO AIDS

CD4 or T-cells are part of the immune system. They are like the body's bodyguards (or soldiers), fighting off the germs that cause diseases when they invade the body. A healthy person has a high CD4 count. So at the time a person becomes infected with HIV, they have a high CD4 count, but as HIV starts to attack and destroy their immune system, their CD4 count slowly goes down.

Soon after they first get HIV, some people may feel like they have the flu, but it goes away. Many people are HIV positive for as long as 5-10 years or more without knowing that something is wrong.

When HIV enters a person's body, it attaches itself to the T-cells and enters them. It turns the T-cell into an HIV making factory, producing thousands of new HIV. These new HIV are released into the person's body and attach themselves to more T-cells and the T-cell eventually dies. The number of viruses in the person's body goes up very high.

When the body recognizes that HIV is in its system, the immune system starts to produce antibodies to HIV. Anti-bodies are the cells that the immune system produces to fight off specific infections. So HIV antibodies attack and kill HIV. For up to 12 weeks after becoming infected with HIV, the blood test for HIV will not show that the person is HIV positive. The HIV test detects the anti-bodies to HIV. During this time, there may not be enough anti-bodies in the blood yet for the test to detect them. Even so, the person can still spread the virus through unprotected sexual activity.

As the virus also continues to destroy the CD4 cells, the immune system also continues to produce millions more CD4 cells. However, this doesn't really help because HIV enters those cells and causes them to make and release more HIV and then to die.

Although the person does not feel or look ill yet, the immune system is slowly getting weaker and losing its ability to fight off infections.

Overtime, there are more and more viruses in the body and fewer and fewer CD4 cells. When there are many HIV in the body and the few CD4 cells, the person is said to have a high 'viral load' and low 'CD4 count.' When there are not enough CD4 cells to fight infections, sicknesses, like tuberculosis (TB) and pneumonia, can easily attack the body.

So when the CD4 count is low, the person starts to get sick and is diagnosed with AIDS. The longer the person stays without knowing that they are HIV positive, the more likely it is that they will develop AIDS. When someone doesn't know they have HIV, a health care worker cannot monitor their health and give them antiretroviral medicine (ARVs) when they need them. Without antiretroviral medicine, it is likely that the person will eventually die from AIDS.

ACTIVITY 9.5: TO KNOW OR NOT TO KNOW YOUR HIV STATUS



Purpose

To review what participants know about HIV testing services; to explore the advantages and disadvantages of knowing one's status leading to the conclusion that the advantages are greater than the disadvantages.

Objectives

By the end of the activity, participants will be able to:

- Describe what a person needs to do to know their HIV status, including why they need to be tested a second time after 3 months;
- Explain convincingly why it is better to know your HIV status if you are negative and if you are positive;
- · State whether they would be willing to get tested for HIV and why or why not.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper, pins



Preparation

- Find out where HIV testing is provided in your community and country.
- Take 4 pieces of flipchart paper and copy the four charts below onto them:
- Before starting the activity, post the four sheets of flipchart paper you prepared on different walls of the room, in order from 1 to 4. They should not be very close to each other.



Steps

- 1. Participants already know about HIV testing and to add to and correct their knowledge, ask participants the following questions.
 - How can a person know if they are HIV positive or not?
 - What is the HIV test? What does it measure? (Answer: It measures the presence of anti-bodies to HIV, not the virus itself).
 - Why does a person who tests negative need to go back for a second test? What is the window period?
 - Where can you get tested for HIV in this community?
 - What happens when you go to get tested for HIV?
 - Why do people go to get tested for HIV?
- 2. Divide the participants into four groups. Give each group a marker and direct each group to go and stand by the sheet of paper with the number of their group on it. When they are ready, give them the following instructions for the activity:
 - Read what is written at the top of their sheet for example: 'If you are negative and you know it, how will you feel? What will you do? What will happen?' Then write all the answers you can think of. If you can't think of anything, do not write anything.
 - After two minutes, I will tell you to move to the next sheet. Then Group I will go to sheet 2, group 2 to sheet 3, group 3 will go to sheet 4 and group 4 will go to sheet I. When you get to a new sheet, read what is written there first and then only add anything that is missing.
 - Each time, I call time, move to the next sheet.
 - Make sure you read what is written at the top carefully!

Ask if they have any questions. After responding to questions, tell them to begin.

- 3. After two minutes, tell them to move to the next sheet. Do this three times until each group has gone to each sheet.
- 4. Ask them to bring the sheets to the front of the room and then sit down. Put the sheets up next to each other on the wall at the front of the room, in order from 1-4.
- 5. Start with sheet I, 'If you are negative and you know it, how will you feel? What will you do? What will happen?' Ask a participant from Group I to read how they will feel. Then ask another to read what they will do. Then ask another to read what will happen.

For all of the sheets, if there is anything that is not correct, question it. For example, if they write that if you are positive but do not know it, you can 'live your normal life.' You can ask: How long will you live a 'normal life'? What will happen when HIV has destroyed your immune system? Or if they write that if they know they are positive they will 'get sick and die,' ask the others if this is true. Then, if necessary, ask: How can someone who knows they are positive stay healthy and alive? If they write something that they may or may not do or that may or may not happen, for example, 'commit suicide', ask: 'Will everyone do that?' or 'Are you sure that will happen?'

Use the information below to guide you during the discussion.

Group 1: If you are HIV negative & you know it,

- How will you feel? Happy, relieved; feel sure, no wonder or worry about my status; want to stay
 negative, want to protect my self
- What will you do? Use condoms to stay negative, practice outercourse or abstain from sexual activities; can have baby without worrying
- · What will happen? Nothing, if you continue to protect yourself

Group 2: If you are HIV negative but you don't know it:

- How will you feel? Worried, uncertain (for no reason); unsure or worried if you want to get pregnant
- What will you do? May use condoms; may take risks, depends on the person.
- · What will happen? Could get infected if you don't protect yourself

Group 3: If you are HIV positive and you know it:

- How will you feel? Feel sad, depressed; worried about passing HIV to partners or your children; fear of being rejected by partners, family or others.
- What will you do? Get health care; take medicine when you need them; join support group, find support; protect your partners, use condoms; tell your partners; protect your baby from HIV if you are pregnant
- What will happen? Stay healthy if you take drugs; live; may experience stigma & discrimination; may be rejected

Group 4: If you are HIV positive but you don't know it:

- · How will you feel? Worry; feel uncertain
- What will you do? Infect others; may pass HIV to your baby; won't get health care and medicine
 to stay healthy and alive
- What will happen? Eventually will get sick or get AIDS, could die from AIDS
- 6. Ask participants from Group 2 to read the responses to the three questions on Sheet 2. Then tell participants to look at sheets 1 and 2. Ask them to raise their hand if they think it is better to know their status if they are negative. Then ask: Why do you think it is better? (Answers: There are no benefits to not knowing your status if you are negative; you won't worry; you will want to protect yourself; and you can have children without worrying).

Discuss as needed until everyone agrees that it is better to know. Using a red marker, circle 'Know' several times.

- 7. Ask participants from Group 3 to read the responses to the three questions on Sheet 3. Then have participants from Group 4 read the responses on Sheet 4.
- 8. Tell participants to look at sheets 3 and 4. Then tell them to raise their hands if you think it is better to know your status if you are positive. Ask them: Why do you think it is better to know? (Possible answers: It is better to know because, even though there are some downsides, the benefits are greater than the difficulties, especially, being able to get medicine and stay healthy and alive).

Note to Facilitator: If some participants still think it is better NOT to know your status if you are positive, ask those who think it is better not to know, the following questions:

- Why do you think it is better not to know your status?
- What are the most serious consequences of not knowing that you are HIV positive? (Getting sick and dying since you can't get medicine for HIV if you don't know your status; infecting your partners and your children).
- Is getting sick and dying better than knowing you are positive and getting treatment so you can live?
- If you don't know your status, does that change your status? (Answer: No).
- So, it doesn't change the fact... eventually, you will know when you get sick, right?
- What do you know about the medicines that can treat HIV? (If necessary, emphasise that the medicines allow most HIV positive people to stay healthy for a very long time.
- Let's answer the question again, how many of you think it is better not to know your status if you are positive?

Discuss until all or nearly all participants think that it is better to know if you are positive. Depending on their reasons for thinking it is better not to know, you may need to come up with other questions to challenge their thinking.

- 9. When all or nearly all participants agree that it is better to know if you are HIV positive, use a red marker to circle 'Know' several times. Then point to the two sheets on which you have circled 'Know' and say: So overall, we all agree (or nearly all agree, depending on your group) that it is better to know your HIV status.
- 10. Generate a discussion by asking participants the following questions:
 - If a person has had sex, even with a condom, should they get tested for HIV?
 - How often should they get tested? (Answers: It is recommended that all adolescents and young people should be tested at least once. If they take risks, like having unprotected sex, they should get tested at least once a year. If they take many risks, they should be tested every 3-6 months).
 - Why might a couple in a serious relationship get tested? Why would they want to know their status? (Answers: If they want to get pregnant or they are pregnant; to have children safely; before getting married; to decide if they will get married; before having sex without a condom).
 - Is it better for a couple to get tested together or separately? Why? (Answers: It is better for them to get tested together: so they know each other's status; so if one or both is positive, they can get counselling together).
 - Why should all pregnant women get tested for HIV? (Answer: so that they can take medicine to protect the baby from HIV if they are positive).
- II. Ask participants to summarize the main things that they learned from the activity. Add any of the following key messages that they do not mention:
 - It is better to know your HIV status than not to know it.

- The advantages of knowing that you are positive or negative are greater than the disadvantages.
- All young people should get tested at least once. If they have risk behaviours, they need to be tested more often.
- All women should get tested before or during pregnancy; if they are HIV positive, they can get care to decrease the risk of passing HIV to their baby.
- You can get tested for HIV test at [Note to Facilitator: add the appropriate information for your community and country.]

Linking sentence

Getting tested for HIV is important because knowing whether you are negative or positive can help you to protect your health and the health of your partner. If you have an STI or HIV, you will need to tell your previous sex partners so that they can get tested too. If you have an STI or HIV that cannot be cured, you also need to tell any new partners before you have sex with them. In the next activity, we will discuss how you can do that.

FACILITATOR INFORMATION: HIV TESTING

How can a person know if they have HIV or not? The only way for a person to know for sure if they have HIV or not is for them to get tested for the virus. A person can have HIV and still feel perfectly healthy. One cannot rely on symptoms to tell if you are infected. The symptoms of HIV are similar to many other illnesses and many people have no symptoms at all for many years.

What is an HIV test? The HIV test is a blood test that looks for antibodies to HIV in the blood. When HIV enters the body, the body starts to make antibodies right away to fight the virus. The test can usually find these antibodies in the blood 2 to 8 weeks later, but it may take as long as three months for the body to make enough of them to show up in a test. In very rare cases, it can take up to 6 months. For this reason, if the HIV test is done during the first 3 months after possible exposure to HIV and is negative, a second test needs to be done more than 3 months after the possible exposure to HIV.

What is the window period? The window period is the time between infection and when the body has produced enough antibodies for the test to find them. During this time, if a person with HIV gets tested, the results may not be accurate. They may get what is called a 'false negative' result. A false negative result means the test is negative, but the person actually has HIV and is positive. To avoid false negative results, it is recommended that a person get tested three months after they may have been exposed to HIV.

Where can you get tested for HIV? HIV testing services are usually available at centres called Voluntary Counselling and Testing Centres, which are also known as VCT. HIV testing services are also available at clinics and hospitals.

What happens when you go for an HIV test? When a person goes to get tested, they first see a trained counsellor in private. The counsellor explains the process for doing the test and what the results mean. The test results are always strictly confidential, which means that the counsellor must not reveal the test results to anyone except the person who was tested. HIV tests are voluntary, which means that it is the person's choice to get tested. No one can force them. If they agree to be tested, a blood sample will be taken.

The results will usually be given within half an hour or less. When the results are given, the counsellor talks to them about their results. If the test is positive, a second test will be done to confirm

the results and the counsellor will allow the person express how they feel, help them to cope with the news and to make immediate plans, discuss how they can avoid passing the infection to others, and refer them about services so they can stay healthy, get more information and talk to others living with HIV, as needed. If the result is negative, the counsellor will help the person develop a plan to stay negative.

Why do people get tested for HIV? People get tested to find out their HIV status. People may want to know their HIV status:

- · Before having sexual intercourse with a new partner;
- · Before marriage;
- Before stopping to use condoms with a partner;
- Before getting pregnant;
- Because they put themselves at risk by having sex without a condom;
- · Because they are worried about their status and want to know for sure;
- · Because they think their partner may have had other partners and put them at risk;
- · Because they are pregnant and want to be able to protect the baby if they are HIV positive;
- Because they don't feel well or the doctor suggested it or because they, their partner or baby have signs of AIDS; and
- To be able to get care and treatment and protect their partners if they are positive.

ACTIVITY 9.6: TELLING OUR PARTNERS



Purpose

To understand the importance of informing partners if a person has an STI or HIV; and develop the skills to do this.

Objectives

By the end of the activity, participants will be able to:

- Explain why it is the responsibility of a person with an STI or HIV to tell their partners about it before they have sex with them.
- Demonstrate how they would tell a partner that they have an STI or HIV in a role play.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper, pins



Preparation

- Find out where HIV testing is provided in your community and country.
- Take 4 pieces of flipchart paper and copy the four charts below onto them:
- Before starting the activity, post the four sheets of flipchart paper you prepared on different walls of the room, in order from 1 to 4. They should not be very close to each other.



Steps

- Participants already know about HIV testing and to add to and correct their knowledge, ask participants the following questions.
 - · How can a person know if they are HIV positive or not?
 - What is the HIV test? What does it measure? (Answer: It measures the presence of anti-bodies to HIV, not the virus itself).
 - Why does a person who tests negative need to go back for a second test? What is the window period?
 - Where can you get tested for HIV in this community?
 - What happens when you go to get tested for HIV?
 - Why do people go to get tested for HIV?
- 2. Divide the participants into four groups. Give each group a marker and direct each group to go and stand by the sheet of paper with the number of their group on it. When they are ready, give them the following instructions for the activity:
 - Read what is written at the top of their sheet for example: 'If you are negative and you know it, how will you feel? What will you do? What will happen?' Then write all the answers you can think of. If you can't think of anything, do not write anything.
 - After two minutes, I will tell you to move to the next sheet. Then Group I will go to sheet 2, group 2 to sheet 3, group 3 will go to sheet 4 and group 4 will go to sheet I. When you get to a new sheet, read what is written there first and then only add anything that is missing.
 - Each time, I call time, move to the next sheet.
 - Make sure you read what is written at the top carefully!
- 3. Ask them to turn to page 106 in their workbooks.



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WORKSHEET: HARD TALK

Read the following scenario and follow the instructions below.

Scenario:

You have been diagnosed with an STI that cannot be cured (herpes, genital warts, or HIV). The doctor told you to tell your past and current partners about it. She said that if you have any new partners, you will need to tell them before you have sex and you will have to use a condom. You have fallen in love someone that you have been seeing for some time and you want to have sex with them. You know you need to tell them about the infection.

Instructions:

- 1. Discuss how you would tell a sexual partner that you have an incurable STI or HIV.
- 2. Prepare a role play to show this. The role play must involve all members of your group (characters may include a doctor or nurse or HIV test counsellor, one of more former and/or current sex partners, your new love, friends or others). The role play should be no more than five minutes long.
- 3. You have 15 minutes to prepare.
- 4. Have the groups perform their role-plays at the front of the room. Other participants should observe and listen without interruption. Do as many as you have time to do.
- 5. At the end of the role-plays discuss by asking the following questions:
 - How easy or difficult is it to tell a partner you have an STI or HIV as shown in the role-plays?
 - Do you think that a man would react differently to this news than a woman? Why or why not?
 - What assumptions do you think the person receiving the news may make? Are they accurate?
 - · How do you think you would react, if you were told this by someone you are in love with? Why?
 - How would you want someone you are in love with to react if you told them you had an STI or HIV?

Note to Facilitator:

Make sure that it comes out in this discussion that not everyone says 'no' to sex with a person who has an incurable STI or HIV. It is important to use protection though. What do you think about a person who knows they have HIV and has unprotected sex with someone without telling them about it? Is that the right thing to do? Why/why not?

Emphasize again, if necessary, that it is your responsibility to tell your partner if you have an STI or HIV before having sexual intercourse with them because they have a right to protect their own health. They have the right to make the decision to have sex with you or not with all the necessary information – that includes knowing your status.

- 6. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - If you have an STI, you need to tell your sex partners about it so that they can get treated and you won't get re-infected.
 - If you have an incurable STI or HIV, it is your responsibility to tell all your potential sex partners about it before you have sex.
 - Although difficult, we must let our partners know if we have an incurable STI or HIV so that they can make an informed decision about what they want to do that is their right.
 - Everyone does not refuse sex with someone who has an incurable STI or HIV.

Linking sentence

It is difficult to tell someone that we have an STI or HIV even when we know it is important. We just need to find the courage to do it. Someone who loves you won't leave you just because you have an infection, but you need to be sure to use protection. If you have HIV, you can reduce the likelihood of transmitting HIV to others, if you are getting treatment. In the next activity, we will learn more about treatment for HIV.

ACTIVITY 9.7: MANAGEMENT OF HIV



Purpose

To understand basic facts about ART, its goals, benefits, and adherence.

Objectives

By the end of the activity, participants will be able to:

- · Explain what ARVs are and how they work;
- Give at least two reasons that it is important for everyone with HIV to take ARVs.
- Describe what adherence means;
- Explain why adherence to medications, including ART, is important.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- I. Tell participants that this activity is about the management for HIV. Ask them:
 - What does ARV stand for? (Antiretroviral)
 - What are ARVs? (ARVs are the drugs used to manage HIV).
 - What is ART? (ART is antiretroviral therapy. It is the combination of drugs the doctor prescribes to fight HIV).
- 2. Write the acronyms and their meanings on flipchart paper as they respond.
- 3. Tell them that you will read a statement. Those who think it is true will raise their hands and explain why, and then those who think it is false will raise their hands and explain why. Then you will discuss which answer is correct as a group.
- ARVs kill the virus in the blood.

False. All HIV drugs work by preventing HIV from infecting new cells. When HIV cannot infect new cells, it cannot make copies of itself. So the amount of HIV goes down. This allows the immune system to stay strong or to become strong again.

- 2. ART can cure HIV
- False. ART cannot get rid of HIV completely. Some HIV remains in the body.
- Viral load is the number of viruses in the blood of a person with HIV.
- True. Viral load is measured to see how far HIV has progressed or how well the ART is working in reducing the amount of HIV in the blood.
- 4. The goal of ART is to reduce the amount of HIV in the body's fluids to the point where the viral load test cannot find them anymore.
- True. When the virus can no longer be found by the test, the person is said to have an undetectable viral load. This is called viral suppression and it is the goal of ART.
- Everyone who is HIV-positive should be given ART.

True. The World Health Organization says that as soon as a person tests positive, they should start treatment.

 If your viral load is undetectable, it means that HIV is no longer in the body. False. An undetectable viral load means that test cannot find the virus. However, HIV can still be in the body. It hides in the cells.

It is OK to miss ARV pills sometimes. False. It is important not to miss any ARV pills. When a pill is missed, the virus has the chance to change itself so that the medicine won't work anymore. This is call resistance.

 Adherence means taking the medicine exactly as the doctor tells you to. True. Adherence is very important when taking any medication.

If a person has side effects from ART, they should stop taking the medication. False. If a person has side effects from any drug, they should see their doctor. They should stop taking it only if the doctor tells them that it is okay to stop.

10. Taking ART helps to prevent the spread of HIV to another person. True. The transmission of HIV to another person is most likely when a person has a lot of virus in their body fluids. Because ART greatly reduces the amount of virus in the body fluids, it makes it less likely that the person will transmit the virus to others. However, the person should still use condoms every time they have sex.

11. A person taking ART has to take it every day for the rest of their lives. True. ART is a lifelong daily medicine for people living with HIV.

12. ART can be taken at any time of the day, as long as you take it once a day.

False. ART has to be taken at the same time of day, every day. This keeps the amount of the drugs in the person's body even so that HIV does not have the chance to become resistant to the drug.

13. A person living with HIV who is taking ART can live a long and healthy life.

True. By taking ART, most people living with HIV will live a healthy and long life.

- 4. Read the first statement and ask those who think it is true to raise their hands. Ask them why they think it is true. Then ask those who think it is false to raise their hands and to say why they think it is false. Encourage them to discuss and share information. Tell them what the correct answer is if necessary, and add the information provided below if it does not come out in the discussion.
- 5. Then tell the participants that you want to recap a few points. Ask them the following questions. Make sure the listed points are mentioned.

Why are ARVs important for people living with HIV?

- It reduces their viral load and protects their immune system.
- It allows them to live a long and healthy life.
- It makes it less likely that they will transmit the virus to their sexual partners.
- It makes it less likely that a pregnant or breastfeeding woman who is positive will transmit the virus to her baby.

What does a person need to do to take ART in the way the doctor told them to (called adherence)?

- They need to take their pills exactly as they were told to take them, every day for the rest of their lives
- It means eating and drinking the right things with the pills, as instructed by their health workers.
- They also need to take medications to treat other illnesses such as TB.
- They need to be motivated and committed to their treatment and to their health.
- They need to be knowledgeable about their medication.
- They need to be supported by family, friends, and their doctor to overcome any difficulties they have.

Why is adherence to medication so important?

- If a person skips pills or starts and stops taking ART, it gives the HIV that is still in the body a chance to change itself and adapt to the medicine.
- Once HIV has adapted to the medicine, the medicine will no longer work. This is called treatment resistance. (You can note that this is not only true for HIV, it is also true for other diseases, like TB and gonorrhoea).
- If the person does not follow the instructions about taking the pill, like whether to take the pill on a full or empty stomach, they will have more side effects. Side effects may discourage them from continuing to take the medication.

Why can adherence be difficult? What can get in the way?

- People can forget to take their pills. They need to make it a habit.
- When something disrupts their daily routine, like travel, they may leave their medicine at home or forget to take it.
- They get drunk and forget to take it.
- They feel better and stop taking it, not understanding that it is a lifelong treatment.
- They may have side effects that make them want to stop treatment.
- The clinic may run out of their medication so that they can't get it.
- 6. Ask the participants what they learned from the activity. Add any of the following that they do not mention:
 - ART prevents HIV from making copies of itself, which greatly reduces the amount of HIV in the body fluids (the viral load).
 - When there are few HIV in the blood, HIV can no longer effectively attack the immune system. It also makes it less likely that the person will transmit HIV to others.
 - · ART is not a cure for HIV.
 - · ART has to be taken every day for life.
 - A person who tests positive for HIV should begin ART immediately.
 - It is very important to take ART exactly as the doctor says.
 - If a person has side effects from ART, they should see their doctor. They should not stop taking the medications unless told to by a doctor.

