KnowItOwnItLiveIt

Comprehensive Sexuality Education Manual for Young People

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THIS MANUAL IS ADAPTED FROM THE "IT'S ALL ONE CURRICULUM"

Introduction

Sexuality education for young people in Ghana started in the late 1970s with the introduction of Family Life Education (FLE) largely led by PPAG. At the time, the primary focus of the FLE programme was mainly to empower people with information about pregnancy and related challenges, sexually transmitted infections which later included HIV and AIDS awareness, drug abuse and family planning choices. The core objective of the programme then was to reduce incidence of large family size, promote the use of contraception for family planning and prevention of infections and drug abuse among the general population, with some emphasis on young people.

Over the years, the need and demand for Comprehensive Sexuality Education (CSE) content and programme has become a matter of public debate and a battle of ideas between the public sector, civil society, academia and global policy. Mainly, two schools of thought have emerged and have continued to influence whether or not young people receive CSE. Whilst one school of thought has been pushing for a more conservative content and approach, the other has been advocating for a CSE programme delivered based on the Rights Based Approach (RBA) and responds to the emerging trends and many challenges young people face in the exercise and enjoyment of their sexuality. What is worth noting is that both points of view agree to the fact that young people need to access CSE and this should be delivered taking into consideration age appropriateness and the country context.

PPAG, having been a leader championing CSE for young people over the years, recently subjected its tools to an assessment process led by IPPF and UNESCO using the SERAT CSE assessment tool. This assessment resulted in an action plan that required the redevelopment of PPAGs CSE tool, the Reach Out Manual. This involved improving the content to cover emerging issues such as gender, diversity, sex and gender based violence etc. in order to ensure young people are provided with a content with an approach that does not only empower but prepares them effectively to enjoy their sexuality in a healthy, safer and responsible manner as they make informed choices.

The *KnowItOwnItLiveIt CSE manual for Young People* therefore is the final product out of this assessment, and PPAG is excited at the opportunities of partnership and support that this process and its future use has and will continue to bring towards ensuring that the young person is the ultimate beneficiary.

The manual has a well-defined content that was agreed upon in a consultative process with several partners and stakeholders in Ghana. Led by PPAG, the first drafting consultative forum meeting had in attendance partners from the public sector, CSOs, development partners as well as young people. The meeting spent time to discuss and agree on the content, the sources and materials to reference and the context for the manual. Subsequent meetings in the drafting process gave rise to improvement and expansion of the content to accommodate divergent views from different sectors of the Ghanaian youthful population with their respective aspirations ensuring that the final document was amenable to adaptation by the users to meet the needs of various age categories of young people in their diverse population groups.

In its current state, the Manual has been positioned as a living document with content that responds to the needs of young people in and out of school. It is structured to suit the educational and informational needs of young people in urban and rural poor communities as well as young people with disabilities and other such categories of young people.

This manual has been developed through a multi-stakeholder engagement and participation process that ensured the contribution of myriads of organizations and individuals who by virtue of their work and expertise had important contributions to make to the document. A series of consultative meetings and workshops were held. Multiple reviews, editing, standardization as well as proofreading were all used to ensure that the final document was adequately prepared for its purpose. Owing to the fact that the content is aimed at building the capacity of young people at different stages, the manual amends itself to reviews and production of different versions overtime. This is to ensure that as knowledge advances and new ideas or regulations are developed, the manual can be revised for higher versions to be produced by PPAG and partners in the future.

This manual represents a long sought after opportunity to deliver CSE to young people in the country. Currently, CSE for young people in schools is delivered using the integrated approach. There is not a particular tool or manual that serves as a basis or reference document for CSE delivery for both in and out of school young people. It is this gap that the **KnowItOwnItLiveIt** CSE manual for young people comes to fill. It is hoped that moving forward, partners, both public sector and NGOs will find this tool most appropriate and adaptable to their needs. PPAG is particularly excited at the support from WAHO and the partnership with MSIG towards the finalization and publication of this manual. The continued demonstration of support by WAHO towards the advancement of the sexual and reproductive health of young people in Ghana is highly appreciated. PPAG and MSIG have taken a bold step into the future, demonstrating the effectiveness of CSO partnership that can yield such important results. We can only look forward to even more fruitful partnerships.

---*"Ishmael Kwasi Selassie – (Technical Working Group Lead & Youth Focal Person - PPAG) & Godfred Bonnah Nkansah – (Youth Focal Person - MSIG)*

Foreword

BY PLANNED PARENTHOOD ASSOCIATION OF GHANA

Ghana stands the chance of growing a strong and vibrant population into the future that will hold the key to the country's socio-economic advancements. This is however threatened by the myriads of challenges faced by young people aged 10-24 years, particularly in the area of Sexual and Reproductive Health and Rights (SRHR). Every effort made by the government, development partners, civil society, private partners and other stakeholders to prepare and empower young people for the future will not only ensure that the future of Ghana is secured, but will also enhance the country's current state.

PPAG is committed to improving the SRHR of young people and continues to work in partnership with all stakeholders to serve them.

Sexual and Reproductive Health and Rights education and service delivery to young people in Ghana are at the forefront of PPAG's work and is pleased to develop a manual on Comprehensive Sexuality Education (CSE) that responds to the SRHR information, knowledge and practical skills needs of young people.

The opportunity to produce a new CSE manual based on internationally acceptable standards while being context specific has been a long awaited opportunity.

Access to CSE is a right for every young person. It is an obligation that PPAG continues to prioritise CSE and work together with its partners and stakeholders to advocate for its implementation.

The production of this manual involved many partners and stakeholders including the Marie Stopes International Ghana (MSIG), Ghana education Service (GES), Ghana Health Service (GHS). I am appreciative of the enormous support of these partners. The partnership particularly between PPAG and MSIG for the production of this manual is unique in many ways. I acknowledge and look forward to strengthening this partnership as we work into the future, to support the Government of Ghana in delivering CSE to young people.

I wish to express my profound gratitude to IPPF and WAHO for the continued support to PPAG over the years in the delivery of Sexual and Reproductive Health and Rights mandate in Ghana. I sincerely acknowledge the support, participation and encouragement from all the other partners, especially the UN System who have been part of this process.

To the young people of Ghana, this is your product, the answer to several of your calls and a document set to support your development and empowerment.

I hope you will "Know It, Own It and Live It" fully.

Dr. Joseph Amuzu
Executive Director – PPAG

Foreword

BY MARIE STOPES INTERNATIONAL GHANA

Marie Stopes International Ghana (MSIG) is delighted with the development of the *KnowItOwnItLiveIt Comprehensive Sexuality Education Manual for young people* of all cohorts and categories in Ghana and beyond. MSIG recognises the rich partnership and collaboration with the Planned Parenthood Association of Ghana and other sister institutions within the adolescent Sexual and Reproductive Health and Rights (SRHR) fraternity, who are duly acknowledged in this document, for making the vision of producing a CSE manual for young people a reality.

Regrettably, far too many of our young people today are deprived of adequate access to the very knowledge which would secure them better health and a brighter future. This stems from long standing socio-cultural prejudices against sexuality education. The average young person is virtually kept in the dark on his/her sexuality for the fear that education on the matter would predispose him/her to negative sexual behaviours. On the contrary, literature is replete with evidence of the benefits of sexuality education, which have been found to include, but not limited to; delayed sexual debut, reduction in unintended pregnancies, improved negotiation skills especially among teenage girls, improved self-esteem and assertiveness, reduction in sexual partners and increased contraception among sexually active teenage girls and boys.

The benefits of CSE place a huge demand on all who are involved in raising the young person in society. It is unhelpful if the parent, teacher, health worker and community leader continue to shy away from discussing SRHR with young people because the subject forms the very cornerstone of their growth and development. In designing this manual, therefore, careful consideration was given to its usability and adaptability by these various groups, to ensure that it becomes a tool for the empowerment of young people in the hands of these key persons, as we work together to reverse the negative SRH outcomes among this cohort.

MSIG, through its partnership with DANIDA, is pleased to have supported the production of this manual and looks forward to its widespread use, particularly in schools by the Ministry of Education, as we work to improve the sexuality education curriculum.

Nicole Raatgever

Country Director, Marie Stopes International Ghana

Acknowledgement

The **KnowItOwnItLiveIt Comprehensive Sexuality Education Manual** was commissioned by the Planned Parenthood Association of Ghana (PPAG), under the guidance of International Planned Parenthood Federation (IPPF), of which PPAG is a member. PPAG wishes to thank IPPF for the financial and technical support to initiate the process leading to the production of this manual.

PPAG further extends special appreciation to the West African Health Organisation (WAHO) for the financial support to continue work on the document; UNFPA-Ghana and UNESCO-Ghana for the technical assistance, and Marie Stopes International Ghana for technical and financial support to complete the production and printing of the manual.

Special gratitude is also extended to the Ghana Education Service –School Health and Education Programme (GES–SHEP) and the National Youth Authority (NYA) for their active participation in the development process.

PPAG makes special mention of the technical working group constituted from partner organisations who brought their expertise and perspectives from different subject areas, such as adolescent sexual and reproductive health, life skills, gender, advocacy, counselling and peer education, herein listed:

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Key Notes For Users

This manual is specially designed to meet the SRHR information needs of both facilitators and their young audiences. The manual has contents which meet global standards for Comprehensive Sexuality Education, and seeks to;

- Foster respect for human rights and diversity

- Encourage critical thinking skills and young people's participation in decision-making

- Nurture attitudes that promote gender equality and inclusion

- Communicate a positive, life-cycle approach to sexuality

- Offer a safe and healthy learning environment

- Address gender inequality, vulnerabilities, exclusion and human rights violations, including gender-based violence and sexual abuse

The material also contains scientifically accurate information, and includes participatory teaching methods to help strengthen communication skills and decision-making abilities. It can also be adapted to suit the age, culture and needs of young people. Facilitators and participants alike are therefore encouraged to discuss the modules of the manual with their own unique context in view.

Dedication

This *KnowItOwnItLiveIt* CSE manual is dedicated to all young people with
and for whom it was developed.

Contents

Abbreviation

ADHD	-	Adolescent Health and Development
ARV	-	Antiretroval Drugs
AIDS	-	Acquired Immune Deficiency Syndrome
ARH	-	Adolescent Reproductive Health
BCC	-	Behaviour Change Communication
BECE	-	Basic Education Certificate Examination
CAC	-	Comprehensive Abortion Care
CEDAW	-	Convention on the Elimination of All forms of Discrimination Against Women
CHPS	-	Community-based Health Planning and Services
CHRAJ	-	Commission on Human Rights and Administrative Justice
CRC	-	Convention on the Rights of the Child
CSE	-	Comprehensive Sexuality Education
CSOs	-	Civil Society Organisations
DEVW	-	[UN] Declaration on the Elimination of Violence against Women
DoC	-	Department of Children ((formerly Ghana National Commission on Children)
DOVVSU	-	Domestic Violence and Victims Support Unit
FABM	-	Fertility Awareness Based Methods
FGM	-	Female Genital Mutilation
FP	-	Family Planning
FWCW	-	Fourth World Conference on Women
GAC	-	Ghana AIDS Commission
GAD	-	Gender and Development
GBV	-	Gender-Based Violence
GES	-	Ghana Education Service
GHS	-	Ghana Health Service
HIV	-	Human Immunodeficiency Virus
HPV	-	Human Papilloma Virus
HSV	-	Herpes Simplex Virus
ICESCR	-	International Covenant on Economic, Social and Cultural Rights
ICF	-	International Classification of Functioning, Disability and Health
ICIDH	-	International Classification of Impairments, Disabilities, and Handicaps
ICT	-	Information Communication Technology
IEC	-	Information, Education and Communication

IPC	-	Interpersonal Communication
IPPF	-	International Planned Parenthood Federation
IUD	-	Intra Uterine Device
IUD/IUS	-	Intrauterine Contraceptive Devices and Systems
LARC	-	Long Acting Reversible Contraceptive
LCD	-	Liquid Crystal Display
LGBTIs	-	Lesbians, Gays, Bisexual, Transgender and Intersex people
MDGs	-	Millennium Development Goal
MSIG	-	Marie Stopes International Ghana
NYA	-	National Youth Population
ORS	-	Oral Rehydrated Solution
PAC	-	Post Abortion Care
PE	-	Peer Educator
PIDs	-	Pelvic Inflammatory Diseases
PLHIV	-	People Living with HIV
PPAG	-	Planned Parenthood Association of Ghana
RH	-	Reproductive Health
RTIs	-	Reproductive Tract Infections
SARC	-	Short Acting Reversible Contraception
SHEP	-	School Health Education Programme
SRH	-	Sexual and Reproductive Health
SRHR	-	Sexual and Reproductive Health Rights
SRR	-	Sexual and Reproductive Rights
STIs	-	Sexually Transmitted Infections
UDHR	-	Universal Declaration of Human Rights
UN	-	United Nations
UNCRPD	-	United Nations Convention on the Rights of Persons with Disabilities
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
WAHO	-	West Africa Health Organization
WID	-	Women In Development
WHO	-	World Health Organisation
YAM	-	Youth Action Movement

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My Rights
Human And Sexual Rights
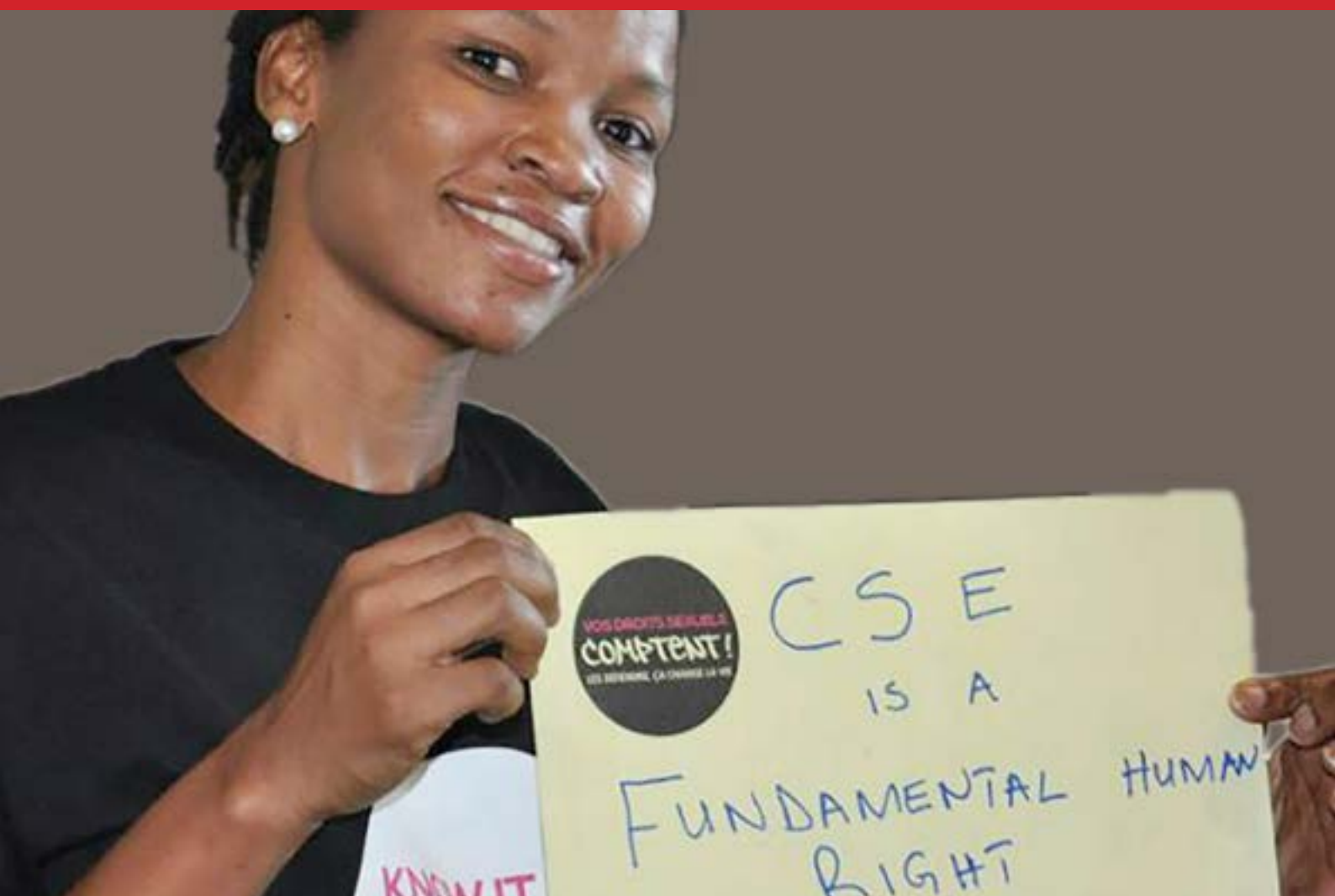
INTRODUCTION

Why would sexuality and HIV education emphasise human rights? To enjoy safe and satisfying sexual lives, young people must know, approve and be able to exercise their basic human rights. For example, everyone has a right to life, dignity, bodily safety, and access to health information and services. It is only when people exercise these rights that they can really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need.

Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. Unfortunately, hundreds of millions of people, especially young people, still remain vulnerable to abuses such as forced sex (often increasing their risk of acquiring HIV or becoming pregnant), violence, child marriage, and stigma related to their sexual behaviour. When people's rights are violated, their capacity for safe and satisfying sexuality is undermined, probably for their whole lifetime.

Knowing about human rights allows young people to gain the sense that they matter in the world. This module provides an overview of sexual and human rights and explores their link to sexual experience and health. It also explains how young people's sexual health and emotional well-being are connected to their ability to exercise their human rights (for example, their rights to education and freedom of expression). These rights extend to protecting one's body, sexuality, and health. Furthermore, it stresses the importance of being able to exercise one's rights with confidence. It describes actions young people can take to promote respect. It also shows how they can protect their own and their partners' sexual and reproductive health and rights.

MODULE OBJECTIVES

The purpose of this module is to work on the ***cognitive, affective*** and ***skill-based*** abilities of participants.

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

- Identify five basic rights of every human being, including two that are related to sexual or reproductive rights.

- Describe two circumstances under which people are able to exercise their sexual or reproductive rights and two in which they cannot do so.

- Discuss their own feelings and attitudes about violation of sexual or reproductive rights that they care about and the consequences of this violation.

- Describe an example of a change in a law or policy affecting young people's sexual or reproductive lives

- Explain the need to effectively promote young people's ideas related to equality, non-discrimination, sexual and reproductive health and rights as human rights

DEFINITION OF TERMS

1. Rights are the basic entitlements of everyone – no matter who they are or where they live – simply because they are humans.

2. Responsibilities refer to the duties assigned to every citizen by law or through an agreement. These go hand-in-hand with rights, and are expected of all citizens.

3. Gender refers to socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for males and females (WHO). Refer to Module 7 for further explanation.

4. Violation is the abuse, neglect or disregard for the rights of persons on the basis of nationality, place of residence, sex, ethnic origin, colour, religion, language, or any other status.

5. Violence is a conduct, treatment, outrage that results in injury, harm or damage to another person. It is also the unlawful exercise of physical force or intimidation. Violence can result in bruises, broken bones, fear, depression, promiscuity, poverty and divorce or even death (IPPF).

6. Gender-Based Violence (GBV) refers to violence directed at a person or at a group of persons simply because of their sex. It is also described as violence that disproportionately affects the members of one sex and has its basis in relations between men and women, boys and girls (gender relations) (IPPF). GBV also refers to inequities between men and women and involves a wide range of human rights violations against individuals based on their sex, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. (UNFPA)

7. Equality is the principle under which all people are subject to the same laws of justice.

8. Discrimination is the prejudicial and/or distinguishing treatment of an individual based on their actual or perceived membership in a certain group or category, "in a way that is worse than the way people are usually treated. It involves the group's initial reaction or interaction, influencing the individual's actual behaviour towards the group or the group leader, restricting members of one group from opportunities or privileges that are available to another group, leading to the exclusion of the individual or entities based on logical or irrational decision making.

9. Human Rights are commonly understood as inalienable or undeniable fundamental rights to which a person is inherently entitled simply because she or he is a human being. Human rights are thus conceived as universal (applicable everywhere) and egalitarian (the same for everyone). These rights may exist as natural rights or as legal rights, in local, regional, national, and international law.

10. Sexual Identity refers to how one thinks of oneself in terms of who one is romantically or sexually attracted to. Sexual identity can change throughout an individual's life, and may or may not align with biological sex

11. Citizenship denotes the link between a person and a state or an association of states. It is normally synonymous with the term nationality although the latter term may also refer to ethnic connotations. Possession of citizenship is by birth or naturalisation, and associated with the right to work and live in a country, and to participate in political life. A person who does not have citizenship in any state is said to be stateless.

12. Dignity is a term used in moral, ethical, legal, and political discussions to signify that a being has an innate right to be valued and receive ethical treatment. Dignity also has descriptive meanings pertaining to human worth.

13. Sexual Orientation is an enduring personal quality that inclines people to feel romantic or sexually attracted (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender. These attractions are generally subsumed

under heterosexuality, homosexuality and bisexuality.

14. Transgender is an umbrella term for persons whose gender identity, gender expression, or behaviour does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person's internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice, or body characteristics. "Trans" is sometimes used as shorthand for "transgender." While transgender is generally a good term to use, not everyone whose appearance or behaviour is gender-nonconforming will identify as a transgender person. Transgender is a term used to describe people who may act, feel, think, or look different from the gender that they were assigned by society based on their sex.

15. Religion is an organised collection of beliefs, cultural systems, and world views that relate humanity to the supernatural, and to spirituality. "Religion is any specific system of belief about deity, often involving rituals, a code of ethics, and a philosophy of life.

16. Infringement is an act that disregards an agreement or a right. An infringement refers to the violation of a law or a right. An encroachment or trespass on a right or privilege.

17. Convention is a set of agreed, stipulated, or generally accepted standards, norms, social norms, or criteria, often taking the form of a custom. A convention is a selection from among two or more alternatives, where the rule or alternative is agreed upon among participants. Often the word refers to unwritten customs shared throughout a community. The term "convention" is also used in international law to refer to certain formal statements of principle such as the Convention on the Rights of the Child.

18. Freedom is the state of non restriction or liberty rather than in confinement or under physical restraint.

19. Stigma is the extreme disapproval of (or discontent with) a person or group on socially characteristic grounds that are real or perceived, and serve to distinguish them, from other members of a society. Stigma may then be affixed to such a person, by the society, who differs from their cultural norms. Social stigma can result from the perception (rightly or wrongly) of mental illness, physical disabilities, diseases such as leprosy (see leprosy stigma), illegitimacy, sexual orientation, gender identity, skinone, education, nationality, ethnicity, religion (or lack of religion) or criminality.

SESSION 1: WHAT ARE HUMAN RIGHTS?

Introduction

Human rights refer to sets of undeniable privileges an individual is inherently entitled to enjoy by virtue of being a human being. The Human rights are the basic requirements for life. Most UN member countries have these rights entrenched in their constitutions. Every individual has inalienable rights to food, shelter, clothing, protection of his or her property, speech, etc. The Universal Declaration on Human Rights, the African Charter on Human and Peoples' Rights, the Convention on the elimination of all forms of discrimination against women, the IPPF Charter on Sexual and Reproductive Rights, the 2000 Adolescent Reproductive Health Policy of Ghana, among others give credence to all these rights.

The purpose of this session is to enable participants to understand these rights, identify areas of violation of these rights and also prepare them to be able to demand their rights as individuals and as a group of people.

Session Objectives

By the end of this session participants will be able to:

- Explain the Concept of Human Rights,
- Mention at least five 5 basic human rights each,
- Strengthen abstract thinking skills,
- Identify human right violations.

Notes for the Facilitator

What Are Human Rights?

Every single human being is entitled to basic rights and protections. These rights include, but are not limited to:

1. Equal treatment under the law,
2. Food, water, shelter, and clothing,
3. Being treated with respect and dignity,
4. Freedom from torture,
5. Freedom of expression,
6. Freedom of thought, conscience, and religion,

7. The right to assemble and to participate in society;

8. The right to education; and

9. The right to health, including access to health information and services.

These human rights are universal. This means they apply to all of us, regardless of our sex, age, marital status, sexual identity or behaviour, gender identity, race, ethnicity, national or social origin, political beliefs, citizenship, religious beliefs, social or economic status, where we live, our physical and mental ability, or our health status. These rights are not conditional and cannot be taken away. Many people have heard about human rights in discussions concerning torture, for example. Human rights also extend to economic rights and social rights. These include the right to education and to health care. They also include specific sexual and reproductive rights

Basic human rights have been agreed upon by the global community of states (through the United Nations). They are formalised in international agreement ratified by most governments. Some of these human right documents include the Universal Declaration of Human Rights (UDHR), International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979).