Linking sentence

Getting treatment if you are HIV positive will allow you to stay healthy, to pursue your plans and dreams, and to live a long life. Nonetheless, learning that you have HIV can take time to adjust to. In the next activity, we will read two stories about young people living positively with HIV.



FACTILITATOR INFORMATION

ANTIRETROVIRAL TREATMENT

Antiretroviral drugs (ARVs) are the drugs used to manage HIV. Because HIV is a retrovirus, drugs used against HIV are called antiretroviral.

Antiretroviral Therapy (ART) is the combination of drugs prescribed by the doctor to manage HIV. It may also include support to take the drugs correctly. HIV is always managed by taking multiple drugs at the same time, which is called combination therapy. All of the drugs may be in one pill to make it easier for the person to take it.

How ARVs work:

There are different types of ARVs that work in different ways, but all of them help to stop HIV from making copies of itself (replicating) within the immune system. If HIV cannot replicate, it is unable to damage the immune system and person's immune system becomes strong again. This allows the person to remain healthy or to regain their health.

The goals and benefits of ART:

The goal of ART is to reduce the amount of HIV in the blood as low as possible and to increase the number of CD4 cells in the blood as much as possible. Viral load and CD4 counts are two terms used to describe the health status of a person with HIV. Viral load is the amount of HIV in a person's blood. On ART, the viral load can be reduced to the point where HIV can no longer be detected in the blood by the HIV test. When there is very little HIV in the blood it is called viral suppression. When there is little HIV in the blood, it cannot attack and damage the person immune system, so their CD4 count will go up and they will be healthy. The more CD4 cells a person has, the healthier he or she is. When a person's viral load is very low, they are also much less likely to transmit HIV to their sexual partners.

When to start ART:

The World Health Organization now recommends that everyone with HIV should be taking ART. So as soon as a person tests positive for HIV, they should begin treatment. However, some countries may not be implementing this yet. A person living with HIV who is not taking ARVs should talk to an HIV specialist about getting treatment.

Adherence:

Adherence means taking the drugs exactly as the doctor or health care worker told them to take them. It also means taking them every day for the rest of one's life. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed, for example, on a full or empty stomach and eating and drinking the right things with the pills. It also means taking medications prescribed to treat other illnesses such as TB.

Adherence requires that the person living with HIV is motivated and committed to their treatment and health over the long term. Adherence is improved when people are knowledgeable about their treatment and when their family, friends, and their health care workers support them and help them overcome any challenges.

ANTIRETROVIRAL TREATMENT

Some barriers to treatment adherence include:

- · Experiencing side effects to ART drugs;
- Stopping taking ART because they feel better;
- · Not understanding of the importance of adherence;
- Forgetting to take their medication due to alcohol consumption or for other reasons, like disruptions of daily routines, travel;
- Fear of stigma, discrimination, and rejection especially by partners and family, leading to
 not disclosing their HIV status and then fearing being found out if they are seen having or
 taking the medication;
- Not enough food to support ART (Many ARVs require the person to take them on a full stomach. If they do not, they experience severe pain).;
- Believing that they can be healed after being prayed for and therefore thinking they don't need to take the treatment.

Things that make adherence easier include:

- Getting into a regular routine of taking the ARVs;
- Using clocks and alarms to remind them to take their medication;
- Knowledge of and belief in the effectiveness of ART;
- Having told others of their HIV status;
- · Having access to social support;
- Having access to nutritional support;
- Using treatment supporters who provide those living with HIV with on-going adherence counselling and make referrals for further support;
- Having ART services close by;
- Being motivated by their improved health.

Positive Living:

Positive living refers to the attitude and actions taken by people living with HIV to enhance their lives and increase their health. Key components of positive living are:

- Having a positive attitude about oneself and one's life;
- Taking ART as prescribed by their doctor or health care team;
- Eating a healthy, balanced diet;
- Having good personal hygiene and a clean working and living environment;
- · Carefully preparing and storing food;
- Preventing or avoiding new infections (STI, HIV, TB);
- · Exercising regularly.
- · Not drinking and smoking.

ACTIVITY 9.8: POSITIVELY ALIVE!



Purpose

To enable participants to understand why there is hope for those who are HIV positive as well as what is difficult about living with HIV; and to discuss discrimination and how people living with HIV want to be treated.

Objectives

By the end of the activity, participants will be able to:

- Describe what can make it difficult to live with HIV;
- Explain why people living with HIV can have hope for their futures;
- · List at least three things a person living with HIV can do to live positively;
- Discuss how a person living with HIV should be treated and why, including how to show them care and give them support.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find out where someone who is HIV positive can go for support and treatment in the area where you are delivering the training.



Steps

- 1. Tell participants that this activity is called 'Positively Alive.' It is about living with HIV. They are going to read two stories about young people living with HIV. Ask them to turn to 'Positively Alive!' on page 104 of their workbooks. Have different participants read each paragraph of the story.
- 2. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.



p. 107

WORKSHEET: POSITIVELY ALIVE!

Instructions:

Read Patience's story and answer the questions.

After graduating from secondary school, Patience went to the university to study business. She did well in her classes, but she also loved to have fun and never missed a party. Of course, she had heard about HIV, but she didn't worry about it much. She was young and beautiful and middle class – how could she get HIV? After university, she got a job as an accountant. She earned a good salary and was happy to stay in the capital. She enjoyed shopping for the latest fashions – and she went to all the parties and had lots of boyfriends. There was a lot of drinking and many wild nights.

Then, in 2007, she started feeling ill. She lost weight and got black spots all over her body. She went to several doctors and they all told her to have an HIV test. But she said no. HIV was something older people in the village got. Not her! She was a young, pretty college graduate with her whole future

ahead of her! In the back of her mind, she realizes now. She knew it could be HIV, but she was afraid of the stigma. 'The only thing I knew was that if I had AIDS, people would reject me and then I would die,' Patience explains. 'Finally, I was so sick, I couldn't work and I had to go home to my parents. My mother took me to another doctor and he again told me to get tested for HIV. Then he said, "If you have HIV, you can get treatment and get healthy again."' That changed everything. She agreed to have the test: she was HIV positive.

She started treatment and soon felt physically better. Even so, knowing that she had HIV was difficult: she had an incurable illness that she got from having sex! She stayed on living with her parents, feeling ashamed and depressed and dirty from the inside out. She felt so lonely but she just couldn't tell any of her friends. She felt like she wanted to die and started drinking. A few months later, she took a whole bottle of pills and tried to finish the job that HIV had started. When she woke up in the hospital, she was close to death. 'Suddenly, I realized that I actually wanted to live,' she says. With the help of her doctor, she got her health back once again.

One day she saw an advert for a job working for a programme that cared for people living with HIV. She applied and got the job. At work, she met other HIV-positive people, who had accepted their status and decided to live fully and positively. She says, 'I thought, "If they can do it, so can I." And, you know, I found that people who face death, live differently. We are always aware of the value of life. We love every moment.' One day, someone sent a young guy who had just tested positive to talk to her and soon they began going out. 'It's difficult to tell people, especially someone you are interested in, that you are HIV positive,' she says. 'With Michael, it was easy, because we already knew each other's status. It's a wonderful feeling to be in love — and he's just so gorgeous! And who knows, maybe we'll even decide to have a child one day.'

- 1. Why did Patience refuse to get an HIV test at first?
- 2. Why did she agree to get tested in the end?
- 3. What difficulties did she experience after finding out that she is HIV positive?
- 4. How was her health before she got tested and started treatment? How was it afterwards?
- 5. What good things have happened to her? What gives her hope?
- 6. Do Patience and Michael have the right to have children? Explain your answer.
- 7. If she and Michael decide to have a baby, what should they do?
- 3. Now ask participants to turn to 'My Name is Sunday' on page 97 of their workbooks. Have one participant read each paragraph of the story.
- 4. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.



WORKSHEET: MY NAME IS SUNDAY...

p. 109 Instructions: Read Patience's story and answer the questions.

My name is Sunday. I am fifteen years old. I was born with HIV. I live with my mother — she also has HIV. My father is now at north. When I found out I was HIV positive, I did not even feel bad about this because it is part of life. I think I was twelve years old. My mom told me because I asked, 'Why am I drinking my medicals?' And she told me the reason why and I found out the way I am. I am drinking my medicine until now to protect me from the bad guys. I collect them from the hospital.

Some young girls with HIV don't feel good because even at school, some of their friends, they tease them. But me and my friends, we are good. We don't tease each other. Even our school teaches that if you tease someone like that you will be just let out from school. Everywhere we go, we go together. There is no reason like, 'Leave that one out. She is like that and like that.' They know that I have HIV because, in 2004, I was in the newspaper and Channel 7 on TV. That was when we were chased out from the house. My father's brother didn't want to stay with us, just because of HIV. So, they decide to chase us from the house. Even our medicals, my medicals, were just lying on the sun. And we had nowhere to go because we were not even ready for that. We just thank Meme Nangula because she found a place for us to stay. Then her support group secured for us some money and we bought our things and we built our house, yeah.

When people got to know, to me, it was bad. The first week when they see me, they were teasing. Some of them, they were only asking me, 'Are you HIV? Is it true? How did you get it?' Like that. Me, I was not even answering them anything, just quiet. It was just the Grade 7s. And when I came in Grade 5, they were already gone. So the ones I was left with, they did not know everything.

To me, having HIV is not difficult. Meme Nangula and some women from an NGO give me support by giving school uniforms, some foods and even just to lend us some things. She told us, 'As adolescents living with HIV, even as your friends are teasing you like that, don't feel bad. You can share your problems with someone, so that they can help you. Don't stop your education. Just because you have HIV and you will no more go to school? You have only to continue and finish your school.' When I grow up I want to be a doctor and even help others that are living with HIV.

I would tell young people that are living with HIV, they must just continue as I am. And the others, they must stop teasing others. Maybe they were not even tested and they don't know if they have HIV or not. So they can stop to teasing the others.

- 1. How did Sunday get HIV?
- 2. What discrimination or difficulties has she experienced because of being HIV positive?
- 3. What support does she get from others?
- 4. How does she feel about being HIV positive? Why does she have that attitude?

5. Ask participants the following questions:

- If someone is living with HIV, does it mean that they got it from sex? How else could someone have got HIV? (Answers: Some people are born with HIV, they get it from their mother; some get it from dirty or used needles or other activities where blood is exchanged).
- What challenges do young people with HIV experience in love relationships? (Answers: They need
 to tell their partners that they have HIV before they have sex; they may get rejected; people may
 judge them and their partners if they know; they always have to use a condom). If they do not
 mention sex, ask: What about in sex?
- We read about Sunday's experience with her uncle. What is another example of discrimination that a person with HIV might experience? (Answers: Some people reject them (a loved one leaves them, their friends leave them); they may be teased, gossiped about, insulted, called names; some people may be afraid of them not want to touch them; they may lose their job).
- What rights to people living with HIV have? (Answer: The same rights as everyone else).
- What responsibilities do they have? (Answer: The same responsibilities as everyone else; the responsibility to respect the rights of others; to take care of themselves; to take their medicine as prescribed).

- How should people living with HIV be treated? Why? Probing questions: If you had HIV, how would you want to be treated? (Answers: They should be treated like all other people with respect, kindness and caring; as an equal; with love; as usual; fairly; They should be treated as capable people with potential and a future ahead of them).
- Is there any reason at all to discriminate against someone who has HIV? (Answer: No).

Note to Facilitator: If anyone says anything that indicates that they are stigmatizing people with HIV, discriminating against people with HIV or in any way treating them differently, make sure to question it. You can ask them why they said what they did. Ask the others if they agree and correct any misunderstandings.

- What can a person with HIV who feels depressed or sad do to feel better again? Probing questions:
 What helped Patience? What helps Sunday? (Answers: Tell some people about their HIV status (so
 they are not alone); meet other people who have HIV for support and understanding; accept their
 status; getting treatment (medicine or ARVs); get support, join a support group).
- Where can people with HIV get support and help around here?
- HIV and AIDS used to mean death and dying. Why can someone with HIV have hope today? (Answers: They can live a long and good life if they get treatment (take ARVs)).
- 6. Ask the participants to summarize what they learned from the activity and what the main messages were. Add any of the following that don't come up.
 - People living with HIV have the same rights and responsibilities as everyone else, including the
 right to have relationships, to marry and to have children and the right not to be discriminated
 against.

Linking sentence

As we have seen people living with HIV can face challenges and difficulties, but they also can live full, happy and long lives. One of the most difficult parts of living with HIV is the stigma and discrimination that those who are positive often face. In the next activity, we will consider stigma and discrimination in more depth.

ACTIVITY 9.9: UNDERSTANDING AND CHALLENGING STIGMA, PART 1



Purpose

To personalize the experience of being stigmatised; and to define stigma, self-stigma and discrimination; and to examine how different groups are stigmatised and the causes and effects of being stigmatised; and to think about what they can personally do to prevent or fight stigma.

Objectives

By the end of the activity, participants will be able to:

- · Explain what stigma, self-stigma and discrimination are; and
- · Describe what it feels like to be stigmatised.



Time: 30 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None

Note to facilitator: It is important to do both parts of this activity.



Steps

- Tell participants that you want them to get serious now for a little while. Ask participants to find some space alone, at a distance from other participants. If possible, use outside space. Then tell them that you want them to spend a few minutes alone thinking about a time in their life when they felt isolated or rejected for being seen as different from others. Explain that this does not need to be about HIV. It could be feeling isolated or rejected for being seen as different in any way. Ask them to think about:
 - What happened;
 - How it felt; and
 - The impact it had on them.
- 2. After about 5 minutes, call the participants back together. Have them arrange chairs in a close circle. Begin the discussion by asking:
 - How was the exercise?
 - What kind of feelings came up?
- 3. Invite participants to share their stories in the large group. Give them time and don't rush they do not have to share, but those who feel comfortable will share.
- 4. After four or five participants have shared or when no one else seems to want to share, ask participants to stand and show their support for each other by holding hands or putting arms around shoulders. Thank those who shared and remind them that some of us are still feeling the pain of being rejected and that we should think about how we treat each other.
- 5. Then post a piece of flipchart paper and ask them to call out all of the emotions that these experiences made them feel and write them down.
- 6. Tell them that they have just described what it feels like to be stigmatised.

- 7. Ask participants the following questions:
 - What does stigma mean?
 - Probing questions: What are some examples? What are some local words that describe it? How would you define it?

Note to facilitator: If your participants are Christian, you can use the story of Jesus being stigmatized by the marks on his hands when he was hung on the cross.

Use their responses to come up with a group definition of stigma that is similar to the following:

Stigma is when something about a person causes them to be viewed badly by themselves and/or others. It is a spoiled identity.

List any local words they came up with to describe stigma.

- How do people treat those that they stigmatise? (Answers: Avoid them, shun them, reject them, call them names, send them away, isolate them and so on).
- What is self-stigma?

Use their ideas to come up with a group definition of stigma that is similar to the following:

Self-stigma is when a person feels self-hatred, shame, and/or blames themselves for something about themselves that they think is undesirable. It is when we judge ourselves and feel bad about ourselves for who we are.

- What do we do when we stigmatise ourselves? (Some answers: do things that harm us (drinking, taking drugs, suicide), neglect ourselves, isolate ourselves, hide who we are, lie about ourselves).
- Stigma leads to discrimination. What is discrimination?

Use their ideas to come up with a definition similar to the following:

Discrimination is when you treat a person or a group differently because of a characteristic, trait or quality that they have. It is acting out the stigma you feel; putting your negative attitudes or thoughts into action.

- What are some examples of discrimination against girls and women?
- What are some examples of discrimination against people living with HIV?
- 8. Ask the participants to summarize what they learned from the first part of this activity. Add any of the following that don't come up.
 - Being stigmatised for being different is very painful and harmful. When people experience stigma, they feel isolated and rejected.
 - Stigma is when something about a person causes them to be viewed badly by themselves and/ or others. Self-stigma is when we feel self-hatred, shame, and/or blame ourselves for something about ourselves that we think is undesirable.
 - When people feel stigmatised, they may hide who they are; neglect themselves; isolate
 themselves; and do things that harm them such as, drinking, taking drugs, attempting or
 committing suicide.
 - Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have.
 - Stigma causes people to discriminate against others.

ACTIVITY 9.10: UNDERSTANDING AND CHALLENGING STIGMA, PART 2



Purpose

To examine how different groups are stigmatised and the causes and effects of being stigmatised; and to think about what they can personally do about stigma.

Objectives

By the end of the activity, participants will be able to:

- Explain how different groups of young people are stigmatised;
- Identify at least two sources of stigma against young people living with HIV;
- Describe why stigmatising and discriminating against groups of people is wrong;
- Discuss what they can do about stigma.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Pick four of the groups below that you think your participants will be able to relate to. Put four flipcharts on the walls, each with a different heading, starting with 'Things people say about young people who...':

- · drink alcohol
- · use drugs
- · get pregnant
- have HIV
- live on the street
- · drop out of school
- · are gay

Note to the Facilitator: This part of the activity can be heavy, but it is very important. Step 5, where they discuss how it feels to be called these names, is crucial. Try to build an atmosphere of seriousness – even though people may laugh with embarrassment at the names.



Steps

- I. Split the participants into four groups and assign each group one of the four groups that you selected and put on the flipchart papers (i.e. young people who drink alcohol; young people who use drugs; young people who are pregnant, young people who are living with HIV; young people who live on the street; young people who drop out of school; or young people who are gay). Then tell participants to move to their flipcharts on the wall (i.e. those who are assigned to 'use drugs' go to the flipchart headed 'Things people say about young people who use drugs').
- 2. Ask the groups to write down all the things people say about that group of young people including names and phrases in local languages. Tell them that when you clap your hands, they must move clockwise to the next flipchart. After about two minutes, clap your hands.
- 3. Continue the same way, clapping your hands every two minutes. When each group has gone to each flipchart, ask them to come back to the circle and sit down.

- 4. Ask a member of each group to stand in the centre and say, "I am a young person who... (e.g. uses drugs) and this is what you say about me..." reading out all the names. When they have finished, leave the flipchart in the circle and have the next group read their paper. Continue without comments until all the flipcharts have been read.
- 5. Then ask the participants:
 - · What do you think about these names?
 - How do you feel about this exercise? How would you feel if you are called these names? Ask those who were assigned this label to react to the names.
 - How do these names affect young people in these situations?

Note to Facilitator: If it doesn't come up, note that when people who are stigmatized have problems, they may be reluctant or unable to get help.

- Is the stigma different for young men and young women? Why is that? Note to Facilitator: Reinforce that unequal gender roles can make stigma worse for young men or worse for young women.
- Think of a group you have stigmatised. Why do you feel the need to judge them? What difference does it make to you, who they are or what they do?
- Is it ever right to stigmatise and discriminate against other people? Probing questions: What human rights do stigma and discrimination violate?
- · Can you respect the human rights of those who are different from you?
- 6. Note the following:
 - There is a strong link between being language and stigma. The way people are labelled can separate and exclude them from society. For example, if someone is labelled as HIV positive or as gay. Or when you call a group "those people", as if they were not part of your society.
 - People can have multiple stigmas, for example, if you are a young person living with HIV and gay, you may be judged for several reasons.
- 7. Now tell them to consider the case of young people living with HIV in particular. Ask: Where do these attitudes come from? Why do people have them?

Based on their comments ask more questions and encourage discussion of the following sources of stigma:

- Ignorance;
- Fear;
- Making moral judgments about people;
- Making assumptions about people;
- Thinking I am different or immune, that it won't happen to me.
- 8. Ask the participants: What do you think about stigmatising people? Is it something that we want in our society?
- 9. Go around the circle and ask each participant to each respond to the question: "What can you do personally to decrease stigma of living with HIV?"
- IO. Give positive feedback on their ideas. Note that we all need to examine and change our own attitudes and language when we talk about groups of people who are commonly discriminated against. We need to challenge others to do the same. Emphasise that everyone has the right to dignity and respect.
- II. Ask the participants what the main things that they learned from this activity. Add any of the following key messages that they do not mention:
 - · Stigma and discrimination are violations of human rights.

- There is no need to judge and stigmatise people who are different from you.
- The stigma attached to people living with HIV comes from many sources, such as ignorance; fear; making moral judgments about people; making assumptions about people; and feeling immune.
- We can take action to change stigma (such as changing our attitudes, feeling empathy and
 compassion for others, changing the way we talk about groups of people, challenging others
 who express stigmatising and judgemental attitudes towards groups of people, standing up
 for those who are stigmatised and for ourselves when we experience stigma, and challenging
 discrimination.



FACILITATOR INFORMATION

Use the following information as needed during the activity.

STIGMA AND DISCRIMINATION

Definition:

Stigma is when something about a person causes them to be viewed badly by themselves and/or others. Stigma is a spoilt identity. To stigmatise is to see someone as inferior or unworthy because of an attribute they have.

Types of stigma:

Self-stigma – self-hatred, shame, blame. People judge themselves so they feel bad about themselves and isolate themselves. PLHIV often practise self-stigma— they feel ashamed and blame themselves. They may isolate themselves from their families and communities.

Felt stigma - perceptions or feelings towards PLHIV or other stigmatised groups.

Discrimination – acting out the stigma you feel; negative attitudes or thoughts put into action. Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have.

Stigma is a process that:

- Points out or labels differences "He is different from us he coughs a lot."
- Attributes differences to negative behaviour "His sickness is caused by his sinful and promiscuous behaviour."
- · Separates 'us' and 'them', e.g. shunning, isolation, rejection.
- Creates loss of status and discrimination (loss of respect, isolation).

Other important dimensions

- Often people do not understand the word stigma in English. Difficult to find a word in other languages that is equivalent so you may need to use a phrase.
- Stigma can differ in intensity. It is sometimes blatant and sometimes subtle.
- Stigma affects stereotyped and scapegoated groups, e.g. people who are assumed to be HIV positive, women, sex workers, and gay people.
- Other diseases, such as TB, are stigmatised because of HIV.
- Motives for stigma may change according to the setting.
- · Stigma disrupts social relations.
- People hide their stigmatising attitudes.
- · Stigma leads to discrimination and the violation of human rights.