Children have human rights. Children's rights have been established in international agreements, including the Convention on the Rights of the Child (CRC). The rights in the CRC apply to all people under the age of 18. Although all of us should be able to enjoy our human rights, we cannot always do so.

Part of the responsibility for protecting, respecting, and fulfilling human rights rest on governments. In reality, however, countries vary in the degree to which they fulfill this responsibility.

For example, some governments have passed laws that restrict the rights of certain people by:

• Outlawing political protest;

• Prohibiting labour union;

• Criminalising same-sex sexual activity between consenting adults; and

• Pardoning or treating lightly the murder of a woman or girl by her male partner or family member when he perceives his action as a matter of "honour."

Individuals' social and economic status also may limit their ability to enjoy their rights. For example, their nationality, sex, race, religion, age, class/caste, political view, incarceration, sexual identity, HIV status, or physical or mental ability typically influences their opportunity to:

• Obtain an education and earn a good living;

• Receive equal and just treatment under the law;

• Live free from violence;

• Feel respected and be treated with dignity; and

• Feel that they can pursue and achieve their dreams.

Every single person has a responsibility to respect the rights of every other person (ICESCR, 1966; ICPR, 1966).

When we grow up learning to respect every human being equally, we come to respect human rights.

Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.

Sometimes people attach a set of characteristics to a certain group of human beings. This is called "stereotyping." Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.

Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subjected to stigma because of their weight, their sexual behaviour, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called "discrimination." People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.

Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate. Regardless of our personal attitudes, we all have a responsibility to respect people's human rights.

Universal Declaration of Human Rights in Simple Language
ARTICLE 1: When children are born, they are free, and each should be treated in the same way. They have reason and conscience and should act toward one another in a friendly manner.
ARTICLE 2: Everyone can claim the following rights, regardless of his or her: - Sex,   - Skin colour,   - Language,   - Political beliefs,   - Religion,   - Wealth status,   - Social group,   - Country of birth and   - Country's status as independent or not.
ARTICLE 3: You have the right to live and to live in freedom and safety.
ARTICLE 4: Nobody has the right to treat you as his or her slave, and you should not make anyone your slave.
ARTICLE 5: Nobody has the right to torture you.
ARTICLE 6: You should be legally protected in the same way everywhere and in the same way everyone else is protected.
ARTICLE 7: The law is the same for everyone; it should be applied in the same way to all.
ARTICLE 8: You should be able to ask for legal help when the rights your country grants you are not respected.
ARTICLE 9: Nobody has the right to put you in prison, to keep you there, or to send you away from your country unjustly or without a good reason.

ARTICLE 10: If you must go on trial, the trial should be conducted in public. The people who try you should not let themselves be influenced by others.
ARTICLE 11: You should be considered innocent until you are proved guilty. If you are accused of a crime, you should always have the right to defend yourself. Nobody has the right to condemn you or punish you for something you have not done.
ARTICLE 12: You have the right to ask to be protected if someone tries to harm your good name, enter your house, open your mail, or bother you or your family without a good reason.
ARTICLE 13: You have the right to come and go as you wish within your country. You have the right to leave your country to go to another one; and you should be able to return to your country if you want.
ARTICLE 14: If someone hurts you, you have the right to seek asylum (safe haven) in another country. You may lose this right if you have committed a serious violation of human rights.
ARTICLE 15: You have the right to belong to a country, and nobody can prevent you, without a good reason, from belonging to another country if you wish.
ARTICLE 16: As soon as a person is legally entitled to do so, he or she has the right to marry and have a family. Neither the colour of your skin, nor the country you come from, nor your religion should be impediments to doing this. Men and women have the same rights when they are married and also when they are separated. Nobody should force a person to marry. The government of your country should protect your family and its members.
ARTICLE 17: You have the right to own things, and nobody has the right to take these from you without a good reason.
ARTICLE 18: You have the right to profess your religion freely, to change it, and to practice it on your own or with others.
ARTICLE 19: You have the right to think what you want and to say what you like, and nobody should forbid you from doing so. You have a right to share your ideas with anyone — including people from any other country.
ARTICLE 20: You have the right to organize peaceful meetings or to take part in meetings in a peaceful way. No one has the right to force you to belong to a group.
ARTICLE 21: You have the same right as anyone else to take part in your country's political affairs. You may do this by belonging to the government yourself or by choosing politicians who have the same ideas as you do. Governments should be elected regularly, and voting "order" should be local and worldwide should be secret. You should be allowed to vote, and all votes should be counted equally.
ARTICLE 22: The society in which you live should help you to develop and to make the most of all the advantages (culture, work, social welfare) that are offered to you and to everyone in your country.
ARTICLE 23: You have the right to work, to be free to choose your work, and to receive a salary that allows you to live and support your family. If a man and a woman do the same work, they should get the same pay. All people who work have the right to join together to protect and defend their interests.
ARTICLE 24: Workdays should not be very long, because everyone has the right to rest and should be able to take regular paid holidays.
ARTICLE 25: You have the right to have whatever you need so that you and your family do not become ill; do not go hungry; have clothes and a house; and receive help if you are out of work, if you are ill, if you are old, if your wife or husband is dead, or if you are unable to earn a living for any other reason that you cannot help. Both a mother who is going to have a baby and her baby should get special help. Every child has the same rights as every other child, whether or not its mother is married.
ARTICLE 26: You have the right to go to school; everyone should be able to go to school. Primary school should be free. You should be able to learn a profession or skill or continue your studies as far as you wish. At school, you should be able to develop all your talents. You should be taught to get along with others, whatever their race, religion, or background. Your parents have the right to choose how and what you are taught at school.
ARTICLE 27: You have the right to share in your community's arts and sciences, and in any good they do. Your works as an artist, a writer, or a scientist should be protected, and you should be able to benefit from them.

ARTICLE 28: To ensure that your rights are respected, an "order" must be established that can protect them. This "order" should be local and worldwide.
ARTICLE 29: You have duties toward your community. The law should guarantee your human rights. It should allow everyone to respect others and to be respected.
ARTICLE 30: No society and no human being in any part of the world should act in such a way as to destroy the rights that are listed here.

Note to the Facilitator

The concepts of human rights and sexual rights are internationally recognised. They apply to all regions of the world including Africa, the Americas, Asia, Europe, the Arab World, and the Pacific. But many people do not know what these concepts mean or how they affect their lives. You can familiarise yourself with these topics by reading through this module.

- Be careful of your own biases. Constantly ask yourself what forms the basis of your opinions about other people.

- Remember that human rights apply to all people. Hence they cannot be taken away from any person. However, not everyone is able to experience these rights fully.

- Emphasise that human beings also have responsibilities including respecting other people and the rights of all.

- Be prepared to be honest about the ways that social institutions, such as social clubs, religious organisations, and other groups may undermine people's rights or allow discrimination.

- Conduct some background research to identify human rights violations that are related to sexuality issues in your country — for example, forced marriage, sexual violence, or the situation of people living with HIV and AIDS.

- Draw on concrete examples of human rights issues — either from the activities presented in the ACTIVITIES book or from your own environment. Emphasising real situations can help ensure that participants understand that human rights are more than an abstract idea.

- As part of teaching human rights, help participants appreciate that they are powerful and that they matter in the world!

Facilitator's Guide

This activity should be conducted after participants have explored the values reflected in human rights, such as equality and non-discrimination. Review the Universal Declaration of human rights and be sure that you understand the meaning of each right.

Steps to Facilitate the Session

Activity 1

Step 1: Introduce this session by explaining the concept of human rights using power point or in small groups, let participants demonstrate their understanding of human rights by developing a list of rights they know on flip charts

Step 2: Using power points or short notes on flipchart, present the Universal Declaration of Human Rights. (*Handout 1: The Universal Declaration of Human Rights*)

Step 3: Explain that it is a list of rights for everyone in the world. Ask each person to read one "Article" aloud. After reading the last of the articles, ask if anyone has a question about any of them.

Step 4: In plenary, let them compare with their own work, discuss and summarise the rights presented.

Tips to the Facilitator

Although everyone should enjoy human rights, we cannot always do so because of a number of factors. The facilitator should make reference to definition of "violation" and link it to the human rights declaration to help participants to identify areas of violation in their lives and also to understand the need for young people to promote fairness.

Activity Two: Identifying Human Rights Violations

Step 1: Share Handout 2 (*Case Study- **Maamle's Story**)* on human rights violations.

Case Study: Maamle's Story

Part One - Maamle's Story: Maamle, a young girl from Okokrom in Ghana, was forced into marriage at the age of 12 and was exploited at her husband's house. Unable to bear her situation, she escaped and returned to her parents' home, but her parents forced her to go back to her marital home. Giving an account of her situation, she said: "On the way, I managed to escape, and a kind lady helped me"..... To avoid the situation she found herself in, Maamle decided to join sister who was working for a factory in another part of Ghana. All

she needed to do whilst there was to sell the clothes from the factory. However, on her way, Maamle was drugged and taken to Burkina Faso. Recounting her ordeal, Maamle said, "It was then that I learned that I was sold for 50,000 CFA. I was beaten when I refused to be a sex worker and for one year I was trapped in the brothel. Later the police raided the brothel and I was rescued and sent back to Ghana. By then I was 14 years old".

Maamle's Story

Part 2: What Happened to Maamle? Upon Maamle's return her parents refused to accept her. She later married but has tested positive for HIV. Whether she contracted the virus when she was forced into sex work or after marrying is not clear

Step 3: Present and explain the human rights violation analysis tool (Handout 3 – human rights violation analysis tool (develop the matrix)

Step 4: Put participants into groups to identify human rights violation in the case study using the matrix.

Step 5: In plenary summarise the outcomes and address concerns or gaps in the presentations

Step 6: Summarise session by highlighting the rights and emphasising the fact that human rights are universal rights and everyone is entitled to these rights irrespective of their gender, location, race, status etc.

Key Points for Participants

- Every single human being is entitled to basic rights and protections.
- These human rights are universal – they apply to everybody. They are not conditional and cannot be taken away.
- Basic human rights have been agreed upon by the global community of states (through the United Nations).
- Children and young people have human rights.
- Although all of us should be able to enjoy our human rights, we cannot always do so.
- Part of the responsibility for protecting, respecting and fulfilling human rights rests on governments – we therefore need to demand accountability.
- Rights come with responsibilities.

Handout for the Session

Same as Notes for the Facilitator

Materials Needed

- Flip charts

- Flip stand

- Markers

- Posters

- Laptop

- LCD

Time: 60 minutes

SESSION 2: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

Introduction

Does everyone have the right to pursue happiness and to pursue his or her dreams? What does it mean for someone to "matter" to others? What is our responsibility to treat everyone with respect? Should everyone be safe? Should everyone have a fair say in establishing rules and laws? Should resources be distributed fairly? Should everyone be able to make basic decisions to protect his or her own body and future? (These questions also apply to people's intimate and sexual lives). These, among other questions pertaining to our sexuality as human beings and therefore young people, will be addressed in this session.

Session Objectives

By the end of this session participants will be able to:

- Define Sexual and Reproductive Health Rights
- Discuss power relations in society
- Identify how holding power relates to the experience of privilege, discrimination, and oppression, and to relate these issues to their own lives
- Strengthen their analytic and problem-solving skills.

Notes for the Facilitator

Sexual rights and reproductive rights sometimes overlap. However, sexual rights generally include individuals' control over their sexual activity and sexual health. Reproductive rights usually concern controlling the decisions related to fertility and reproduction.

The principle of consent between adults is central to sexual and reproductive rights. Access to information and services is also critical. Many of these rights are acknowledged in international agreements.

Children have the right to develop a positive sense of their own bodies and sexuality. Children have the right to be free of abuse and inappropriate touching. Younger children need help in making decisions. The direction and guidance provided by caring adults must take into account the best interests of children. It must also consider the capacity of children to exercise rights on their own. As children grow and develop their capacities, their rights and responsibilities continue to evolve. Young people have the right to obtain information to protect their health, including their sexual and reproductive health.

Millions of people experience sexual violence (violence or assault that includes, but is not limited to, sex that is forced or that takes place without consent or under threat of violence). Sexual violence affects people of all walks of life, and both sexes. However, girls and women are disproportionately affected.

People experience sexual violence in many environments. It occurs inside the home, as well as within institutions such as prisons, refugee camps, houses of worship, brothels, and school environments.

Poverty often increases young people's (especially girls') risk of experiencing sex that is unwanted, abusive, or unsafe.

Young people living in poverty are more likely to exchange sex for favours or material goods in order to survive. Girls living in poverty are more likely than other girls to suffer early or forced marriage, unwanted pregnancy, unsafe abortion, and sex trafficking (coercive relocation of people for purposes of sexual exploitation). [See fact sheet on Sex Trafficking.]

Some people's sex partners (including some who pay for sex with cash or gifts) refuse to wear a condom.

Some people suffer stigma, shame, fear, or violence because their sexual identity (or behaviour) does not fit in with local social norms. For example, individuals perceived as homosexual or people who adopt a different gender identity (transgender people) may be subject to such treatment.

Physical violence against pregnant women is particularly common in some settings.

In some settings, many or most girls are forced to have their genitals cut. [See fact sheet on Female Genital Mutilation.] Many people face discrimination when they try to seek necessary sexual health information and services. This problem is particularly severe among young people and among people living with HIV and AIDS.

Our attitudes about male and female roles affect our sexual behaviour and sexual health. Research shows that young people who believe in "traditional" or "conservative" gender roles (for example, that boys should act tough or that females should be submissive to males) tend to have more sexual health problems. They are less likely to use condoms or contraceptives. They are more likely to be involved in an intimate relationship that is violent. Those in relationships with high level of male control are more likely to be infected with HIV and to report unintended pregnancy. Similarly, intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. (Li et al., 2014; Allsworth et al., 2009; Pulerwitz and Baker, 2008).

Conversely, individuals who have more "liberal" attitudes about gender roles or who believe in equality are less likely to suffer these consequences. They generally enjoy better sexual health outcomes than their peers. How might these consequences be explained?

Activity 1: What are Sexual and Reproductive Health Rights?

Steps to facilitate this Activity:

Step 1: Ask one participant to volunteer to read aloud *Part One* of **Ama's story**. Read Part One of the story only.

Step 2: After *Part One* has been read, ask participants to write responses to the following questions in their notebooks. Read the questions aloud from the board:

How does this case make you feel?

What sexual or reproductive rights relate to this case?

Do you think this represents a human rights violation Why?

Who is responsible? List everyone who bears some responsibility for what happened.

Step 3: For each question, ask one or two volunteers to read their answers and then ask for comments.

Step 4: *Ask another participant to* read *Part Two* ("What Happened?"). Discuss using the following questions:

How do you feel about the outcome?

Could the case have been different if the victim had been wealthy (or male, or heterosexual)?

What attitudes must be changed to protect this sexual right?

Step 5: Repeat these steps for each case study in your lesson. (Allow ten minutes per case.) - (subject to availability of time or Facilitator's discretion to do more than one case study)

Step 6: After completing all of the case studies, conclude the lesson by asking:

Do you know of similar cases that have happened? Which rights were violated?

Have you heard of any other kinds of sexual rights violations in our country or in other places?

What must be done to stop such violations?

What conclusion can we draw about the relationship between human rights and our intimate, romantic, and sexual lives? [Ask for ideas; write the conclusion on the board.]

Time: 45 minutes

Case Study 2: *Ama's Story* on Sexual and Reproductive Health Rights

Part One: Ama's Story: When Ama, a young woman with vision problems since childhood, became pregnant, she was advised by numerous doctors that her pregnancy and delivery posed the risk of irreversible eye damage. By law, Ghana allows women to have abortions when their health is in danger. However, the doctors refused to issue Ama a certificate authorising an abortion, so she was left with no choice but to carry her pregnancy to term.

Part Two: What happened to Ama? The birth resulted in further deterioration of Ama's eyesight. She became unable to work, dependent on assistance for day-to-day activities and childcare, and wholly reliant on public assistance. Ama's case was taken to the (Commission on Human Rights and Administrative Justice - CHRAJ), which found that government has a duty to establish effective mechanisms for ensuring that women have access to safe abortion where it is legal. The court awarded her significant financial damages in recognition of her "anguish and suffering."

Amina's Story

Part One: Amina was a divorced Nigerian mother of three. After she had been dating Mohammed for 11 months, he asked her to have sex with him, promising to marry her. She agreed and became pregnant. Mohammed, however, did not marry her and she gave birth to a baby girl out of wedlock. She was charged with adultery under religious law. Mohammed swore that he was not the father and was allowed to go free but Amina was convicted of adultery and sentenced to death by stoning. She appealed but the verdict was upheld. Her execution was deferred for two years so that she could nurse her baby.

Part Two: What Happened to Amina? Following another appeal, Amina was acquitted and the verdict of death by stoning was revoked. The judges agreed that she had not had sufficient opportunity to defend her case. The government denies that she had been condemned to be stoned to death. She has since remarried.

Fatima's Story

Part One: Fatima, an 11-year-old West African girl, overheard her parents discussing her circumcision. She was frightened because she remembered how her elder sister had returned from the ceremony - in pain and miserable. She thought also about her best friend who had been in and out of the local clinic with severe infections caused by her circumcision. She did not want to experience what she saw the other young girls around her go through, and she begged her parents not to force her to be circumcised. They were reluctant to listen to their daughter because they believed she would be unmarriageable if she was not circumcised, and they did not think the choice should be made by someone so young and inexperienced. Fatima's sister, however, had heard of an organisation in town that worked to educate local families about the dangers and health risks of female genital mutilation (FGM). She invited a staff member from the organisation to her family's hut to speak with her parents about Fatima's situation.

Part Two: What Happened to Fatima? The aid worker convinced Fatima's parents that circumcision was dangerous to their young daughter's health and that there were other ways to mark the important rite of her passage into womanhood. Today, Fatima is happily married and grateful that her parents were so open-minded. She works for the same organisation that helped her avoid FGM, educating girls in school about how to talk to their parents about circumcision.

> **Matthew's Story:**
>
> **Part One:** Matthew was a homosexual university student in the United States. One night, two young men pretended to be gay and offered him a ride home from a bar. Matthew went with them and they took him to a remote area, robbed him, tied him to a fence, beat him brutally with a gun, and tortured him. They left him there to die. Matthew was found 18 hours later, still tied to the fence, by a cyclist who first thought that he was a scarecrow. Matthew was still alive but in a coma.
>
> **Part Two:** What happened to Matthew? Matthew's skull was shattered and his brain severely damaged. His injuries were too severe for doctors to repair. He never regained consciousness and died five days later. The murderers were arrested, and each eventually received two consecutive life sentences. Matthew's story drew national attention to hate crimes. A law was passed in Matthew's name that extends hate-crimes legislation to include hate crimes against gays and lesbians, women, and people with disabilities. Matthew's mother established the Matthew Shepard Foundation, which seeks to "replace hate with understanding, compassion, and acceptance through education, outreach, and advocacy.

Key Points for Participants

- Sexual and reproductive rights relate to having control over one's sexual choices and sexual activities, and also his/her fertility and reproductive choices.

- Sexual rights are among the fundamental human right of every person, and are duly recognised in various international agreements.

- Children and young people have the right to obtain information about their sexuality and sexual health.

- It is important that well-meaning adults provide appropriate support to younger children when they seek information about their sexual health and rights. Also, younger children should be protected from all forms of sexual abuse, stigmatisation and discrimination.

Hand-out for Participants

Same as Notes for Facilitator

Materials Needed:

- Flip charts/stand
- Markers
- Posters
- Laptop

- LCD
- IPPF's Charter on Sexual Rights
- Copies of case studies

Time: 60 minutes

SESSION 3: HOW WE TREAT EACH OTHER: VALUES AND SOCIETY

Introduction

This session will delve into how males and females should use the positives of societal values and norms to treat one another. Society expects everyone to be treated with respect and dignity irrespective of their biological characteristics – male and female. Under no circumstances should anyone be discriminated against irrespective of the person's sexuality.

Session Objectives

By the end of this session participants will be able to:

- Define "gender" and the desired relationship between males and females.
- Distinguish between biological and socially determined characteristics attributed to males and females.
- Determine how messages about gender roles are absorbed.
- Develop a personal and a human rights perspective to gender roles messages; to strengthen critical thinking skills.

Note to the Facilitator

Each of us has our beliefs about what is right or wrong. These beliefs include values and attitudes related to our body, sexuality and intimate relationships. More often than not our beliefs and attitudes are deeply influenced by our families, communities and society. These beliefs and attitudes are called social norms.

All societies have value systems that guide how people relate and behave towards one another. Societies enact laws that reflect the social norms and specify behaviours that are permitted and those not. Many of such values are positive and seek to improve the general well-being of all in the society. Individuals/groups who have the most power often have the greatest influence in determining both the social norms and values.

There are, however, some laws, norms and individual values on sexuality that have negative effects on other members in the society such as young people when it comes to their sexual and reproductive health issues. Young girls and women in particular often suffer all kinds of discriminations in this regard thereby increasing their vulnerability to poor sexual and reproductive health outcomes. Although we are all influenced by norms and values, each of us can develop our own ideas about the best ways to treat others.

In every society, it is desirable that everyone enjoys the right to pursue happiness and his or her dreams. It is everyone's responsibility to treat one another with respect and dignity so that all feel safe in the society irrespective of their biological characteristics – male and female.

Activity 1: Male and Female word webs

Steps to Facilitate this Activity:

Step 1*: Divide participants into groups of four or five (single sex or not) and discuss the topic - gender (what society says it means to be a man or a woman). Each group will create webs of words that are often associated with being a man and being a woman.*

To clarify the concept of a "word web," you might want to give an example on the board of a word web on another subject. See the example for the word "dog" below.

Step 2*: Give each group of participants two to three minutes to make a word web for "man" and another two to three minutes to make one for "woman."*

Step 3*: Write "Male "and "Female" on the board and make two columns under each word, one labeled "biological" and the other labeled "social." Starting with one group of students, ask: What is one characteristic from your word web associated with being a man? Is that characteristic biologically determined ("Biological") or socially determined ("Social")? If participants assign a "social" characteristic to the "biological" category, correct them by asking: If a boy or man does not possess that characteristic, is he still a male?*

Step 4*: Add one new characteristic to the list from each group of participants until you have all the responses for being a male. Make sure that participants have many of the following words in their webs. (You may need to ask probing questions to generate specific responses.) Common examples of what people associate with "being a male" include being:*

- Physically strong
- Emotionally not expressive
- A sexual predator

- Heterosexual
- Financially successful
- In charge of a family

- Cool
- A father
- Proud
- Powerful
- Athletic

- Brave
- Unafraid of violence or of using violence
- Humorous
- Loyal to friends

Step 5: Repeat this process for characteristics associated with being a female. Common examples include:

- Considerate
- Quiet
- Submissive
- Chatty
- A good communicator
- Well groomed
- Emotionally strong
- Well organised/good at multi-tasking

- Practical
- Nonviolent
- Modest
- Curvaceous
- Physically weaker than a male
- Caring
- A mother

Step 6: Reserve ten minutes for a full-group discussion:

A few characteristics of males and females are biological. For example, only a male can be a father; only females can give birth or breastfeed.

But most characteristics associated with being male or female are socially determined - not based on biology.

Male and female roles that are socially determined are called gender roles. Asked participants who has heard of this term before?

What feelings do you have about gender roles in our society? Do you agree with all aspects of how females are supposed to act and live? How are males supposed to act?

What do you think gender equality means?

In every community or society some people hold views about gender and equality that are not the conventional ones.

As society changes through time or from region to region, so do attitudes towards gender roles.

Homework: Finish and expand upon the following statement, either as a list, a letter, or a poem: "It's not easy being a girl/a boy because…"

Activity 2: Memory Journey: Learning About Gender as a Child

Time: 45 minutes

Steps to Facilitate the Sessions:

Step 1: Divide the group into single-sex groups of four to five per group. Each person should have a pen and paper.

Step 2: Explain: Today we will explore what it means to grow up as a boy or as a girl. First, we will take a short journey into our memories, so settle comfortably, put your pens down, and relax.