CONCLUDING NOTES

Unfortunately, STIs and HIV are quite common among young people. Although many can be cured, some, like HIV, are with you for life. Anyone can get HIV and this does not make her or him a different person. People living with HIV don't want to be defined and seen all the time as being a person with HIV. They want to be seen as a person with their own personality, character and abilities. For the most part, they just want to be treated normally, which means like everyone else, by their friends. They may sometimes want to talk about a specific situation or need support for taking care of themselves well. We need to treat people with HIV just as well as we treat everyone else.

ACTIVITY 9.11: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by making a commitment related what they learned about STIs and HIV.

Objectives

By the end of the activity, participants will be able to:

- · Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to the facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.



Steps

- 1. Tell participants that this is the end of the unit on STIs and HIV. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to turn to page 114 in their workbooks and fill in the worksheet.

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about something that they will do for themselves related to STIs and HIV.



WORKSHEET: WHAT I LEARNED ABOUT STIS AND HIV

p. 114

Based on the information discussed and what you learned in this unit, answer the following questions:

- 1) What is the most important thing you learnt from this unit?
- 2) Why this information is important to you?
- 3) How will it influence your behaviour?
- 4) Write a commitment or promise to yourself related to STIs and HIV. You will not be asked to share this with the group.

UNIT 10: PREVENTION AND RISK REDUCTION

PURPOSE AND OBJECTIVES

This unit aims to help participants to understand how they can prevent and reduce their risk of STIs and HIV. Participants learn about the risks posed by multiple, concurrent partnerships; having relationships with older partners, especially when the young person receives benefits in exchange for sex; and drinking. It looks in depth at outercourse as a safer sex behaviour and reviews how to use male and female condoms correctly. It also has participants consider all the things that they can do to reduce their risk, while helping them to understand the difference between prevention and risk reduction. The unit helps to build the participant's skills and comfort with talking about and negotiating what they want to do to protect themselves and reduce their risk.

By the end of this unit, participants should be able to:

- Discuss the risks of having multiple concurrent partnerships and older partners, exchanging sex for benefits from sexual partners, and drinking.
- · Explain how multiple concurrent partners increase the spread of HIV.
- Explain how to correctly use outercourse;
- Demonstrate how to use condoms correctly:
- Effectively counter arguments against using condoms
- Understand and be able to explain the difference between prevention and risk reduction and give examples
 of each.
- Demonstrate the ability to communicate with a partner about not having sex, using condoms and getting tested together.

ACTIVITIES

Activity	Time
Warm up: What Would You Do?	20 minutes
Multiple Partnerships	40 minutes
The MCP Handshake	45 minutes
Older Partners, What's the Risk?	90 minutes
What Difference Does a Drink Make?	60 minutes
Exploring Outercourse	75 minutes
Overcoming Barriers to Condom Use	75 minutes
Reducing the Risk	45 minutes
Asking for What you Want and Need	60 minutes
Conversation Circle and Commitment	20 minutes
	8 hours and 50 minutes

ACTIVITY 10.1: WARM UP - WHAT WOULD YOU DO?



Purpose

To get participant to start thinking about changing their behaviour to avoid illness and to discuss why people aren't changing their behaviour to protect themselves from HIV.

Objectives

By the end of the activity, participants will be able to:

- Explain how they changed their behaviour when they learned how a serious new disease is transmitted and why;
- Discuss why so many people still don't use condoms correctly and consistently to protect themselves from HIV and whether they think it makes sense or not.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Look at your participants to see how many of them are wearing glasses (including sunglasses) and how many have hats. Decide if you want to use hats or glasses as the protector in step 3. If few people wear glasses, then use hats. If no one is wearing a hat, use glasses.



Steps

- Tell participants that this game is called 'What would you do?' Tell them to pretend that they do not know each other. They should introduce themselves to each other and interact. They also must try to protect their health and avoid getting sick. Tell them that you will give them some additional information during the course of the activity. Ask if they have any questions.
- 2. Tell them to start meeting each other. Give them a minute or two to interact. Then announce that a serious new illness has been discovered. Scientists believe that it is passed from person to person when they shake hands. Tell them to continue introducing themselves and talking. Observe how they act.
- 3. After another minute or two, announce that a there was a mistake and they now understand that the new illness isn't passed from person to person when they shake hands but when they look at each other. Research has found that glasses, including sunglasses (or hats, if more participants have hats than glasses), will protect you from the disease. Tell them to continue introducing themselves and talking. Observe how they act.
- 4. After another minute or two, announce that you are very sorry but the previous information was not quite right. The new illness isn't passed from person to person when they just look at each other but when they look at someone wearing the colour red. Glasses still provide protection. Tell them to continue introducing themselves and talking. Observe how they act.
- 5. Optional (if there is enough time, do this step): After another minute or two, announce that once again there was a mistake. The new illness isn't passed from person to person when they look at someone wearing the colour red, but when they are in the same room as the opposite sex. Tell them to continue introducing yourselves and talking. Observe how they act.

- 6. Tell the participants to sit down and discuss the activity, by asking the following questions:
 - What did you do when you heard that there was a new disease that was passed through shaking hands? Why did you do that?
 - What did you do when you heard that the disease was actually passed by looking at each other and that glasses will protect you? Why did you do that?
 - And what about when you heard that it was actually from looking at someone wearing red?
 - Could you know before looking at them if a person was wearing red?
 - So what did you need to do?
 - Optional (If you did step 5): What happened when you were told that the disease was actually passed from being in the same room as the opposite sex?
 - So, with each announcement you tried to change your behaviour. Why?
 - So when you hear that a disease is passed through sex, but condoms give protection, what will you do? Why?
 - Why do you think many people still do not used condoms every time they have sex?
 - Does it make sense to you?

ACTIVITY 10.2: MULTIPLE PARTNERSHIPS

Adapted from Promoting Partner Reductions, FHI 360



Purpose

To get participant to start thinking about changing their behaviour to avoid illness and to discuss why people aren't changing their behaviour to protect themselves from HIV.

Objectives

By the end of the activity, participants will be able to:

- · List and describe the different types of multiple partnerships;
- Explain why a person who has multiple concurrent partnerships is more likely to spread HIV if she or he becomes infected.



Time: 40 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, optional: music player and recording of the song 'Jack and Jill'



Preparation

If you are going to use the song 'Jack and Jill', listen to it beforehand and become familiar with the lyrics.

Note to facilitator: In this activity and those that follow, do not moralize (i.e. do not preach about what is right or try to impose your own sexual morals on the participants) and do not tell them that one type of relationship is better than another. It is essential to allow participants to come to their own conclusions about which relationships and behaviours are right and wrong for them and how they can protect themselves. Do not tell them that monogamy is better than other sexual behaviours or that it is safe. Being monogamous does not protect you. Remember that many monogamous people have been infected by their non-monogamous partners. According to scientific evidence, the best way to protect yourself is not to have sex. Since this is not a viable lifetime solution for most people, using condoms correctly every time you have sex is the safest approach for those having sex.



Steps

- 1. Optional: If you have access to the song 'Jack and Jill' (available at http://www.safeguardyoungpeople. org/music/) and can play it for the participants, start the activity by playing it. Ask the participants to listen closely to the words of the song. Then ask them the following questions:
 - What is the song about?
 - What happens in the song?
 - What does the singer wish had happened instead?
 - · What are the main messages in the song?
- 2. Tell participants that this unit is focused on prevention and risk reduction. To get started, ask them the following questions:
 - Let's quickly review. What are the things that could affect your plans and keep you from achieving your goals? Probing question: What can get in your way?
 - · Write their list on flipchart paper. The list may include: pregnancy, HIV, violence, early marriage,

forced marriage, alcohol, drug addiction, committing a crime, poverty, and peer pressure, among others.

- What are some things that young people do that result in their having those problems? (Point to the list)
- · Again make a list of the behaviours that they mention.
- 3. Picking up on what they say, tell them that this activity is focused on one of those behaviours that can cause problems having sexual intercourse.
- 4. Tell participants that you are going to describe the sexual relationships of three imaginary people between 2011 and 2015. Read the following stories. As you read each story, draw the relevant part of the Partner Chart shown below on flipchart paper.

Mwaka: Mwaka had one sex partner, Mirembe, from 2011 to 2015.

Chiku: Chiku had three sex partners. First, Chiku was in a sexual relationship with Daudi in 2011. Their relationship ended in 2011. Then in 2013, she got into a sexual relationship with Hanif. They later broke up in 2013. In 2015, Chiku started a new relationship with Joseph.

Clement: Clement had three sex partners throughout this time. Between 2011 and 2015, Clement was having sex with Hadiya, Naomi and Rebecca.

- 5. Tell the participants that these three people had different patterns of sexual relationships, each of which has a name. Ask them:
 - · What is the name for the kind of sexual relationship that Mwaka had? (Answer: Monogamy).
 - When a person has more than one sexual relationship, but ends one sexual relationship before starting another, it is called sequential partnerships. The partners never overlap. Which person had sequential partnerships? (Answer: Chiku).
 - Why? (Answer: Because she had a sexual relationship with only Daudi for a period, then with only Hanif and then with only Joseph for a period. Her partners did not overlap).
 - When a person has two or more sexual relationships that overlap in time, it is called multiple concurrent partnerships. Which person had concurrent partnerships? (Answer: Clement)
 - Why? (Answer: Because he had sexual relationships with Naomi, Hadiya and Rebecca during the same time, going back and forth between them).
 - Concurrent partnerships are sometimes called "double dipping" or having a "spare tire." What are these types of relationships called in your community?

Write the following definitions on flipchart paper:

- · Sequential partnerships: Sexual partnerships that occur in a series and do not overlap in time
- Multiple concurrent partnerships: Sexual partnerships that overlap in time.
- 6. Then ask the following questions:
 - Which of these three people is the least likely to become infected with HIV or an STI if none of them were infected before 2011? Why? (Answer: Mwaka, because he had the fewest partners. Note however that we don't know how many partners Mirembe had or when she had them).
 - A common way for people to think about their HIV and STI risk is to think about the number of partners they have. Clement and Chiku both had three partners. Which one is more likely to spread HIV? (Answer: Clement).
 - Why does having multiple concurrent partners make it more likely that HIV will spread?

Pick up on their responses and explain the following, if necessary only:

• Remember the drama we did on how HIV attacks the body? When a person first gets infected with HIV, their body has no defences against the virus (no HIV anti-bodies). As we saw, HIV turns the

- CD4 cells into HIV making factories. So, the amount of the virus in their body fluids becomes very high, very quickly.
- When a person has a lot of HIV in their body fluids, they are more likely to infect their sexual partners.
- So someone who has more than one sexual partner when they are first infected with HIV is more likely to infect their other partners.
- After some time, when the body starts making HIV antibodies, the amount of HIV in their body fluids will go down. Then they are less infectious.
- Because of the time between relationships in a person with sequential partnerships, they are less
 likely to spread HIV if they become infected than someone who has multiple concurrent partners
 who becomes infected with HIV.
- 7. Ask participants the following questions:
 - What are some of the reasons that young men have multiple partners?
 - What about women? Do they have the same reasons as young men do or different reasons? What is an example?
 - Is it more or less acceptable for young women to have concurrent partners than young men? Why? Note to Facilitator: Note if there is a double standard i.e. that men can have many partners but women shouldn't. Ask them: How can we challenge this double standard?
- 8. Ask participants to summarize the main points of the activity. Add any of the following that they do not mention:
 - Your sexual behaviour can have negative consequences (or impacts) on your future.
 - People have different types of sexual relationships. Some people have only one sexual partner in their lifetime, others have more than one sexual relationship and some have multiple relationships at the same time.
 - Concurrent partnerships are the most likely to spread HIV through a community if condoms are not used correctly and consistently.

Linking sentence

Limiting the number of sex partners you have is one of the best ways to protect yourself and others. For people who have more than one sexual partner, those who have sequential partnerships are less likely to get and to spread HIV and STIs than those who have concurrent partners. You will see this for yourself in the next activity.



FACILITATOR INFORMATION

TYPES OF PARTNERSHIPS AND HIV TRANSMISSION

When someone first contracts HIV, they are highly infectious. Their viral load, which is the amount of the virus in their body fluids, is high during the first months after infection. HIV is more likely to be transmitted with each act of unprotected sex during this acute stage of infection than in the following months and years when their viral loads will be much lower. For this reason, if someone in concurrent partnerships acquires HIV, they are likely to spread it — because they will probably have sex with more than one person during this period of high infectiousness (which also coincides with the time when the person doesn't know that they have been infected). Concurrent sexual partnerships create large on-going sexual networks that can spread HIV quickly through a community and beyond. Sexual networks include whomever you are having sex with, your partners' partners, their past partners and so on.

In contrast, HIV transmission occurs differently in sequential partnerships. For example, if someone has two sequential sex partners during an extended period of time, and they are infected by their second partner; they cannot infect their first partner because they are not longer having sex with that person. If they are infected by their first partner, of course, they can infect their second partner. However, they may be past the initial period of high infectiousness by that time. As a result, having sequential partners instead of concurrent partners can markedly reduce HIV transmission in a community. Still, having more than one partner, regardless of the pattern, increases one's risk of acquiring HIV.

Monogamy, however, is not necessarily safe. If one partner is monogamous and the partner is not, the monogamous person is at high risk of acquiring HIV if their partner does. This is because they will most likely be having sex with their partner during the time that they are newly infected and therefore highly infectious. A person may believe that their partner is also monogamous but this may not be the truth. Many monogamous people have been infected with HIV by their non-monogamous partners.

For an individual (as opposed to a community), regardless of the type of relationship they have, if they are having sex, the best way for them to protect themselves is to use condoms correctly every time they have sex.

ACTIVITY 10.3: THE MCP HANDSHAKE

Adapted from Promoting Partner Reductions, FHI 360



Purpose

To demonstrate the way that HIV and STIs move through a sexual network created by different types of partnerships; and to show how condoms reduce the spread of HIV and STIs.

Objectives

By the end of the activity, participants will be able to:

- Describe how multiple partnerships cause HIV to spread through a community.
- Explain why using condoms and having fewer sexual partners are important ways to reduce the risk of becoming infected with an STI or HIV.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

- Approach a mature participant before the activity begins, and ask that participant if he or she
 is willing to pretend to be HIV positive throughout the activity. If there are an odd number of
 participants, join the circle to make it an even number and you (not the participant) should
 pretend to be HIV positive.
- Before starting the activity, draw the chart below on flipchart paper.

How HIV spreads with different types of relationships					
Type and number of partners	Monogamy, 1 partner	Sequential, 2 partners	Sequential, 3 partners	Concurrent, 2 partners	
Total number of infections					

Note of facilitator: If you have fewer than 10 participants, you will not be able to demonstrate having 3 sequential partners, so leave it off the chart.



Steps

- I. Optional: If you have access to the song 'Jack and Jill' (available at http://www.safeguardyoungpeople.org/music/) and can play it for the participants, start the activity by playing it. Ask the participants to listen closely to the words of the song. Then ask them the following questions:
 - What is the song about?
 - What happens in the song?
 - What does the singer wish had happened instead?
 - · What are the main messages in the song?
- 2. Explain the activity as follows:
 - Pair up with someone next to you. For the purpose of this activity only, this person will be considered your first sexual partner.

- Identify the person (you or the participant you approached beforehand) who is acting as a person living with HIV during the activity.
- For this exercise only, shaking a person's hand represents having sex with that person. Each shake represents having sex one time.
- We will demonstrate the three types of partnerships: lifetime monogamy, sequential partnerships and concurrent partnerships.
- 3. Tell participants that you will now demonstrate the types of partnerships. Tell them:
 - To shake hands so times with their partner. Count out loud to so as participants shake hands with their partner. Then ask participants: Which type of sexual partnership does this represent? (Answer: Lifetime monogamy)
 - The person on the other side of them is a second partner. Have everyone shake hands five times with their first partner and then five times with the second partner. Count out loud as participants shake hands with each partner. Then ask participants: Which type of sexual partnership does this represent? (Answer: Sequential partnerships).
 - Finally have every person shake hands 10 times, but this time once with the first partner, once with the second, then once with the first, once with the second and so on for a total of 10 handshakes. Count out loud to 10 as participants shake hands. Then ask participants: Which type of sexual partnership does this represent? (Answer: Multiple concurrent partnerships).
- 4. Display the chart you made before the activity. Tell participants that first they will see how HIV spreads when people are in monogamous relationships.
 - Remind participants who 'has HIV' in this exercise.
 - Tell participants that when they are exposed to HIV (i.e. when they shake hands/have sex with someone who has HIV, they must raise their left hand. This is very important so do not forget. The one person with HIV should raise their left hand now.

Have participants shake hands with their first partner 10 times. Count out loud to 10 as participants shake hands with their first partner. Watch for participants to raise their left hands when they become exposed to HIV. If they do not do this, remind them to do it.

Then ask the participants:

- How many people got HIV when each person is in a monogamous relationship? (Answer: HIV is transmitted to only one person).
- How many people have HIV now? (Answer: 2) Write a two on the chart in the box under 'Monogamy'.
- 5. Next, tell participants that you are starting over and again there is only one infected person (either you or the participant who is pretending to have HIV). Now they are going to see how HIV spreads when everyone has two sequential partners.
 - Make sure the person with HIV has raised their left hand.
 - Remind participants that when they are exposed to HIV, they should raise their left hand.
 - Have participants shake hands five times with their first partner and then five times with their second partner. Count out loud to five as participants shake hands with each partner.

Ask the participants:

- How many people got HIV when everyone had sequential partnerships? (Answer: HIV is transmitted to three people for a total of four infections). Write 4 in the box under 'Sequential, 2 partners.'
- · Ask how many more this is than when everyone was monogamous? (Answer: Twice as many)

Note to Facilitator: If you have fewer than 10 participants, you cannot do the next step so you will need to skip it.

- 6. Now tell participants that they are going to see how HIV spreads when everyone has three sequential partners.
 - Ask the person with HIV to raise their left hand.
 - Have participants shake hands with their first partner three times, then three times with their second partner. Count out loud as participants shake hands with each partner.
 - Then have them go to the person across from them in the circle to shake hands with a third person four more times.
- 7. Have participants come back together in a circle and keep their hands raised if they were exposed to HIV. Ask:
 - How many HIV infections resulted when everyone had three sequential partnerships? (Answer: 8 people). Write this number on the chart under 'Sequential, 3 partners'.
 - · How many more is this than when everyone had 2 partners? (Answer: Double or twice as many)
 - What do you notice looking at the chart? (Answer: When the number of partners increase from 1 to 2 to 3, the number of people with HIV doubled and then quadrupled (or doubled again)).
 - Thinking about this. What could you tell a friend who says it isn't a big deal to have just one more sexual partner, even over a long period of time?
- 8. Explain that we are now going to see how HIV spreads through concurrent partnerships. This time each person will have only two partners, but these partners will be concurrent.
 - · If necessary, remind the participant who is pretending to be HIV positive to raise their left hand.
 - · Remind all of them to raise their left hand when they have been exposed to HIV.
 - Tell participants that they should shake hands once with their first partner, then once with their second partner, then once with their first partner and again once with their second partner and so on until you have reached 10 handshakes (five with each partner). Count out loud to 10 as participants shake hands.

Ask the participants:

- How many HIV infections resulted when everyone had two concurrent partnerships? (Answer: The number will vary depending on the number of participants. It will spread in each direction around the circle from the person who is pretending to have HIV. Each time they shake hands, two more people will be infected, so the maximum number of infections should be II, for five handshakes. If you have 10 participants or less, all will be infected). Write this number on the chart under 'Concurrent, 2 Partners'.
- How many more is this than when everyone had 2 sequential partners?
- Why was HIV able to spread so much further this time than when everyone was having two sequential partnerships? (Answer: Because everyone went back and forth between partners, or had multiple concurrent partnerships).
- 9. Tell participants that they will pretend to have three sequential partners again only this time participants will use 'condoms' with their third partner. Emphasize that they will use their condom only with their third partner and not with their first or second partner. This means on they cannot get infected with their third partner. Remind participants that if they are sexually active, the most effective protection against HIV is using one condom for each sexual act.
 - Have the person with HIV raise their left hand.
 - · Have every person shake hands three times with the first partner.

- · Have them shake hands three times with the second partner.
- Then, while using protection, have them shake hands four times with their third partner. Count out loud to 10 as participants shake hands.

10. Ask the participants:

- How many people got HIV when everyone used condoms only with their third partner? (Answer: Four)
- What is the difference between this scenario and when everyone had three sequential partnerships without using condoms with any of them? (Answer: When using condoms with just one partner, there were half as many infections; or with no condoms, there were twice as many infections (8)). Point out however that four people still have HIV.
- Why would someone use condoms with only one partner? (Answers: Use them only with a new partner; use them only with someone they think is risky; use them only with their 'extra' partners, don't use them with their main partner).
- II. Tell them that often when someone has a new partner, he or she plans to use condoms every time they have sex. Ask them:
 - What happens as time passes? Why? (Answer: They may stop using condoms or use them less frequently; they start trusting the person more).

Explain that this is a big issue with concurrent relationships. For example, a young man takes on an additional partner and, as time goes on, stops using condoms with her, putting himself and his original partner at risk. Ask:

- Do you think it is a good idea to stop using condoms with a partner? Why or why not?
- Is this something that happens in your community?
- What should he do to protect himself and his partners? (Answers: using condoms correctly every time he has sex with both partners; keep using condoms every time he has sex with this second partner; have only one partner).

Note to facilitator: Remember not to tell participants what to do or what the best choice is. Just give them the facts.

12. Ask the group:

- What role do condoms have in reducing the risk of HIV, particularly within multiple sexual partnerships? (Answer: They are essential for reducing the risk of getting HIV and an STI and for not spreading HIV or an STI to your partners).
- What else can you do to reduce your risk according to what we saw in this activity? (Answer: Reduce the number of sexual partners you have, whether sequential or concurrent).
- Who is responsible for reducing YOUR risk of getting an STI or HIV? (Answer: I am. We are each responsible for ourselves).
- 13. Ask them what they learned from this activity. Add any of the points below that they do not mention.
 - The types of relationships and number of partners we have affect the spread of HIV and STIs in our community.
 - Having sequential or multiple concurrent partnerships greatly increases the spread of HIV and STIs.
 - · Having multiple concurrent partnerships increases the spread of HIV because:
 - It increases your chances of having one or more partners who are HIV positive or of unknown
 - It increases your chance of having (unprotected) sex with a newly infected partner, who has a lot

- of virus in their body fluids, making it more likely you will be infected.
- Using condoms greatly reduces the spread of HIV and STIs, but they must be used consistently and correctly with all partners to make them highly effective.
- Reducing the number of sexual partners you have is also important for reducing your risk of getting an STI or HIV.

Linking sentence

We've been looking at how the different types of relationship patterns can increase the spread of STIs and HIV in a community and increase a person's risk of getting an STI or HIV. Now we will look at some other types of relationships that can be especially risky for young people.

ACTIVITY 10.4: OLDER PARTNERS, WHAT'S THE RISK?



Purpose

To have participants think about the realities of having sexual relationships with older partners and relationships in which sex is exchanged for money or other benefits; to understand that the risks for STIs, HIV and pregnancy is much higher in such relationships and why, and that relationships with their peers are safer.

Objectives

By the end of the activity, participants will be able to:

- List the advantages and disadvantages of having a sexual relationship with an older partner;
- Describe the effects of the power differential in a relationship with an older partner on the young person;
- · Discuss at least four things that often happen in relationships with older partners in real life;
- List some alternative ways for young people to get what they want outside of having a relationship with an older partner.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Label two pieces of flipchart paper with the headings 'Young women' and 'Young men'. Ask the participants to form pairs and to discuss the following questions:
 - Who do young women in your community have sex with and why?
 - Who do young men in your community have sex with and why?
 - Before they start, ask them for one example and write it on flipchart paper under the appropriate heading. Some examples might be:
 - Young people have sex with those they love and are attracted to.
 - Some young women have sex with older men because the older men give them gifts or money.
 - Some young men have sex with sex workers to gain sexual experience.
 - Ask the pairs to think of at least one more answer for young men and one more for young women. Give them three minutes to discuss the question.
- 2. Bring the group back together and ask each pair to share one answer with the group. List their answers on the flipchart paper starting with 'Young women'. Continue until no one has anything to add. Then do 'Young men'.
- 3. Ask them to identify all the partners who are older and circle them with a different coloured marker. Then ask if there are any other reasons that girls or boys have relationships with older partners. If there are, add them to the list. (Answers may include: for money for themselves or their families; for school fees; for necessities or luxuries, such as cell phones; with teachers for grades; for gifts; for attention; to feel grown up; to feel attractive and appreciated; to be taken care of; because of pressure from family).

Ask them: What can you observe about the reasons that young people get into relationships with older partners? Note to Facilitator: It is likely that many of the reasons will involve some type of benefit to the younger person, such as money, gifts, grades, drinks, etc.

- 4. Tell them that they will now focus on talking about sexual relationships with older partners. Ask:
 - How many years age difference makes someone older? (Answer: A general rule is 5 years or more). Note that every year older a sexual partner is, the riskier they are for the young person.
 - How common is girls dating older guys in your community?
 - What about boys? Do they also get into relationships with older women or older men in your community? Is it more or less than girls with older guys? Note that this issue especially affects girls.
- 5. Put up a new sheet of flipchart paper and make two columns, headed 'Advantages' and 'Disadvantages'. Ask participants: What are the advantages of having a relationship with an older person? Write their responses on the flipchart paper. Then ask them: What are the disadvantages of having a relationship with an older person? Write their responses on the flipchart paper. Answers may include:

Advantages Disadvantages Feel mature Likely to have unprotected sex Feel special Risk of getting pregnant Able to assist family Risk of getting HIV or an STI Emotional abuse Gain sexual experience Have material things, what you need Physical and/or sexual abuse and violence Have access to transportation Feel used, taken advantage of Have more money Feel like a prostitute Hang around with older people Feel unloved Go to new and different places Feel powerless Feel sexy and attractive Get bad reputation Feel wanted or desired Parents may disapprove Feel love Lack of trust Get sexual satisfaction Know your partner most likely has other Gain status partners Parents may approve Feel expendable or replaceable Fear that the older person may end the relationship at any time Lack of control in the relationship, e.g. when, where and how you see each other Demanding partner Partner just wants sex all the time Breaking up a family (being a home wrecker)

Note to Facilitator: There should be more disadvantages than advantages. If not, ask them what other disadvantages there are that they haven't mentioned.

6. Ask them:

• What do you observe about the advantages compared to the disadvantages? Probing question: Do you think the advantages are greater than the disadvantages? Why or why not?

- Why does the younger person have less power in a relationship with an older person? (Answers: because of age and the status of older people, traditional respect for those who are older; because of money; because they are depending on them for benefits; out of fear of losing the relationship by younger person).
- How does this affect them? (Answers: Have little control or say in the relationship; puts them at risk of pregnancy, STIs and HIV; makes it difficult to refuse sex, including unprotected sex; difficult to insist on condom use; difficult to be assertive; difficult to leave the relationship).
- 7. Tell them that they are going to hear a couple of young women talk about their relationships with older guys in their own words. These are true stories. Tell them to turn to page 104 of their workbooks to follow along. Read Dina's story out loud. Then ask:
 - Is Dina at risk for STIs and HIV? (Answer: Yes).
 - Is she at risk for an unplanned pregnancy? (Answer: Yes).
 - Why is she at risk? Make sure the following points come out:
 - · She has multiple concurrent partners;
 - She is exchanging sex for gifts and favours, which puts her at a power disadvantage;
 - One of her partners is married, so he definitely has other partners also (this is also likely with her other partners);
 - She is a lot younger than some or most of her partners.
 - Being younger and getting benefits, makes it more likely that she cannot insist on condom
 use.

If they do not come up with all of these reasons, ask them 'What else?' and ask probing questions like:

- Is there anything else about her relationships that you think increases her risk?
- Why does she have concurrent partners? How does that affect her risk?
- · What advice would you give to Dina? Why?



WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK?

Listen to the story and then answer the questions:

Dina: I am 15 years old now. I've got different guys that I sleep with, but they are not really my boyfriends. They are only guys who support me. I call them my Ministers. I got a Minister of Love, a Minister of Transport and a Minister of Finance... I have them all at the same time. The Minister of Love gives me love because everyone needs to be loved. The Minister of Finance buys everything for me and the Minister of Transport takes me anywhere I want to go. Among my Ministers, there is a married guy.

- Is Dina at risk for STIs and HIV?
- Is Dina at risk for an unplanned pregnancy?
- $\bullet\ \ \,$ If yes, why is she at risk? Think of everything that is putting her at risk.
- What advice would you give to Dina? Why?

8. Now tell them to turn to page 104 of their workbook and then read Nicolet's story out loud:



WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK?

p. 117

Nicolet: When I was a child, we were poor and my father drank all the time. I longed for affection and I wanted a better life for myself. I was thirteen years old when I met my boyfriend and he was eighteen. He put a lot of pressure on me to have sex with him. I was scared, but I was very committed to him. I wasn't informed about the risks and I didn't know he was dating more than one girls at a time.

- Is Nicolet at risk for STIs and HIV?
- · Is she at risk for an unplanned pregnancy?
- If yes, why is she at risk? Think of everything that is putting her at risk.
- What advice would you give to Nicolet? Why?
- 9. Then ask them:
 - Is Nicolet at risk for STIs and HIV? (Answer: Yes).
 - · Is she at risk for an unplanned pregnancy? (Answer: Yes).
 - Why? Make sure the following points come out:
 - She was uninformed about the risks she was taking;
 - · He boyfriend had multiple concurrent partners;
 - · Her boyfriend is a lot older than her. Or she is a lot younger than her boyfriend.
 - He put pressure on her to have sex with him and she gave in.

If they do not come up with all of these reasons, ask them 'What else?' and ask probing questions as for Dina's story.

- What advice would you give to Nicolet? Why?
- 10. Now tell them to turn to page 115 in their workbooks. Then read the rest of Nicolet's story out loud:



WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK?

p. 118

Nicolet's story, continued:

In 2007, when I was 17, I found out that I am pregnant. My boyfriend left me then. About three years later, I was working on the farm and I just had a stomach bug. I went to the clinic to see the Sister and she did an HIV test and it was positive. I never expected that I would be infected with HIV since I only slept with one boyfriend. If I would go back to my younger years before I fall pregnant, if I knew what I know today, I wouldn't be infected with HIV and I would make better choices.

Then ask:

- What happened to Nicolet?
- · Why didn't she think she would get infected with HIV?
- · What do you think are the better choices she would make?
- 11. Ask participants:
 - What are some stories about younger people with older partners that you have experienced or know about?
 - What happened to the young people in the end?

- In your community, how many of the young people who are in relationships with older partners are doing it out of true necessity?
- What do you consider true necessity? Challenge their response as needed. For example, point out that sleeping with a teacher for grades is not necessary you could study more instead; or question whether a cell phone or other luxury is a necessity.
- What are some other ways that young people can find what they are looking for (e.g. to feel grown up, to feel attractive, to get money) that do not include having a sexual relationship with older partners? List their responses on flipchart paper.
- At the end of the day, who you get into relationships with is your personal decision. Who is responsible for protecting your health and well-being in your relationships? (Answer: I am, we are).
- Who is responsible for any consequences that you experience? (Answer: I am, we are).

Emphasize that only they can make these decisions in their own lives. They are responsible for what happens to them. Therefore they need to think carefully and make their choices wisely.

- 12. Ask them what they learned from this activity. Add any of the points below that they do not mention.
 - The greater the age difference between partners, the riskier the relationship is for the younger person in terms of getting STIs or HIV and becoming pregnant for girls.
 - Partners who are older and who have more money also have more power and they often use that power to get what they want from a young person, including unprotected sex.
 - Older partners often promise to take care of young women/men over a long period of time but rarely do.
 - The risks and disadvantages of having an older partner can be far greater than any advantages.
 - You must make your own decisions about your relationships. You alone are responsible for protecting your own health and for living with the consequences.

Linking sentence

Some relationships, like those with partners who are older and who provide us with benefits, like money or gifts in exchange for sex, are very risky for the younger person. Another behaviour that can put us at risk is drinking alcohol and/or taking drugs. In the next activity, we will look at how drinking and taking drugs affects us in general and in terms of our sexual risk taking.



PARTICIPANT INFORMATION

ABOUT RELATIONSHIPS WITH OLDER PARTNERS

Getting into a sexual relationship with an older partner – someone five or more years older than you are – comes with a lot of risks. Some things for you to think about are:

- · Older partners are very likely to insist on having sex.
- Older partners are much more likely to have had multiple sex partners than men or women your own age. This means that they are part of a larger sexual network.
- Older partners are likely to be married and to have multiple concurrent partners.
- Because of having multiple concurrent sex partners, they are more likely to have HIV or an STI already or to become infected.
- Older partners have more social power than young people. They can use that power over the young person to get what they want, including unprotected sex.
- Older partners have more money and can use it to manipulate the young person into having unprotected sex, which increases the risk of an unintended pregnancy as well as STIs and HIV.

Sexual relationships in which a young person exchanges sex for money or other benefits, like drinks, transportation, cell phones, clothes, and jewellery, also come with risks for the young person. Some things for you to think about are:

- The person giving the benefits has power over the young person receiving them.
- They can use that power to manipulate the person and convince them to have unprotected sex, putting them at risk of an unintended pregnancy, STIs or HIV.
- Most sexual partners who provide benefits to young people are also older partners (see the factors listed above).

ACTIVITY 10.5: WHAT DIFFERENCE DOES A DRINK MAKE?



Purpose

To have participants identify how drinking alcohol and taking drugs increase their risk of getting an STI, HIV or becoming pregnant; to discuss what young people can do to reduce these risks.

Objectives

By the end of the activity, participants will be able to:

- · List the risky and embarrassing things that people may do when they are drunk;
- Explain the possible long-term consequences of those risky behaviours, including the consequences to their health;
- · Discuss how a person can drink responsibly.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

1. To start the activity, read the following two stories.

Jonathan is 19 years old. He says: I met this beautiful girl in a bar and we started chatting and drinking together. She was getting drunk and she sat on my lap. I went with her just because I was drunk. After that, we had sex and there was no condom used. It all happened so fast. I only realized what I had done when I was sober but it was already too late. I am scared of HIV, but it is only alcohol. If I am drunk, then I cannot even think of using a condom.

Nawala is 17 years old. She says: Here in Greenwood, we have a lot of small bars. Every weekend we just go and hang around there and drink. And of course, guys will come and buy alcohol for us and then entertain us. They always expect sex from us because they are spending their money on us. Okay, we feel obligated. We have to go and have sex with them because they are spending their money on us. When we don't want sex, they sometimes get violent with us. One time, a guy got really violent. He was really angry, telling me — what did I expect after drinking all of his money? He ended up beating me. My face was really messed up. It was blue and my eye was swollen. I use condoms, but it was only with some of them that I did not use a condom. I think that I was too drunk. I really cannot remember.

- 2. Then ask the participants the following questions:
 - What is Jonathan doing that is putting him at risk? (Answers: getting drunk/drinking alcohol, having unprotected sex, having multiple partners).
 - What is he at risk for? (STIs, HIV, getting a girl pregnant)
 - What is Nawala doing that is putting her at risk? (Answers: getting drunk/drinking alcohol, having sex in exchange for drinks, not using condoms consistently, having multiple sex partners)
 - What is she at risk for? (STIs, HIV, getting pregnant, violence, rape)
 - · Are these situations common in your community? Why or why not? What do others think?
 - · What about using drugs?

- 3. Tell participants that we can see from Jonathan's story that drinking alcohol makes people more likely to take risks or do things that they wouldn't normally do. It is the same for taking drugs.
- 4. Write 'What can happen when people drink or take drugs?' on flipchart paper. Have participants brainstorm a list of what can happen when a person drinks or takes drugs. Write their responses on the flipchart paper. Probe by asking: What risks are people are more likely to take when they have been drinking? What kinds of thing do people do when they have been drinking or taking drugs?

Note to Facilitator: Try to get at least some of each of the following types of risks:

- Physical risks: Having no fear and doing risky things, accidents, driving drunk & crashing, crossing the road without looking, falling over, ripping clothing, passing out in the street, accepting a ride with a stranger or someone who is drunk, getting beaten up.
- Sexual risks: Having unprotected /unsafe sex/not using a condom, making wrong or bad decisions about sex, feeling sexual desire, having sex with someone you wouldn't normally sleep with, having sex in exchange for drinks, being raped or forced to have sex.
- Social risks: Doing embarrassing things (like peeing in your pants, defecating unexpectedly, sleeping anywhere, or singing and dancing in a drunk way), becoming violent or abusive, fighting with friends or strangers, breaking your relationships, committing crimes, getting in trouble with police or parents, going somewhere with someone you don't know; not studying when you should and failing a test (dropping out of school); loosing your values or breaking your own rules.
- Financial risks: Losing a cell phone, school bag, purse or wallet or other valuables, gambling.
- Physical effects: Nausea and vomiting or throwing up, crying, having a hangover, alcohol poisoning, passing out, not remembering what happened; over a long time, liver disease and other health problems; taking an overdose; death.
- 5. Ask: When someone drinks a lot they can have a "blackout." Who knows what a blackout is?

 Use their responses to come up with a definition similar to the following:
 - A blackout is when someone doesn't remember anything that happened to them it is like a black spot in their memory. For example, they could have had sex with someone and not remember it at all.

To help them understand, you can share a true story about someone blacking out if you have one. Or you can use one of the following true stories:

- A friend of mine told me that he had been out and had drunk a lot. When he 'woke up,' he was in his bed having sex with a woman he didn't know. They didn't use a condom. He told me about it because he was now worried that he might have got HIV.
- A friend of mine told me recently that she had been out drinking the night before. She said that
 she was embarrassed because she thought that she might have had sex with someone but she
 couldn't remember.
- 6. Ask: What are some of the other possible long-term consequences of all these things that you have listed? List their responses on flipchart paper.
 - If they have difficulty ask them about some of the specific behaviours they mentioned, for example: What are the possible long-term consequences of having unprotected sex? Of committing a crime? Of fighting? Of getting a ride from someone who has been drinking? Of arguing with your girlfriend or boyfriend? Of blacking out?

- 7. Then generate a discussion by asking the group:
 - Which of these consequences can have a long-term effect on your life? (Answers: Getting in trouble with the police, getting pregnant or infected with HIV, getting injured, death; failing in school).
 - What are the worst things that can happen from drinking or taking drugs? (Answers: Death, disability, serious injuries, HIV, addiction, alcoholism)
 - These things don't always or even usually happen, but sometimes they do. Do you think they could happen to you if you drink or take drugs? Allow participants to discuss. If necessary, remind them that things like accidents and car crashes, happen when we don't expect them to. They can happen to anyone.
 - What are some reasons that young people drink and take drugs?
 - · What do you think about drinking? What about taking drugs?
 - What do you think about pressuring someone to drink or take drugs?

Note to Facilitator: Emphasize that everyone has the right to make their own decisions about what they will or won't do and to have their decision be respected. No one should ever pressure someone else to drink or take drugs.

8. Finally, ask them:

- What would you recommend to prevent or avoid the risks of drinking and taking drugs? Write their responses on flipchart paper and allow them to discuss what they think the solutions are. Make sure they discuss peer pressure to drink and how they can handle it.
- Which of these is the safest option for young people? (Answer: Not drinking or taking drugs at all).
- Some people are going to drink. Have you ever heard of 'drinking responsibly'? What does it mean? Pick out any things they have already mentioned in answer to the first question you can circle them. Add any additional ideas they have on a piece of flipchart paper.

Drinking responsibly

Not drinking at all is the healthiest choice. However, some people will decide to drink. For those people who do drink, here are some ways to drink responsibly and to reduce the risks that can come with drinking:

- Know your limits: If you are going to drink, moderation is the key. Don't get very drunk. If you use, DON'T ABUSE!
- Drink smarter: If you choose to drink alcohol, drink water or soft drinks in between. This will keep you hydrated and help you not to drink too much alcohol.
- Eat before and during drinking: Food slows down the absorption of alcohol, so the level of alcohol in your blood stays lower and this helps stop the feeling of being out of control.
- Carry condoms with you: Whether you drink alcohol or not, a condom is the best way to protect against HIV, STIs and unintended pregnancy.
- Plan ahead: If you're off to a party or going into town, plan how you're going to get home later. If you have a cell phone, make sure it is charged, so that you can call home if you need to.
- Look out for friends: Make sure your friends are safe. Be sure that they get home safely; talk them out of arguments; and make sure they're not getting sick.
- Don't drink and drive and check that your ride is safe or walk: If you have been drinking, don't drive. If you have a ride home, make sure the driver has not been drinking. If you are walking home, make sure you have a friend to walk with.

- I. Ask them what they learned from this activity. Add any of the points below that they do not mention.
 - When people drink alcohol, they may take risks or do things that they normally would not do.
 - · These risks and behaviours can have serious, life-changing consequences.
 - Using alcohol and/or drugs is one reason why people have unprotected sex and get STIs and HIV
 or become pregnant. They also contribute to broken relationships and families.
 - Not drinking is the safest option for young people.
 - · No one should pressure another person to drink or take drugs.
 - · You have the right to say no to drinking without feeling guilty or bad about yourself.
 - If you do drink, you can take steps to reduce the effect of alcohol on you.

Add any of the following ideas that they do not mention to their list:



PARTICIPANT INFORMATION

Linking sentence

In the last activities we have been talking about some relationships and behaviours that can increase your risk. In the next activities we are going to focus on behaviours that protect you from STIs, HIV and unplanned pregnancy.

ACTIVITY 10.6: EXPLORING OUTERCOURSE

Adapted from lesson by Maria Bakaroudis published in American Journal of Sexuality Education, 9:381-397, 2014



Purpose

To enable participants to consider a variety of safe and pleasurable ways to express themselves sexually, with or without a partner; and to have participants think about their personal values related to abstinence, virginity and sexual intercourse.

Objectives

By the end of the activity, participants will be able to:

- Explain what abstinence and outercourse are;
- · List at least six sexual activities that outercourse can include;
- Explain how a person can get sexual pleasure from outercourse;
- · Describe the advantages or benefits and the challenges or possible problems of outercourse.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens --, at least four black markers, four green markers, four blue markers, and four red markers (if not available, at least have four markers of any colour and give one to each group for the first activity), tape and scissors or Bostik or Prestik



Preparation

Before the session, write the 'Instructions' in Step 2 on flipchart paper.



Steps

- 1. Tell the participants that this activity is about a type of sexual behaviour called 'outercourse'. Tell them that before you start, because this lesson is on a sensitive topic, you want to review the ground rules. Emphasise respect for others and for diversity and the right to 'pass' on participating if they do not feel comfortable.
- 2. Divide participants into four groups. Post the instructions you prepared and review them with the participants:

Instructions:

- 1) On a piece of paper, list all the ways an individual can express sexual feelings alone and/or with a partner, including all the specific sexual behaviours that you know. Try to make the longest list possible. Once you have listed everything you can think of in your smaller group and cannot think of anything else to add then go through each item on your list and:
- 2) Put a star "*" next to the ones that are considered safer sex.
- 3) Underline the ones that do not include any type of penetration.
- 4) Put an "X" next to the ones that involve some form of penetration and are unprotected, that is, NOT safer sex practices.

3. Ask them:

• What do we mean by 'penetration'?

Note to Facilitator: If necessary, build on their responses and explain that penetration refers to the insertion of a penis, finger, tongue, object or sex toy into the vagina, anus, or mouth.

· How do you define 'safer sex'? How can you decide if something is safer?

Note to Facilitator: If needed, build on their responses and explain that 'safer sex' is any way to express yourself sexually that does not result in the exchange of semen, pre-ejaculate, and vaginal fluids.

Ask if they have any questions and tell them that they have 10 minutes.

- 4. After 10 minutes, put up a piece of flipchart paper. Ask the first group to tell you one thing on their list and whether they put a star, underlined it and/or put an X next to it.
 - If you have different coloured markers, write it in black. Put the stars in green. Underline in blue. Put the Xs in red.
 - Write the practices that can be done with or without a condom or other barrier, as two practices. For example, vaginal intercourse with a condom and without a condom should be listed as two separate items.

Note to Facilitator: Pay attention to what they say and question any mistakes, for example, if they say something is safe that is not safe, you can ask, 'Does everyone agree with this?' (A sample list is provided below).

Then ask the next group for one new item. Add it to the list. Go from group to group, getting one new item from each group and adding it to the list until you have all of their ideas. Then ask:

- Does anyone have any other sexual practice to add to the list?
- Is this the LONGEST list we can come up with?
- 5. Discuss the activity by asking the following questions:
 - What was it like for you to do this activity?
 - Did you have any difficulties deciding whether or not to star or X and activity? If yes, why was it difficult?
 - Does being the 'giver' or 'receiver' of the behaviour make a difference in the level of safety? (Answer: It can. It depends on whether body fluids are shared. For example, in oral sex without a condom, the giver comes in contact with the receiver's body fluids, but the receiver does not).
 - What do you notice about this list?
 - If it has not come up, ask: Are there more ways to express one's sexual feelings that are safe (starred) or unsafe? (Answer: There are more that are safe).
 - · Which of these activities do you think is pleasurable?