Try and remember an occasion or situation when you realised that you were being treated a certain way because of your sex. As you remember these, write them down on a piece of paper..

Now remember how it felt to be treated in that way. Write down some of the emotions or feelings you experienced. You will have the option to share your memory in your small group.

Facilitator should be ready to provide support to any participant who would break down as a result of this.

Step 3: After a few minutes, ask: within your group, take a few minutes to share whatever you wish about your experiences or feelings. You do not have to share at all if you do not wish to.

Step 4: After another five or ten minutes, ask: What do these experiences tell us about the social attitudes and norms concerning the value and roles of girls and women? Of boys and men?

Thinking back to what we have learned about human rights, do these attitudes and norms seem fair to you? Why or why not?

What are some changes that would need to be made to achieve equality between males and females?

Step 5: *[Note: If you run out of time, this step may be assigned as homework.]* Remind participants that any situation may have a range of outcomes. Offer them a chance to change the end of a story, explaining:

Go back to a memory of a situation that you think was unfair or unjust — either the one you wrote down or one you heard about in your group.

Write a new ending to the story, one that seems more just.

Activity 3: Images of Fatherhood

Time: 45 minutes

Steps to Facilitate the Sessions:

Step 1: Introduce the topic by explaining: Today, we will be discussing fatherhood and male role models. I would like all of you to start by writing a short letter to your father, male guardian, or another significant father figure in your life. You will not be asked to share your letter. Begin your letter with one of the following openings:

Dear Dad, You think I forgot, but I remember . . . Dear Dad, I need you to . . .

Step 2*:* After about five minutes, ask: What kind of person is or was your father, male guardian, or other significant man in your life? Write down at least ten adjectives to describe him. Again, what you write is private and need not be shared.

Now list ten adjectives that you would like to see in the father figure that you think are part of being a wonderful father.

Look at your second list of adjectives. Make a checkmark next to those adjectives that describe most fathers. Draw a circle around those adjectives that are uncommon, or that describe few fathers.

Do men find that traditional male roles make it harder or easier for them to behave in the ways their children want them to?

Can you think of an example of a father or father figure who acts in ways that challenge traditional gender roles?

Step 3*:* To conclude, ask: How would you like fatherhood to change in the future?

Homework: Interview an adult man that you know. Ask him to talk about what he considers to be good qualities of a father.

Key Points for Participants

- Every human being deserves to be treated with dignity irrespective of age, sex, colour or ethnicity.

- It is not appropriate to discriminate against any individual based on his/her sexuality

- Every individual has beliefs and values, and the family, community and society often influence these.

- Our values and beliefs affect the way we relate to and treat others.

- It is important that we develop values and ideas that can help us to treat others with respect and dignity.

Handout for Participants

Same as Notes for Facilitator

Materials Needed:

- Flip chart and markers
- Laptop
- LCD
- Pens and pencils
- Pieces of paper

Time: 30 minutes

SESSION 4: PROMOTING HUMAN RIGHTS, SEXUAL AND REPRODUCTIVE RIGHTS

Introduction

Human rights are universal and apply to all of us regardless of our sex, age, marital status, sexual identity or behaviour, gender identity, race, ethnicity, national or social origin, political beliefs, citizenship, religious beliefs, social or economic status, where we live, our physical and mental abilities or health status. They include sexual and reproductive rights. These rights are not conditional and cannot be taken away. They should rather be promoted. Apart from the roles and responsibility of individuals in promoting these rights, governments are also responsible for protecting, respecting all human rights including sexual and reproductive rights.

The enjoyment of these rights to a large extent is influenced by the individual's social and economic status. An individual's sex, race, religion, age, gender may influence his/her ability to enjoy these rights.

Session Objectives

By the end of this session participants will be able:
1. Identify a human rights advocacy issue.
2. Develop a work plan to address the issue.
3. Identify human rights violations.
4. Corroborate evidence of violations.

Note to the Facilitator

Many people care about fairness and basic rights of humans.

We can all promote fairness and human rights in our everyday life including sexual and reproductive life. We can stand up for a friend or a classmate who is being treated unfairly. We can defend a girl expelled from school because she is pregnant or a teacher who faces discrimination because she/he is living with HIV.

We can also promote fairness and human rights in our communities, including sexual and reproductive rights. Sometimes we can do this on our own, in groups or within organisations. It is important to identify and involve key stakeholders in the promotion of fairness and human rights. The promotion of fairness and human rights in society has benefits for all. It helps people to realise the opportunities or choices they have in life. In communities, trusted individuals are identified and encouraged to stand up for the rights of others.

This session is a wakeup call to all, including adolescents irrespective of sex, age, religion or culture to help create a change that accommodates fairness and human rights.

Activity 1: Presentation on ways human rights can be violated and ways to address them

Time allocated: 30 minutes

Steps to Facilitate this Activity:

Step 1: Introduce this session by recapping what human and sexual rights are.

Step 2: Make a presentation using power point to clarify how human rights can be violated. (Handout 3 relevant cases)

Step 3: Make a presentation, using power point to show how to collect evidence to corroborate such issues

Step 4: Make a presentation, using power point to show how to develop a work plan to address the issues

Step 5: Show various ways human rights violations have been dealt with around the world

Step 6: Summarise and present key issues.

Key Points for Participant

- Human rights are universal entitlements of all human beings.
- They apply, irrespective of age, sex, race, creed, language, political affiliation, educational status, marital status and -economic status.
- They should be promoted for all and by all.
- The promotion of human rights brings benefits to all.

Handout for Session

Same as Notes for Facilitator

Materials Needed

- Laptop
- LCD
- 1992 Constitution of Ghana
- Relevant Articles/Stories on Human Rights Violations

CONCLUSION OF MODULE

This module has addressed issues which are fundamental to the healthy expression of the sexuality of young people. The module has explored the concepts of human rights, sexual and reproductive health rights, values that help to treat others with dignity and respect, and the promotion of all these concepts. When young people are adequately informed about their sexual and reproductive rights, they become empowered and better equipped to make informed choices about their sexuality and sexual health. The next module addresses the concept of puberty and pubertal changes during adolescence.

The Changes I Experience As I Grow Into Adulthood

Knowing Myself • Who Am I? • My Body • Puberty And Reproduction

INTRODUCTION

The human body is beautiful in all its forms. Young people deserve to grow up with a sense of familiarity and confidence about their own bodies. Such familiarity and confidence also enable them to take better care of their own sexual health. In addition, young people need good nutrition, exercise, information, and health services to keep their bodies well.

In this session, participants will be taken through body image - which includes the difference in the male and female body, the make up of the human body, changes as one grows and pubertal issues. The module also introduces participants to sexual and reproductive organs and their functions, fertility issues, menstruation and menstrual cycle, how pregnancy occurs, stages in pregnancy, teen pregnancy and related issue and how to prevent teen/early pregnancy. The module ends with information on how participants can stay healthy taking by taking into consideration issues such as personal hygiene; preventing common diseases/infections during adolescence as well as drug abuse.

MODULE OBJECTIVES

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

- Describe their bodies as well as the changes that may occur as they grow
- Be familiar and confident about their bodies
- Describe what they need to do to keep themselves healthy
- Understand how changes in their body and their body image affect their reproductive health
- Know some common diseases in adolescents
- Understand drug and substance abuse.

DEFINITION OF TERMS

- **Gender Role:** This refers to the different things that a male or female is expected to do by society.

- **Sex** is either of the two main categories (male and female) into which humans and most other living things are divided on the basis of their reproductive system and functions.

- **Body image** refers to a person's feeling of the aesthetics and sexual attractiveness of their own body.

- **Stereotypes:** These are beliefs that have no factual truth but influence people's choices such as career, education, et cetera.

- **Physical Disability:** This is any challenge which limits the physical function of one or more parts of the body.

- **Self-esteem:** It is the way we assess ourselves and feel about ourselves. It includes feelings about our appearance, abilities, behaviour, past experiences, and our beliefs about the way others see us.

- **Sexual organs:** A sex organ or primary sexual characteristic as narrowly defined is any anatomical part of the body involved in sexual reproduction and constituting the reproductive system in a complex organism.

- **Sexual and Reproductive capacity:** refers to the ability to engage in sex and perform reproductive functions.

- **Puberty:** It is the time of sexual maturation which leads to physical, psychological and emotional changes.

- **Adolescence:** It is the time between the beginning of sexual maturation (puberty) and adulthood. It is often described as the transition between childhood and adulthood.

- **Menstruation:** This is the periodic shedding of blood and tissue from the uterus of a female. It is sometimes called a "period".

- **Menstrual cycle:** It is the interval between the beginning of one period to the next period

- **Wet dream**: It is a normal discharge in quick short spurt of semen which occurs at night when a young male is asleep.

- **Ejaculation:** It is the discharge of thick milky liquid containing sperm (or semen) during sexual intercourse. During ejaculation, millions of sperms contained in a fluid called semen is deposited in the vagina.

- **Ovulation:** It is the process by which a matured egg is released from the ovaries through the fallopian tube into the uterus each month. It usually occurs about fourteen days before the start of a menstrual period and lasts for one to two days (24 – 48 hours).

- **Fertilisation:** is when the semen (sperm) of the male meets in the uterus with the eggs released from the ovaries of a female and fuse to form a foetus and pregnancy occurs.

- **Sexual intercourse:** This is sexual contact between individuals involving penetration, especially the insertion of a male's erect penis into a woman's vagina.

- **Pregnancy:** This occurs when an egg from a woman is fused with the sperm from a man and the fertilised egg attaches itself to the inside of the woman's uterus by process known as implantation

- **Implantation:** It is the process by which fertilised egg attaches itself to the inner lining of the uterus.

- **Teenage pregnancy**: It is a term used to describe pregnancies which occur in girls aged 19 years or below/younger

- **Abortion:** It is the termination of pregnancy from whatever cause before the foetus is fully matured and developed to term. If it occurs by itself, it is called miscarriage or spontaneous abortion. In cases where a drug is taken or an operation is carried out to end the pregnancy, it is called an induced abortion.

SESSION 1: BODY IMAGE

Introduction

Anatomy of the body describes the different shapes and sizes that the bodies of males and females look like. Body image refers to an individual's feelings or view of the aesthetics and sexual attractiveness of his or her own body. One thing that affects young people most is a negative body image. Many young people are ignorant of the changes that are to occur as their bodies develop and as such are affected negatively. What makes it more challenging is the ridicule which often comes with, in the young person's opinion, apparent sub/mal development. The session is meant to make young people understand and appreciate their bodies and to know the importance of good body image.

Session Objectives

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

- Describe how the bodies of male and female differ in appearance and function.

- Enable and help other young people be comfortable with their own bodies.

- Describe the social, cultural and individual factors which affect young people's confidence and self esteem about their bodies.

- Describe all the aspects of life including sexuality that persons with physical disability and chronic illness experience.

Notes for the Facilitator

People's bodies differ in shapes, sizes and appearance. There is no "perfect" or "normal" body type or appearance, despite cultural and media messages to the contrary. Most of the time people who comment on imperfections often do so based on misconceptions.

Learning to be comfortable with one's own body - having a positive body image - is an important element of self-esteem. Experimenting with one's appearance can be fun and creative; it can be one way to explore one's identity.

People's body image affects their degree of comfort with social life, with physical activity, and with sexuality. Developing this comfort can be particularly challenging for those living in communities that stigmatise physical disabilities.

Social and individual factors affect people's confidence about their bodies. Such factors include: knowing about one's own body; understanding that one's body is one's "own"; internalising social norms

that celebrate or stigmatise bodies' different appearances and abilities, understanding that "ideal" appearances vary across cultures and time, receiving positive or negative feedback about one's body, regardless of how closely it resembles or diverges from the cultural ideal; being physically active and maintaining good health, understanding one's physical desires, including avoiding sexual relationships that are unwanted, uncomfortable, disrespectful, coercive, or violent; and having laws and support systems in place that enable people with disabilities to live full lives, whether independently or aided by respectful assistance all affect a young person's body image.

From skin complexion to weight, a negative body image could cause harmful practices such as bleaching the skin to appear lighter in complexion, ingestion of unsafe concoctions to lose weight rapidly, eating disorders like anorexia nervosa and bulimia nervosa, as well as unsafe social behaviour to help "fit in". It is important to practice a healthy lifestyle such as good, healthy nutrition and regular exercise to be healthy and not merely to fit an unrealistic ideal.

Gender and Body Image

Girls and women often feel intense social pressure related to their physical appearance. Girls and women's social status often depends significantly on their appearance. Cultural practices (from beauty contests to genital mutilation) reinforce the pressure on young women to achieve cultural ideals of beauty.

Girls and women are often subject to sexual comments and harassment that can be upsetting, uncomfortable, and threatening. Women, and especially girls, are more vulnerable than boys to negative feelings about their bodies; such feelings can lead to eating disorders. Some girls who have a poor body image (or low self-esteem in general) feel that they must agree to have sex in order to gain love and approval.

Men and boys also may feel anxious about their appearance. They may feel pressured to be physically strong or athletic in order to be seen as masculine. Boys and men are also subject to sexual comments and harassment. Some boys even develop eating disorders. Boys often find that acknowledging or seeking support for these concerns is less acceptable socially for them than it is for girls.

Young people should be encouraged to know that, no amount of pressure from anywhere should make them feel different from who they are. It is always a good feeling to be yourself.

Disability and Body Image

Nearly all people with a physical disability or chronic illness can still experience all aspects of their life, including their sexuality. Often times, however, they suffer discrimination and physical and social isolation because of their physical or health status. This stigma undermines people's confidence in their bodies and their ability to have full social (and sexual) lives. Such discrimination or stigma also affects people's ability to obtain housing, work, and access to public spaces. Around the world, people with disabilities (as well as people living with HIV and AIDS) have organised to eliminate such stigma and discrimination, and to expand their ability to attain satisfying lives and participate fully in society.

With encouragement, all young people can be comfortable with their physical appearance. They can also develop other sources of self-esteem and self-worth. For example, they can focus on academic achievement, creative talents, and other traits.

Different Body Types of Males and Females
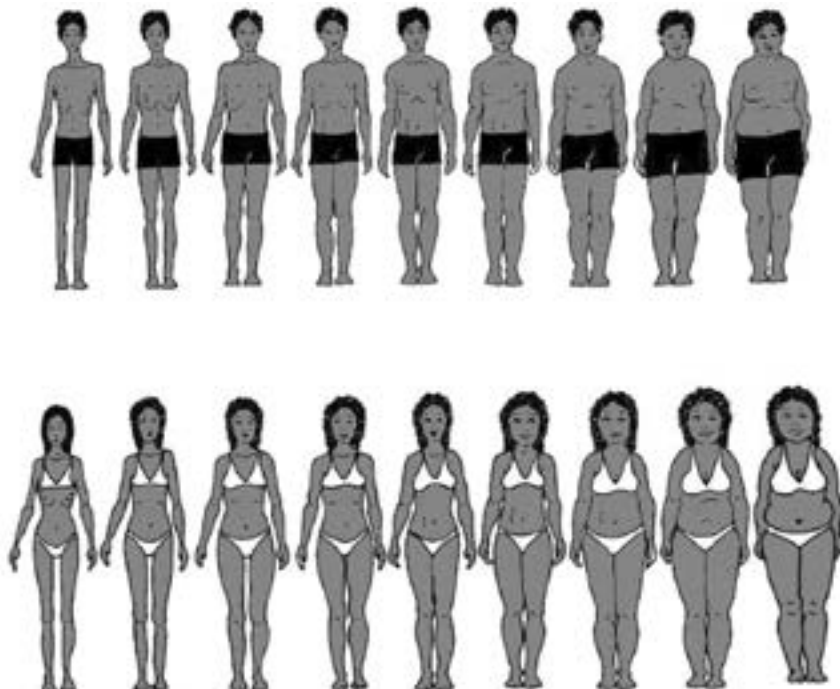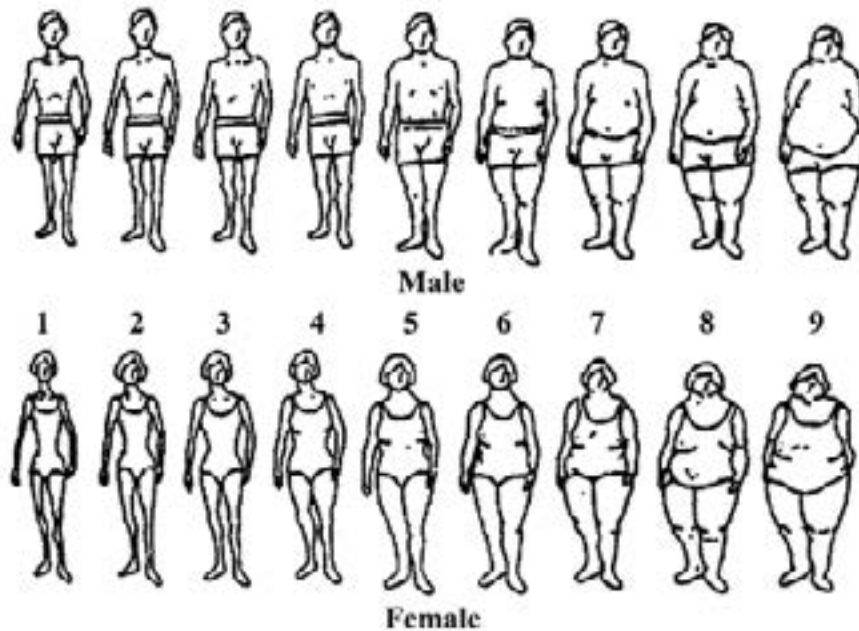
Young people do not look the same. They come in different shapes, heights and sizes as shown in the images above.

Steps to Facilitate the Session

TIPS

Placing the participants in same sex groups for the activities may help identify differences and similarities between intra-sex body image and inter-sex image and the impact thereof. However, mixed sex groups may be used if the former is not possible for lack of a balance in numbers. If one sex outnumbers the other, the results may be biased.

Activity One: Knowing your body parts

Step 1: Introduce the session and objectives with the aid of a computer and projector (or a marker and board). You may refer to the notes for the facilitator.

Step 2: Lead participants through a brainstorming session to come out with the names of the various parts of the body.

Step 3: Put participants into groups to discuss, draw and label the various parts of the body (body mapping).

Step 4: Distribute worksheet "Boys and girls- similarities and differences". Ask participants to complete the worksheet in pairs. Each pair must share their results in plenary.

Step 5: Summarise and correct mistakes

Activity Two: Feeling comfortable with your body

Step 1: Ask participants how comfortable they feel in their own skin.

Step 2: Show the diagrams of the different body types and that of young people with different body types and skin tones.

Step 3: Place the participants in same sex groups to discuss which images they believe are the ideal male and female body types and complexion and if they believe such images exist.

Step 4: The groups should present their conclusions and various responses from the groups must be discussed by the larger group. The facilitator must then ask the group for a discussion on the following:

- Do you think there is an ideal body type/complexion? If any group answered yes, ask the next questions.
- Why did you select this body type/complexion?
- Which is considered ideal or normal in your community? What influences the choice of this ideal type?
- What can lead to negative body image?
- What can lead to a positive body image?
- How does this affect a young person's sexual and reproductive health?
- What do you think can be done to ensure young people have the right body image?

Step 5: The facilitator may refer to the facilitator's notes to provide essential information that does not come up in the discussion above but will help the participants understand the topic better.

Key Points for Participants

- Males and females differ in shapes, sizes, appearance and functions.

- Having a positive body image is an important element of confidence and self-esteem.

- Do not yield to pressure from society to change who you are.

- Perception of poor body image should not lead to sexual compromises.

- Develop and maintain positive self-image in all circumstances.

Participants Notes

Refer to notes for the facilitator

Handout for Participants:

Powerpoint presentation on session

Materials Needed:

- Laptop & Projector

- Flip pad & Markers

- Board

- Pens/pencil

- Pictures and video clips on body parts and body type (Brail for visually impaired)

Time: 2 Hours

SESSION 2: SEXUAL AND REPRODUCTIVE ORGANS AND THEIR FUNCTIONS

Introduction

The major function of the reproductive system is to ensure survival of the human species. Other systems in the body, such as the endocrine and urinary systems, work continuously to maintain homeostasis (a condition of a balance or equilibrium within its internal environment even when faced with external change) for survival of the individual. An individual may live a long, healthy, and happy life without producing offspring, but if the species is to continue, at least some individuals must produce offspring.

Within the context of producing offspring, the reproductive system has four functions:

- To produce egg and sperm cells
- To transport and sustain these cells
- To nurture the developing offspring
- To produce hormones

These functions are divided between the primary and secondary reproductive organs. The primary reproductive organs, or gonads, consist of the ovaries and testes. These organs are responsible for producing the egg and sperm cells gametes), and hormones. These hormones function in the maturation of the reproductive system, the development of sexual characteristics, and regulation of the normal physiology of the reproductive system. All other organs, ducts, and glands in the reproductive system are considered secondary reproductive organs. These structures transport and sustain the gametes and nurture the developing offspring.

Session Objectives

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

- Know the male and female sexual organs and explain their functions
- Describe the sexual and reproductive capacity of males and female over the life cycle

Notes for the Facilitator

The male and female sexual organs can be found on every human being and what one has depends on his or her sex (i.e. male or female). The organs have various parts and functions and as one grows, changes occur. The various parts of the sexual organs together with some hormones in the body make up the reproductive system. Some of the main parts of the male sexual organs are penis, scrotum and testicles and that of the female sexual organs are vagina, vulva and clitoris. The reproductive systems produce hormones that give the unique characteristics observed in males and females such as facial/body hairs, developed breast, sexual desires etc.

Some organs are involved primarily in reproduction, sexual pleasure, or both.

In males:

- The penis is involved in both sexual pleasure and reproduction.

- The testicles are essential organs in reproduction and are also involved in sexual pleasure.

Below is a diagram of the male reproductive system
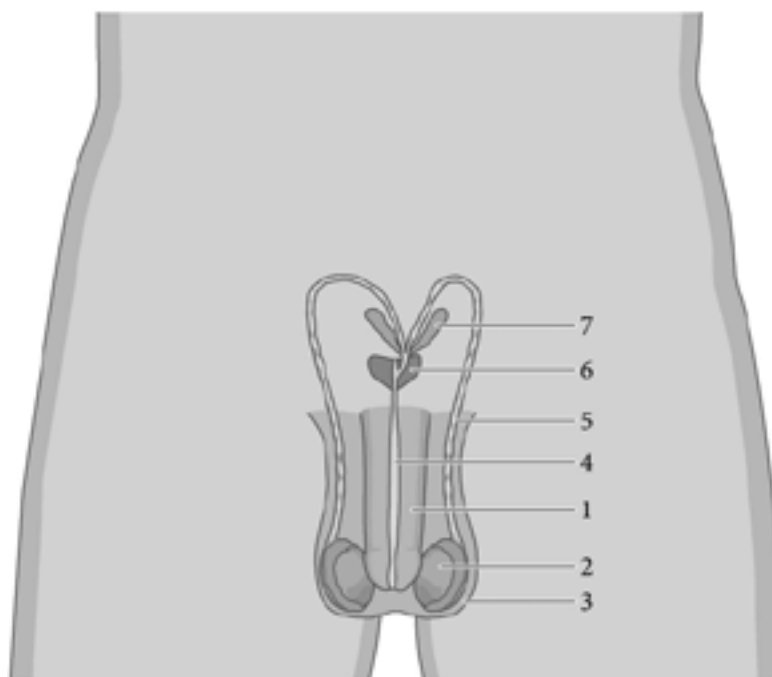
1. Penis
2. Testicles (or testes)
3. Scrotum
4. Urethra
5. Vas deferens (sperm duct)

6. Prostrate glad
7. Seminal vesicles

What are the parts of the male sexual and reproductive systems and their functions?

The male external reproductive organs

The **penis** (#1) has several functions.

- It is involved in sexual feeling; in this function it corresponds to the clitoris in the female.
- The penis at erection is filled with blood and become hard and erect in response to sexual stimulation.
- The reproductive function of the penis is to deliver semen into the vagina.
- It also excretes urine (see urethra below).

A layer of skin called the foreskin covers the end of the penis. In many cultures in the world, the foreskin is removed through a procedure called male circumcision.

The **testicles** (or **testes) (#2),** two ball-shaped glands inside the scrotum, produce sperm and the male hormone testosterone. The scrotum and testes are sensitive to touch and can be a source of pleasure.