Note that different cultures and individuals within those cultures have different ideas of what is and is not acceptable for themselves and others in terms of sexual behaviour.

- 6. Ask participants:
 - · What is abstinence?

Abstinence is not having any type of sexual intercourse. Some people define abstinence as no sexual activity of any kind.

Outercourse is a type of abstinence. Do you know what it is?
 Use their responses and write the definition of outercourse on flipchart paper:

Outercourse is sexual expression with or without a partner that does not include vaginal, oral or anal intercourse. Explain that outercourse is a form of safer sex. It includes all the items on our list that are underlined and starred.

7. Generate discussion by asking participants:

What are the advantages (or benefits) of outercourse?

Make sure the following key points come up (do not repeat those that the participants mention):

Advantages (benefits) of outercourse include:

- It is creative; doesn't following common routines of sexual expression;
- May be more comfortable during menstruation;
- · Prevents pregnancy, HIV and STIs;
- Gives pleasure without the risk;
- Makes you feeling good about yourself for acting in line with your values if you do not want to have sexual intercourse;
- Makes you feel good about respecting the wishes of a partner who does not want to have sexual intercourse.

What are the challenges (or possible problems) of outercourse? Why is this a challenge? What do others think? Do you agree? If not, why not?

Challenges (possible problems): Acknowledge that practicing outercourse can be challenging. Make sure the following key points come up (do not repeat those that the participants mention):

- May not be that easy for some individuals and/or their partner(s) to limit sexual expression to non-penetrative practices.
- Outercourse with a partner requires communication and negotiation skills to ensure that both partners agree on what is acceptable and to achieve maximum respect, responsibility, and enjoyment.
- Some partners (especially older ones) may not accept to practise only outercourse.
- · How does outercourse fit with your cultural values?
- · How does outercourse fit with your religious values?

8. Then ask:

- Can abstinence or outercourse fail can it be ineffective? How? (Answer: Yes, if the couple gets carried away and has sex. Or if the man ejaculates on the woman's vulva and some sperm get inside).
- Some people consider themselves virgins because they have not had penile-vaginal intercourse but they have had oral or anal sex. Do you consider such a person a virgin? Why or why not?
- What about if they only participated in non-penetrative outercourse activities? Are they a virgin?

Note that different people have different ideas about what a virgin is.

- 9. Ask participants to summarize the main points of the lesson. Add any of the following that they do not mention:
 - There are many ways to express one's sexuality besides sexual intercourse that are pleasurable and safe.

- Abstinence, or not having any kind of sexual intercourse, is the most effective way of preventing STIs, HIV and unintended pregnancies if used correctly.
- Outercourse is expressing your sexuality and experiencing pleasure with or without a partner without intercourse or penetration. It is a type of abstinence and is safe.
- Outercourse includes many pleasurable sexual activities.

Linking sentence

In this activity we discussed abstinence and outercourse. These are the most effective ways of preventing STIs, HIV and unintended pregnancy, if they are used correctly. However, at some point in life, most people will eventually decide to have sexual intercourse. Therefore, it is also important to learn how to have sex as safely as possible.



SAMPLE CONSOLIDATED LIST OF SEXUAL PRACTICES (Note to facilitator: Do not add things the participants do not mention).

- Hugging*
- Kissing*
- Writing love letters, sexual phone text messages, chat, or emails*
- · Exchanging or sharing clothes*
- Thinking or fantasizing about sex*
- Discussing sexual fantasies with someone in person or over phone, Internet, SMS or chat*
- Giving and/or receiving massage*
- · Caressing breasts*
- Oral sex mouth on penis X
- Oral sex mouth on penis with condom*
- Oral sex mouth to vulva, vagina, clitoris X
- Oral sex- mouth to vulva, vagina, clitoris using a cut opened condom or barrier as a protective covering*
- Sucking or licking body parts other than vagina, penis, anus*
- Wearing sexy clothes*
- Making erotic eye contact*
- Undressing in front of a sexual partner*
- Rubbing bodies with clothes on*
- Rubbing bodies without clothes on*
- Masturbating oneself without condom or barrier*
- Masturbating a partner without condom or barrier*
- Masturbating oneself with condom or barrier*
- Masturbating a partner with condom or barrier*
- Anal sex with condom*
- Anal sex without condom X
- Vaginal sexual intercourse with condom*
- Vaginal sexual intercourse without condom X
- Rubbing the penis between the breasts, thighs, armpits, behind knee*
- · Sexy dancing*
- Watching pornography or erotica (alone or with others)*
- Showering or bathing together*
- Fingering the vagina or anus (with or without condom or barrier)*
- Inserting objects into the vagina: plastic penis, dildo, vibrator, other objects (with or without condom; with or without sharing same object with partner)* X



INFORMATION FOR THE FACILITATOR:

ADDITIONAL INFORMATION ON RISK & SAFETY

Oral sex: If the risk level of oral sex comes up in the discussion, inform participants that evidence suggests that while unprotected oral sex may not be as risky as unprotected vaginal or anal intercourse, some sexually transmitted infections can be transmitted if no protection is used. For example, you can get gonorrhoea, chlamydia and syphilis in your throat.

Sex toys or using objects: The safety of sexual practices that use toys or objects depends on whether or not the toys or objects are shared; whether or not condoms are used on them and changed if they are shared; whether or not the toy or object is cleaned properly before it is used on another person; and whether there is broken skin on either partner. Also explain that when using sex toys or objects in the anus, it is important for the base of the toy to be wider than the toy or object so it does not slip into the anus and become difficult to get out. Emphasis the need for caution because if the toy becomes unreachable, they will need to go to a doctor to get it removed! If it is a vibrator that is turned on, it is a medical emergency because the heat generated will damage the tissue.

ACTIVITY 10.7: OVERCOMING BARRIERS TO CONDOM USE



Purpose

To review how to use a male condom correctly; to discuss the excuses that some people give for not using condoms; and to develop responses to them.

Objectives

By the end of the activity, participants will be able to:

- · Demonstrate how to use a male condom correctly;
- · Discuss which reasons for not using a condom are good and which are not good and why;
- Give convincing response for using condoms to common arguments for not using condoms.
- Explain what long-term couples should do protect themselves from STIs and HIV.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, one penis model, a couple of male condoms



Preparation

None



Steps

- 1. To start the activity, ask participants: People go on and on about condoms, condoms, condoms. Why? Emphasize that using condoms correctly is the most important protection skill against unintended pregnancy, STIs and HIV. Every young person must know how to do it.
- 2. Tell them that we already learned in detail how to use both male and female condoms in a previous activity. We will now do a quick review. Ask for a volunteer to demonstrate how to use a male condom correctly. Ask the other participants to observe carefully and note down if the volunteer forgets anything important.
- 3. Give the volunteer the penis model and the condoms. Ask them to describe what they are doing as they do it.
- 4. When they have finished, ask the other participants:
 - Did s/he do it correctly?
 - · Was there anything that you noticed that they did not do?

Make any corrections that the participants do not pick up on. Refer to the instructions on how to use a male condom on page 86 if necessary.

- 5. Tell the group that in this activity we are going to talk about what gets in the way of condom use. Acknowledge that most sexually active young people know they should use condoms to protect themselves from pregnancy, STIs and HIV, but they don't always do it. Ask them to brainstorm a list of reasons that people do not use condoms. List their responses on flipchart paper under the heading, 'Why people do not use condoms (even though they know they should)'.
- 6. Go through the list of reasons for not using condoms one by one and ask them: Is this a good reason not to use a condom? Why or why not? Is this something worth possibly getting an STI or HIV for? If they agree that it is a good reason (for example, the couple wants to get pregnant), put a star next to it. If they agree that it is not a good reason, cross it off the list.

Question them strongly if they say that reasons like 'wanting to enjoy sex' or 'to feel sexual pleasure' are good reasons not to use condoms. Ask questions such as: Can you enjoy sex/feel sexual pleasure with a condom? (Answer: Yes). So why is this a good reason not to use a condom? Is it worth getting an STI for? Getting HIV for? If they say 'They are allergic to condoms' remind them that male and female condoms are not made of the same material, so it is very unlikely they will be allergic to both.

Note to Facilitator: The only really good reason not to use a condom is 'because you want to get pregnant'. Some participants may feel that 'trusting one's partner' is a good reason.

At the end ask them, how many good reasons are there for NOT using condoms? Emphasize that there are always some risk of STIs and HIV when you do not use a condom and a risk of pregnancy if you are not using another method of contraception.

- 7. Put up a piece of flipchart paper and draw two columns. Label the first column 'Arguments for not using condoms'. Ask participants to brainstorm a list of arguments that they have heard people give for not using condoms. Write all of their arguments in the column on a piece of flipchart paper. Add the following if they do not mention them:
 - · I'm a virgin.
 - We've been together for two months now. I trust you. Don't you trust me?
 - I just want to see what it feels like skin to skin. Just once.
 - I am tired of using condoms. I want to feel the sweetness!
 - We're only seeing each other, so it is okay.
 - We were tested together, so we know we are both negative.
 - We're married now. Married people don't use condoms.
- 8. Label the second column 'Responses'. Tell them that you will read each excuse one by one. They should come up with a good response to argue for using condoms. Write the best responses in the second column, next to the argument.

Note to Facilitator: If there is not enough time to do all the statements, choose a few difficult ones, like those listed above.

- 9. Ask participants:
 - · Was it easy or difficult to come up with responses?
 - What do you think of a young person who wants to have sex, but doesn't want to use a condom? Why do you think that?
 - Do you have any comments or questions? Discuss them.
- 10. Tell participants that the riskiest time for many young people to get STIs, HIV or have an unintended pregnancy is when they get into a more stable or serious relationship. Then ask them the following questions:
 - Why do you think this is so? (Answers: love, trust each other, feel committed).
 - Many people get HIV from their main partner, husband or wife. The person may already know that they are HIV positive but not say anything. Should we assume that our stable partners do not have HIV or another STI? (Answer: No).
 - If you do decide for whatever reason, that you are going to have unprotected sex with someone, what should you do first? (Answer: Get tested for HIV and STIs together).
 - If you get tested together and you are both negative, does that mean you are safe forever? Why not? Probing question: Should we assume that our stable partners do not have any other partners? (Answer: No, because one or both of you may not be faithful forever).
 - What does this mean if you want to avoid HIV and STIs? (Answer: Always use condoms or don't have sex).

- What can help long-term couples to keep using condoms over a long time?
- If you do decide for whatever reason to have a second partner, what should you do? (Answer: Always use a condom with your second partner).

Note that we are not saying it is okay to cheat, but being realistic, some people will cheat. They should not put their main partner at risk because of it. It is their responsibility to protect both themselves and their partner.

- II. Ask participants to summarize the main points of the activity. Add any of the following points that are not mentioned.
 - There are no good excuses not to use a condom, except wanting to get pregnant.
 - If you want to avoid STIs and HIV, use a condom every time you have sex from start to finish to protect yourself. Make your motto: 'No condom, no sex' or 'No hoodie, no honey.'
 - It can be difficult for long-term, serious or committed couples to keep using condoms and this is when many young people get infected with HIV.
 - If you are going to have sex without a condom, get tested together first.
 - Getting tested together does not protect you over the long-term, but it does reduce your risk.

Linking sentence

If we are to prevent the spread of HIV and AIDS, we must stop having unprotected sex. Unprotected sex is the main way that the HIV and STIs are spreading. Using condoms over the long term in a serious or committed relationship can be challenging so it requires great commitment on the part of both people. Now we are going to look at all the ways that we can protect ourselves and reduce our risk.



PARTICIPANT INFORMATION

WHAT NOT TO DO WHEN USING THE MALE CONDOM

When you use a condom incorrectly, it is more likely to break or fail to work. Some common mistakes people make when using the male condom are:

- · Not carrying condoms with them, so that they don't have one when they want to have sex.
- Keeping them in the wrong place (somewhere hot) like in their wallet.
- Using a condom that is too old i.e. expired.
- · Opening the package with their teeth.
- Not unrolling it all the way down to the bottom of the penis.
- Leaving air in the tip and not removing air bubbles.
- Not leaving a space at the tip for the semen.
- Putting it on upside down first and then put it on the right way. If you put it on the wrong way first, some body fluid will be on the outside of the condom. Throw it out and use a new condom.
- Using the wrong kind of lubricants. Do not use any oil-based lubricants for example petroleum jelly, body lotion, mineral or vegetable oil because they can cause the latex to break down.
- Putting it on too late like having 'a little sex first' before putting on a condom.
- Pulling out of the vagina too late. Do not let the penis get soft before pulling out. When the penis starts to get soft, semen could leak out of the condom or the condom could slip off the penis.
- Not holding the condom onto the base of the penis when pulling out. The condom could come off the penis and remain in the vagina and semen can spill out.
- · Not using it every time they have sex!

REMEMBER: If the condom is not on, then the penis is not in! No hoodie, no honey!

ACTIVITY 10.8: REDUCING THE RISK



Purpose

To clarify the concept of relative risk reduction —that some behaviours decrease the risk of getting HIV or an STI some but do not eliminate it; to identify and review what a person can do to protect themselves completely and at what else a person can do that will help reduce their risk of getting HIV, while emphasising the need to use condoms at the same time.

Objectives

By the end of the activity, participants will be able to:

- Explain the difference between prevention and risk reduction;
- · List the ways that STIs and HIV can be prevented;
- List at least five ways that a person can reduce their risk of getting STIs or HIV.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, A4 paper



Preparation

- Familiarise yourself well with the information in the Facilitator Information on Risk Reduction before the session so that you can run it smoothly.
- Make three signs on pieces of A4 paper that say: Complete Protection, No risk; Some Protection,
 Less Risk; and No Protection, High risk. Before beginning the activity, put the signs you made on
 the wall or board with large spaces between them as shown below.





Steps

- 1. Tell participants that in this activity we will summarise how they can to protect themselves and how they can reduce their risk. Ask: What is the difference between preventing something and reducing risk of something happening?
 - Use their responses to come up with answers similar to the ones below and write them on flipchart paper.
 - Preventing something means you stop it from happening.
 - Reducing risk means that you make it less likely to happen.
- 2. Ask participants to open their workbooks to page 108 and to make a list of all the things they can think of that a person can do to protect him or herself or reduce his or her risk of getting HIV and STIs. After about three minutes, call their attention back to the front. Tell them that you will come back to their lists in a little while.

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WORKSHEET: WAYS TO PROTECT YOURSELF OR REDUCE YOUR RISK OF HIV

Instructions: How many ways can you think of to protect yourself and reduce your risk of getting HIV?

-				

Note to Facilitator: Have A4 paper and markers ready to hand out to participants.

- 3. Explain that the line on the wall or board is a 'protection and risk line'. Point to the line and explain: Your behaviour will protect you from STIs and HIV or it will put you at risk of getting STI and HIV. Some behaviours protect you completely. Some behaviours give you some protection and others will not protect you at all. They will put you at high risk.
- 4. Ask: What can a person do to protect themselves completely from HIV?
- 5. Give a participant who answered 'don't have sex' or 'abstain from sex' a piece of A4 paper and a marker and ask them to write their answer in large letters on the paper. Using tape or Bostik or Prestik, put it under the 'Complete protection' sign (see example below).

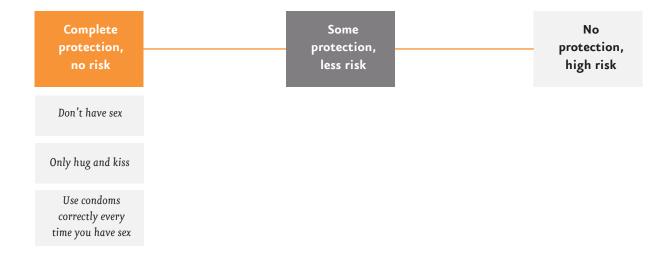
If a participant says 'outercourse' or 'other sexual behaviours without having sex or without penetration' or a similar answer like, 'just hug and kiss', or 'get pleasure without having sex'. Give them a piece of paper and a pen and ask them to write it in large letters on the paper. Post it under the 'Complete protection' sign.

If a participant says 'Use condoms correctly every time you have sex,' give them a piece of paper and a pen and ask them to write it in large letters on the paper. Then ask:

- Do condoms give you complete protection? (No, condoms don't give complete protection, but they do give a very high level of protection).
- Where on this line should we put 'Use condoms correctly every time you have sex'? (It should go just to the right of complete protection).

If they think that using condoms correctly every time you have sex gives only some protection, tell them that research has found that condoms when used correctly are every time you have sex are about 95% effective. Make sure you stress that condoms are very effective in preventing HIV if used correctly every time you have sex.

Your protection and risk line should look like this:



- 6. Now tell them that you want to talk about other things people can do protect themselves or reduce their risk of getting HIV. Ask them to look at the lists they made in their workbook at the beginning of this activity. Ask:
 - Who can give me an example from their list?

Note to facilitator: Ask participants to write each behaviour they suggest in large letters on a piece of A4 paper.

For each behaviour, ask participants:

- Where on the line should this go? How much protection will this give a person? A lot, some or none? Then put the behaviour on the line in the right place or have the participants do so.
- · Why does this not give complete protection?

Note to facilitator: Use the Facilitator's Information: Ways to Reduce the Risk of Getting HIV below to make sure their answers are correct and to add any additional information. If any of their information is not correct or they don't know why, give them the correct information and explanation.

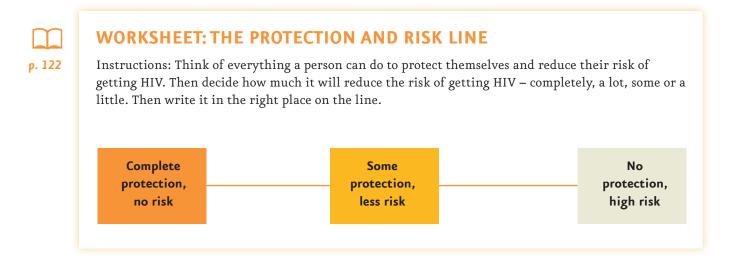
7. Continue using the same process until you have discussed all of their ideas. Check the list below and add any of the starred (*) ways to reduce risk that participants did not mention.

Make sure the following ways to get some protection and reduce risk are included:

- Have one partner at a time (be faithful to your current partner (sequential partners)*
- · Have fewer partners in your lifetime*
- Have only one partner in your lifetime (lifetime monogamy)*
- · Get tested and treated for STIs*
- · Get circumcised for men*
- Have only partners close to your own age (less than 5 years older)*
- Don't drink or use drugs. If you do drink, don't get drunk or drink so much that you don't know what you are doing*
- Don't have sex for benefits (money, school fees, drinks, transportation or gifts); don't have a sugar daddy or mommy*
- Get tested for HIV together with your partner*

Other ways to get some protection and reduce risk or vulnerability that you can include if participants mention them:

- · Wait to have sex until you are older
- · Get tested for HIV
- Realize that you are personally at risk
- · Communicate clearly and directly that you want to use condoms
- Always carry condoms with you
- · Be knowledgeable about HIV and how to protect yourself
- · Know your partners well before having sex
- Be selective about your partners
- 8. Then ask: What behaviours that will put you at high risk of getting HIV? (Answers: Having unprotected sex with many partners; multiple concurrent partners; having a partner who has unprotected sex with many partners; having unprotected sex with someone who has HIV)
 - Ask participants to write these in large letters on pieces of paper and put them up under the 'No Protection; High Risk' sign.
- 9. Tell participants to open their workbooks to page 109 ask them to fill in the Protection and Risk Line.



Note to Facilitator: Step 10 is essential. Do not skip it even if you are running short of time.

10. Then point to each behaviour (except using condoms), one at a time, and ask:

- If you do this, do you still need to use a condom to protect yourself from STIs and HIV? (Answer: Yes, for all except not having sex, you still need to use a condom).
- Why would someone do some of these behaviours in addition to using condoms? (Answers: Condoms are very effective if you use them correctly every time you have sex, but they might burst, so they effective are not 100%; everything you do to reduce your risk and vulnerability will help you avoid getting HIV; sometimes people don't use condoms they forget or for other reasons. In this case, these other things will help to reduce the risk of HIV).
- What do you need to do if you also want to protect yourself from pregnancy? (Answer: You don't need to do anything different (i.e. abstain or practise outercourse, use condoms correctly and consistently, but if you want extra protection from pregnancy, you can use another method of contraception as well).
- Who is responsible for making sure that you take care of your own health? (Answer: I am or we are)

Emphasize that every person needs to take responsibility for their own health. Only they can decide what they will and will not do.

- II. Ask participants to recap the main messages of the activity. Add any from the list below that they do not come up with.
 - Preventing something means you stop it from happening; reducing risk means that you make it less likely to happen.
 - Not having sex at all is the only way to protect yourself completely from HIV.
 - You can reduce your risk of getting HIV by: using condoms correctly every time you have sex; having only one partner at a time; having fewer partners in your lifetime; getting tested and treated for STIs; getting circumcised for men; and having only partners close to your own age.
 - There are some other things which may reduce your risk, such as not getting so drunk that
 you are out of control; waiting to have sex until you are older; getting tested for HIV with your
 partner;
 - If you do any of these things to reduce your risk, you must still use condoms when you have sex if you do not want to get HIV.

Linking sentence

We have seen that to protect yourself completely, there are only a couple of choices – abstinence and using condoms – but that there are many other ways to reduce our risk of STIs, HIV and unintended pregnancy some. In order for them to be effective, we have to actually do them. And in order to do them, we have to talk to our partners about them. So now we are going to practise doing that.



FACILITATOR'S INFORMATION

Use the following information to guide you in responding to what the participants say and to help them understand why a certain practise offers complete, a lot, some or no protection against HIV and STIs, as needed.

Ways to reduce the risk of getting HIV

Complete protection; no risk of HIV

Don't have sex; abstain from sex

• Information: If you don't have sex, you cannot get HIV from sex.

Only do non-penetrative sexual behaviours/practice outercourse (no vaginal, anal or oral sex); hugging and kissing and touching each other, for example.

• Why: If you don't have sex, you cannot get HIV from sex. This is one way of abstaining. Note that people have different ideas about what abstinence means.

A lot of protection; reduces risk almost completely

Use condoms correctly every time you have sex.*

Why: Condoms are very effective in preventing HIV because they prevent the exchange
of semen and female fluids. If used correctly every time you have sex, they are very, very
effective (about 95%). They do not give complete protection because they can break. Usually
this does not happen if they are used correctly.