The **scrotum (#3),** a loose bag of skin, holds and protects the testicles. The scrotum keeps the testicles in the right temperature to produce sperms.

The **urethra** (#4) is a tube that runs from the bladder through the penis. The urethra is the passageway through which semen (a mixture of seminal fluid, prostatic fluid, and sperm) travels out of the body 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.

The **vas deferens (sperm duct)** (#5) are two long thin tubes that carry the sperm toward the urethra. They contract during ejaculation. During vasectomy the vas deferens is cut to disable the male ejaculating sperm during sexual intercourse.

The **prostate gland** (#6) produces a fluid that makes up part of semen and helps sperm to move. Many men find stimulation of the prostate to be sexually pleasurable. The prostate gland sometimes enlarges and causes cancer of the prostate.

The **seminal vesicles** (#7) produce much of the fluid that ultimately becomes semen. This fluid nourishes the sperm.

The **epididymis** (not numbered, but visible) is a highly coiled tube that sits on top of each testis and stores sperm as they mature until they are ejaculated.

The internal organ(s) of the male reproductive system

The **Cowper's glands** (not shown) produce a thick alkaline fluid, called pre-ejaculate, that neutralizes the acid in the urethra before ejaculation.
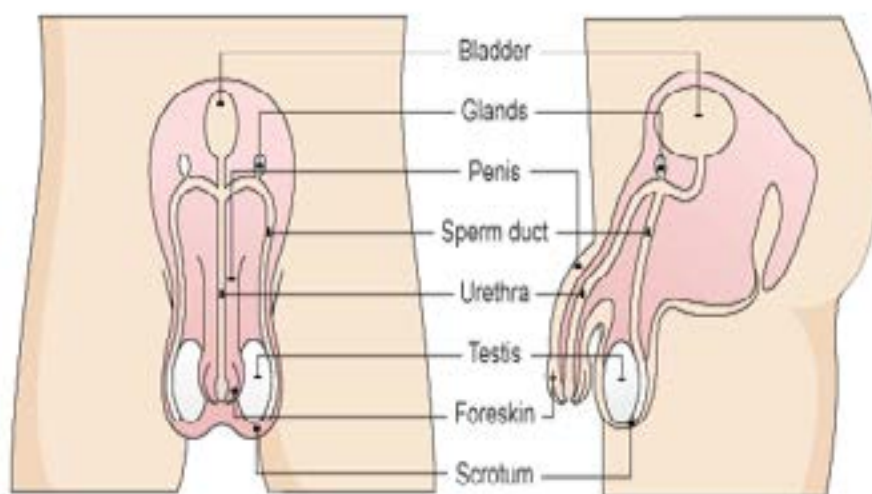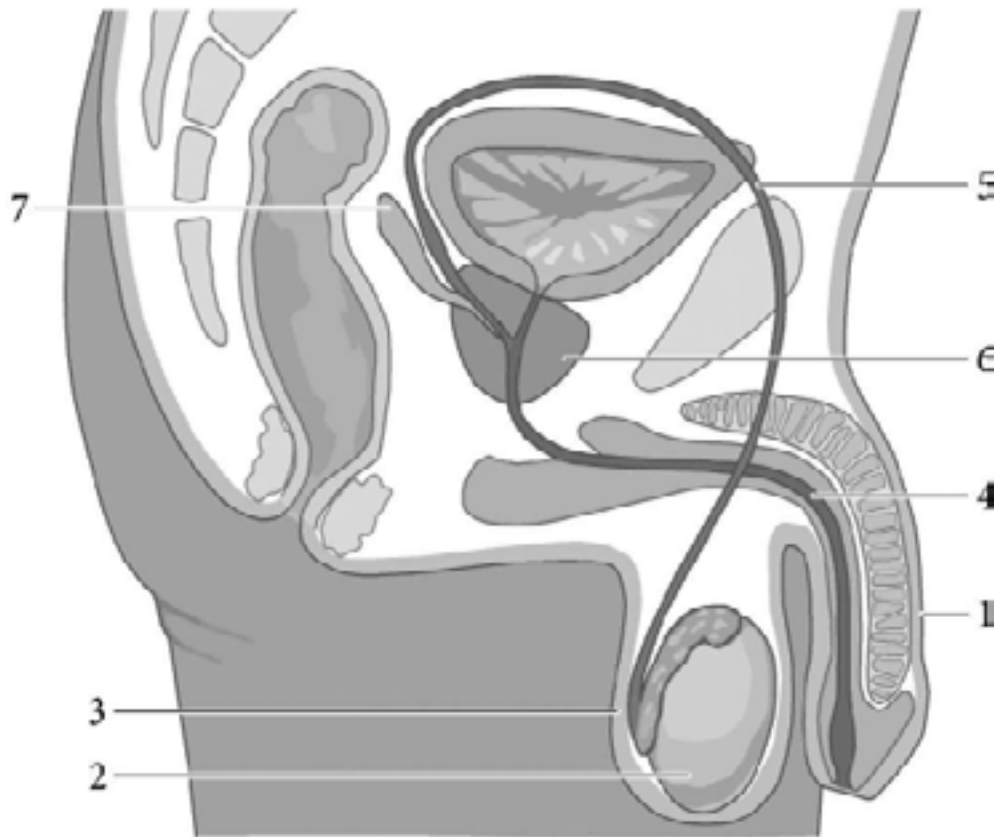
In females:

- • The uterus is involved only in reproduction.

- • The clitoris – the sole purpose of this organ is sexual pleasure.

The diagram below shows the external organs of the female reproductive system

1. Clitoris
2. Labia minora
3. Labia majora
4. Vagina opening

What are the parts of the female sexual and reproductive systems and their functions?

The female external reproductive organs

The **vulva** consists of all the visible external genital organs of a woman (see illustration above

The **clitoris** (#1 in the diagram) is a small organ, shaped like a flower bud with a bit of tissue forming a small "hood." The only function of the clitoris is to give girls and women sexual pleasure; it contains a rich network of nerve endings for sensation. During sexual arousal and during orgasm, the clitoris (and the genitalia in general) swells and it fills with blood, causing the clitoris to become erect. Women may feel vaginal contractions during orgasm.

The **labia minora** or **inner lips** (#2) also swell during sexual arousal.

The **labia majora** or **outer lips** (#3) cover and protect the vaginal opening.

The internal organs of the female reproductive system

The **vagina** (#4) is an elastic canal, leading from the vulva to the cervix and uterus. The vagina lubricates itself when the woman is sexually aroused. . It has few nerve endings and is therefore not highly sensitive. In vaginal intercourse, the penis penetrates the vagina. If the man ejaculates, semen enters the vagina and travels through the cervix into the uterus and fallopian tubes, where fertilisation can occur if an egg is present. Menstrual blood leaves the body through the vagina, as does the baby when it is born. The vagina cleans itself and does not need to be washed out. Women should not insert substances to dry or tighten the vagina; such substances can be harmful.

The **hymen** (not shown) is a thin membrane that may stretch across part of the vaginal opening. The hymen can be easily torn during sports or other physical activity and can be stretched open if a girl uses tampons. Therefore, a torn or stretched hymen does not indicate that a girl or woman has engaged in sexual intercourse.

The **cervix** (#5) is the lower part of the uterus that extends into the top of the vagina. An opening in the cervix, called the os, connects the vagina and uterus. Menstrual blood passes out of the uterus through the vagina os; and semen passes through it to the uterus. The cervix produces a secretion (cervical mucus) that aids sperm in entering the uterus. The cervical mucus changes during the menstrual cycle; women can learn to identify the fertile period according to the characteristics of the mucus (see contraception for the characteristics of the cervical mucus). During childbirth, the cervix stretches, allowing the baby to pass through.

The **uterus** (#6) is a hollow, muscular organ that rests above the bladder. It is shaped like an upside-down pear. Its lining (called the endometrium) thickens with blood and tissue during the first part of the ovulation–menstrual cycle. If no embryo implants itself, the lining breaks down, becoming the menstrual flow. If an embryo implants itself, a fetus develops in the uterus.

The **fallopian tubes** (#7) are two narrow, 4-to-5-inch-long tubes through which the egg travels from the ovary to the uterus and in which the egg may be fertilized.

The **ovaries (#8),** two organs, each the size of an almond or a grape, store the immature eggs in follicles, produce and secrete female hormones (estrogen and progesterone), and produce and release mature eggs.
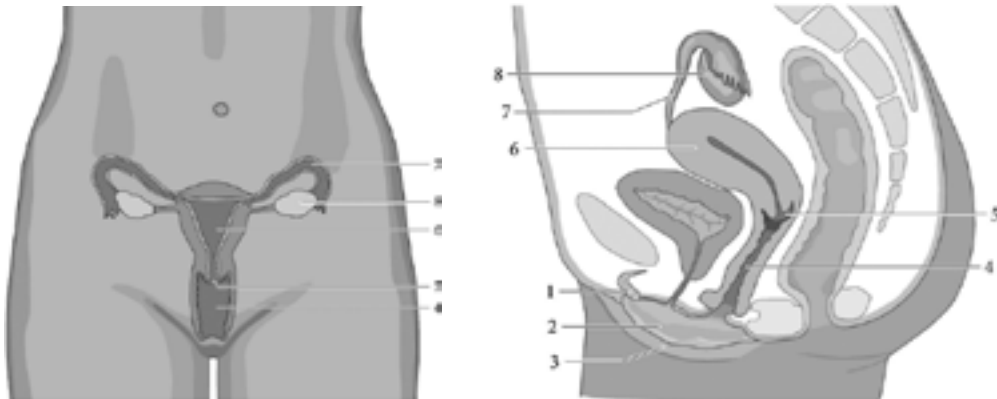
Some other organs also play roles in sex and reproduction. Example, the skin may respond sexually to touch and the brain processes emotions and secretes hormones that affect feelings of sexual and reproductive function.

Community standards about sexuality and gender often shape attitudes about part of the body and may lead to myths. For example, in some settings, people may not know that:

- Sex involves more than just the sexual organs and, is about far, more than orgasm,

- A torn hymen (the thin membrane of skin just inside the vaginal opening) is not an indication that the girl is no longer a virgin. The hymen may tear as a result of physical activity during childhood,

- The vagina is naturally self-cleansing; "douching "or washing the vagina is unnecessary and often harmful or

- The penis size appears to be of a greater concern among males than among their female partners.

Some people who want to change their sex may use hormones and/or undergo surgery to alter their sexual organs permanently. Such procedures are complicated and costly, but to those who seek it the change is of vital importance. People who want to change their sex should have access to counselling to help them make this decision and should be free to decide whether to do so.

Steps to Facilitate the Session

Step 1: Introduce the session and objectives using power point.

Step 2: Put participants into smaller same sex groups to discuss, draw and label the male and female Reproductive Systems.

Step 3: Groups return to larger plenary for presentation and discussion.

Step 4: Make a power point presentation on the male and female reproductive system to explain the functions of the various organs.

Key Points for Participants

- Reproduction is a must for the continuity of life on earth. Therefore, every human being has a reproductive system for its procreation functions.

- Males and females have different reproductive systems which are usually used for identification of his/her sex at birth and for reproduction

Handouts for Participants

FUNCTIONS OF MALE AND FEMALE SEXUAL ORGANS

VAGINA: The passage between the uterus and the outside of a woman's body.

VULVA: The entire external area of the female sex organs. It includes the labia, which enfolds the clitoris.

CLITORIS: A small, very sexually sensitive organ located just above a woman's urethra and covered by a hood which is part of the lips of the vulva.

LABIA: The lips of the female genitals. They cover the clitoris and are part of the vulva.

LABIA MAJORA: Outer lips of the female genitals. It covers the clitoris.

LABIA MINORA: Inner lips of the female genitals, just above the vagina.

FALLOPIAN TUBE: The tube that connects the ovary to the uterus. The ripe egg passes from the ovary through this tube to the uterus. Sperm often fertilizes the egg while in the fallopian tube.

OVARIES: The two organs in which eggs (ova) are stored and from which one egg is released (ovulation) once a month.

UTERUS: Also called the womb. It is the organ in which a fertilized egg grows into a baby. It is the lining of the uterus that is shed and comes out with blood as menstruation every month.

PENIS: The main external male organ, found above the scrotum.

SCROTUM: The sac of loose wrinkly skin that hangs under a man's penis and contains the testicle.

TESTICLES: The oval shaped organs that manufacture sperm. They are located in the scrotum.

SEMEN: The thick milky liquid in which the sperms swim.

SPERM: Invisible except with a microscope. Under the microscope, you will see it like a tadpole with a long thin tale that helps it to swim in the semen. They are so small that 500 of them lined up will still be only an inch long.

SEMINAL VESICLES: Two small pouches at the back of the prostate gland where the sperm is stored after it is produced ready to be released through a long tube to the penis.

Materials/Tools Needed

- Laptop and projector for presentation
- Flip pad and makers
- Note pad, pens and pencils
- Maggi apron

Time: 120 Minutes

SESSION 3: CHANGES AS WE GROW

Introduction

Certainly as we grow, changes are bound to occur. Since these are inevitable, it is important to let young people know this and prepare their minds in advance of these changes. Knowledge about the obvious changes that occur as people grow will enable them accept and appreciate the changes when they do take place. Boys will understand why they appear differently from young girls and vice versa.

As young people grow they ought to recognise each stage of growth and development as a normal part of their lives and that of their opposite sex. This will enable young people to avoid misconceptions that are associated with the changes they go through for which they may make certain risky life choices. Such choices include, but are not limited to, the use of drugs, indulging in unprotected sex, etc.

In this session, we are going to learn about how the changes as people grow from infancy to adulthood and discuss some physical characteristics of people at each stage. This session will also help young people to appreciate these changes and not to be alarmed when they see these changes.

Session Objectives

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

- Understand the changes in the body as people grow from infancy to old age.
- Discuss some physical characteristics of people at each stage.

Notes for the Facilitator

Learning about your body can be exciting and empowering. The emerging things you did not know about your body makes you excited and those which make you capable of doing what you could not do empower you. Knowing about your body has many benefits for your sexual health and well being.

For example:

- Feeling that your body is your own, feeling comfortable with your body,
- For girls, being able to anticipate and manage menstruation,
- Being able to figure out what feels good sexually,
- Being able to communicate feelings and thoughts about sex and reproduction,
- Being able to prevent an unwanted pregnancy,
- Being able to recognize the symptoms of certain infections and
- Being able to protect your right to dignity and respect.

Society often sends inaccurate, harmful messages about the body to young people. These messages have the potential of negatively affecting young people as they grow into adulthood. Also, many young people decide by themselves to learn about the body and to share what they learn with their peers. Around the world, young people and adults are working to promote more accurate and positive messages about sexuality and the body.

Steps to Facilitate the Session

> **Step1:** Introduce the session and objectives using power point.
>
> **Step 2:** Put participants into smaller groups to discuss and list changes that occur as people grow from infancy to adulthood
>
> **Step 3:** Groups return to larger plenary to role-play
>
> **Step 4:** Participants are taken through power point presentation on changes that occur as the males and females grow.
>
> **Step 5:** Facilitator summarises key points

Key Points for Participants

- Most adolescents go through the same physical changes.

- The changes are normal part of human development.

- For girls breast budding starts between ages 8 and 13 (average age of 11).

- This development is completed between ages 13 and 18 (average 15).

- This holds a psychological importance to young females who may worry about their breast size and shape.

- It is not unusual for one breast to develop faster than the other.

- An adolescent girl may worry about the differences in breast size that result, especially if she does not know that the difference is usually corrected by the time development is completed.

- Generally, the age range for menarche may vary from 9 to 18 years.

- This usually begins 2 years after the start of breast development (occurs after peak of growth spurt in height).

- First menstrual cycle may be more irregular than later ones.

- There may be a lag in time of 1 to 1½ years before ovulation becomes well established (however, this varies among individuals and cannot be depended on for protection against pregnancy – Tanner, 1990).

- Although these female organs start developing early, their growth is the last to be completed.

- The muscle wall of the uterus becomes larger and elaborate to accommodate the foetus during pregnancy and its expulsion at birth.

- The innermost lining (endometrium) undergoes cyclical changes.

- The vagina becomes larger and its lining grows thicker.

- At birth, the ovaries are a fairly complete organ. It contains about half million immature ovum – each one capable of becoming a mature egg. The female is born with all of the eggs that she needs during the span of her reproductive years.

- For boys, onset of puberty is marked by the initial enlargement of the testes.

- Growth of testes and scrotum usually begins between the ages of 10 and 13½ years. Testes are the male reproductive glands that produce sperm and the male hormones (testosterone).

- From puberty on, the testes continuously produce sperm, generating billions in the course of an adult lifetime.

- Ejaculation usually occurs about a year after testicular growth. The average age for first ejaculation is 14.6 years of age.

- Penis growth spurt normally occurs between the ages of 10.5 and 14.5 years (average age 12.5). Age for completion of this growth spurt ranges from 12.5 to 16.5 years (average age 14.5)

Handout for Participants

SOCIAL AND EMOTIONAL CHANGES

Sensitivity about one's body

Adolescents tend to be pre-occupied with how they look and how they are perceived by the opposite sex. They worry about pimples. Girls want nice figures and beautiful faces. Boys want to be muscular and tall. Because of this, ridicule or negative statements affect adolescents a great deal and may lower their self-esteem. It is important that every adolescent understand and be assured that they are of worth and that how they look is acceptable. This builds self-esteem and establishes individual identity.

The need to belong and be accepted

Adolescents do not want to be different from their peers. They want to fit in, to wear the same style clothes, shoes, and hairstyles. Adults need to understand this and not make too much fuss. It is this need to belong that produces peer pressure. Adolescents with poor self-esteem may act in socially undesirable ways if it makes them feel accepted by their peer group. Adolescents with confidence in themselves and positive personal values may not be unduly influenced by peer pressure. Peer pressure also can be positive and can help adolescents do socially acceptable and creative things in order to belong. All adolescents need to have a sense of individual identity and self-worth that enables them to cope when they have to be different whether economically, socially, or morally.

Attraction to the opposite sex

Puberty triggers off interest in the opposite sex and the desire to relate to them. This coupled with the high energy level makes it imperative that this interest and energy are channeled constructively, otherwise it results in premature sexual relationships. Activities that result in relating to the opposite sex in interesting and creative ways, such as youth clubs, sports and hobbies, offer young people opportunities to expend their sexual energies positively.

The period between puberty and young adulthood is a time when young people have strong sexual desires and are easily sexually aroused. Therefore, adolescents should be aware of what arouses sexual desires and how to cope with it, so that they do not put themselves in situations where casual sex can occur. For example, reading or watching pornographic books or videos, thinking about sex all the time, being alone with members of the opposite sex in private and intimate places. In case erection occurs, young boys should know that this does not mean one has to have sex. Cold showers, exercise, putting one's hand in one's pocket and pressing down the penis are all ways of dealing with an unwanted erection. The mild discomfort usually dissipates in a little while and does not cause any physical damage.

DEVELOPMENT OF INTELLECTUAL ABILITIES, VALUES AND MORALS

Development of Intellectual abilities

Like everything else, all aspects of intelligence like judgment, reasoning, comprehension, memory and concentration also develop rapidly in adolescents. These results in adolescents wanting to challenge authority, decide and do things for themselves, and contribute to community and family decisions. When they are denied opportunities to exercise their growing intellectual abilities, adolescents may rebel, especially against parents. Both young people and adults should be aware of this and learn to be tolerant of each other as young people seek to define their position as emerging adults. Adults also need to understand that adolescents need to have their views considered. Good communication between the generations facilitates this understanding and prevents problems. Adolescents should also take advantage of the intense energy and strong intellectual abilities of this period to study, be creative and take advantage of career opportunities. Young people should understand that this implies learning to act responsibly and gradually become independent economically.

Development of values and morals

Many adolescents search for something to believe in that will make sense of their world and give meaning to their lives. Adolescents should be encouraged to develop values and sound moral systems that will help them make choices and determine the life style they would adopt in adulthood, but they should understand that this search can cause turbulent emotions. Part of this task is to learn how to relate to others and to resolve conflict responsibly.

Materials/Tools Needed

- Laptop and Projector
- Flipchart and Markers

CONCLUSION

This module discussed changes young people experience in their bodies in the continuum of growth and maturity. It explored concepts of puberty and sexual reproduction. The module also discussed issues such as personal hygiene, preventing common diseases/infections during adolescence as well as drug abuse. Module three continues with discussions on how young people can express their sexuality in healthy ways.

Time: 1 hour 30 minutes

SESSION 4: PUBERTY

Introduction

Puberty begins between ages 8 to 12 years and ends around age 16 (may end a little earlier or later). This stage of growth takes approximately 3 to 5 years to complete. However, the onset and process of puberty differs from person to person and between males and females.

The onset of puberty is consistently two years earlier in girls than in boys. Girls reach full height about two years earlier than boys. Females are born with slightly more mature skeletons and nervous systems than males, which gradually increase throughout childhood. The earlier sexual maturation of females is one of reasons for which males are about 10 per cent taller than females as adults; by virtue of the fact that they mature later, males continue growing longer compared to females.

Biological changes vary in time of onset and duration, yet these changes fall into definite and predictable patterns. It is essential that the young person is aware of the changes that occur during the stage of puberty. This knowledge will help him/her to take decisions that will have a positive effect on his/her sexual and reproductive health.

In this session we are going to discuss adolescent growth and development, the process of puberty, menstruation and wet dreams. Also, we will learn about the emotional and physical changes that occur in puberty.

Session Objectives

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

- Describe adolescent growth and development
- Describe the process of puberty and the maturation of the sexual and reproductive system
- Describe the similarities and differences between girls and boys in relation to physical, social, spiritual and emotional changes associated with puberty
- Describe the key emotional and physical changes that occur in puberty as a result of hormonal changes including the processes of menstruation and wet dreams
- Distinguish between puberty and adolescence

Notes for Facilitator

As children approach adolescence, their bodies begin to produce chemicals - called hormones - that lead to changes in their bodies and emotions. This period of change is called puberty.

Puberty occurs early for some people and later for others. The age of puberty is influenced by genes, nutrition, physical activity, and illness. Girls typically reach puberty at an earlier age than boys do.

At puberty, sexual and reproductive organs begin to mature. For girls, physical changes associated with puberty include menarche (beginning menstruation); the development of breasts; growth of underarm and pubic hair; and other physical changes. For boys, the physical changes that become manifest in their body development at puberty includes: the initiation of involuntary orgasm during sleep (called nocturnal emission or wet dream); production of sperm; the growth of facial, pubic, and body hair; deepening of the voice, among other changes.

Puberty can be both confusing and exciting. Both the physical and social aspects of puberty bring changes in the way young people feel about themselves and about other people. Many adolescents become curious about sex and may explore their sexuality by themselves, with a friend, or with a sexual or romantic partner. When these explorations are based on unreliable sources of information, such young people stand the risk of contracting STIs including HIV, having unplanned pregnancies, with the attendant consequences.

As young people reach puberty and begin to develop sexually, they find that people they know, and the society at large, relate differently to them. In some cultures, puberty, is marked by rites of passage (initiations of coming-of-age rituals). Most of these rituals are used to celebrate ones growing up. Some, however, may be harmful. [See fact sheet on Female Genital Mutilation.]

Families and communities often expect adolescents to assume greater responsibilities and sometimes allow them greater freedom. Often, families and communities exert great pressure on adolescents to conform to expected gender roles.

Gender roles often sharpen dramatically around puberty. This change is often marked by a growing gap in boys' and girls' equality and opportunities. [See Module 8 on Gender.]

For example:

- Boys are pressured to be brave and strong.

- Boys may experience disapproval if they express certain emotions, such as vulnerability or tenderness.

- Boys are often pressured to become sexually active to prove their masculinity. In contrast, in most settings girls who are sexually active are met with social disapproval.

- In some settings, girls find that their freedom is seriously restricted at puberty. Their schooling may end, their style of dressing may be limited, their behaviour may be constrained by social expectations, and they may be assigned additional household duties.

- Girls, in particular, are subject to sexual advances, both well meaning and harassing.

- For girls in some settings, reaching puberty signals that they are of an age to be married. This is very common in predominantly Muslim communities as well as in rural areas in Ghana.

- Both boys and girls may experience pressure or stigma related to their sexual or gender identity. Treatment given to young people at puberty vary from society to society

Puberty is a time of rapid physical growth. Therefore, taking care of one's body is especially important. Young people often face particular health issues at puberty/adolescence, including the need for safe physical exercise and proper nutrition. They may also face risks related to the use of drugs or alcohol.