Some protection; less risk and less vulnerability

Have only one partner at a time. (Don't have concurrent partners).*

• Why: If you have only one partner at a time, you will probably have fewer partners in your lifetime and so you will be connected to fewer sexual networks and less likely to expose yourself to HIV. When you have more than one partner at a time (or your partner does), you increase your own risk of getting HIV and the risk of infecting your other partners. When a person first gets HIV, the amount of virus in their body fluids is very high. When the amount of HIV in their body fluids is high, they are more likely to infect their partners. It does not give complete protection because your partner may have the virus already or he or she may have more than one partner and get infected.

Note on being faithful to one partner as a way to protect yourself:

• Why: Being faithful to one partner is one approach to having only one partner at a time. If you have only one sexual partner ever it will reduce the sexual networks you are connected to but it does not give you complete protection. Being faithful will reduce your risk only if your partner also remains faithful. If she or he does not, then you will actually be at high risk. You can only be certain that you are being faithful; you can never be absolutely sure that your partner is also faithful to you. Often in the beginning of a relationship or marriage, people are faithful. But over time, it becomes more likely that they may have another partner. Someone who is suddenly not faithful anymore will probably not tell their main partner when this happens, especially if they have agreed to be faithful to each other. Research shows that men are much more likely to have other partners so having one partner or being faithful is less effective protection for women. In addition, you and your partner need to know that you are both HIV negative before you have sex.

Have only one partner at a time. (Don't have concurrent partners).*

• Why: If you have only one partner at a time, you will probably have fewer partners in your lifetime and so you will be connected to fewer sexual networks and less likely to expose yourself to HIV. When you have more than one partner at a time (or your partner does), you increase your own risk of getting HIV and the risk of infecting your other partners. When a person first gets HIV, the amount of virus in their body fluids is very high. When the amount of HIV in their body fluids is high, they are more likely to infect their partners. It does not give complete protection because your partner may have the virus already or he or she may have more than one partner and get infected.

Note on being faithful to one partner as a way to protect yourself:

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Have fewer partners (in your lifetime).*

• Why: The fewer partners you have, the fewer sexual networks you are connected to. This reduces your chance of having a partner with HIV and so gives you some protection. It does not give complete protection because your partner(s) may already have HIV or they may have other partners and become infected. If your partner has or has had many partners, you are still at high risk because you will be connected to your partner's sexual network and to the sexual networks of his or her previous and other current partners.

Have only one partner (in your lifetime).*

 This is essentially the same as having fewer partners and therefore works for the same reasons.

Get tested and treated for STIs.*

Why: Having an STI increases the risk of getting HIV. STIs like herpes, syphilis, or chancroid
have sores. Sores and broken skin give HIV a way to enter the body and the blood more
easily. So getting tested and treated for STIs makes it less likely that HIV will enter your
body.

Get circumcised for men.*

• Why: If a man is circumcised, the chance that he will get HIV is reduced by about 60%. Circumcision gives some protection because there are a lot fewer bacteria on the head of the penis of a man who has been circumcised. This means that his immune cells in that area are available to attack any viruses, such as HIV, that they find. It does give complete protection because the virus can still enter the man's body. It also does not reduce his partners' risk.



Have only partners close to your own age (less than 5 years older).*

• Why: This works best for young people. Younger partners usually have had fewer other partners and so they have smaller sexual networks and are less likely to be infected. Older partners have usually had more sexual partners. Because of this, they are connected to larger sexual networks and more likely to have HIV. Older partners are also more likely to have had unprotected sex before. In addition, because of their age, older partners almost always have more power and control in a relationship with a younger person. The younger person may feel less able to insist on condom use. Having sex only with partners close to your own age does not give you complete protection because a young person can have HIV. They may have been born with it or they may have got it from another sexual partner.

Don't drink or use drugs. If you do drink, don't get drunk or drink so much that you don't know what you are doing.*

• Why: When people drink, they often do things that they wouldn't usually do. For example, they may have sex with someone that they don't know well, be unfaithful or have sex without a condom. If they get drunk, these things are more likely. If you get very drunk, you may black out and not even know what you did. Not drinking gives some protection and reduces your vulnerability because it makes it less likely that you will take risks. It does not give complete protection because you can still have sex without a condom when you are sober or have not been drinking.

Don't have sex for benefits (such as money, school fees, drinks, transportation or gifts). Don't have a sugar daddy or mommy.*

• Why: Older partners, sugar daddies and mommies are risky relationships. When a person has sex in exchange for something – money or gifts or drinks – they have less power in the relationship and often feel less able to insist on condom use. In addition, for young people, a partner who has the resources to provide them with benefits, is almost always older than them and is a riskier partner for the reason described above. Not having sex for benefits will give some protection because you are avoiding a risky relationship. It does not give complete protection because you can still have sex without a condom with someone who is infected.

Get tested for HIV with your partner.*

• Why: Getting tested with your partner lets you know if you or your partner are already infected or not. It gives some protection because it may motivate you (and/or your partner) to continue to use condoms, to be faithful or, at the very least, to use condoms if you have sex outside of that relationship. It does not give you complete protection because you or your partner may have other partners after getting tested and become infected. If you decide not to use condoms because you and your partner got tested together and agreed to be faithful, remember that you cannot be sure if your partner is faithful. It is best to keep using condoms.

Wait to have sex until you are older.

• Why: If you are older when you first have sex, you will probably have fewer partners in your lifetime. Having fewer partners gives you some protection from HIV. When you are older when you first have sex, you may also be more likely to know the risks, feel comfortable discussing and insisting on condom use and be able to protect yourself. It does not protect you completely because when you are older you can still have sex without a condom and put yourself at risk of HIV.

Get tested for HIV.

 Why: Getting tested lets you know if you are infected already or not. This information gives some protection because it can motivate you to protect yourself if you are negative or to protect yourself from getting re-infected with a different type of HIV if you are positive. It does not give complete protection because you can still have sex without a condom and get HIV.

Realize that you are personally at risk.

Why: Believing that you are personally at risk of HIV gives some protection because it can
motivate you to take action to protect yourself by using condoms correctly every time you
have sex or by not having sex. It does not give complete protection because you can still have
sex without a condom and get HIV.

Communicate clearly and directly that you want to use condoms.

Why: If you are clear and direct when communicating with partners about using condoms, your partner will know your intentions and you will know his or her reaction. If your partner does not want to use condoms, he or she may have had sex without a condom before – so you should not have sex with him or her. Telling your partner clearly that you want to use condoms does not give you complete protection because your partner may still persuade you to have sex without a condom if you do not insist.

Always carry condoms with you.

• Why: Having condoms with you is essential if you are going to use them. It gives some protection because it makes it more likely that you will use them. It does not give complete protection because it is not enough just to have them with you still may still have sex without a condom. You have to actually use them to be protected!

Be knowledgeable about HIV, risks, and how to protect yourself.

• Why: To protect yourself, you need to know about HIV and how to protect yourself. This will make you less vulnerable and give you some protection but it won't protect you completely. Knowledge won't protect you at all if you don't use it and have sex without a condom.

Know your partners well before having sex.

• Why: It is always good to know your partners well before you have sex with them. You may have more correct information about their sexual history and you may have an idea of the way that they think and behave and their values. This can give you some protection. It won't protect your completely because many people are not open or do not tell the truth about their sexual behaviours, especially if they think you will not like something they did. So even if you think you know someone well, you may not know the truth about their past or current sexual behaviour.

Be selective about your partners.

Why: Using your judgment about sex partners is always a good idea. However, it won't
protect you completely because our judgments about people are often wrong. Some people
wrongly believe that someone cannot be infected because they are 'good Christians,' because
they are fat or healthy looking, or because they love them so much. It is safer to rely on
condoms than on your judgment about people.

Percentage of sexually active young people who have had more than one sexual partner in the last 12 months by country, age and sex Country Female Male 15-19 20-24 15-19 20-24 Burundi 2% o% 35% 28% Ethiopia ı% 1% 9% 4% Kenya 5% 3% 18% 17% Lesotho 6% 8% 28% 38% Madagascar 7% 3% 28% 35% Malawi 2% 1% 15% 13% Mozambique 5% 4% 29% 37% Namibia 5% 3% 17% 25% Rwanda 2% 8% 4% 9% Swaziland 4% 4% 26% 30% Tanzania 5% 6% 24% 30% Uganda 4% 3% 21% 23% Zambia 1% 5% 15% 22%

Note: It is more likely for males to report having multiple sex partners than it is for females. The reason for this is that having multiple sex partners is seen as manly for males and, as such, acceptable, whereas it is typically seen as unsuitable behaviour for females. Therefore young men may over-report this behaviour while young women may under-report it. However, the extent of the difference shown indicates that a far greater percentage of males are having multiple partners in a year than females. The percentage of males reporting multiple partners in a year ranges from twice to 28 times as many as females.

15%

22%

2%

Zimbabwe

ı%

ACTIVITY 10.9: ASKING FOR WHAT YOU WANT AND NEED



Purpose

To increase participants' comfort with and skills for asking clearly and directly for what they want in order to protect themselves from STIs, HIV and unintended pregnancy.

Objectives

By the end of the activity, participants will be able to:

- Explain how to communicate directly about how they feel and what they need.
- Demonstrate how to use direct communication to talk to a partner about protection or getting tested in a role play;
- · Show increased comfort talking about sex and protection.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- Tell participants that this activity is about communication. It is called 'Asking for What You Want and Need.' Explain that one of the most important things that they need to be able to do to protect themselves from STIs, HIV and unintended pregnancy is to talk to potential partners about sex, HIV and protection. So, today we are going to practise doing that.
- 2. Then ask:
 - What cultural norms make it more difficult to talk about sex? To ask directly for what you want?
 - Are these norms different for girls than for boys?

Note to Facilitator: Make sure the participants raise the following points:

- Sex is something people don't usually talk about in most cultures. So we often feel embarrassed or shy when we talk about it directly.
- In some cultures, girls and woman are taught to listen to men, to do what men say, and that they should not to talk openly about things like sex, condoms, or HIV especially to men.
- Do you think it is important to overcome those cultural norms? Why? (Why not?) (Answer: It very important if you want to protect yourself).

Remind participants: If you cannot talk to someone about sex, you are not ready to have sex with them!

• What are some things two people should talk about before having sex? (Answers: How you both feel about each other and your relationship; what you each want or need; what both of your limits are (i.e. what you won't do); if you agree to have sex: how you will protect yourself, using condoms, including who will get them, and using another method of contraception with condoms).

3. Ask participants to open their workbooks to page 110 and tell them that they are going to read some real examples of young people talking about what happened when they asked their partners to use condoms. Ask for a volunteer to read the first example. Then ask for a new volunteer to read each of the following examples:



WORKBOOK INFORMATION: YOUNG PEOPLE'S EXPERIENCES ASKING THEIR PARTNERS TO USE A CONDOM.

Read what these real young people had to say about what happened when they asked their partner to use a condom:

- 'I am the one who told him to use a condom. He agreed. He did not say anything. He just took it and used it.' Goma
- 'I told my girlfriend that we have been in love for five months now and we have not done anything. She said, "Okay" and asked me if I will use a condom. I told her that I am also a trainee and that I cannot refuse to use a condom. Then she agreed that we can go ahead.' Ferdinand
- 'I wasn't sure if I wanted to have sex with him, so we planned it first. He came to visit me at our house. First we just spoke about our relationship and he asked me if I will have sex with him. I said, "Yes, as long as we can use a condom." I wanted to protect myself from unplanned pregnancies and STIs because I am still young. And he agreed. He always uses condoms.' Fana
- 'I called her on her cell phone and told her to come to my house. And then when she got there, I told her that I want to make sex with her. She asked if I'm having a condom because we cannot have sex without a condom. I told her, "Yes, it's alright. I have a condom." Kintu

4. Then ask:

- Do you think these examples show what normally happens? Why?
- If you ask someone to use a condom, how do you think they will respond?

Note to Facilitator: If necessary, emphasise that most young people use condoms when they have sex and that all young people should expect and want to use condoms to protect themselves, if they have sex. So if they ask someone to use a condom, the person is likely to agree.

- 5. Explain that it is very important that each person speak for him or herself. Ask who remembers what I-statements are from the unit on communication. Get the parts of an I-statement from the participants. (When.... I felt.... I need or I want... Would you be willing to...?) Note that in this situation, if you are just asking for what you want, you can start your feelings, then state your needs or wants and finally ask them if they can agree to that.
- 6. Remind participants that communicating directly means talking honestly about:
 - The situation or any problem or issue you have
 - How you fee
 - · What you want or need, without apologizing
 - · What your limits are

Ask the participants to turn to page 110 in their workbooks. Ask one to read the first part of the information about direct communication. Get some other participants to continue reading until you have reached the examples.

Ask if they have any questions about speaking for themselves.

Then ask one participant to read the first example and another to read the second one of Nyasha and



PARTICIPANT INFORMATION

DIRECT COMMUNICATION

Communicating directly means talking honestly about:

· The situation or any problem or issue you have

Words you might use:

- · We've been together for five months now, so I was thinking...
- I love you, but...
- · I get upset when... or I felt upset when...
- It bothers me when... or It bothered me when...
- I don't like it when... or I didn't like it when...
- · How you feel

Words you might use:

- I am worried about....
- These days you hear so much about HIV. I feel like.... We've been getting very close lately and I am concerned that....
- What you want or need without apologizing

Words you might use:

- I want us to....
- I think we need to....
- Can we.....?
- · I wish you/we...
- · What your limits are

Words you might use:

- However, I don't want to...
- I am not going to...
- I have decided that I won't...
- I am not ready to...

Speaking for yourself means talking about your own feelings and experiences rather than accusing, threatening or blaming the other person. You can use the basic formula you learned in the unit on communication: I feel... I need/want... Would you be willing to...?

Examples of communicating directly:

- 1. 'I feel like it is still early in our relationship. I would like to know you better before we take that step. Having sex carries risks, so it is important to me to feel secure.... Would you be willing to wait until we know each other better?'
- 2. Nyasha: I am worried about HIV it seems like so many people are getting it these days. It's great kissing and making out with you but I think we need to be very careful about how far we go. Right now, I don't want to have sex yet. It feels too risky. What do you think?

Bertie: I know what you mean. Even though I would like to have sex, I think it is a good idea to wait. We don't want to do something we'll regret.

Nyasha: I am so glad that you understand. That makes me feel better. Thanks.

- 7. Divide the participants into groups of four with some boys and some girls in each group. Depending on how many participants you have, you may need to have one group of 2 or 3 as well.
 - After the groups are together, tell them to open their workbooks to page III. Assign each group one of the four situations. Tell them that they should write a script together that uses clear and direct communication in their workbooks. Give them about 15 minutes to write their scripts.



WORKBOOK INFORMATION: CLEAR AND DIRECT COMMUNICATION ABOUT PROTECTION

Instructions:

Berhanu Lebna Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why. Berhanu Lebna Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna Berhanu Lebna Berhanu Lebna	Vrite a direct	t and clear script for the following situations:			
Lebna Berhanu Lebna Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why. Berhanu Lebna Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna Berhanu Lebna Berhanu Lebna	Situation 1: Berhanu tells Lebna that he does not want to have sex yet and why				
Berhanu Lebna Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why. Berhanu Lebna Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna Berhanu Lebna	Berhanu				
Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why. Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna Berhanu Lebna	Lebna				
Situation 2: Louisa tells Michael that she wants to have sex, but only if they use condoms and why. Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna Berhanu Lebna	Berhanu				
Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna	Lebna				
Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna					
Lebna Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna	Situation 2:	Louisa tells Michael that she wants to have sex, but only if they use condoms and why.			
Berhanu Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna	Berhanu				
Lebna Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna	Lebna				
Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why. Berhanu Lebna Berhanu Lebna	Berhanu				
addition to condoms and why. Berhanu Lebna Berhanu Lebna	Lebna				
addition to condoms and why. Berhanu Lebna Berhanu Lebna					
Lebna Berhanu Lebna	Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why.				
Berhanu Lebna	Berhanu				
Lebna	Lebna				
	Berhanu				
	Lebna				
Situation 4: Hakeem tells Amina that he wants the two of them to get tested for HIV together and why.					
Berhanu	Berhanu				
Lebna	Lebna				
Berhanu	Berhanu				
Lebna	Lebna				

- 8. After 15 minutes, ask each group to read their scripts. After each script is read, ask the others:
 - How did they do? Was it clear and direct?
 - Did they each speak for themselves and say what they want?
 - · Are there any improvements that you would suggest?
- 9. Then ask:
 - How do you feel now about the idea of talking to a partner about sex and protection?
 - Is it harder to talk with a casual partner or someone you are in love with? Why?
 - Should girls follow cultural norms and gender roles that put them at risk of HIV? Do you think girls and women should be able to talk about these issues with their partners? (Answer: Girls should not follow cultural norms and gender roles that put them at risk of HIV or get in the way of girls and women protecting themselves).
 - What do you suggest girls and women do to overcome cultural norms that tell them not to talk about things like sex and condoms?
 - How can boys and men help?
- 10. Ask the participants what the main things they learned in this activity were. Add any of the following key messages that they do not mention:
 - If you are going to protect yourself from HIV, you need to take action to do so.
 - Communicating about what you want and need is an important part of protecting yourself.
 - Each person needs to speak for him or herself by using the word 'I' to talk about his or her feelings and what she or he wants or needs.
 - In most cases, when you ask someone to use a condom, the response will be positive.

CONCLUDING NOTES

Becoming pregnant when you don't want to be, getting an STI that cannot be cured, including becoming HIV positive are experiences that can dramatically change your plans for your future as a young person and alter the course of your life. You need to take control of your own sexuality, your body and your health to make sure that doesn't happen. Only you can make the choices that will decide your future.

As we have learned, these problems are avoidable. You can prevent them by not having sex or greatly reduce the risk by using condoms consistently every time you have sex. In addition, there are other actions you can take to reduce your risk, including using another method of contraception. Your future is up to you.

ACTIVITY 10.10: CONVERSATION CIRCLE AND COMMITMENT



Purpose

To reflect on the unit and what they learned; to make a commitment to use what they learned by making a commitment to protect themselves and reduce their risk of STIs, HIV and unintended pregnancy.

Objectives

By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.



Time: 20 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.



Steps

- 1. Tell participants that this is the end of the unit on prevention and risk reduction. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
- 2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups

3. Ask participants to turn to page 127 in their workbooks and fill in the worksheet.

For low-literate groups

4. Ask participants to close their eyes and make a promise to themselves about protecting themselves and reducing their risk of STIs, HIV and /or unintended pregnancy.

UNIT 11: SEXUAL AND GENDER-BASED VIOLENCE

PURPOSE AND OBJECTIVES

This unit aims to help participants to understand sexual and gender-based violence, including harmful traditional practices that violate human rights and have negative influences on reproductive and sexual health. It enables participants to critically examine child marriage and its consequences on girls and to discuss how it can be stopped. A general activity on harmful practices allows the facilitator to focus on the specific practices in their area. There is also an optional activity specifically on female genital mutilation. The unit also explains the different types of sexual and gender-based violence, challenges participants' thinking about rape, asks them to reconsider societal acceptance of violence, and helps them to think about what to do if they or someone they know experiences violence. The final activity on sexual and gender-based violence is about how to get consent. The unit ends with participants making an overall plan for how they will stay healthy.

By the end of this unit, participants should be able to:

- Explain their rights related to marriage
- Discuss the problems that result from getting married before the age of 18.
- List traditional practices in their community that are harmful and why.
- Explain what they think should be done about a harmful practice.
- Express their commitment to prevent child and forced marriages and other harmful practices in their own lives, the lives of their children and in their community.
- Explain the different types of sexual and gender-based violence.
- Describe why rape is never the fault of the victim.
- Express a commitment to ending violence instead of accepting it.
- Explain what to do if someone experiences violence.
- Explain what consent is and demonstrate how to get it.
- · Discuss how they intend to protect their own health

ACTIVITIES

Activity	Time
Warm up: Lifeboat	10 minutes
Child Marriage	60 minutes
Rethinking Female Genital Mutilation (optional)	60 minutes
Traditional Practices: Keep, Change, or Stop	75 minutes
Sexual and Gender-Based Violence	45 minutes
What Should They Do?	60 minutes
Getting Consent	75 minutes
Concluding Notes	
Conversation Circle and Commitment	60 minutes
	6 hours and 25 minutes, optional: 1 hour

ACTIVITY 11.1: WARM UP - LIFEBOAT



Purpose

To have fun and move around the room



Time: 10 minutes



Steps

- 1. Ask participants to stand and form a circle. Explain that
 - They are on a ship, which is sinking. They have to get into lifeboats, but there may not be enough room for everyone.
 - The lifeboats can only carry small groups of people.
 - They have to listen carefully for the number of people who need to group themselves and do so quickly so as not to miss the boat.
 - Anyone left outside a group, or any groups that are more or less than the number called are considered to have 'drowned' and are out of the game.
- 2. Announce that the first lifeboat is leaving and call out the number that should be in a group, e.g. the lifeboat is taking groups of 3s, or 5s, or 7s. Choose numbers according to the size of the entire group.
- 3. Give the participants 5 seconds to get into groups. Identify those who are out.
- 4. Make a new announcement for the next lifeboat and call a new number for participants to form new groups.
- 5. Continue until participants are relaxed and they have all had fun playing the game.

ACTIVITY 11.2: WARM UP - LIFEBOAT



Purpose

To critically examine the issue of child marriage; to understand the consequences of child marriage and girls' rights related to marriage; and to discuss how it can be stopped.

Objectives

By the end of the activity, participants will be able to:

- · Explain the consequences of child marriage;
- · List the human rights related to marriage and child marriage;
- Describe what they can do to stop child marriage.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Draw the consequences chart in step 5 on a piece of flipchart paper.



Steps

- I. Ask participants what words first comes to their mind when they hear the word 'marriage.' Go around the room and have each participant say one word. Write these on a piece of flipchart paper. Then ask them what they notice about the words written there.
- 2. Tell them that this activity is about child marriage. Ask them what the term 'child marriage' means. Use their responses to come up with the following definition of child marriage:
 - Child marriage is any marriage of a person under the age of 18.
- 3. Ask them to open their workbooks to page 131. Have a volunteer read the first story (Agnes) or read it aloud to the participants yourself. Then generate discussion by asking the following questions:
 - Did Agnes want to get married?
 - · Why did she get married, if she didn't want to?
 - · How does she feel about her marriage? Why?
 - · How does she feel about her future? Why?
 - · What do you think about her situation?