Puberty in Boys

For boys, puberty usually begins between the ages of 10 and 13, and a couple of years later than it begins for girls. Boys typically finish puberty in their late teens or early twenties, when skeletal growth is complete.

Changes that Boys Experience During Puberty

Like girls, boys may find that their feelings and interests change during puberty. Physical changes also occur. These changes are different for every person/boy in his puberty, but typically occur in this order:

- The testes and penis grow larger.

- Pubic hair begins to grow; it gradually increases in amount and becomes coarser and curly.

- The voice begins to change and deepen, usually gradually but sometimes suddenly.

- About a year after the testes begin to grow, a boy may begin to experience ejaculation (release of a white milky fluid called semen from the penis).

- Underarm hair grows and sweat changes scent to adult body odour.

- Facial hair develops.

Boys also experience a growth spurt and muscle growth. The skin becomes oilier, increasing the likelihood of acne - a skin condition. About half of boys experience slight temporary breast growth, which disappears in a year or two. It is important that boys are given prior knowledge of these physical changes in order that they are not pushed by their friends or their own curiosity to make certain sexual decisions which could adversely affect them. This calls for responsible parenting as regards sex education. Boys can also move to a nearby health facility for more information.

Causes of erection: Erections occur throughout life. An erection is caused by blood filling the spongy tissue in the penis as a result of sexual stimulation; lifting or straining; dreaming; being cold; wearing tight clothing; feeling fear or excitement; or having a full bladder on waking up from sleep. An erection may have no apparent cause, especially during puberty. Boys often get sudden or spontaneous erections, sometimes many times a day. These are the result of high or changing levels of the hormone testosterone.

Having an erection without ejaculating may cause a temporary feeling of "heaviness" but is not harmful in any way. If an erect penis is not touched, the erection will subside by itself.

What happens during ejaculation?: Prior to ejaculation, the Cowper's glands release a drop or two of fluid through the tip of the penis. This is called pre-ejaculate, and it cleans the urethra. The pre-ejaculate alone does not contain a sufficient number of sperm that are strong enough to cause pregnancy (unless sperm from a recent ejaculation are still present). However, HIV may be present in the pre-ejaculate..

Full ejaculation involves the release of semen, which typically contains hundreds of millions of sperm in a teaspoon of fluid. Usually, but not always, ejaculation comes with a wave of pleasurable release known as orgasm. Once a boy can ejaculate, he can cause a pregnancy.

Wet dreams: Males regularly have erections during sleep, and about 80 per cent of males occasionally ejaculate. This kind of ejaculation is called a nocturnal emission or "wet dream." Wet dreams are common during puberty, but adult men may also have them. Wet dreams are not harmful in any way, nor do wet dreams "waste" sperm. The testes are continuously making new sperm, and wet dreams are one way the body rids itself of stored sperm

Puberty in Girls

For girls, puberty begins between the ages of 8 and 13 about two years earlier than for boys. Girls typically finish puberty between the ages of 16 and 17 or around the period that their skeletal growth is complete.

Changes that Girls Experience During Puberty

Changes at puberty differ from person to person. Although they may vary in timing, sequence, and speed, girls' bodies typically develop in this order:

- Breast growth begins, often on only one side at first. Full development takes about two years.
- Pubic hair begins to grow, gradually increasing and becoming coarser and curly.
- Inside a girl's body, the surface of the vagina thickens and the uterus and ovaries increase in size. [See fact sheet on Sexual and Reproductive Systems - Female.]
- The first menstrual bleeding, menarche, usually occurs two to three years after breast development begins. Many girls have irregular periods for the first couple of years. Once a girl ovulates, she can become pregnant. [See fact sheet on the Menstrual Cycle.]
- Underarm hair grows and sweats changes, resulting in adult body odour.
- The cervix starts producing mucus that is discharged from the vagina. This mucus is normal and is a sign of natural changes related to fertility and menstruation.

Girls also experience a growth spurt, their pelvis and hips widen, fat tissue increases, and the skin become oilier, increasing the likelihood of acne.

As with boys, girl's interest and feeling may also change with puberty. In the days before menstruation, girls commonly experience strong feeling of different kinds. For example joy, sadness, sensitivity and anger.

Managing Menstruation

Menstruation is natural and part of being a healthy female. Having one's first menstrual period can be an exciting event, especially if the girl knows what to expect. Unfortunately, many girls worry or are afraid when they experience their first period because they are not prepared for it. Some parents may feel embarrassed to talk about it or the girl may have absorbed messages from her culture or religion

suggesting that menstruation is somehow unclean. Menstruation, however, is part of the body's means of renewing itself and maintaining fertility.

During menstruation a girl can generally engage in all of her regular activities. Bathing during menstruation is important. The vulva should be washed with water and mild soap to remove any blood that is left.

How women take care of their menstrual flow varies in different settings. Many women use pads to absorb the blood. In some places, women buy pads that can be thrown away after use. In other places, they employ reusable pads made from folded cloth; these must be washed thoroughly after each use with soap and water. Having a private place to change or wash pads (both at home and at school) is important.

Steps to Facilitate the Session

Step 1. Introduce the session and objectives using power point.

Step 2. Divide participants into same sex group and ask them to discuss their experiences at Puberty.

Step 3. Groups return to plenary for discussion

Step 4. Let each group present their report on what they have discussed.

Step 5. Facilitator should moderate a general discussion on the group work

Key Points for Participants

- All changes during puberty are normal part of human development
- Girls attain puberty earlier than boys
- Bathing during menstruation is very important for personal hygiene of young girls
- Wet dreams are a normal and an indication that a young has started producing sperms

Handout for the Session

PUBERTAL CHANGES - **FEMALES**

- 1. About 3 or 4 years before menstruation, breast begin to grow.
- 2. About 1 to 2 years before menstruation, pubic hair appears.
- 3. Six months before, other body hair appears.
- 4. There is a period of rapid growth we call the growth spurt.
- The growth spurt lasts for about 3 years and during this period a girl's height can increase between *21/2* to 4 inches in a single year.

- Girls begin their growth spurt about 2 years before boys. That is why girls are often taller than boys of the same age during the early teens.

- During the growth spurt, hands and feet often begin to grow first making early adolescent look and feel awkward and clumsy.

- Skin becomes oily and as a result, pimples may develop, perspiration increases and has a stronger smell.

- 9. Waistline narrows and hips widen.

- 10. External sexual organs enlarge.

- 11. Internal organs, including the uterus and ovaries, also enlarge.

- 12. Menstruation begins.

MENSTRUAL CYCLE

(A model/diagram of the cycle should be used to illustrate the menstrual cycle)

Menstruation is a normal process that all women experience. Menstruation, also called period because it occurs every month, indicates that a girl is capable of becoming pregnant. Menstruation is the periodic shedding of blood and tissue from the female reproductive organ called the uterus. The uterus is located in the lower part of a female's abdomen. A girl should not feel embarrassed about her period. It is a healthy sign that she has reached puberty and that her body is functioning well.

What is menstrual cycle?

1. When a girl is born, she has thousands of egg cells or ova in her two ovaries. Each egg is the size of one grain of sand. The tiny dots in the two balls are the eggs. The two balls are the ovaries. Each month, one egg--the big black dot--ripens and leaves the ovaries. This is ovulation. The egg is picked up by the broad end of the fallopian tube and starts moving towards the uterus, the V -shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining.

2. An egg can grow only if it meets a sperm cell from a male. If the sperm and egg meet, the fertilised egg attaches to the thick lining of the uterus and the woman becomes pregnant.

3. If sperm does not fertilise the egg, the lining is not needed and it breaks down. The lining, tissue, and the egg flow out of the uterus through the vagina and leave the body. This is menstruation. Menstruation occurs approximately 14 days after ovulation, if the egg is not fertilised. Menstrual periods may last 2-8 days; the average menstrual period lasts 4-6 days. The menstrual cycle occurs every month until a woman goes through menopause. It also stops during pregnancy and starts again after the baby is born.

4. Menstruation means that a girl is capable of becoming pregnant but does not mean that she is ready to be a mother. It is not until adulthood that a woman becomes ready for motherhood. Module 5 Page 16.

(Questions & Answers about Menstruation)

1. When does a girl start menstruation?

   Menstruation occurs regularly every month in girls who have reached puberty (9-16 years) and continues until menopause when periods stop (generally from 40-55 years). Menstruation is not shameful and is a normal part of development. It does not need to be a secret but it is a private matter.

2. How long do periods last? Most menstrual periods last 2-8 days, with 4-6 days being the average. Menstruation usually occurs every 21-35 days.

3. I am 12 years old. I started my periods 4 months ago but it does not occur regularly.

   The first periods are often very irregular. It is common to skip several periods or to have periods very close together. A regular menstrual pattern will gradually be established.

4. I am 18 and have not started menstruating. Should I be concerned?

   If by 18 you have not started having periods, consult a doctor to find the cause of the delay.

5. Why is menstrual flow heavy at times and light at other times?

   The duration and the amount of menstruation flow may vary for each girl. It is normal for menstrual flow to be heavy during the first few days and light on the last days. However, very heavy bleeding with production of clots is not normal and can cause problems like anaemia. Contact a doctor whenever a period is abnormally long or heavy.

6. What does it mean if I miss my period?

   There are many factors that may cause missed or irregular periods including stress (such as a death in the family), weight loss and sickness. If you are sexually active, a missed period could mean that you are pregnant. You can do a test to find out if you are pregnant.

7. What causes pain during menstruation?

   Some women have discomfort or pain during menstruation due to contractions (spasm of muscles) of the uterus as it expels the menstrual blood.

8. Do men get menstrual periods?

   No, men do not menstruate because their bodies function differently than women. A man does not have a uterus and so does not menstruate.

9. Is it safe for a girl to use a tampon during menstruation?

   Yes, tampons are safe although caution should be taken to use the right size and to change tampons regularly to prevent infection.

PUBERTAL CHANGES - MALES

1. The growth spurt may start anywhere between the ages of 10 and 16 and lasts for about 3 years. For boys, in any single year, he may grow between 2 and 5 inches taller.

2. Skin becomes oily and pimples may appear. Perspiration increases and has a stronger smell.

3. Pubic hair appears above the penis, hair begins to grow on the face and body, voice box enlarges and voice deepens.

4. During the growth spurt, hands and feet often begin to grow first making early adolescent look and feel awkward and clumsy.

5. Shoulders broaden and muscles develop.

6. Penis and testes enlarge.

7. Sperm production begins and ejaculation occurs.

SPERM PRODUCTION, EJACULATION AND WET DREAMS

When boys reach puberty their testes start producing sperms. The sperms pass through a long flexible tube to the seminal vesicles where they are mixed with a milky liquid to become semen and stored until discharged through the penis. Semen is usually discharged in quick short spurts called ejaculation. Sometimes, a boy's first ejaculation will occur at night while he is asleep. This is called a wet dream and is usually accompanied by dreams of a sexual nature. Wet dreams are the body's way of getting rid of excess semen and are normal. The rest of the semen is reabsorbed into the system. A boy should not feel embarrassed and worried about wet dreams. It is a sign that the boy has reached puberty and his reproductive organs are functioning normally. Ejaculation means that a boy is capable of impregnating a girl, but does not mean that he is ready to become a father.

Materials/Tools Needed

•   Laptop and Projector

•   Flipchart and Markers

•   Maggi apron

Time: 60 minutes

SESSION 5: FERTILITY, PREGNANCY, PREGNANCY RELATED ISSUES AND CHILDBIRTH

Introduction

Female fertility refers to the ability to become pregnant and carry a pregnancy to birth. Male fertility is the ability to provide healthy sperm capable of starting a healthy pregnancy. While women fertility cycle varies over time, men fertility does not vary on cyclical basis. Pregnancy, childbirth and other pregnancy related issues do arise as a result of fertility.

In this session we are going to learn about how pregnancy occurs and how it can be prevented, signs and symptoms of pregnancy, stages of pregnancy and process of child birth, danger signs of pregnancy and physical, social and emotional risk of pregnancy.

Session Objectives

By the end of the session participants will be able to:

- Describe where babies come from.
- Describe how pregnancy occurs an how it can be prevented.
- Describe the signs and symptoms of pregnancy.
- Describe the stages of pregnancy and the process of child birth.
- Describe the danger signs of pregnancy.
- Describe the physical, social and emotional risks of teenage pregnancy.

ACTIVITY ONE: FERTILITY

Introduction

A woman or a couple may choose to have children or not. This choice is a basic reproductive health right. Biologically, female fertility is the ability to become pregnant and carry a pregnancy to birth. Male fertility is the ability to provide healthy sperm capable of starting a healthy pregnancy.

Session objectives

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

- Understand the term fertility.
- Know the causes of infertility.
- Know that infertility can be treated.

What is the first course of action for fertility problems?

First, the couple should determine the woman's fertile time and have sex during her ovulation period. The signs that a woman is in her ovulation period include; but not limited to when her mucus is abundant, clear, slippery, and stretchy. When this happens young adolescent girls should be very careful, otherwise, they can easily get pregnant if they engage in unprotected sexual activity. This requires that young people especially adolescent girls know their cycles very well and know their unsafe periods in terms of getting pregnant.

They should treat any health problems, eat and rest well, and avoid tobacco, drugs, alcohol, and caffeine. The man's semen can be examined at a clinic to determine if he has sufficient sperm, and his scrotum can be examined for presence of a varicose vein that may affect sperm production. The woman can be examined to see if she has a condition or an infection that can be treated.

Notes for the Facilitator

A woman's fertility varies over the course of her ovulatory-menstrual cycle [see fact sheet on the Menstrual Cycle]. A man's fertility does not vary on a cyclical basis.

Both men and women can be infertile or have low fertility. Infertility has many causes, including sexually transmitted infections, illnesses, environmental toxins, and genetic or physical factors. Some of these are preventable. Fertility declines naturally with age in both women and men, although this decline takes place earlier in women.

Starting at puberty, girls begin to ovulate; that is, they generally release a matured egg with each ovulatory menstrual cycle. On the other hand, boys continually produce millions of tiny cells called sperm. When a sperm joins with an egg (fertilisation), an embryo may be formed. The man's sperm determines the sex of the embryo, not by the woman's egg. A pregnancy results if the embryo attaches to (is implanted in) the lining of the uterus. It is this embryo that will develop into a foetus if the pregnancy continues.

Infertility:

A couple is said to be infertile if they are not able to achieve pregnancy after having unprotected sex regularly for a year, even if they have had children before. About one in ten couples have trouble becoming pregnant.

What are the main causes of infertility and what can be done to protect against it?

Although infertility is often blamed on the woman, about half the time the man is infertile too, or both partners may contribute to the problem. The main causes of female infertility include blocked tubes (for example, from an untreated STI or another condition, such as endometriosis) and hormonal problems. The main causes of male infertility are problems with producing enough healthy sperm (which can be the result of various factors). To protect against infertility caused by STIs, use a condom when a pregnancy is not desired. Age may also be a factor. People, particularly women, become less fertile as they age. Women's fertility declines significantly beyond the age of 35.

What other treatment is available for infertility?

Other treatments depend on the cause of the infertility. If the woman is not producing egg fertility drugs may help. If a tube is blocked or if there are other conditions, surgery may help. If a man has varicose vein in his scrotum that is affecting his sperm, surgery may correct the problem.

What is assisted reproduction?

Assisted reproduction is the use of various advanced technology to aid fertilisation. Artificial insemination involves inserting male semen into the woman's vagina when she is ovulating.

In-vitro fertilisation involves joining eggs and sperm in a laboratory dish, and inserting the resulting fertilised egg or eggs in the woman's uterus. Another practice is (surrogacy) in which couples arrange with a surrogate mother who carries a pregnancy for another woman (usually by means of in-vitro fertilisation) when the woman is unable to do so herself. Such complicated techniques of assisted reproduction are extremely expensive.

Steps to Facilitate the Session

- Introduce the session on fertility.
- Leads participants to brainstorm on fertility
- List responses of participants on a flip pad and flipchart
- Put participants into smaller groups to discuss, factors affecting male and female Fertility
- Groups return to present at a plenary

Key Points for Participants

- Female fertility is the ability of a woman to conceive and carry the pregnancy to birth.
- Fertility decline with age for both sexes, but quite early in women.

- A couple is said to be infertile if they are not able to achieve pregnancy after having unprotected sex regularly for a year, even if they have had children before.
- Some kinds of assisted reproduction include artificial insemination, in-vitro-fertilisation, surrogacy etc.

Handouts for participants

Refer to notes for the Facilitator

Materials Needed

- Laptop and Projector
- Flipchart and Markers

Time: 60 minutes

ACTIVITY TWO: WHAT IS THE MENSTRUAL OR OVULATORY CYCLE?

Introduction

At puberty, girls begin to experience cycles of fertile periods. Unlike males, who can impregnate a female from puberty onward, females can become pregnant only during certain days/periods of the cycle. The length of the female's cycle varies from person to person but is generally about one month. During each cycle, the female body goes through many changes. The most obvious part of the cycle is menstrual bleeding, also called menstruation or the "period."

We often think of menstruation as the climax of the cycle, but menstruation is just one part of an amazing array of changes that take place during the cycle. These changes are the body's way of preparing for a potential pregnancy. They include producing mucus at the cervix, growing and releasing an egg, and changes in the lining of the uterus. These changes are controlled by hormones (natural chemicals produced by glands in the body and carried into the bloodstream).

These hormonal changes affect many parts of the female body and also how they feel and function. Knowing about these changes can give a girl or woman a sense of greater comfort and control over her body. A female can learn simple techniques for identifying when she is ovulating and when her menstrual period is due.

Session Objectives

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

- Understand how and why menstruation occurs.
- Establish a relationship between menstruation and fertility.
- Clear the misconceptions associated with menstruation.

Notes for the Facilitator

What changes does the body go through during the cycle?

Before ovulation

Menstrual bleeding - Menstruation, or menstrual bleeding, signals the beginning of a new cycle. During menstruation, blood and tissue are shed by the uterus and flow out of the vagina. The first day of bleeding is designated as "day one" of the cycle. Bleeding usually lasts between four to six days.

Dryness - after menstrual bleeding ends, the vagina may feel dry because hormone levels are low and the cervix is producing little or no mucus.

Thick mucus discharge/thickening of the uterine lining — after a few days, as her body releases more hormones, the woman (or girl) may notice a vaginal discharge of mucus. At first, this mucus is cloudy-white or yellowish and may feel sticky. At the same time, although she cannot detect it, the lining of her uterus begins to thicken and an egg (also called the ovum) "ripens."

Ovulation

Clear mucus/ovulation - as the egg ripens, the mucus becomes clearer and slippery, often similar to raw egg white. Often it can be stretched between the fingers. This clear mucus nourishes sperm and helps them to move toward the egg. At this time, a woman's sexual desire may also increase. The release of the egg from the ovary is called ovulation.

The days just before and around the time of ovulation are the time when a girl or woman can become pregnant. These are sometimes called her "fertile days/danger period" because she could possibly get pregnant if she engages in unprotected sexual intercourse. The female body goes through other changes around this time as well. For example, some women experience an increase in sexual desire and in their sense of well being for a few days. Others feel a twinge or slight discomfort on one side of their abdomen at about the time the egg pushes out of the ovary.

After Ovulation

Post ovulation - after ovulation, the egg can live for one day. The mucus again becomes thicker and creamy or sticky. For the next 14 days (more or less), hormones keep the thickened lining of the uterus in place. The body temperature also rises slightly. This period is characterised by the following signs:

- Middle pain: it refers to mild cramping or abdominal pain that some women experience during or immediately following ovulation. It occurs in the middle of the menstrual cycle and is usually more prominent on either the left or right abdomen. It must be noted that not all women experience it. But those who experience it, it is a fair indicator that ovulation has occurred.

- Hot flashes: though this is associated with menopause, it is caused by increases in a woman's progesterone levels and may happen during or immediately after ovulation. Women who experience it in the middle of their menstrual cycle should understand that these post ovulation signs signal that ovulation is complete and that the fertile period of the menstrual cycle has ended.

- Body temperature rises: a sharp rise in the basal body temperature is one of the post ovulation signs experienced by almost every woman.

Menstrual Bleeding — If no pregnancy has occurred at the end of the 14 days, the hormone levels fall. The lining of the uterus sheds, and the body temperature falls back down. This shedding is menstruation, and a new cycle begins. (If a pregnancy occurs, the body continues to produce hormones to keep the thickened lining of the uterus in place for nine months.)

How long is the ovulation/menstrual cycle?

During the first year or two after menarche (the first menstrual period), the length of time from one period to the next may vary. Several months may pass between periods. Even for adult women, the length of the cycle may vary from one woman to the other. It may also vary from cycle to cycle for a woman. Things like travel, stress, depression, malnutrition, and illness can affect it. Most commonly, however, women begin a new cycle every 24-36 days.

The part of the cycle from the beginning of menstrual bleeding until ovulation may vary a great deal. It can be as short as a couple of days or as long as several months or more. Most commonly, it lasts between one and three weeks. In contrast, the part of the cycle from ovulation to the next menstrual period does not vary; it is always close to 14 days. In other words, once ovulation occurs, a girl or woman knows that - unless she has become pregnant - her menstrual period is due in 14 days.

The fertile days of the ovulation - menstrual cycle

The fertile period includes the day of ovulation and the five previous days. Sperm can survive in the female genital tract for as long as five or six days, and the egg (if it is not fertilised) survives for as long as 24 hours. Predicting the fertile days is difficult, however, because the first phase of the cycle (from menstruation to ovulation) is the part that may vary widely in duration. Some women learn how to observe the changes in their mucus (and in their body temperature) so that they can tell when they are likely to be ovulating. Some women also feel a slight pain when they ovulate.

Many women and girls use such "fertility awareness" techniques to have a better sense of when their menstrual period is due. Knowing which days are the fertile ones can be useful for women who are trying to become pregnant and for those who want to avoid pregnancy. Using fertility awareness techniques correctly, however, requires thorough instruction, follow-up, and careful observation. [Also see fact sheet on Contraception for more information about fertility awareness techniques.]

For how long do women have menstrual / ovulatory cycles?

As women enter mid-life, their hormone levels change. Eventually they stop releasing eggs and menstruation also ceases. This phase, called menopause, also signals the end of fertility. The age of menopause varies by woman and differs in different settings, but typically it begins in the mid-40s in developing countries and in the early 50s in developed countries.

Key Points for Participants

- Menstruation signals the beginning of a new cycle in the reproductive life of a woman.
- Menstrual bleeding usually last between 4 to 6 days.
- Menstruation occurs when an egg released has not been fertilised.
- The length of time from one period to the next vary during the first year or two after the onset of menarche.
- Women, usually begin a new cycle every 24-36 days.
- Sperms can survive in the female genital tract for as long as 4 to 6 days.
- The signs of ovulation include but not limited to mucus is abundant, clear, slippery and stretchy.

Handout for participants

Refer to notes for the facilitator

Materials Needed

- Laptop and Projector
- Flipchart and Markers
- Maggi apron

ACTIVITY THREE: HOW PREGNANCY OCCURS

Introduction

There are many processes/factors which lead to pregnancy. First, it starts with an unprotected heterosexual intercourse between a fertile male and female in her ovulation stage. The male must have an erection and must ejaculate inside, or at the opening of, the female's vagina. Many sperms must travel up to the fallopian tube, where a single sperm must join with the egg (fertilisation), and the fertilised egg must travel down to the female uterus, and become attached to (implanted in) the uterine wall. Pregnancy may occur whether or not the woman has an orgasm.

Secondly, pregnancy may occur by means other than vaginal intercourse. People who have difficulty conceiving, do not have a sexual partner, or have a same-sex partner, may seek other means of achieving pregnancy. Various medical means exist to join an egg and sperm outside of the female reproductive system.

In this session, participants will be taken through how pregnancy occurs and factors/conditions that need to exist before pregnancy takes place.

Session Objectives:

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

• Understand how pregnancy occurs.

• Describe the conditions under which pregnancy can take place.

Notes for the Facilitator

When pregnancy continues: Depending on region or country, only 40 to 70 per cent of pregnancies result in a live birth. The remaining 30 to 60 per cent of pregnancies end in induced or spontaneous abortion or stillbirth. Every day, thousands of women and girls make a choice about continuing or ending their pregnancies. For those who continue their pregnancies, pregnancy and childbirth usually take place without major problems. In some cases, however, pregnancy and childbirth may have serious complications, including the death of the mother or infant. Poverty and inadequate access to health care are the major causes of morbidity or mortality related to pregnancy and childbirth.

Access to adequate health care during pregnancy and childbirth is a basic right, but this is often not available. Many girls and women suffer acute or long-lasting harm or disability during pregnancy and delivery. This situation, is, especially likely if they are undernourished, give birth in early adolescence, or if they lack access to emergency obstetric care. One serious problem especially with adolescent birth is that the mother's pelvis may not be large enough to allow the baby to pass through. Without immediate access to surgery, her vaginal tissue can tear open into other parts of her body and may result an obstetric fistula (permanent leakage of urine or faeces). Fistula can be repaired but surgery for this condition is not widely available.

Worldwide, the lack of access to adequate medical care contributes to more than half a million pregnancy-related deaths among women and girls every year - that is, one death every minute. Even in resource-endowed settings, some practices related to pregnancy and birth can cause unnecessary harm to the mother and/or new-borns. Women's health advocates and many medical professionals have expressed concern about a number of these practices. Some of the practices that have come under particular scrutiny include:

• Unnecessary caesarean-section surgery,

• Overuse of painkillers and other drugs during pregnancy,

• Preference for infant formula rather than breast milk and

• Routine separation of new-borns from their mothers.

Steps to Facilitate the Session

Step 1: Power point presentation on how pregnancy occurs

Step 2: Put participants into groups to discuss sexual intercourse, fertilisation, implantation and growth and development of the fetus

Step 3: Lead participants to brainstorm and discuss signs and symptoms of pregnancy, stages, types and the danger signs of pregnancy

Step 4: Power point presentation on signs and symptoms of pregnancy, stages, types and the danger signs of pregnancy

Key Points for Participants

- Access to adequate health care during pregnancy and childbirth is a basic right.
- Poverty and inadequate access to health care are the major causes of problems related to pregnancy and childbirth..
- Many girls and women suffer acute or long-lasting harm or disability during pregnancy and delivery due to prolonged labour.
- Worldwide, the lack of access to adequate medical care contributes to more than half a million pregnancy-related deaths among women and girls every year - that is, one death every minute.

Participant's Notes

Refer to notes for the facilitator

Materials Needed

- Laptop and Projector
- Flipchart and Markers
- Maggi apron

ACTIVITY FOUR: TYPES OF PREGNANCY (TEENAGE PREGNANCY, SINGLE, MULTIPLE, ECTOPIC OR ABDOMINAL, ARTIFICIAL INSEMINATION, SIAMESE)

Teenage pregnancy

This is a term used to describe pregnancies in girls who are nineteen years and younger. A large proportion of teenage pregnancies are unwanted or unplanned and out of wedlock. It is one of the main obstacles to the girl-child education. It cuts short their education as well as career development.

In this session, we are going to discuss the causes of teenage pregnancy and its effect to the young girl, family, community and country at large.

Session Objectives:

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

• Identify the causes of teenage pregnancy

• Know and appreciate the effects of teenage pregnancy on the young lady, family, community and country at large

Notes for the Facilitator

Teenage pregnancy is one of the main barriers to the educational and career development of young girls who fall victim of it. The causes are many. Some are:

• Ignorance

• Misinformation provided by peer groups

• Poverty

• Broken homes which results in lack of stability and discipline

• Misuse of leisure

• Sexual intercourse without contraception

• Pressure girls from boyfriends to have sex unprotected sex

• Unwillingness to use contraceptives

• Sexual exploitation of girls by older men, especially when girls need financial support from them

• Sexual exploitation of girls by male relatives

• Sexual exploitation by male family friends

• Craze for material things

• Incest

• Early marriage

• Rape

Effects of teenage pregnancy

Physical effects

• The mother can become anaemic and her growth is retarded especially if she does not eat nutritious meal

• Babies born are underweight and mostly premature

• High incidence of pre-eclamsia swelling of the face, hands and feet

• Prolonged (leading to caesarean) labour resulting from size of the pelvic girdle

• Obstetric fistula

• Maternal death

Socio-economic effects

• The teenage mother ends up with little or no training and is therefore, limited to low-paying jobs with little or no status

- The teenage mother is usually financially dependent on her parents and is therefore, in no position to support herself and her baby

- The teenage mother has a hard time getting back to school because of stigma and the responsibility of looking after her baby.

- The poverty and lack of stability can perpetuate a vicious cycle where children of teenage parents can also become teenage parents.

How can a woman tell if she is pregnant?

Early signs of pregnancy differ from woman to woman and between pregnancies Signs and symptoms of pregnancy include the following but not limited to:

- A missed period
- Tender or swollen breasts
- Sensitive nipples
- Frequent urination
- Unusual fatigue

- Nausea and vomiting
- Cramps
- Feeling bloated
- Changes in appetite
- Feeling unusually emotional.

Pregnancy can be confirmed with a pregnancy test, which may be performed by a health care provider or through the use of a test kit purchased from a pharmacy. Some women who have learnt how to detect when they are ovulating can predict fairly well which day menstruation is due; therefore, they may be aware of a pregnancy as soon as their period is late.

What happens during pregnancy?

Stages of pregnancy

After implantation, the embryo (at this stage called a blastocyst) gives rise to an amniotic sac and a placenta. The sac provides a protective fluid environment for the growing foetus. The placenta provides the foetus with nutrients and oxygen from the mother, and carries out/ gets rid of waste products. An umbilical cord connects the placenta to the foetus.

Human pregnancy lasts 38 weeks after fertilisation (about 40 weeks from the last menstrual period). Pregnancy is divided into three periods of about three months each, called trimesters. During the first trimester, until the 12th week, all of the major organs and structures of the body are formed: the brain, heart, lungs, eyes, ears, arms and legs. After the 8th week, the embryo is called a foetus. Women commonly feel nauseous during the first trimester; the nausea is sometimes called "morning sickness."

During the second trimester, from the 13th to approximately the 27th or 28th week, the fetus grows rapidly, and usually around the 19th week, the woman can feel foetal movement. Most women begin to put on weight during the second trimester.

In the third trimester, the fetus continues to gain weight, and its movements become stronger and more frequent.

What can women do to promote a healthy pregnancy?

If a woman or girl chooses to keep her pregnancy, it is particularly important for her to avoid taking unnecessary medications, drugs, and alcohol. Taking the recommended vitamins and mineral supplements (especially iron and folic acid) is very important (including before pregnancy, if possible). She should also visit an antenatal-care provider; from whom she can get medical check ups and can learn about her pregnancy, potential danger signs, and childbirth. Women infected with HIV should take anti-HIV medication to prevent the fetus from becoming infected and to maintain their own health. Treatment with anti-HIV medicines (antiretroval medicine) during labour and delivery is critical for reducing the risk of transmitting HIV to the baby.

Steps to Facilitate the Session

Step 1: Lead participants to brainstorm on teenage pregnancy including the causes and effects

Step 2: Put participants into three groups to discuss and come out with the causes and the physical and socio-economic effects of teenage pregnancy.

Step 3: Groups return to plenary for presentation

Step 4: Powerpoint presentation on teenage pregnancy

Key Points for Participants

- Teenage pregnancy is known to be the main barrier to the educational and career development of most young ladies in the developing world
- Teenage pregnancy has physical, economic, social and emotional effects.
- If a woman or girl chooses to keep her pregnancy, it is particularly important for her to avoid taking unnecessary medications, drugs, and alcohol.
- It is also important to start early ante natal to prevent complication.
- Every pregnancy is divided into three trimesters.
- Pregnancy can be confirmed with a pregnancy test, which may be performed by a health care provider.

Participant's Notes

Refer to facilitator's notes

Materials Needed

- Flip pad and markers
- Laptop and projector
- Posters
- Samples of contraceptive methods

ACTIVITY FIVE: WHAT HAPPENS DURING CHILDBIRTH?

Introduction:

When a woman is about to give birth, her body enters a stage called "labour." Labour often begins with one or more of the following: clear or pink-coloured mucus flowing from the vagina; amniotic fluid flowing from the vagina; and contractions of the uterus that are perceived as a hardening of the belly. The intensity of the contractions increases during labour. The cervix opens and the uterine contractions help push the baby through the opened cervix and vagina.

Session Objectives:

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

- Describe how labour begins
- Explain what caesarean section is
- Mention some of the consequences of giving birth without skilled assistance
- Explain what obstetric fistula is and how it can affect a woman

Notes for the Facilitator

Pregnancy is the process of giving birth by women in their reproductive ages lasting from 15 to 45 years. Every normal pregnancy ends in labour.

Labour generally lasts between 5 and 18 hours, but varies among women. It usually becomes quite painful (although the perception of pain varies among women and may depend on the preparation the woman made during antenatal care), exhausting, and can be anxiety provoking. However, many women experience labour and childbirth as a wonderful and incredible experience.

Caesarean section: also known as C-section, is a surgical method of childbirth. During this procedure, an incision is made through the woman's abdomen and uterus and the baby is removed. It is usually performed when a vaginal delivery would put the mother's or baby's life or health at risk. Sometimes it is performed for the benefit of the doctor rather than for that of the woman or baby, for example to allow the doctor to schedule a convenient time for delivery. Unnecessary caesarean sections may increase risks to the health of the mother and the baby, including the risk of death.

What help do women need when giving birth?

Wherever a woman gives birth - whether at home, in a health post, or in a hospital - she needs assistance from a trained person such as a midwife or doctor. Proper conditions and access to emergency care are also necessary in case of complications. Conditions and practices related to childbirth vary around the world. In some countries, all women have access to skilled assistance, but in other places most women give birth at home without the help of a trained attendant and lacking proper conditions and emergency backup care. In some places, women in labour also rely on support from other women. Whilst in others, the woman's husband or partner is present and can give her support. Some women give birth alone, without any help.

What are the consequences of giving birth without skilled assistance?

Because complications occur in about 15 per cent of all births, the lack of trained assistance and access to emergency care results in preventable illness and death. Every year, more than half a million women die and 8 to 15 million women suffer serious injury or disability, such as obstetric fistula, from causes related to pregnancy and birth. Nearly all of these deaths occur in developing countries. Almost all of these deaths could be prevented with skilled attendance at delivery and timely emergency obstetric care for complications, use of family planning methods to reduce unintended pregnancies, and access to safe abortion services.

What is an obstetric fistula and how does it affect women?

An obstetric fistula is an opening between the vagina and the bladder or rectum, sometimes both, that allows urine and/or faeces to leak continuously. When a woman experiences blocked labour and has no access to a caesarean section procedure, the prolonged pressure of the baby's head on the tissue between the bladder and the vagina or rectum can cause an opening, called a fistula.

In most cases, the baby dies because of the prolonged labour. For the woman, the on going smell of leaking urine or faeces, or both, is constant and humiliating; many women and girls with this condition are abandoned by their husbands and avoided or shunned by their family, friends, and communities. Untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage to the legs.

About 100,000 cases of obstetric fistula occur each year, mostly in sub-Saharan Africa and Asia. Fistulas occur disproportionately among impoverished girls and women, particularly those who have small pelvises. This is because their growth is not yet complete or has been stunted by malnutrition. Fistulas can usually be repaired through surgery at a hospital. However, an estimated two million women are living with untreated fistula.

ACTIVITY SIX: WHY IS BREASTFEEDING IMPORTANT?

Breast milk is the only perfect food for a baby, especially for a new-born. The first yellow-coloured milk, called colestrum, is rich in nutrients and antibodies that protect the baby from diseases and infections. Colestrum also helps to clean the baby's gut. Breastfeeding during the first hour after birth helps the uterus to stop bleeding and the milk to start flowing. In addition, breast milk is always clean, ready, and of the right temperature. It helps the mother and baby to feel close and it costs nothing (The World Health Organization recommends breastfeeding without other food for the first six months of a baby's life. If possible, extend breastfeeding beyond six months in combination with safe and nutritious foods).

What can a pregnant woman who is HIV-positive do to reduce the chance of passing the virus to her baby?

A pregnant HIV-positive woman can transmit the virus to her baby during pregnancy, labour, and delivery, and through breastfeeding. If she takes no preventive drugs and breastfeeds, she runs about a 20 to 45 percent chance of transmitting her infection to her baby. Today, however, effective drugs can prevent the transmission of HIV from a mother to her baby during and after pregnancy. An HIV-positive woman who is or wants to become pregnant should seek the advice of a physician about which drugs to take and when. HIV-positive mothers should also speak with their health care providers about appropriate feeding options for their new-born that can reduce the chance of transmission through breastmilk. In areas where a mother may not have regular access to safe water and infant formula, it is better to breastfeed exclusively for the first six months. Combining breastfeeding with commercial formula or starter foods carries the greatest risk of passing HIV infection from mother to child. By taking preventive medicines and following the appropriate feeding guidelines, an HIV-positive mother can reduce the chance of passing HIV to her baby.

Steps to Facilitate the Session

> **Step 1:** Lead participants to brainstorm on antenatal care, labour, childbirth and postnatal care.
>
> **Step 2:** Divide participants into groups and provide each group with mixed up cards with drawings to show the process of antenatal care, childbirth and postnatal care.
>
> **Step 3:** Participants arrange the cards in order of occurrence.
>
> **Step 4:** Participants present cards in plenary.
>
> **Step 5:** Summarise key facts, correct wrong information and lead a discussion on the correct process

Handouts for participants

PREGNANCY AND CHILDBIRTH

Pregnancy

Pregnancy occurs when an egg from the woman is united with a sperm from the man and the fertilized egg attaches itself to the inside of the woman's womb. Pregnancy can result any time a couple has sexual intercourse, even if it is the first time for the girl, the boy, or both. The steps involved include:

1. **Sexual Intercourse**

   This is the insertion of the penis of the male into the vagina of the female. Millions of sperms contained in a fluid called semen are deposited in the vagina in a process called ejaculation.

2. Fertilization

   After ejaculation the sperms swim up through the vagina into the womb (uterus) through the fallopian tubes seeking an egg. If a matured egg is present, the sperm penetrates it and

fertilization is said to have taken place. The sperm must reach the egg within 24 hours of its release (ovulation). Although millions of sperms are released in one ejaculation only one is required for fertilization. If the egg is not fertilized, it dies and menstruation occurs sometime later.

3. Implantation

    Implantation is the process by which a fertilized egg attaches itself to the inner lining of the womb. The fertilized egg. takes about 5 days to travel from the tube to the womb during which time it divides within itself several times. It takes two days for the fertilized egg to attach itself to the lining of the womb.

4. Growth and Development of Baby

    Fertilization marks the beginning of the growth and development of the baby. It takes 9 months for the baby to grow and mature to full term. The growth and development of the baby is divided into three stages:

First Trimester (1-3 months)

After the fertilized egg is implanted, a thick spongy tissue called the placenta develops. One side of the placenta is attached to the inside wall of the womb while the other side is connected to the umbilical cord, which is connected to the baby. This cord carries food and oxygen in the mother's blood to the baby. While the placenta is forming, the fertilized egg continues to divide into billions of specialized cells which later form the muscles, brains, nerves, and other tissues. From the second to the sixth week, the embryo measures one- half to two-and-a-half centimetres. The various features can be identified at this stage and the heart starts beating.

Signs and Symptoms:

Missed period, swelling and tenderness in the breasts, nausea, vomiting, or change in appetite, frequent urination.

Physical examination indicates changes in the neck of the womb and an increase in the size of the womb.

Second Trimester (4-6 months)

The baby is called a foetus. By the 5th month, the mother begins to feel the foetus movements. 00 examination, the heartbeat of the foetus can be heard. Abdomen is visibly increased in size.

Signs and Symptoms:
Tiredness, backache, increased saliva in the mouth, changes in the colour of the skin.

Third Trimester (7-9 months)

The foetus grows bigger and becomes capable of surviving outside the mother.

Signs and Symptoms:

Heart-bum, constipation, shortness of breath, sometimes slight swellings in the ankles and feet, increase in vaginal discharge, irregular contractions in the womb.

Labour and Delivery

Labour is the process by which a woman delivers a baby into the world. The average length of labour is 5-18 hours, but it can be much shorter or longer.

Signs and Symptoms:

Regular painful contractions of the womb, a small amount of blood mixed with mucus comes out of the vagina (called the show), a gush of water comes out of vagina.

Stages of Labour

1. The cervix, or neck of the womb, opens and the uterine contractions become more frequent. The baby begins to move down the birth canal. It lasts for 5-18 hours.
2. The neck of the womb has opened fully, and the baby moves through the birth canal. It lasts about one hour and is complete when the baby is born.
3. From the birth of the baby to the delivery of the placenta. This lasts 5 -30 minutes.

TEENAGE PREGNANCY

What is Teenage Pregnancy?

The term is used to describe pregnancies in girls who are age 19 or younger. A large proportion of teenage pregnancies are unwanted, unplanned, and out of wedlock.

Causes of Teenage Pregnancy

1. Ignorance.
2. Misinformation provided by peer group.
3. Poverty.
4. Broken homes which results in lack of stability and discipline.
5. Misuse of leisure.
6. Sexual intercourse without contraception.
7. Boyfriends who pressure girls to have sex but are unwilling to use contraceptives.
8. Sexual exploitation of girls by older men, especially when girls need financial support from the men.
9. Sexual exploitation of girls by male relatives.
10. Rape.

Effects of Teenage pregnancy

Physical Effects

1. The growth of the mother is retarded especially if she does not eat nutritious meals.
2. Possible anaemia
3. High incidence ofpre-eciampsia-- swelling of the face, hands and feet
4. Pelvic girdle is not fully developed so they end up having Caesarean operation during
5. childbirth
6. Vesico-vaginal fistula
7. Babies born are underweight and mostly pre-mature
8. Prolonged labour

Socio-economic effects

1. A teenage mother with little or no training, is limited to low-paying jobs with little or no status.
2. Unmarried teenage mother is usually financially dependent on her parents and is therefore not in a position to support herself and her baby.
3. Teenage mothers have a hard time getting back to school because both the school and the community may not allow her.
4. Even if a teenage mother succeeds in going back to school, she may have to put up with a lot of ridicule and gossip from her school mates.
5. The teenage mother may be rejected by parents, relatives and friends.
6. Out of fear or embarrassment and shame, the girl may be forced to have an unsafe abortion which could be fatal or leave her infertile or with a life-long disability.
7. Adolescents who are sexually active also risk getting a sexually transmitted disease (STD).
8. However, they are less likely to know the symptoms, and less likely to seek help.
9. Increased likelihood of having a malnourished child since the mother may not have the knowledge or money to take good care of the child.

Effects on the child
- Possibility of children who feel rejected and have emotional problems because teenage parents do not want them and cannot give the emotional nurturing needed.
- The poverty and lack of stability can perpetuate a vicious cycle where children of teenage

CASE Study: THE AFTERMATH

Akosua, a 14 year old pupil of Fankono JSS, became pregnant after a short affair with a new service person in their school.

The pregnancy was nearly 6 months before Akosua's mother could detect there was something wrong. Akosua had to drop out of school but her head-teacher who was a PPAG counsellor helped her think through returning to school after having the baby. She was referred to the local clinic where she received pre and post natal care.

The baby is 2 months now. Although Akosua's mother agrees that she could return to school, she is not very supportive. She claims she has no money. Sometimes Akosua's mother leaves her alone with the baby, and she finds it difficult handling the situation.

Akosua knows she can do well if she goes back to school but what can she do?

Questions

1. Why do you think Akosua went through pregnancy successfully?
2. Are there any advantages of receiving prenatal care during pregnancy?
3. Akosua's mother seems unsupportive. Why? How can Akosua handle this problem?
4. Mothering and child care is not easy. Where else can Akosua get support?
5. What are the responsibilities of the father of Akosua's child? Should she seek help from him or his family? How can she do so?
6. If Akosua cannot go back to school what else can she do? If you were Akosua which would have been your choice? School or Trade. (Give reasons)
7. How can Akosua help other girls in her community?

Materials Needed

Cards with drawings to show the process of antenatal care, childbirth and postnatal care

- Laptop/projector,
- Markers, flip chart
- Pencils and pens
- Maggi apron

Time: 3 Hours

Introduction

The old adage "a healthy mind is a healthy body' cannot be over emphasised. Health issues, therefore, occupy a focal point in everyday life. It is, therefore, important to devote time, energy and resources to ensure that we are free from diseases. It is also very important for pregnant women to maintain good hygiene and nutrition during and after pregnancy. Keeping both the mother and the baby clean promote healthy lifestyle. Mothers should as well attend post-natal clinics after delivery to immunise the baby and learn about importance of nutrition to their children and adolescence.

This session contains information to help facilitators impart the necessary knowledge on personal hygiene, nutrition and immunisation. Facilitators should feel free to invite an expert where necessary to handle this topic.

Session Objectives

By the end of the session, participants will be able to:
- Describe the importance of basic personal hygiene
- Demonstrate how to clean and care for the body
- Explain the need for immunisation and be familiar with immunisation schedule
- List the importance of nutrition for adolescents

Notes for the Facilitator

Personal hygiene refers to the way and manner an individual keeps him/herself clean to avoid infections or diseases. The human body is prone to so many infections when not kept clean. Both the outer and inner parts of the body need specific amount of attention to maintain a healthy body. The skin, hair and clothing must be kept clean all the times. Keeping the mouth and the teeth clean (Oral health) is also very important. Personal items such as clothes and the crockery (cups, bowls, cooking utensil etc.) must be protected from dirt or kept clean always. It is also very important to eat hot/warm food to prevent contamination.

Conscious effort must be made to keep diseases away from home. This can be done through proper disposal of refuse and by not practicing open defecation. Both water storage containers at home and sources of water must be protected from infection.

Good Habits that promote Healthy Living

- Eating nutritious food properly at regular time
- Using clean water
- Maintaining personal hygiene and clean surroundings
- Having regular exercise and rest.

Habits to avoid

- Poor eating habits (e.g. eating in between meals)
- Poor personal hygiene
- Staying in dirty and unhealthy surroundings
- Smoking tobacco (wee) and drinking alcohol
- Other drug abuse
- Having multiple sex partners
- Having unprotected sex (without condom)

Keeping Clean

1. *General Concepts*

- General cleanliness is important for good health
- A good diet helps to keep your skin clean and healthy
- The skin is the covering of the body and naturally comes into contact with much dirt
- Sweat comes out through the pores in the skin.
- If the sweat and oil from the skin are allowed to accumulate, they develop into a greasy unpleasant appearance and picks up extra dirt
- If this is not remove removed frequently a stale odour will be evident which may be unpleasant to those around
- It also clogs pores thus preventing the skin from doing its work well
- Frequent bathing therefore is necessary to remove body waste dirt and loosened scales of the skin.
- It is important particularly for people in warm climate to shave regularly because of the tendency to sweat profusely.
- Deodorants are used to take away body odour.
- Hair needs to be properly washed and shampooed and dried well to prevent lice.
- Well-kept hair enhances one's outlook.

- Regular and proper cleaning and care of teeth promote good health - clean your teeth and rinse your mouth after every meal.
- Always trim or cut your fingernails as the long ones harbour dirt

2. *Special Cleaning Needs*

- Uncircumcised boys should clean under the foreskin to prevent odour and infections - they can do this by pulling the foreskin to clean underneath.
- Girls should learn that when cleaning the anus after visiting the toilet, they should clean from the front to back (from vagina to anus) and not vice versa.

3. *Cleaning during Menstruation*

- Cleaning during menstruation is important to prevent infections and avoid bad body odour.
- Some healthy practices during menstruation include: changing sanitary pads regularly; keeping sanitary pads sterile (not exposed) and keeping locally improvised pads dry and clean. Also, moist pad a good condition for germs to multiply.
- Do not allow heavily soaked pad to dry on you.
- Soiled sanitary pads should either be burnt, buried or disposed of in the latrine (soiled pads should not be disposed of in flash toilet).
- Girls should bath regularly during period and wash the vagina area.
- Avoid cleaning the vagina with lime, anticeptics or other chemicals.