WORKSHEET: CHILD MARRIAGE

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'Three months ago, my parents sat me down and told me I was no longer their responsibility. They wanted me to move out and start a life of my own. When a stranger paid a bride price to my parents, things moved faster than I expected. I had no say in the matter. I didn't choose this life and I'm not happy here. I want to escape but I am afraid my parents wouldn't take me back. Sometimes it is hard to defy our parents because it is disrespectful, but we can't continue to allow them to make choices that are bad for us. It was my wish to finish school and become a nurse but I guess that will never happen because my husband won't allow me to further my studies. Now instead of going to school, I spend the whole day doing chores — washing dishes, cleaning and cooking.' Agnes, 17 years old

- · Did Agnes want to get married?
- · Why did she get married, if she didn't want to?
- · How does she feel about her marriage? Why?
- · How does she feel about her future? Why?
- · What do you think about her situation?
- 4. Then have a volunteer read the second story (Lila) or read it aloud to the participants yourself. Ask the following questions to generate a discussion:
 - · How did Lila happen to get married? What kind of marriage is this? (Answer: forced marriage).
 - What is your opinion of what happened to her?
 - · How did she get out of her first marriage?
 - · How did she get out of marrying the second husband?
 - · How does she feel about her future? Why?
- 5. Tell the participants that they will now think about all the consequences of child marriage. Tell them to open their workbooks to page 119. Put up the flipchart paper you prepared with the consequences chart on it. Explain that you will start with the immediate consequences the things that happen as a direct result of the girl getting married. Ask them for their ideas and write the ones that are immediate consequences in the boxes linked to the one labelled 'child marriage'. (Answers include: Stop going to school; have unprotected sexual intercourse or rape; have relationship problems; feel unhappy (or miserable)). You can add boxes if needed. Tell them to write the answers in their workbook as you go along.



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WORKSHEET: LILA'S STORY

'The first time it happened I was II. I was going to the mill, when a group of men grabbed me from behind. They took me by surprise. I fell on the ground, and when I woke up again I was in the house of my abductor. I stayed there three days. While I was there, my parents met with my abductor's parents and the village elders. My parents agreed to my marriage with the abductor in exchange for a cow and two sheep. After three days, I escaped from the abductor's house while he and his friends were drinking and dancing. I went to the toilet and then I escaped through a fence and ran away. I hid at the house of one of my uncles. After nine months, I could not stand hiding anymore, so I decided to go back to school.

Then my parents received a letter from another man, who was 39 years old, asking to marry me, but I refused. He came to our house and kidnapped me with my parents' consent. But I managed to get my parents to agree for us to be tested for HIV. I had heard about it at school and on the radio. I was negative but my abductor was positive. Because of the test results, I convinced my parents to cancel the wedding. Although the law does not allow marriage before the age of 18, I am worried I may be abducted again. I don't want someone to take me by force. I want to go to school and study, then I will see. I want to become a teacher.' Lila, 13 years old

- How did Lila happen to get married? What kind of marriage was it?
- What is your opinion of what happened to her?
- · How did she get out of her first marriage?
- How did she get out of marrying the second husband?
- · How does she feel about her future? Why?

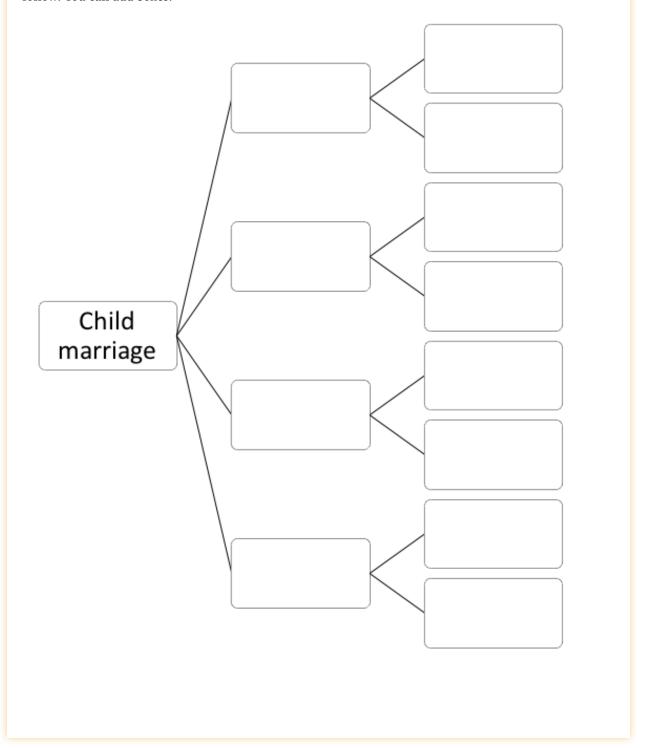
(IRIN, Humanitarian News and Analysis (2007). Ethiopia: Surviving forced marriage. Available at http://www.irinnews.org/report/69993/ethiopia-surviving-forced-marriage [accessed 31 August 2015]).



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WORKSHEET: CONSEQUENCES OF CHILD MARRIAGE

Instructions: In the boxes attached to the one labelled 'child marriage' write the immediate consequences of child marriage for the girl. Then in boxes linked to those, write the consequences that follow. You can add boxes.



6. For each immediate consequence, ask them: what are the consequences of this (i.e. stop going to school)? Write all of those consequences in the next set of boxes. If they name one that leads to further consequences (such as lack of job qualifications), after writing it down, ask: And what will happen because of that? (I.e. unemployment, poverty, dependence on husband).

They may include those listed below (use the ones they give you. Add boxed or put multiple consequences in one box, if needed. You do not need to get all of these answers, but make sure the most significant ones are mentioned):

- Consequences of not going to school: lack of qualifications for work; unemployment; less money for family/greater poverty; financial dependence on husband; unable to leave marriage.
- Consequences of unprotected sexual intercourse or rape: early pregnancy; STIs and/or HIV; problems when giving birth; fistula (tears between the vagina and the bladder or the rectum; death of the mother; death of the foetus or baby.
- Consequences of having relationship problems: fights and arguments; beatings; injuries; rape or sexual abuse; divorce; single-parenthood.
- Consequences of feeling unhappy (or miserable): depression; wanting to commit suicide; running away; living on the street; turning to sex work to earn money.
- 7. Then ask the participants the following questions:
 - · Looking at all of these consequences what is your opinion of child marriage?
 - What are your rights related to marriage? (Answer: You have the right to marry when you are legally old enough; you have the right to choose your partner; no one can force you to marry).
 - What does the African Charter on the Rights and Welfare of the Child say about marriage? Build on their responses and tell them that it says that:

'Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years.'

Explain the statement as needed. Emphasize that child marriage is a violation of human rights.

- What can we do about child marriage? How can we stop it?
- Would you allow your own child to be married before they are 18 years old? Why or why not?
- 8. Ask them if they have any questions or other comments and discuss them.
- 9. Ask participants to summarize the main things that they learned from this activity. Add any of the following key messages that they do not mention.
 - Child marriage is any marriage of a person under the age of 18.
 - Child marriage has many serious consequences for the girl, including unfinished education, early pregnancy, health problems such as STIs, HIV, difficulties during birth that result in fistulas, death of the mother and/or foetus or baby, intimate partner violence, divorce, financial dependence on husband and poverty.
 - Child marriage is a violation of human rights.
 - We can take action to stop child marriage.

Linking sentence

We just examined one harmful traditional practice – child marriage and forced marriage. These are not the only traditional practices that can cause harm. In the next activity, we will talk about any other traditional practice that are not good for us.

ACTIVITY 11.3: TRADITIONAL PRACTICES: KEEP, CHANGE, OR STOP



Purpose

To identify traditional practices related to relationships, gender, sexuality and reproductive health; to analyse their effects on reproductive health; to analyse whether they are in line with human rights or not; and to discuss whether they should be kept, changed or stopped.

Objectives

By the end of the activity, participants will be able to:

- List the local traditional practices that are harmful;
- · Explain why those practices are harmful;
- Identify those practices that should be changed and those which should be stopped.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik A4 paper



Preparation

- Prepare three signs with the words 'Keep', 'Change' and 'Stop' in large letters.
- Write the questions in step 3 on flipchart paper.

Note to Facilitator: If you have six groups in step 2, the activity may take longer.



Steps

- 1. Tell the participants that this activity is about traditional practices related to relationships, sexuality and reproductive health. Ask the participants to name all of the traditional practices concerning their relationships they can think of, then those related to their sexuality and finally those related to their reproductive health. Make a list on flipchart paper. Stop after 5 minutes or earlier. Depending on the community the participants come from, they may include some or all of the following add any that are practised that they did not mention.
 - Initiation ceremonies
 - · Male circumcision
 - Child marriage
 - Forced marriage
 - Dry sex
 - · Virginity testing
 - Lobola or bride price
 - Polygamy
 - · Cleansing rituals
 - · Nutritional taboos
 - Wife inheritance
- 2. Divide the participants into four groups and assign a common practice in the area to each group. If there are many common practices in the area that need to be discussed, divide them into six groups.

Note to Facilitator: If you are not doing the activity on early marriage, then definitely include it as one of the practices they discuss during this activity.

- 3. Ask each group to discuss the traditional practices assigned to their group. Post the flipchart paper that you prepared with the following questions on it. Tell them that they should answer the following questions:
 - · What are the benefits of the practices to individuals, families and the community?
 - · What are the negative effects of the practices to individuals, families and the community?
 - How are the benefits and negative effects different for younger and older women and men?

Give them 15 minutes. Circulate among the groups while they work and help them as needed.

- 4. Bring people back together. Ask each group to share the key points from their discussions. After each group shares, ask the other groups if they have anything to add and if they agree with what the group said. Add any information from the Facilitator Information below that they do not mention.
- 5. After all of the presentations have been done, ask:
 - · What do you notice about these traditional practices?
 - Probing questions:
 - Which group of people benefits from them the most?
 - Which group of people is most harmed by them?
 - Do any of these practices violate human rights? Which ones? For each practice they name, ask which rights it violates.
- 6. Put up the 'Keep', 'Change' and 'Stop' signs you made in three different places in the room where there is space for participants to stand.
- 7. Tell them they will now vote with their feet about whether they think these practices should be kept, changed or stopped. Read out each of the four practices you discussed, one at a time and ask participants to stand by the sign that reflects their opinion about the practice. Ask people under each sign to explain why they are standing there and generate a discussion.

For those standing under the 'change' sign ask them how they would change the practice. Then ask if anyone wishes to move to another place. Repeat the process for each of the traditional practices the groups discussed.

Note to Facilitator: If you do not have time, ask them to vote by raising their hands for keep, change and stop (you can record the vote). Ask a couple of participants for the reasons behind their answer.

- 8. Have the participants sit down. Ask the following questions to generate further discussion:
 - Can someone summarise the general opinions of this group on these practices?
 - If a practice will hurt an individual or violate their rights, do you think they should be able to decide whether or not they want to do it?
 - Nelson Mandela's widow, Graca Machel, said, 'Traditions are manmade and harmful traditions
 must be changed. As parents we don't have the right to dictate the choices that our children
 make. Girls need to be seen as a full human beings with dreams and the ability to thrive to the
 highest potential just like a boy.' Do you agree? Why or why not?
- 9. Ask the participants to brainstorm a list of what they can do to reduce the practises that they think are harmful or don't agree with. Make a list of their ideas on flipchart paper. Make sure that they mention protecting their own children from those practices. If they do not, ask: What about your children? What do you want for them? Can you protect them?
- 10. Ask the participants to summarise the main points of the activity. Add any of the following that they don't mention.
 - · Some traditional practices are harmful and need to be changed or stopped.

- $\,$ Most of these practices harm girls and women in particular.
- Most of the harmful practices violate human rights.
- Some ways we can change the practices that we do not agree with are to try to refuse them ourselves and not to allow them to be done to our children.

Linking sentence

We have seen that some traditional practices are harmful and violate human rights. Therefore they need to be changed or stopped. Now we will look at other types of sexual and gender-based violence and what we can do about them.

ACTIVITY 11.4: SEXUAL AND GENDER-BASED VIOLENCE



Purpose

To define the different types of sexual and gender-based violence; to have participants examine their ideas about rape and the circumstances in which it occurs; to learn how to reduce the risk of becoming infected with HIV or becoming pregnant after a rape; and to reconsider their acceptance of violence.

Objectives

By the end of the activity, participants will be able to:

- · Name and define different types of sexual and gender-based violence;
- · Explain what is and is not rape;
- · Discuss what to do after a rape;
- Examine their attitudes towards violence.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

Find out the laws related to violence in your country, including the laws on rape, age of consent for sex, sexual harassment and violence (including forced sex) between intimate partners, including in marriage.



Steps

- I. Put up a piece of flipchart paper and write the word VIOLENCE in large letters at the centre. Ask the participants to call out any words that come to mind when they hear the word 'violence.' Write all the words that they say on the flipchart paper around the word 'violence.' Then ask them what they notice about the words.
- 2. Ask participants to come up with a definition of violence. Help them as necessary to come up with a definition similar to the following one and write it on flipchart paper:

Violence is any act that involves the use of some type of force or power, real or implied, that results in or is likely to result in, physical, sexual or psychological harm or suffering.

After you have a similar definition, explain it as needed. Note that violence is not always physical, it also includes threats of violence, coercion, and the denying someone their freedom (for no reason) in public or in private life.

- 3. Tell participants to open their workbook to page 134. Tell them to match the words with their definitions.
- 4. When they have finished, go through the definitions and the answers. For each type of violence ask the participants to give you an example.

Answers:

- 1) Child sexual abuse
- 2) Acquaintance rape
- 3) Date rape
- 4) Gender-based violence
- 5) Sexual harassment
- 6) Stranger rape

- 7) Intimate partner violence.
- 8) Statutory rape
- 9) Gang rape
- 5. Explain the following key points:
 - Sexual abuse happens if a person uses manipulation, cruelty and/or violence to get another
 person to participate in a sexual act with them.
 - Sexual abuse is most often done by someone the victim knows.
 - Child sexual abuse includes: adults touching children; adults manipulating or coercing children into sexual acts such as touching their genitals; and taking sexual photos of children.
 - Children and adolescents below the age of consent are not mature enough to agree to take part in sexual acts. Any sexual behaviour with them is considered sexual abuse, even if they say that they agree.
 - Not all rapes are committed by men, but most rapes are committed by men against women.
 - A man or woman can be raped by someone of the same sex.
 - Violence against homosexuals or people who do not fit their expected gender norm is also genderbased violence.
- 6. Tell the participants that you are going to give them some situations and you want them to tell you if it is rape or not. Read the following situation:

Two young people go out and they have some drinks. He walks her back to the place where she stays. He starts to kiss her. Although she asks him to stop, he forces her to have sex.

Ask: Is this rape? (Most participants will say yes).

Now change the situation. Ask: Is it rape:

- · If he had spent a lot of money on her?
- If she was wearing a sexy dress?
- If she had made him sexually excited?
- If she had let him touch her breasts?
- If they had been going out with each other for a long time?
- If she was going to have intercourse with him and then changed her mind?
- If he was so sexually excited he felt he couldn't stop?
- If she had sex with him before?
- If she was drunk or high?
- If he is drunk or high?

Get some discussion going about each of these circumstances. Encourage group members to give their honest responses and to avoid saying what they think is the 'right' answer. Make sure that all participants understand that it was rape in every one of those situations. It doesn't matter if she led him on, or if he spent a lot of money on her, or what she was wearing.

Emphasize that when a person is forced to have intercourse or to participate in sexual activity against her or his will, it is always rape or sexual assault, regardless of the circumstances.

- 7. Ask if there are any questions and discuss them. Then generate a discussion by asking participants the following questions:
 - Do you agree or disagree with this statement: It is important that sexual relationships be voluntary and wanted by both partners, even in marriage? Why or why not?

• Whose fault is it when someone is raped or sexually abused? Probing question: When a crime happens, is it the fault of the criminal or the victim?

Note to Facilitator: Emphasize, if necessary, that rape is never the fault of the victim. It is always the fault of the perpetrator — the person who raped or abused. All crimes are the fault of the person who commits them, not the fault of the victim. If someone steals something from you, we don't say it is your fault that they stole it. We cannot hold the victim responsible for someone else's criminal choices and actions.

- · What does the law say about these types of violence?
- How old do you have to be to consent to sex?
- What are our human rights related to violence? (Answers: The right to dignity, the right to live and to feel safe, the right not to be made a slave, the right not to be harmed or humiliated, the right to bodily integrity).
- What is the risk of STI or HIV infection when a person is raped? (Answer: The risk of STI or HIV infection is higher when a person is raped because violent sex is likely to damage the person's genitals, causing tears that make it easier for HIV to enter the person's body).
- What can a person do to reduce the chance of become infected with HIV if they are forced to have unprotected sex?

Note to Facilitator: Build on their answers and explain as needed that they should go to a clinic or a hospital as soon as possible. They can get treatment called PEP. PEP stands for post-exposure prophylaxis. It is antiretroviral medicine that reduces the chance of the person becoming positive. It is important to start taking them within three days.

- What can a woman who is raped do to reduce the chance of becoming pregnant? (Answer: She can take emergency contraception. She should take it as soon as possible).
- 8. Write the following statements on the flipchart: 'Young Zambian men learn violence. Young Zambian women learn to accept it.'

Ask the participants to think about the statements without talking. Then tell them to find a partner and discuss how they feel about it.

- 9. After 3 minutes, bring everyone back together. Generate a discussion by asking:
 - What are your reactions to this statement?
 - Do you agree with it? Why or why not? What do others think?
 - Is violence common in your community?
 - Why do you think that is the case?
 - Is violence acceptable to you? Why or why not?
- 10. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Gender-based violence is any violence that is motivated by gender issues, such as gender roles, expectations, limitations, including not following them.
 - Most victims know the person who has sexually abused them.
 - Rape is when a person is forced to have sexual intercourse or to take part in any penetrative sexual activity against their will.
 - It is important that sexual relationships be voluntary and wanted by both partners, even in marriage.
 - Violence is a violation of human rights. Everyone has the right to live free from violence.
 - · Violence and rape are never the victim's fault. They are always the fault of the person or persons

- committing the violence or rape. No one deserves to be raped.
- Rape (or violent sex) increases the likelihood of HIV transmission.
- A person who has been raped should go to a clinic or hospital to get PEP (post-exposure prophylaxis) and emergency contraception to decrease their risk of HIV infection and unintended pregnancy.
- We do not have to accept violence.

Linking sentence

Nothing a person says or does gives another person the right to force them into any sexual act against their will or to use violence against them. Remember that no matter what the circumstances, you have the right to choose when, with whom and how you want to be sexual. Under no circumstances is rape the victim's fault. Nothing gives someone else permission to sexually abuse or rape you. If you are raped, get help immediately to prevent pregnancy and HIV and do not feel guilty – IT IS NOT YOUR FAULT!!

ACTIVITY 11.5: WHAT SHOULD THEY DO?



Purpose

To help participants identify and examine ways to deal with sexual and gender-based violence; to build empathy and understanding for people who experience violence; and to ensure they know where they can get help.

Objectives

By the end of the activity, participants will be able to:

- · Explain what a person who had experienced sexual and gender-based violence can and should do;
- · Express their attitudes and emotions towards cases of violence;
- Explain where a person who has experienced sexual and gender-based violence can go to get help in their area.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik, optional: music player and recording of the song 'Busi'



Preparation

Find out where in your community people can get help if they experience different types of violence, including rape, sexual harassment, child sexual abuse and intimate partner violence. These might include clinics or other government agencies, like child protection agencies, and NGOs.



Steps

- I. Optional: If you have access to the song 'Busi' (available at http://www.safeguardyoungpeople.org/music/) and can play it for the participants, start the activity by playing it. Ask the participants to listen closely to the words of the song. Then ask them the following questions:
 - What is the song about?
 - What happened to Busi? (Answers: She is an orphan, was sexually abused by her older cousin, got pregnant and had to leave school)
 - What are the main messages in the song?
 - · What do you think could have protected Busi?
- 2. Tell participants that in this activity, they are going to think about what a person who experiences violence can do about it. Ask participants to open their workbooks to page 122. Divide them into four groups and give each group one of the following scenarios as follows:

Group 1: Agnes and her teacher

Group 2: Busi and her father

Group 3: Gift and Baraka

Group 4: Debre and her husband

- 3. Read the instructions to the participants and ask if they have any questions. Circulate among the groups while they are working to assist them as needed.
- 4. After 15-20 minutes, when participants are done, invite each group to read their scenario and share their responses. After each presentation, ask the other participants for comments and ask them if they agree with the advice the group would give. If not, why not? What do they think is a better option?



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WORKSHEET: WHAT SHOULD THEY DO?

Instructions:

- Read the scenario assigned to your group.
- Imagine that the main person in your scenario has confided in you and asked for advice on what to do
- Use the decision-making process you learned to list the options and their possible consequences.
- Discuss the options and decide what you would advise the person to do.
- Prepare to share your decision and reasons with the rest of the group.

Agnes and her teacher: Agnes is studying catering at a technical and vocational training institute. One day her business skills teacher asked her to see him after school. When she went to see him, he started asking her personal questions. She was confused about why he called her in. When he started touching her, it became clear that he was expecting her to have sex with him. She pushed him away. Then he reminded her that she needed to pass the up-coming examination to get her certificate. Angry, she grabbed her bag and ran out the door. Now she is worried that she is going to fail. What should Agnes do?

Busi and her father: Busi starts crying after her father leaves her room. She feels like she always does when he comes into her room and molests her - she wants to die. He has been doing this since she was only nine. She hates it and feels so dirty and disgusted with herself when he leaves. He often tells her that if she tells anyone, he will kick her out of the house. Busi has thought about telling her mother, or running away, or even killing herself. But she has always been too scared to do anything, but now she feels like she has to do something. What should Busi do?

Gift and Baraka: Gift wonders all the way home what he should do. Baraka forced him to have sex with her even though he had told her over and over again that he didn't want to. She said it was his fault for kissing and touching her and getting her so turned on. She said that he must want it too since he had an erection. Now he feels like he doesn't love for her anymore. Instead, he feels hurt, used and betrayed. He wonders who will believe that he did not want to have sex with his beautiful girlfriend. What should Gift do?

Debre and her husband: Debre was just 15 when her parents forced her to marry Dawit, who was 35 years old. She didn't know him and didn't want to get married. She wanted to finish school, but no one listened to her: she was married. Now she stays at home, cooking and doing housework all day. When Dawit comes home, she gives him his supper and tries to please him. But so often, like tonight, he is already angry. He starts insulting her and gets more and more angry. When she tries to say something, he hits her. Now he is sleeping in the next room. She is in the bathroom, looking in the mirror. Her right eye is swollen and turning blue. What should Debre do?