4. *Care after Wet Dreams*

- The boy should collect the soiled linen and pants and wash them.
- He should not try to hide them as they may develop bad odour
- The boy must not feel guilty and should perform his normal duties. It is not a sin to have wet dreams.
- Young people should feel free to discuss any doubts on these issues with their parents, trusted adults or trained peer promoters or health provider in their locality

Steps to Facilitate the Session on objective one

Step 1: Facilitator, ask participants for their definition of good health

Step 2: Write responses on board or chart (compare with WHO definition in hand out)

Step 3: In plenary session, participants should explain the need for personal hygiene

Step 4: Facilitator, write responses on board or chart

Step 5: Put participants in small groups to discuss good health habits versus bad health habits and report in plenary

Step 6: Facilitator summarises, correct any inaccuracies and ensure that participants know the importance of personal hygiene

Steps to Facilitate the Session on objective Two

Step 1: Hang a poster of the human body

Step 2: Ask participants to discuss bathing and describe the parts that need special cleaning and how to clean them

Step 3: Put participants into groups by sex

Step 4: Ask girls to discuss care during menstruation (correcting misconceptions), while the boys will discuss care after wet dreams

Step 5: Share findings in plenary

Handout

- Refer to Notes for Facilitator

Materials Needed

- Flipcharts/ White board
- Markers
- Pens, pencils
- Posters
- Drawing sheets
- Washing basin, water, soap, toothbrush, paste, chewing sticks

Nutrition

This session is going to focus on the importance of nutrition, main causes of nutritional problems, consequences of nutritional problems, ways to improve nutrition and the importance of physical activities during adolescence.

Objectives

By the end of the session, participants should be able to:

- Mention three importance of nutrition.

- Describe main causes of nutritional problems

- List three consequences of nutritional problems

- Explain ways to improve nutrition and

- Demonstrate one physical activity during adolescence

Note to Facilitator

1. *Why is nutrition particularly important during adolescence?*

   • Adequate nutrition is particularly important during adolescence because it is the time of rapid growth.

   • Girls who bear children and breastfeed during adolescence require considerable extra energy.

   • Adolescents need to cut down on their intake of sugar, salt and fat so as to prevent the development of obesity and non-communicable diseases later in life.

2. *What are the main causes of nutritional problems?*

   • Lack of access to enough nourishing food

   • Unequally distribution of food in families.

   • Eating too much food that are rich in fats and sugar leading to obesity and contributing to numerous health problems including diabetes hypertension and heart disease.

   • Compulsive dieting due to exposure to unrealistic ideals or body size and appearance created and promoted in the media

   • Eating disorders such as anorexia (compulsive under eating) and bulimia (usually vomiting, but also taking laxatives) both of which are common among girls.

3. *What are the main consequences of nutritional problems?*

   • Inadequate nutrition impairs learning capabilities and lowers resistance to infections.

   • It can lead to maternal and infant health problems and in many cases to death.

   • It may result in weak and brittle bones among those who are middle aged or elderly.

4. *Ways to improve nutrition*

   • Learning about the nutritional content of foods and making healthy choices

   • Petitioning markets or fast-food outlets to provide affordable, healthy options

   • Promoting fair distribution of food among all family members

   • Supporting accurate and clear labelling of food products

   • Monitoring fast-food advertising practices

Key Points for Participants

   • Adequate nutrition is particularly important during adolescence because it is the time of rapid growth.

   • Adolescents need to cut down on their intake of sugar, salt and fat so as to prevent the development of obesity and non-communicable diseases later in life.

- Lack of access to enough nourishing food is the main cause of nutritional problems. These problems are made worse when food is distributed unequally in families.

- Inadequate nutrition impairs learning capabilities and lowers resistance to infections.

- Knowing about the nutritional content of foods and making healthy choices is very important

- Physical activities help to protect against diseases such as obesity, diabetes, certain cancers, high blood pressure and improves psychological wellbeing.

Materials Needed

- Projector

- Laptop

- Flipchart, markers, pens, pencils

- Sample of the six food groups

Immunisation

Immunisation is the process by which a person becomes protected against a disease through vaccination. It is important to note that being immune to a disease means that a person will not get sick even if he or she is exposed to the disease.

Steps to Facilitate the Session

Step1: Introduce participants to the topic and objectives for the session.

Step 2: Put participants in groups to discuss and list common preventable childhood diseases and the type of immunisations given.

Step 3: Participants return to plenary to present.

Step 4: Facilitator summarises the session by taking participants through standard immunisation schedule for Ghana.

Note to Facilitator

There are two ways that people become immune to certain diseases.

Natural: When people suffer from a particular disease and survive, they develop the ability to fight that disease if they are exposed to it again, meaning they become immune to that disease and will not get it again. Also babies are sometimes born with some ability to fight certain diseases because they get the immunity from their mother while were in the womb.

Artificial: This is when a person's is given an immunisation or a vaccine that helps the body fight the germs or the disease. The injection enables the person to develop immunity or resistance to the disease and prevent the person from getting sick.

Why we Immunise Children:

Many childhood deaths especially in developing countries are due to the six "killer diseases".. Babies and young children have little resistance and therefore, are likely to suffer and die from the six "killer diseases" if not immunised.

- Immunisation is generally not dangerous.
- In some few cases side effects such as pain at the site of injecting may occur.
- Serious side effect such as fever should be reported to a doctor at once.
- It is best to give immunisation at the recommended ages.
- Infants and young children tend to have fewer reactions or side effects than adults from vaccines.
- Because most childhood diseases occur during the pre-school year, waiting until the child has reached school going age will too late**.**

Immunisation schedule in Ghana

Ghana's EPI priority target groups are:

- Children under 1 year (0-11 months) of age (however, the programme uses all opportunities to booster dose for certain vaccines beyond this age group);
- Women of childbearing age with a focus on pregnant women.

All children in Ghana should receive the following before their first birthday:

- One dose of BCG, hepatitis B, measles and yellow fever vaccines
- Three doses of penta (DPT, hepatitis B and Hib vaccines)
- Four doses of polio vaccines
- Three doses of PCV
- Two or three doses of rotavirus (as the case may be)
- At least one dose of vitamin A

Period	Vaccine
At birth	BCG; OPVO; Hepatitis B
At six weeks	Penta 1; OPV 1; PCV 1; Rota 1
At ten weeks	Penta 2; OPV 2; PCV 2; Rota 2
At fourteen weeks	Penta 3; OPV 3; PCV 3; Rota 3
At six months	Vitamin A (then every six months)
At nine months	Measles 1 and yellow fever
At 18 months	Measles 2 and vitamin A

For women of childbearing age: It is recommended to administer two doses of TT one month apart and a third dose after six months.

Handout

- Icebreakers
- Stories/ case studies/ role-play
- Notes for facilitator

Materials Needed

- It's All One Curriculum
- Policy on immunisation in Ghana

Time: 60 minutes

SESSION 7: PREVENTING COMMON DISEASE/INFECTIONS AMONG ADOLESCENCE

Introduction

Adolescents are prone to various forms of infections and diseases.

Session Objectives:

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

- Identify and describe the common infections among adolescents
- Explain the causes and list their signs and systems
- Describe the consequences of these diseases
- Describe how to prevent and control these diseases

Notes for the Facilitator

Common diseases / infections

Diarrhoea

It is the passing of three or more loose or watery stools in a day. It is most common in children under the age of five.

Common causes of diarrhoea

- Eating unclean food such as unwashed fruits and cold contaminated cooked food
- Drinking contaminated or unclean water
- Bacteria from food or dirty utensil like poorly cleaned feeding bottles and plates
- Eating unripe fruits like green mangoes and oranges
- Taking laxatives and other medicines without a doctor's prescription

Effect of diarrhoea

Uncontrolled or unmanaged diarrhoea can lead to dehydration. Dehydration is when an individual loses large amount of water and salt through diarrhoea. Signs to show one is dehydrated includes:

- Dull and sunken eyes
- Thirst and dry coated mouth
- Scanty urination and urine is dark in colour
- Dry skin that when pulled returns to its original shape slowly

Consequences of diarrhoea

- Diarrhoea leads to loss of water and salt from the body. This leads to dehydration and can lead to death. Diarrhoea is considered as one of the childhood killer diseases.
- Diarrhoea in babies and children can be very dangerous, because they become dehydrated quickly. Any child who passes three watery stools in a day should be given attention.
- Diarrhoea can lead to malnutrition such as kwashiorkor

Treatment of diarrhoea

- A person with diarrhoea must be fed on home available liquid foods proper prepared fruit juice, coconut juice, pineapple juice, light (without milk), porridge (koko, akasa), rice water, mashed kenkey, light soup (less pepper).
- A breastfeeding baby with diarrhoea must still be fed with breast milk.
- Give ORS to prevent dehydration and zinc tablets
- If the diarrhoea persist, seek medical care by going to the hospital.

Prevention of diarrhoea

- Wash fruits and vegetables properly before eating
- Drink well treated water. Contaminated water can be boiled and allowed to cool before drinking
- Fruits should be well ripped before eating
- Food should be well cooked before eaten and be eaten whiles hot or warm.

Malaria

Malaria is a disease transmitted by the female anopheles mosquito through its bite. It is an endemic killer disease and a serious threat to the children of Africa.

Causes of malaria

When the mosquito bites an infected person it acquires the parasite that causes malaria and can then transfer the disease to the next person it bites.

Signs and symptoms of malaria

- Fevers and chills especially in the evenings
- Heavy sweating
- Bodily weakness
- Headaches
- Loss of appetite
- Nausea and vomiting

First aid treatment for malaria

The first treatment, especially in infants is to bring the temperature down.

- Wash the infant with tepid water, starting from the feet. (Tepid water is lukewarm kid of water)
- Cover the infant well; making sure the chest is well covered.
- Give a lot of fluids – fruit juices or water
- Give light diet such as light soup

Prevention of malaria

Prevention of malaria is two-fold: individual and community prevention

Individual prevention: the individual protect himself or herself by:

- Preventing mosquito bite by sleeping under mosquito net
- Living in a mosquito proof house if possible
- Cleaning and weeding around the house if bushy
- Draining all stagnant water in and around the house

The community: the community protect itself from mosquito bite by:

- Draining all stagnant water in gutters, tins lorry tyres and other damp areas

- Organising people in the community to clear bushy areas and burn articles that collect water

- Spraying oil on stagnant water in gutters

- Educating individuals to understand the importance of making the environment clean.

Steps to Facilitate the Session

Step 1: Introduce participants to the topic and objectives for the session

Step 2: Put participants in groups to discuss common diseases and illnesses that affect adolescents

Step 3: Participants return to plenary to present

Step 4: Facilitator summarises the session by taking participants through signs and symptoms of the diseases, prevention strategies and how to manage them.

- Handouts

- Icebreakers

- Stories/ case studies/ role play

Materials Needed

- Flip pad and markers

- Laptop and projector

Time: 2 hours

SESSION 8: DRUG AND SUBSTANCE ABUSE

Introduction

Drug and substance abuse refers to excessive intake of chemicals that have the tendencies to change the body's natural functions. Some of these chemicals can be found in herbs, drinks and beverages. Medical drugs are not harmful when taken according to prescriptions. Often when issues of drug abuse are mentioned, people imagine drug addicts who use cocaine and other hard drugs. However, there are various forms of drug abuse in our daily lives which we easily overlook. Drug and substance abuse have been a major challenge to most countries.

In this session, we will learn about drug and substance abuse, explain the causes, consequences of drug abuse and prevention.

Session Objectives

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

- Describe drugs and substance abuse
- Identify and describe the most common drug and substance abuse among adolescents in the community
- Describe the causes of these drugs
- Describe consequences/effects of these drugs
- Describe how to prevent and manage drug abuse

Notes for the facilitator

A drug is a substance which when taken may change one or more of the body functions. Medical drugs in themselves are good if taken according to prescription

Uses of drugs

Drugs are used for the promotion of health, including;

- Preventing infections/diseases,
- Curing or managing diseases and
- Relieving pain.

Drug abuse

Drug abuse is the use of drug for reasons other than medical or taking drugs without prescription or in overdose or at the wrong interval. Drugs that are abused can be classified into the following groups:

- Stimulants such as coffee, tea peps, pills and amphetamines.

- Depressants such as alcohol, Librium, valium and sedatives.

- Hallucinogens (substances that makes you have delusion or feel high/see images) such as cannabis cocaine and heroin.

- Volatile substances such as glue and paint thinner.

- Medical drugs such as antibiotics.

1.   What drugs do people use?

Apart from medications, drugs people use include alcohol, tobacco, caffeine, marijuana, antibiotics, inhalants (such as petrol, glue, cleaning fluids) cocaine and heroin.

2. Causes (why do people) of abuse drug?

The reasons people abuse drug are varied and many. Some are:

- To escape social and emotional problems and lack of self confidence.
- Ignorance.
- To introduce courage and overcome shyness.
- To stimulate their minds or stay awake for long periods.
- Peer group pressure.
- To feel grown up.
- To satisfy curiosity and fit in socially or have fun.
- To enhance sensory perceptions or "feel high".
- To increase/reduce appetite (to over eat or avoid eating to reduce weight).
- To relax or sleep.

Signs and symptoms of drug abuse

Restlessness; Behaving as if drunk; talking excessively sometimes to oneself, irrational behavior, point-point or dilated pupils (enlarged eye pupil), tremor or shaking of hands.

Some commonly abused drugs include:

Alcohol, antibiotics in STIs treatment, herbs and herbal concoctions to induce abortion, Indian hemp, heroin, caffeine, and tobacco

Consequences/Effects of drug abuse

Some when drugs are not taken correctly and in right quantities affect the mind and the body, sometimes permanently. Some are more dangerous than others and their effects differ from one person to the other.

- Medically, people experience side effects associated with the use of drug, develop tolerance to the drug which means that it no longer have a same effect on the person unless taken on larger doses.
- Drugs and substance abuse contribute to the impact of STIs including HIV and AIDS and sexual abuse at various levels.
- Drug abuse leads to addictions, mental diseases and death.
- Economic and social problems.

Preventing drug abuse

Preventing drug abuse is everybody's responsibility. To prevent drug abuse;

- Parents should establish and maintain good communication with their children and encourage them to participate in healthy social activities such as sports and clubs.
- Peer educators should intensify community education on drug abuse and set examples for behaviour change.
- Young people should develop good habits and self-esteem so that they can say no to drug and peer pressure.
- Avoid copying inappropriate role models and choosing friends that enjoy healthy activities.
- Communities should form anti- drug abuse groups and also provide counselling services.
- Provide education on the importance of going to the hospital and taking drugs on prescription.

Management of drug abuse

If a person is already addicted he or she needs to:

- Desire to be helped and be motivated to stop.
- Go through detoxification or redrawal from the drug if he or she is physically addicted.
- Receive counselling to deal with psychological dependence.
- Receive support from others.

Key Points for Participants

- Drug and substance abuse can reduce an individual inhibition and thus leads to high risky behaviour.
- The use of alcohol and other drugs can impair thinking and judgement.
- Drug and substance abuse have many negative effects on a person's physical and mental health.
- Drug and substance abuse at a young age increases the risk of HIV infections, dependency or addiction.
- Experimenting with drugs during adolescence is common.
- Preventing drug abuse is everybody's responsibility.
- Drugs and substance abuse is illegal in Ghana.

Steps to facilitate the session

Step 1: Introduce the topic and objectives using power point.

Step 2: Lead participants to brainstorm on the dangers that adolescent's face, with regard to drug and substance abuse.

Step 3: Put participants into three groups to discuss drugs commonly abused, signs and symptoms of drug abuse their effects and prevention.

Step 4: Participants present in plenary.

Step 5: Facilitator summarises key facts using session note.

Handouts

- Icebreakers
- Stories/ case studies/ role play

Materials Needed

- Laptop/projector,
- Markers, flip chart
- Pencils and pens

Time: 60 minutes

CONCLUSION OF MODULE

This Module provides adequate knowledge and skills to young people to enable them adopt and adept positive attitude towards establishing healthy relationships in all spheres of life. However, the

consequences of unhealthy relationships and how to manage such conditions have clearly been dealt with.

Knowing Myself, How I Feel And How Others See Me

Sex And Sexuality

INTRODUCTION

Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse, exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed. Globally, there are many settings where young people are becoming sexually mature and active at an early age. They are also marrying later, thereby extending the period of time from sexual maturity until marriage.

Sexuality can be a source of great pleasure and meaning in life. Sexual activity is only one aspect of sexuality. People experience sexuality through their physical feelings, emotions, thoughts, identity, and relationships. Cultural norms, individual experiences, and hormones all influence the way we understand and experience sexuality.

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefsand values about such important topics as identity, relationships, and intimacy. This module seeks to address the fact that information and education on sex and sexuality is vital and that all people have the right to comprehensive sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.

This module has been divided into four sessions. It is designed to help the participants learn about themselves and their sexuality.

- **Session one: Let's talk about sex**
- **Session two: Sexuality and society**
- **Session three: Sexual behaviour and sexual response**
- **Session four: Sexuality and disability**

NB: *Facilitators are advised to discuss this module with Ghanaian cultural sensitivities in mind.*

MODULE OBJECTIVES

By the end of this module, participants will be able achieve two broad objectives – cognitive and affective.

Cognitive Objectives

- Discuss why people engage in sexual activities.
- Discuss why people engage in sexual activities when they don't want to.
- Define the concepts of respect, mutuality, enjoyment, consent and abuse as they apply to sexual relationships.

- Define and discuss sexual rights, including the right to refuse unwanted sex activities in any circumstance.

- Explain social norms and laws that affect people's attitudes about, and experience of, sexuality.

- Discuss social norms regarding diverse forms of sexual expression and how such standards have changed or are changing.

- Identify body parts that play a role in sexuality.

- Distinguish between the reality and fiction (reference to the media) in relation to sex and sexuality

- Discuss issues about sex and the sexual response cycle.

- Identify key cultural beliefs, norms and values about sexuality.

- Identify the various challenges pertaining to sexuality of persons with special needs.

Affective Objectives

- Reflect on ways to promote and protect a positive and responsible sense of their sexuality.

- Reflect on young people's feelings, motivations, and experiences about sexual decision making.

- Define and express attitudes toward the different standards for sexual behaviour and pleasure for males and females.

- Clarify young people's attitudes about sexual diversity.

- Discuss the influences of the media on sexuality.

DEFINITION OF TERMS

1. **Communication**: Communication is the exchange and flow of information and ideas from one person to another; it involves a sender transmitting an idea, information, or feeling to a receiver. Communication occurs only when the receiver understands the exact information or idea that the sender intended to transmit.

2. **Sex:** This refers to the biological and physiological characteristics that define males and females.

3. **Sexuality:** This refers to a central aspect of being human throughout life. It encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors

4. Sexuality may be expressed by oneself or with others.

5. Sexuality includes desires or practices involving someone of the other sex, the same sex, or both.

6. People are sexual beings throughout

their lives. At some periods in their lives, however, some people experience little or no sexual desire.

7. **Homosexuality: This refers to the romantic attraction, sexual attraction or sexual behaviour between members of the same sex.**

8. **Lesbian: This refers to a female who has sexual preference for females**

9. **Gay: This refers to a male who has sexual preference for males**

10. **Heterosexual: This refers to a person who is sexually attracted to people of the opposite sex**

11. **Transgender: This refers to the identity expressed by a person that differs from the person's sex at birth.**

12. **Bisexual: This refers to a person with romantic attraction, sexual attraction or sexual behaviour toward both males and females.**

13. **Values: Within the context of sexuality, values can be defined as broad preferences concerning appropriate courses of action or outcomes. As such, values reflect a person's sense of right and wrong or what "ought" to be.**

14. **Culture: Culture is the sum total of the learned behaviour of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation.**

15. **Beliefs: This refers to a mental acceptance of and conviction in the truth, actuality, or validity of something.**

16. **Sexual coercion: It is defined as the act of forcing or attempting to force a person through violence, threat, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual activity against his/her will. In a coercive situation, a person may be physically forced to have sexual intercourse. Also, he or she may fear social consequences for refusing unwanted sex.**

17. **Sexual consent: Consenting means agreeing to do something. Sexual consent means agreeing to have sexual intercourse.**

18. **Masturbation: It refers to the stimulation or manipulation of one's own genitals or another's especially to orgasm.**

19. **French kiss: It refers to a deep** kiss in which the tongue enters the partner's mouth.

20. **Sexual arousal:** It refers to a state of heightened sexual feelings which may or may not lead to sexual intercourse.

21. **Foreplay:** This refers to a sexual activity that precedes intercourse

22. **Mating**: It refers to the pairing of the opposite sex for reproduction

23. **Flirting**: This is a difficult word to define because what may be flirting to one person may not be to another. It would be defined as intentionally trying to attract the attention of someone you may like or are sexually attracted to.

24. **Extra marital sex**: This refers to someone having sexual intercourse outside his or her marriage.

25. **Pre-marital sex:** This refers to having sexual intercourse before marriage.

26. **Sexual drive:** It refers to a person's overall sexual desire for sexual activity.

27. **Sexual assault:** It refers to any involuntary sexual act in which a person is threatened, coerced, or forced to engage against their will, or any sexual touching of a person who has not agreed to sexual intercourse. This includes rape (such as forced vaginal, anal or oral penetration), inappropriate touching, forced kissing, child sexual abuse, or the torture of the victim in a sexual manner.

28. **Petting:** This refers to the act or practice of fondly embracing, kissing, and caressing

one's partner or someone else.

29. **Personal bonding:** This could also be referred to as **human bonding** which is the process of developing a close, interpersonal relationship. It most commonly takes place between family members or friends, but can also develop among groups such as sporting teams and whenever people spend time together. Bonding is a mutual, interactive process, and is different from simple liking.

30. **Sexual dysfunction**: This refers to any difficulty experienced by an individual or couple during the sexual response cycle.

31. **Response cycle**: This refers to the stages in responding to sexual stimulation**.**

32. **Disability:** Disability refers to difficulties encountered in any or all three areas of functioning namely:

- **Impairments:** are problems in body function or alterations in body structure – for example, paralysis or blindness

- **Activity limitations:** are difficulties in executing activities - for example, walking or eating;

- **Participation restrictions:** are problems with involvement in any area of life - for example, facing discrimination in employment or transportation.

SESSION 1: LET'S TALK ABOUT SEX!!!

Introduction

Activity One: DIFFERENCES BETWEEN SEX AND SEXUALITY

Our maleness or femaleness can be expressed in various ways, including sexual intercourse. In learning about sex-related topics, young people need opportunities to discuss sexuality and its meaning. To be able to do so, one needs to use sexual terms that are understood by others accurately without embarrassment. This session aims to assist participants to understand and distinguish between sex and sexuality and the various ways in which our sexuality can be expressed. It also helps participants understand what sexuality is and what factors affect the way we experience and understand sexuality. It helps participants become comfortable discussing sexual issues, and also, highlights the importance of consent, mutuality, and respect in sexual relationships.

Session Objectives

At the end of the session, participants will be able to:

- Understand the meaning of sex.
- Understand what sexuality is.
- Name the sexual organs in their local languages.
- Use sexual terms accurately and without embarrassment.
- Know and understand the challenges of sexuality.

Notes for the facilitator

Our sexuality can be expressed through:

- Our physical features and body.
- The clothing we wear.
- Our gait and our gestures.
- The things we say and the language we use.
- Our interactions with others.
- Sexual intercourse.

Explain according to age the other sexes, which are: e.g. hermaphrodites etc.

Based on the age groupings, ask participants to draw the physical body parts of both male and female and identify the differences.

Some irresponsible sexual behaviour include:

- Having unprotected sex.

- Pressuring a partner to have sex.

- Misleading a person emotionally.

- Sexual harassment – making sexual statements or advances to a person who does not wish to receive them, invading a person's privacy during bathing, or touching a person sexually without permission.

- Promiscuity – having casual sex without being in a relationship with the other person.

- Rape (forcing someone to have sexual intercourse) and any type of sexual abuse.

Steps to facilitate the session

Step 1: Start with a quick introduction of the song **"let's talk about sex"**

Step 2: Divide participants into small groups (language groups if possible and ask them to translate the list of the given sexual words into their local languages. They could also list slang (Pidgin English) that the youth use and are comfortable with. Participants should make a list of socially acceptable and unacceptable terms for the sexual organs.

Step 3a: Introduce subject and divide participant into small groups. Groups are to brainstorm and come up with their knowledge on the physical features and the differences between males and females.

Step 3b: Show visuals of the human body parts (male and female) to participants.

Step 4: Divide participants into small groups and ask participants to name the characteristics of manhood and womanhood other than sexual activities.

Step 5: In plenary, lead the discussion on the meaning of sex and sexuality and make a presentation on some guidelines (refer to notes for the facilitator*).*

Key Points for Participants

Participants should be able to:

- Differentiate between sex and sexuality.