- 5. After all the groups have presented, ask the following questions to stimulate discussion:
 - Very often when a person is abused or experiences violence, they suffer in silence. Why do you think that is? Probing questions: What are some of the things that they might be afraid of?
 - Is it different for girls and women than for boys and men who experience violence? (Answer: Because of gender roles, it can be even more difficult for boys and men to cope with violence, especially sexual violence, because they are expected to be strong, to always want sex, and not to become victims of sexual abuse or violence).

Note to facilitator: Acknowledge that it can be very difficult to tell others about what is happening or has happened. However, if it is a situation that is on-going, the person will continue to suffer. They need to take action to get help and get out of the violent situation as soon as they feel able to do so.

- Why is it a good idea to speak up and get help in these situations? Probing questions: What will happen if we do not? Do we have to accept violence in our lives?
- What are some groups or NGOs that you have heard of in this area that can help someone who has experienced abuse or violence?

Add to what the participants say about where to get help for violence based on what you found out when preparing for the activity.

- 6. Ask participants if they have any questions and discuss them.
- 7. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - People who are being abused or who have experienced sexual or gender-based violence do not need to suffer in silence. They should try to tell someone and get help.
 - It is often not easy to admit what is happening or has happened, but keeping silent allows the situation to continue and means that we cannot get help.
 - Survivors of sexual violence should go to a health care centre right away to get counselling and medicines to reduce the risk of STIs, HIV, and unplanned pregnancy. They should also be referred to a law enforcement officer to seek justice for the crime.
 - We do not have to accept violence in our lives or in our communities.

Linking sentence

When we or someone we know experiences violence, we need to show compassion and deep care. Only the person who was violated can decide what to do in the situation. However, they can get help and support and medical care if they need it.

There are some actions we can take action to prevent violence. In the next activity, we will learn about getting consent for sexual activities and communicating our expectations clearly.

ACTIVITY 11.6: SEEKING CONSENT



Purpose

To understand consent; and to practise getting consent and communicating our expectations clearly.

Objectives

By the end of the activity, participants will be able to:

- Explain what consent is;
- · Discuss why getting consent is important;
- Demonstrate how to get consent in a role play;
- Demonstrate how to communicate their expectations clearly in a role play.



Time: 75 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

1. Ask the participants to turn to page 122 of their workbooks. Ask for volunteers to read one paragraph each of the two sides of the story, first Mpho's and then Thandi's.



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MPHO'S SIDE OF THE STORY

When I met Thandi, we liked each other immediately. I was very happy when she agreed to come to the party on Saturday. When Thandi arrived, she looked beautiful and very sexy. She gave me a big smile. We had some drinks and were feeling great. We started dancing and I was really getting turned on especially during the slow dance when she moved her hands over my shoulders and back. It felt so good. She was giving me all the signals. I wanted to go outside to kiss and fool around, so I asked Thandi if she wanted to go outside for some fresh air. When she said 'sure', I knew that we were going to have sex that night.

We headed over to some bushes on the side of the road to be alone where no one could see us. I held her close to me and I could feel her heart beating. I began to touch her breasts and kiss and rub her body. She made a few small noises and pulled away from me a little bit, but I told her everything was just fine. I continued kissing her and she kissed me back. I pulled her down onto her knees and then lay her down on the thick grass. She asked me to wait but I thought 'What for? We don't have all night – somebody might come looking, so let's just do it as quickly as we can.' She kept repeating 'No, don't, please and wait' but I knew it was only because she didn't want me to think that she was a fast girl. That is what girls do - they pretend to put up a fight but give in at the end. So I didn't stop. Even when Thandi started crying, I knew it was all part of 'the act'. I lifted up her skirt and had sex with her.



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THANDI'S SIDE OF THE STORY

I really liked Mpho when I met him a few months ago. I felt really glad when he invited me to a party last Saturday. At the party, he was so funny and made me laugh. I knew he liked me from the way he was looking at me. His smile made me feel warm and relaxed. After we danced for a while, Mpho asked me to go outside for some air. I hoped it would be a chance to hold hands and maybe even kiss. I felt tingly inside at the thought of kissing him. So I agreed and we went outside.

We walked a short distance and stopped near some bushes where no one could see us. Mpho and I started kissing and touching each other all over. It felt wonderful. I started feeling hot all over. We dropped down onto our knees and continued kissing and touching each other. I could feel that Mpho's penis was hard and I realized that maybe we should slow down so I asked him to wait. But he didn't listen. He said that everything was okay and I shouldn't worry, but I still thought we should cool off. I asked him to stop again but he ignored me. He put his weight on me so that I was lying down on my back. Then I got scared.

I had been enjoying what we were doing but I knew I didn't want to have sex with him yet. I kept saying no and then started to cry, but that didn't stop him. He pulled his pants down, pushed open my legs with his knees and started having sex with me. I couldn't believe that this was happening to me. I tried to push him off, but I couldn't.

- 2. Then ask the participants to buzz in groups of three on these questions (write them on flipchart paper):
 - What happened between Mpho and Thandi?
 - · What do you think caused it? What went wrong?
 - · How does this relate to real life?
- 3. After 10 minutes, ask them to share their responses and list key words or phrases on the flipchart. If it is not clear by the end of their responses that this is a case of rape, ask: Was is this rape? Why? (Answer: Yes, because Mpho forced Thandi to have sex).
- 4. Ask the group the following questions:
 - What does the word 'consent' mean to you? Use their answers to come up with a definition similar to the following:
 - To consent means to agree to or accept what is planned or done by another; to agree to a course of action.
 - Explain it as needed.
 - What does consent means in a sexual situation? (Answer: That both people clearly agree to the sexual activities that they do. They also need to understand what they are agreeing to do).
 - How can a person get consent in a sexual situation? Probing questions: How could Mpho have got consent from Thandi? (Answer: Ask the other person if they agree; i.e. Mpho could have asked Thandi if she agreed to have sex).
 - What kinds of questions could you ask? (Answer: Is it okay if I [kiss] you? Do you want to...?
 - What should you do if they say 'no' or 'wait'? (Answer: Stop, don't do it, respect the other person's decision).
 - Should you ever think that 'no' means 'yes'? (Answer: No, never. No always means no. You can be charged with rape).
 - What should you do if you aren't sure what the person is communicating to you? (Answer: Ask again, or just don't do it).

- What mistakes did Mpho make in the story related to consent? (Answers: He assumed that he knew what Thandi wanted so he didn't ask; he only paid attention to her body language when it agreed with what he wanted; he didn't listen to her; he didn't ask her any questions; based on gender stereotypes, he assumed that 'no' from a girl means 'yes.')
- Why is it important to get consent? (Answer: To avoid raping someone, to keep the relationship healthy, to show respect).
- 5. Divide participants into groups and ask them to turn to page 124 in their workbooks. Have a participant read the instructions and ask them if they have any questions about what they should do. Circulate among the groups as they work to help them as needed.



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WORKSHEET: SEEKING CONSENT & COMMUNICATING EXPECTATIONS

Instructions: Imagine that you are Mpho, if you are a boy, or Thandi, if you are a girl. Discuss with your group and agree on how you would communicate in the situation to make sure that you have consent and communicate clearly what you want. Your goal is to enjoy being with your partner but not to do anything that you or your partner doesn't want to do. Discuss what you think the two of them should do and try to reach an agreement then fill in the last block.

Mpho starts the conversation.

М	PHO FEELS / SAYS	THANDI FEELS / SAYS		
I.	He feels Thandi responding to his kisses and touch. He starts to think about having sex. He says	2. She says		
3.	He responds	4. She responds		
5.	He responds	6. She responds		
7.	He responds	8. She responds		
They decide Then Mpho And Thandi				

- 6. When they have finished, ask for one male and one female volunteer to role-play their dialogue in front of the rest of the group. They should sit next to each other and can hold hands, but they do not have to touch each other.
- 7. Tell the other participants to observe how well they are communicating and how they are using their body language. At the end of the role-play, ask the observers to comment on their communication. Did they get consent? Probing question: Did they agree on what to do?
- 8. Use the same process for all of the groups.
- 9. Then ask if they have any questions or comments and discuss them.
- 10. Ask participants what they learned from the activity. Add any of the following points that are not mentioned.

II. It is important to get consent in sexual situations because it prevents misunderstandings and rape.

- Consent means that both people agree on what they want to do.
- Decide what you want to do sexually and do not act confused about it. If you aren't sure, then postpone the activity until you are sure.
- It is important to say clearly what you do and do not want to do do not leave it up to the other person to guess or 'read your mind'.
- If you get conflicting or confusing messages, ask direct questions. Don't assume you know what the other person means.
- Poor communication or lack of communication causes misunderstandings that can break friendships or relationships.
- · Not all rapes can be prevented.

CONCLUDING NOTES

Traditional practices, like child marriage, violate basic human rights of girls and women and can have serious physical, psychological, and social consequences. Like all traditions, they can be changed. It can be difficult for young people to question or examine familiar traditional practices, because parents or elders might object. However, young people are members of the community and the future leaders of the community, and therefore have the right and obligation to think about the community's beliefs and practices.

Sexual and gender-based violence are all too common experiences in our society. Many of us have or will experience sexual abuse, rape, harassment, and violence. We have the human right to a life free from violence and do not need to accept and tolerate violence done against us. Change starts with each of us. In our personal relationships, we can work to communicate better, to respect each other, even when we have differences and problems, and to find non-violent solutions. We can also work to address violence in our communities, culture and societies.

ACTIVITY 11.7: MY COMMITMENT TO MYSELF



Purpose

To select a name for the group that will give them a sense of a group identity and belonging beyond the end of the training; to discuss what they learned and how they have changed; to list all of the risks and all of the protections that they have learned about; to personalise what they have learned by developing a 'protection action plan' for themselves.

Objectives

By the end of the activity, participants will be able to:

- State the name of their training group;
- Explain the most important things that they learned from the course;
- Describe how they have changed during the course;
- Describe their plan for how they will protect themselves based on what they have learned.



Time: 60 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- Tell the participants that they have reached the end of the course. Explain that they have gone through a lot together and are now a group. Sometime in the future, you may want to call them for special activities. To make it possible to do that, they need to select group name.
- 2. Ask them what process they want to use to make a list of possible names. They could all brainstorm together, they could each propose a name, they could split into groups and have each group pick a name or some other way. Allow them to decide how they want to generate a list.
- 3. Once they have a list of names, tell them that they will vote on their favourite names. Each person will have one vote.
 - If the list has more than five possible names, tell them that after the first vote, you will keep the top five names and they will vote again, with one name being removed after each vote, until there is only one name remaining.
 - If the list has five or fewer names, tell them that each time they vote, the name with the fewest votes will be taken off the list until only one remains.
- 4. Now ask them to sit in a circle. Tell them that you are going to go around the circle and each person is going to tell the others the following (write this on a piece of flipchart, where everyone can see it):
 - · The two most important things you learned during the course; and
 - How you have changed because of the course.
- 5. After all of the participants have spoken, congratulate them on what they have learned and how they have grown and changed. Tell them that they will always be part of the [Group Name].
- 6. Then tell participants that you want them to recap all of the risks and all of the protections that they have learned about during the course. Ask them to brainstorm a list of all of the issues that young

- people face that can harm them or that can get in the way of achieving their goals. Write everything that they mention on a piece of flipchart paper labelled 'Risks to Young People'.
- 7. Then have them brainstorm a list of all the ways they have learned to protect themselves from those risks. Write everything that they mention on a piece of flipchart paper labelled 'Ways to Protect Ourselves.'
- 8. Tell the participants that they are now going to develop a prevention action plan for themselves. They will need to think about what they want to do now to protect themselves and what they will do in the future
- 9. Ask them to turn to page 139 of their workbooks. Read the instructions and ask them if they have any questions. Tell them it is essential to be as realistic and as honest with themselves as possible.
- 10. When they are done, call their attention to the front. Ask the following questions to generate a discussion:
 - What difficulties could you have implementing your prevention action plan?
 - What will you do to avoid or cope with those difficulties? Probing questions: Is there anything you need to learn? Is there anyone who can help you? Can you practice to get more confidence?
 - Is prevention different in a committed relationship than in a new relationship? Why or why not?

Note to Facilitator: Remind participants, if necessary, that the best protection in a new or old relationship is to use condoms every time you have sex.

- Who wants to share what they will do when they want to get pregnant to protect their baby?
- Do your parents talk to you about sexuality, relationships, HIV, pregnancy or violence? If so, what do they say?
- What do you want to do when you are a parent? Probing questions: Will you talk to your children? What will you tell them?
- Why do you think it is important to talk to your children?
- Do you have any final questions?
- II. Tell participants that they have come to the end of the course. Have everyone stand in a circle and hold hands. Go around the circle and ask each participant to say one word that reflects how they feel about the experience they had together. Tell them that everyone should come up with a new word.
- 12. When they have all spoken, thank them for their participation. And share any thoughts or feelings you have about having worked with them.

Note to facilitator: If you have planned a closing ceremony or have certificates to give to the participants, do them now.

ANNEX 1: OPTIONAL ADVOCACY ACTIVITIES

PURPOSE AND OBJECTIVES

These two optional activities aims to help participants to think about how they can advocate for the rights of young people and for change in their communities.

By the end of this unit, participants should be able to:

Describe one issue that affects youth that is important to them that they would like to work to change.

ACTIVITIES

Activity	Time
Understanding Advocacy	45 minutes
Advocating for Youth Issues	45 minutes
	1 hour and 30 minutes

ACTIVITY 1: UNDERSTANDING ADVOCACY



Purpose

To discuss how they can share what they have learned with other young people; to understand what advocacy means; and to identify how young people can get involved in advocacy

Objectives

By the end of the activity, participants will be able to:

- · Explain what advocacy is;
- Describe the reasons to advocate on issues important to young people;
- · Discuss what issue they want to advocate on and why.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- 1. Tell participants that this activity is about how we can use what we have learned to benefit other young people and to work for change in our own communities. To start the conversation, ask them: How can you share what you have learned during this course with others? List all of their ideas on flipchart paper.
- 2. Then write the word 'ADVOCACY' on a new piece of flipchart paper and ask participants to share what they know or understand by this word.
- 3. Explain that advocacy has different meanings in different situations, but the meaning that we are going to talk about is 'to influence behaviour and change attitudes by standing up for an issue.'
- 4. Ask participants to open their workbooks to page 129. Ask two participants to read the two scenarios aloud to the group:



CASE STUDIES FOR ADVOCACY

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A teenage girl went to the local clinic in her village to ask for information about contraception. The nursing sister told her that she was too young to ask for such information; that young girls her age who want contraception are promoting promiscuity. She said that she should just concentrate on her Bible studies. She did not give the girl any information and sent her away

A boy went to the health clinic because he suspected he had an STI. The sister there shouted at him while she treated him and told him that a boy his age has no business having sex. She said, 'It's people like you who are spreading HIV'. When he was leaving she told him very loudly to make sure and use a condom so that he doesn't infect others. The boy was embarrassed because everyone heard what she said.

- 5. Divide participants into three groups and give each group one of the following questions:
 - What is wrong in both scenarios?
 - In each scenario, what could the boy or girl do?
 - · What could others do to help them?
- 6. Bring them back together and have each group share their responses. Then discuss them with the whole group.
- 7. Explain the following to the participants:

Advocacy means speaking up about issues that are important, standing up for our own and others rights, and pushing for positive change.

Some ways to do this are:

- · Drawing the community's attention to an issue that needs to be changed;
- Increasing people's understanding of the issue;
- Working to change people's attitudes towards the issue to get their support for the change you
 want.
- Proposing alternatives and solutions, including proposing new policies or laws.

Advocacy involves working with other people and organizations to achieve a change. It sometimes includes influencing decision-makers to support the solution you want.

Before advocating for something, it is important to know the facts about your issue.

8. Ask them: Why would we advocate for a cause or issue that is important to young people? What would we want to achieve?

Note to Facilitator: Use a specific cause if they have difficulty.

Add any of the following responses that they do not mention:

- To improve the lives of young people
- · To help other youth, family, community and policy makers to understand the issues facing youth;
- · To build support for that cause or issue;
- To influence others to support it by developing programs;
- To change legislation that affects youth.
- 9. Ask if they have any questions or comments and discuss them. Tell them that successful advocacy depends on a full understanding of the issue, the different points of view that people have about it and the strategies that can be used to address the issues. It also requires passion and commitment from those advocating for change.
- 10. Ask participants to discuss briefly:
 - What is a youth issue that is important to you that you would like to see change?
 - What role can you play as an advocate for that issues in your family and in your community?
- II. Ask participants to summarize the main points of the activity. Add any of the following points that are not mentioned.
 - Advocacy is about challenging the way things are to bring about positive change;
 - Advocacy addresses an issue not a person.
 - · Young people have to stand up for their own and others' rights.

Linking sentence

Standing up for issues you feel strongly about is a real challenge. It is not always easy, as you have to believe in what you're saying yourself and convince people to listen to what you have to say. It is important that you know your facts and are able to put them across convincingly.

You may also face the situation where elders and other adults think that you are behaving badly or are a troublemaker. If you believe strongly in your cause, you will be strong enough to stand up against opposition.

ACTIVITY 2: ADVOCATING FOR YOUTH ISSUES



Purpose

To identify what issues young people can advocate for and discuss ways to do this.

Objectives

By the end of the activity, participants will be able to:

- · Explain what issues affecting young people they would like to advocate;
- · Describe how they would advocate on that issue.



Time: 45 minutes



Materials needed:

Flipchart paper, marker pens, tape and scissors or Bostik or Prestik



Preparation

None



Steps

- I. Have participants brainstorm the youth issues that they think they should advocate to change and write these on flipchart paper. If any of the following issues have not been mentioned, ask them if they are relevant and if they should be added to the list:
 - · Child marriage
 - Not allowing pregnant girls to return to school after giving birth
 - · Providing equal opportunities for both boys and girls at home, in school and in the community
 - Traditional harmful practises, such as FGM, forced marriage, bride price
 - · Sexual and gender-based violence
- 2. Have participants discuss and try to agree on a list that they accept as issues that young people can and should advocate to change.



CASE STUDIES FOR ADVOCACY

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Choose one of the youth issues listed on flipchart paper that you feel strongly about and would advocate for.

Write it	here.				
ville it.	Here	 	 	 	

Answer the following questions

- 1. What I can do myself:
- 2. What I can do within my family.
- 3. What I can do in the community

- 3. Ask participants to open their workbooks to page 130 and tell them to complete the activity.
- 4. When participants are finished ask a few to share their plans. Encourage general discussion by asking others for their feedback and comments on those plans.
- 5. Ask them: Who is responsible for improving our lives and the lives of other young people in our communities?
- 6. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Each one of us can advocate for some issue we feel strongly about.
 - No matter how small our efforts, we each have a role to play.
 - Start with where you are family and friends are easy to reach and will most likely, it will be easier to get them to listen to us.
 - You can also join a group that is working on the issue and contribute to their efforts.

ANNEX 2: SAMPLE QUESTIONNAIRES

PRE-WORKSHOP QUESTIONNAIRE

Na	ame:	
Ac	ddress:	
[.	What do you do? Circle one:	
	a. Employed	
	b. Other (describe):	
2.	Why did you decide to come to this workshop?	
3.	What do you understand by 'sexuality education'?	
4.	What do you expect to learn during this workshop?	
5.	What fears, if any, do you have about participating in this worksho	p?
5.	Have you ever participated in a workshop on sexuality before? Circl	e one.
	Yes No	
	If yes, where?	
	When?	

What did you learn during that course?

7.

Note: For low-literate groups, write questions 2-7 on flipchart paper and take collective answers in an open session.

ANNEX 2: SAMPLE QUESTIONNAIRES

PRE/POST TEST EVALUATION

Here is a sample of a questionnaire that can be used as both a pre- and post-test evaluation. It can be modified to suit respective groups. Make enough copies to give to the learners before you begin the workshop and again at the end of the workshop. Be sure to discuss the results with the participants so that they can see their own growth or improvement.

INSTRUCTIONS: Circle the letter of the one correct response.

- I. Which of the following body fluids does not spread HIV?
 - a. Blood
 - b. Sweat
 - c. Semen
 - d. Vaginal secretions
- 2. Which of the following points about how to use condoms is the least important?
 - a. Check the expiration date or date of manufacture before opening the condom.
 - b. Put some lubricant in the inside tip before putting it on to increase the feeling for the man.
 - c. Pinch the tip of the condom before rolling it onto the penis.
 - d. Hold the condom onto the base of the penis before pulling out of the vagina.
- 3. Which one is the most common way that HIV is transmitted?
 - a. Sharing needles with a person who has HIV
 - b. An HIV positive mother breast feeding her baby
 - c. Unprotected sex with a person who has HIV
 - d. Donating blood
- 4. Which is the most effective way to protect yourself from sexually transmitted infections?
 - a. Using herbs
 - b. Having only one sexual partner
 - c. Using condoms correctly and consistently
 - d. Not having sexual intercourse
- 5. Gender role stereotypes:
 - a. Only harm girls and women
 - b. Come from biological differences between males and females
 - c. Limit the potential of all people to live full lives
 - d. Don't change.
- 6. Using alcohol can lead to:
 - a. Getting into accidents
 - b. Blackouts
 - c. Having unprotected sex
 - d. All of the above

- 7. Three of the following are things you can do to protect yourself when you use social media. Which one is not very helpful?
 - a. Consider everything that you post on line to be permanent, like a tattoo.
 - b. Don't use any social media.
 - c. Don't send sexy or naked pictures of yourself to anyone
 - d. Don't meet people you only know from the Internet alone.
- 8. Which contraceptive method or methods are most effective to prevent an unintended pregnancy and STIs?
 - a. Oral contraceptives (the pill) and condoms
 - b. Condoms alone
 - c. Spermicide and condoms
 - d. Emergency contraception
- 9. The most likely time a girl or woman can get pregnant is:
 - a. Around the 5th day of her period
 - b. Immediately after her period
 - c. Just before her period
 - d. It depends on her menstrual cycle.
- 10. Which of the following is your human right?
 - a. Dignity
 - b. Health
 - c. Equality
 - d. All of the above

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Day:
Today the most important things I learned or realized were:
What were the best activities today? Why?
What were the worst activities today? Why?
I would like to know more about:
Questions I have are:

DAILY EVALUATION

P]	lease answer the	questions below as	honestly as	possible. Yo	ou do not h	ave to write y	our name on the sheet.

- What is one thing you liked about the workshop?
- 2. What is one thing about the workshop that you were not happy with?
- 3. What new knowledge did you learn during this workshop?
- 4. How are you going to use this knowledge?
- 5. What new skills did you learn during this workshop?
- 6. How are you going to use these skills?
- 7. What influence has this workshop had on your behaviour?

THANK YOU!