- Feel comfortable in mentioning sexual words and body parts.

- Give examples of some sexual dysfunctions.

Handouts for session

LIST OF SEXUAL WORDS

Vagina	Rape	Erection
Orgasm	Penis	Vaginal Fluid
Clitoris	Condom	Sexual Intercourse
Masturbation	Scrotum	
Menstruation	Semen	

Materials Needed

- A music player.
- Visuals for discussions/posters.
- Pens/markers.
- Flipcharts.
- Handouts of list of sexual words.

Time: 60 minutes

Activity Two - SEX EDUCATION DEBATE

Introduction

Participants will debate whether young people should learn about sexuality, gender, and sexual health - or should learn only to abstain from sex until marriage.

Session Objectives

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

- Identify policy perspectives about sex education and to share their own views about it.
- Acquire public speaking skills on sex education.

Notes for the facilitator

In many countries, there are on going on sex education. Those who believe that young people should be given information only about abstaining from sex often think that teaching young people about safe sex encourages them to engage in sexual activity earlier than they would without that information. Research, however, shows that comprehensive sex education does not lead to earlier age at first sexual intercourse. Those who believe in comprehensive sex education (including information on safe sex) argue that it gives young people the tools to make healthy, safe decisions about their sexual lives.

Notes for the Facilitator

SEXUAL DIVERSITY

1. First and foremost, we are all people. All of us have similarities and differences compared with others in our families, school, workplace, and communities. For example, there is wide variation in how we look and what we think, in our talents, and in our sexuality. This diversity of human experience exists everywhere.
2. Variation in people's sexual desires, behaviours, and identities is referred to as **sexual diversity.**
3. People may experience sexual desire for the other sex, the same sex, or both (see notes). This variation has always been true throughout history. However, the acceptance of sexual attraction and desire towards same –sex is influenced by socio-cultural and religious norms.
    *   People may be labelled with a sexual identity that they do not claim for themselves. Some people do not want to be labelled or categorised in terms of their sexuality or sexual identity, regardless of their desires.
    *   What determines whether a person experiences desire for the same sex, the other sex, or both, is not well understood. A person's desires, behaviour, or identity may shift over time and from situation to situation
4. People who are heterosexual, homosexual, bisexual, or transgender may be found in every kind of family, community, religion, and profession.
5. In every society, individuals' feelings about sexual diversity and homosexuality vary.
    *   Some people are comfortable with sexual diversity. Others may experience fear or even hatred toward people who are homosexual.
    *   Some have mixed feelings. Fear of or aversion to homosexuals is called homophobia.
    *   People's feelings often reflect local norms. Such norms vary across a continuum that includes: stigma and discrimination (e.g., refusing someone housing or employment), rejection (e.g. teasing) tolerance; acceptance; respect; and, finally, valuing and embracing diversity.
6. Stigma and discrimination toward people who desire or engage in same-sex experiences or relationships are common. Such stigma and discrimination harm people and violate their human rights.
    *   Ridiculing (stigmatising) someone for being attracted to others of the same sex can cause that person to feel isolated or ashamed.

Steps to Facilitate the Session

Step 1: Introduce the activity with the following:

- We tend to think about sexuality as a very personal and private matter. But in reality, many aspects of sexuality have become matters of public policy. For example, many lawmakers, politicians, and everyday citizens made known their opinions about sex and HIV education.

- Today, we will have our own debate about sex and HIV education. We will hold a formal debate - we will prepare and present arguments on both sides of the question.

Step 2: Break the group into two teams. If you do not have a judge, ask for two volunteers to help you judge the debate instead of participating in the debate.

Step 3: Introduce the debate topic: ***"Sex education: Schools should teach young people that they must abstain from sex until marriage;*** they should not teach about condoms, contraception, or gender relations."

Step 4: Explain the procedures for the debate:

- One team will prepare arguments *in support of this* statement, and the other team will prepare arguments *opposing* this statement. You may not agree with arguments put forth by the side to which you have been assigned, but you must put yourself in the shoes of someone who takes this side. Think of all the reasons someone might agree with the arguments from this side. Think of evidence and arguments to support the other side. Address all aspects of the debate statement.

- Select two speakers from your team to present arguments for the whole team. *[Mixed-sex groups should select one boy and one girl.]*

- *Those of you chosen to be first speakers:* You will each present an opening argument of about three minutes. Your teammates will help you develop your argument. *Second presenters:* You will respond to the opening presentation by the opposing side, so listen carefully and take notes to help you prepare your three-minute response.

- Then we will have a few minutes of questions and responses among those who have not presented: Team members may offer a comment or pose a question to the opposing team, and anyone on that opposing team who is not a presenter can respond.

- Each team will have ten minutes to discuss the issues and prepare its argument for the debate. After the debate, one side will be judged the winner. The winning team will be selected not on the basis of which side the judge(s) agrees with, but on the basis of which side did a better job of preparing effective arguments.

Step 5: Announce the team that will support the statement and the team that will oppose the statement. Give the teams ten minutes to prepare their remarks; circulate to help them and to ensure that the whole team is involved.

- Ask some participants to time the presentations and inform presenters when they are out of time.

- Offer the participant-judges guidance in judging the debates (for example, to listen for solid evidence from debaters).

Step 6: Allow the first presenter from each team to give an opening argument (three minutes each; six minutes total).

Then have the second presenter from each team respond to the argument of the opposing team (three minutes each; six minutes total).

- Finally, allow questions and comments from other members of the teams (six minutes). Let the group know when it is time for one last brief comment from each side.

Step 7: Confer with the judge(s) and decide which team won the debate. Together with the participant-judges, offer concrete positive feedback for each group about what it did well.

Step 8: After announcing the winner, discuss with participants using the following guidelines:

- How many of you were assigned to a side that you agreed/disagreed with? *[Show of hands]*

- Was it easy or difficult to argue the opposite of what you believe? *[Show of hands]*

- Is sex education the only aspect of sexuality that has become a public policy matter? Or does society exert some control over many aspects of sexuality?

- What are some other issues related to sexuality about which, there are laws, customs, and social norms that influence what people think or feel free to do? *[Probe for: forced sexual intercourse; different standards for boys' and girls' permissible sexual behaviour (the "double-standard"); women's having to conceal their bodies in public at all times (in some settings); pressure on boys to become sexually active; stigmatization against other sex preferences e.g. homosexuality.*

- Does everyone agree with the dominant cultural attitudes about sexuality? Do some people choose to live according to a different attitude or belief?

- Are attitudes about sexuality the same everywhere or do they vary? Do attitudes stay the same forever, or do they change?

- Is sexuality only a private matter? Or is it also a matter that the society at large is concerned about?

Key Points for Participants

At the end of the session, participants should be able to:

1. Sexuality is a dimension of life. Sexuality is experienced in thoughts, feelings, and practices

   - Sexuality may be expressed by oneself or with others.

   - Sexuality includes desires or practices involving someone of the other sex, the same sex, or both.

   - People are sexual beings throughout their lives. At some periods in their lives, however, some people experience little or no sexual desire.

   - At different times most of us will experience various emotions related to sexuality. We may feel excitement, confusion, anguish, happiness, or many other feelings. Such emotions may be intense or, at other times, mild.

2. Developing comfort and confidence about sexuality is part of growing up. Such comfort is also

influenced by individual, family, and social factors and experiences.

3. Sexuality - expressed alone or in a mutually consensual and respectful situation with a partner - can be a source of pleasure and meaning in life. It can enhance happiness, well being, health, and the quality of life. It can also foster intimacy and trust between partners.

Facilitator's guide - Sexuality

Facilitator can help participants understand how sexuality relates to well-being and health.

Remember to address the positive aspects of sexuality, including concepts of mutuality and respect. Allow time to discuss sexual consent in a meaningful way. Understandably, many young people feel ambivalent about what they want and confused about their partner's wishes. Participants can learn ways to ensure mutual consent.

A Facilitator's own values should not interfere with teaching about sexuality. Remain neutral and avoid imposing your personal values on participants. You may wish to look for resources or support to help you reflect on your areas of discomfort or conflict regarding sexuality.

Facilitators may feel moments of embarrassment in discussing sexuality. Thorough preparation helps. Help your participants understand and feel comfortable with the correct terms for body parts. If you are teaching in a language that lacks scientific terms for certain body parts, using the most appropriate term with ease is helpful.

Use respectful terms and avoid hurtful language, particularly in regard to same-sex attraction, sexually active girls, and young people who do not conform to conventional gender norms. Topics related to sexuality - for example, sexual abuse and AIDS - may raise disturbing or intense feelings. Students should not feel pressured to disclose information about their own sexual experiences. Facilitators must support participants appropriately and respect their confidentiality.

To foster a safe environment for open discussion, consider separating girls and boys for some activities and then bringing them back together for shared discussion.

Materials Needed

Board and chalk/marker

Time: I hour 30 minutes

| Activity three – CHALLENGES IN SEXUALITY |

Male sexual dysfunction

Impotence: is the inability to produce or maintain an erection for sexual intercourse. It is also known as erectile dysfunction. Males suffering from primary impotence have never had an erection. Those who have performed successfully but, have become impotent are said to suffer from secondary impotence.

In either case, when impotence becomes a repeated problem, it is usually very disturbing to the man and his sexual partner. It is important to recognise that occasional inability to have an erection is normal. In fact, overreaction to it may generate fears and doubts that can contribute to further erectile failure. At such times, it is particularly important that the man's partner avoids expressing anger, disappointment and embarrassment. Patient and reassurance helps prevent the establishment of a vicious cycle. Occasional inability to have an erection may be due to fatigue, anger, anxiety, or excessive consumption of alcohol. The main causes of impotence are organic and psychological.

Organic causes of impotence include: alcohol or drug abuse, diabetics, vascular diseases, prostrate, neurological problems, reactions to medications for high blood pressure, and heart disease.

Psychological causes of impotence may be related include: anxiety about sex in general, guilt because of pre-marital affair, resentment or hostility towards a sexual partner, fear of inability to perform and similar emotions and conflicts. Often the problem starts with repeated sexual failures caused by drinking too much alcohol or by the presence of pre-mature ejaculation. In either case, initial doubts soon become severe fears of failure which further inhibit sexual response.

Treatment:

Medical treatment or organic treatment may employ drugs or surgery. For both psychological and organic impotence, treatment involves counselling to remove fears and psychological blocks. The man learns that he cannot consciously have an erection and that his disability is not a reflection on his manhood. To further free him from his fears, particularly fear of failure, the man and his partner are usually assigned series of exercises to perform. This technique, called sensate focus directs attention to natural sensations of pleasure and builds communication skills.

Premature Ejaculation:

This is said to occur when a man cannot delay sexual climax long enough to satisfy his partner. It can occur when there is an inability to tolerate high level of excitement without ejaculation. Also, some men engage in techniques that maximise sensation for themselves with no regard for that of their partner thus making rapid orgasm for the man inevitable. Whatever the causes, premature ejaculation can be a serious difficulty especially in the context of long-term relationships.

Treatment:

Treatment is highly successful and relatively simple. It involves teaching the man ways of delaying orgasm. This includes focusing attention on giving sexual pleasure to the partner through foreplay and taking attention off self until the other partner is sexually satisfied. Another way is through the squeeze technique that can be taught by a professional.

Female sexual dysfunction

Lack of erotic response to sexual stimulation (frigidity):

This involves persistent inability to derive pleasure from general sexual stimulation. Causes include frightening childhood sexual experiences such as molestation (often by older relatives); incest that produces lasting guilt; a harsh religious background in which sex is considered evil or cold and unloving childhood relationships. Also, common is the need to maintain control over emotions and extreme distrust of others, especially males. In such cases, it is particularly important that the woman's partner avoids expressing anger, disappointment, and embarrassment. Patience and reassurance can help to overcome frigidity.

Treatment:

Treatment involves dealing with psychological conflicts, sensate focus, and non-demanding intercourse controlled by the woman.

Female Orgasmic Dysfunction:

This is the most common dysfunction in women. It is an inability to reach orgasm during sexual intercourse, most commonly caused by over control of sexual feelings. Orgasm requires a degree of abandonment. It is, therefore, inhibited by hostility towards the relationship, guilt, fears of expressing sexual needs and an inability to let go and enjoy the flow of pleasurable sensation.

Treatment:

The woman's sexual partner must be sexually adequate in terms of commitment to ensuring sexual satisfaction of the woman. He must know how and where to stimulate to ensure orgasm. In treatment, women are trained to focus on their sexual sensation through manual stimulation by a partner. As the woman achieves orgasm in these circumstances her responsiveness is gradually transferred to sexual intercourse. At the same time, communication between partners is stressed and any sexual conflicts resolved.

Vaginismus:

In this, muscle spasms of the vaginal entrance make intercourse impossible.

Treatment:

Involves the removal of conditioned muscle spasms by progressive relaxation of the vagina and desensitisation of fears.

Key points for Participants

Solving problems in sexual functioning can be challenging. It may require the help of various professionals and therapists, e.g. psychologists, physicians and counsellors.

ACTIVITY FOUR: SEXUALITY AND VALUES

Introduction

An important aspect of knowing oneself is examining ones values. Values are things we cherish most. They include freedom, good health, honesty, integrity, education and justice. When we are able to demonstrate easily the values that we feel strongly about in front of others, it means we understand our own values. Our values influence everything about us; our thoughts, goals, decision, and our actions. If a value is important to us, our actions will be consistent with our values. For example, if optimum health is a value, we will live our lives choosing healthy behaviours. Maintaining or keeping our values helps to avoid doing what we do not want or like. In other words, in sticking to our values, we cannot be pressurised into doing what is not consistent with our values. In this section, the facilitator would provide the knowledge and skills that would help young people learn about values, how they are developed and how they influence our actions. (***Enhanced school health education manual, HIV Alert model 2013 pg. 5.)***

Session Objectives

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

- Explain the term *"values".*

- Analyse how values determine decisions a person makes.

- Identify the sexual values of individuals.

- Identify the dimensions of sexuality and values.

Notes for the Facilitator

Sexual value statements: (*participants are to group themselves in the areas of: agree, disagree and unsure)*

1. Having a child while you are still in school is okay

2. You should have sex only with someone you truly love

3. Boys should always pay for a girl when they go out together.

4. People with HIV and AIDS should not tell their sexual partners that they are infected.

5. A man has a higher sex drive than a woman.

6. Waiting to have sexual intercourse until you are married is a good idea.

7. A girl who dresses in sexy revealing clothing is asking to be raped.

8. Abortion should be legalised to make it safe.

Questions on sexual value statement

a. How easy was it to decide your position?

b. What influenced your position or made you to choose where to stand?

c. Did you feel any pressure from your peers to change your answer at any time during the activity?

d. Does peer pressure ever influence your decisions in other situations? Why do you think this happens?

Some inherent values

• Every person has dignity and self worth.

• All children should be loved and cared for.

• Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.

• Sexuality is a natural and healthy part of living.

• All persons are sexual.

• Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions.

• Individuals can express their sexuality in varied ways.

• Parents should be the primary sexuality educators of their children.

• Families should provide children's first education about sexuality.

• Families should share their values about sexuality with their children.

• In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.

• Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.

• All persons have the right and obligation to make responsible sexual choices.

• Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or trusted adults.

• Young people develop their values about sexuality as part of becoming adults.

• Young people explore their sexuality as a natural process in achieving sexual maturity.

• Early involvement in sexual behaviours poses risks.

• Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STIs, including HIV.

- Young people who are involved in sexual relationships need access to information about healthcare services.

Steps to Facilitate the Session

This session involves two activities.

Activity One

Step 1: Divide participants into groups of four.

Step 2: Distribute case studies 1 and 4 on *values* to groups.

Step 3: Ask each group to present their answer at plenary.

Step 4: Discuss how values and sexual values are developed.

Activity Two

Step 1: As participants to stand at the marked places labelled *"agree, disagree and unsure* when question on the *Sexual value statements* is asked.

Step 2: Ask participants to explain what sexual values are.

Step 3: Guide participants to clarify their values. Place the marked signs; *agree, disagree* and *unsure* on the wall at three different places.

Step 4: Read out the prepared value statements one after the other. Participants decide on their own whether they agree, disagree or unsure about each statement. They should stand by the sign that matches their position.

Step 5: Inform participants that there is no right or wrong answers, only opinions based on their values.

Step 6: Ask each participant why they chose to stand there.

Step 7: Repeat this process with as many value statements as you have time for. Make sure you hear different point of views. Remember that processing statements and sharing reasons for participant's positions is the most important part of this activity.

Step 8: when enough statements have been read and participants have shared, discuss the activity using the following questions

Key Points for Participants

At the end of the session, participants should be able to:

- Share lessons learnt from the case studies.

- Mention some values acceptable in society in relation to sexuality.

Materials Needed

- Three cards; *agree, disagree, and unsure;* prepared value statements and scenarios or situations.

- Board/Flip charts/markers

Exercises for the Sessions

Exercise 1

Boy finds money which has fallen from the pocket of a neighbour on the ground. He picks it up and goes his way. Another boy finds money which has fallen from the purse of a neighbour on the ground. He, however, returns it to the neighbour.

Discuss the values portrayed in these scenes

Exercise 2

Group question

What would you do if you caught a friend masturbating? Would you report him to his or parents or keep quiet?

Exercise 3

Guide participants in filling out the form below to get responses on the various levels of expressing sexual activities by indicating either pre-teen or teen and the appropriate age to engage in sexual activities

	Pre-teen/ Teen	At what age do you think is appropriate to engage in these activities
Holding hands		
Kissing on the lips		
French kiss		
Participate in petting		
Go out in group of friends		
Date		
Undress in front of boyfriend/girlfriend		
Have sexual intercourse		

Live with someone without being in committed relationship		
Enter committed relationship with someone		

Key Points for Participants

Aspects of sexual values

1. Young people should view themselves as unique and worthwhile individuals within the context.

2. Sexuality is natural and healthy part of living.

3. All persons are sexual.

4. Sexuality includes physical, ethical, social, spiritual, psychological and emotional dimensions.

5. Individuals can express their sexuality in varied ways.

6. All persons have the right and obligation to make responsible sexual choices.

7. Individuals, families, and society benefit when children are able to discuss sexuality with their parents and or trusted adults.

8. Young people develop their values about sexuality as part of becoming adults.

9. Young people who are involved in sexual relationships need access to information about health care services.

Facilitator's Guide

• Refer participants to their responses on the first question, and use that to further explain what sexual values their actions are, regarding the friend who masturbated. Indicate the things that they consider desirable and those that are undesirable.

• Let participants know that we have *individual, family, community* and *national/societal* values

SESSION 2: SEXUALITY AND SOCIETY

Activity One: SEXUAL NORMS AND GENDER ROLES

Introduction

The sexual development of a person is a process that comprises physical, psychological, emotional, social and cultural dimensions. It is also inextricably linked to the development of one's identity and it unfolds within specific socio-economic and cultural contexts. The transmission of cultural values from one generation to the next forms a critical part of socialisation; it includes values related to gender and sexuality. In many communities, young people are exposed to several sources of information and values (e.g. from parents, teachers, media and peers). These often present them with alternative or even conflicting values about gender, gender equality and sexuality. Furthermore, parents are often reluctant to engage in discussion of sexual matters with children because of cultural norms, their own ignorance or discomfort. This session aims to assist participants to understand and appreciate the different gender roles.

Session Objectives

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

- Appreciate the different gender roles in relation to sexual norms.
- Understand societal roles and norms and how society views sexuality.

Notes for the Facilitator

Boys are often permitted, or even pressured, to be sexually active, as long as their sexual desires are directed toward females. For example: some boys are encouraged to, and may wish to, delay sexual activity. Often, however, they feel significant pressures, usually from peers, to "prove their manhood" through early, repeated, and sometimes even aggressive, heterosexual experience.

- Taking risks (including sexual ones) is commonly expected of boys and men in many settings.
- Girls may be discouraged or even punished for being sexually active.
- In most settings, girls receive contradictory messages about sex. Many are taught that they should not be sexually active prior to marriage. However, they are also expected to be sexually appealing and to prove their fertility.
- Girls are often socialised to be submissive to their boyfriends and husbands and to men in general.

- Certain expectations are placed on both boys and girls.

  - People whose appearance or behaviours depart from social expectations may be harassed or threatened. Boys and Men whose behaviour is perceived as feminine are often treated disrespectfully or cruelly.

  - Many people feel pressured to alter their appearance or bodies to conform to cultural ideals of sexual attractiveness.

  - Girls typically are subject to these pressures more intensely than boys.

Steps to Facilitate the Session

Activity one (Role play on the gender roles) swapping gender roles

Step 1: Pair participants into groups (male and female).

Step 2: Ask the male participants to act the role of the females when in labour.

Step 3: Ask the female participants to act the role of fathers and how they behave at home.

Step 4: Ask each pair to explain their experiences in playing the other genders' role.

Step 5: Ask participants to discuss each role displayed and the relation to sexuality.

Step 6: Conclude the exercise by explaining issues on the *handouts.*

Activity two: Role Play two

Step 1: Pair participants into groups (male and female)

Step 2: Ask the female participants to ask their male participants on a *date (who pays for the expenses during the outing)?*

Step 4: Ask each pair to explain their experiences in playing the other genders' role.

Step 2*:* Conclude the exercise by explaining issues on the *handouts.*

Case Study

Step 1: Divide participants into groups of three.

Step 2: Distribute case study on *"Domo"* to groups.

Step 3: Guide participants to discuss the case study with guidelines from *facilitators note two.*

Handout one:

  - The experience of being male or female is not the same everywhere or for every group. For example: How are older women viewed by society in terms of their sexuality?

  - A person perceived as homosexual may be subject to stigma. Is that stigma less if that person also happens to be wealthy?

- Why are mentally disabled girls more likely than others to be sexually abused?

- Think of a person you know and admire who lives according to his or her own beliefs and values, even though these values differ from those of the larger society. Do you think that person suffers hardship for living in that way? Why do you admire that person?

Handout two:

Case Study

- Domo, a 15 year JHS 3 student slept outside in her boyfriend's house for the night and sneaks back home at dawn. The entire family beats her up because it is not a norm in the family. Her family is a strong.

- Religious family who values chastity before marriage. What would you have done differently if you were Domo?

Facilitator's guide

Lead participants to discuss how norms and ethics of some families influence the way young people behave towards the opposite sex. Let them mention some sexual norms in their community.

Materials Needed

Materials to be used for acting the part of someone who is pregnant

Time: 45 minutes

Introduction

Some young people are misled in relation to certain myths surrounding some sexual behaviours whilst others have questions or doubts about sex and sexual behaviour. This session will introduce participants to some misrepresentation in sexuality.

Session Objectives

• To help participants clarify myths and misconceptions on sex and sexuality.

Notes for the Facilitator

Participants to respond either True or False to the following statements:

1. Masturbation is not harmful; it is a personal choice. Some people masturbate, but others choose not to, and some are not comfortable with the idea.

2. The absence of a hymen or bleeding does not mean a girl has had sex. Some bleeding is caused by the tearing of the hymen. However, the hymen can easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons.

3. In many cultures, men have the role of initiating sex and women are supposed to be more passive sexually. However, this pattern reflects certain cultural attitudes about gender roles; in fact, women can also initiate sex. Even those women who follow traditional gender roles often develop an indirect way to communicate their desire for sex to their partners.

4. Making love can consist of many behaviours (caressing, kissing, massage, manual stimulation). People may reach orgasm from touching or rubbing each other without engaging in intercourse.

5. Most women do not reach orgasm from vaginal intercourse alone. Rather, they reach orgasm through stimulation of the clitoris. Women are more likely to have an orgasm if they (or their partner) stimulate the clitoris directly before, during, or after vaginal intercourse.

6. The first time a woman has sex; it may or may not hurt. To minimise discomfort or pain, partners should take time to explore each other's bodies and become fully aroused before penetration, so that the woman's vagina is well lubricated. If the woman feels nervous or afraid, the couple may want to wait.

7. Every person, whether heterosexual, homosexual, or bisexual, is sexually attracted only to certain people. Sexual attraction is based on many factors.

8. Some men believe that if they are sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but the discomfort will diminish on its own. Anyone - male or female - can stop at any point in sexual experiences.

9. Every person has his or her own preferences concerning what is sexually arousing. Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to just ask

her or him. Communication is a key to having a positive sexual relationship that is pleasurable to both partners.

10. Oral sex can result in the transmission of various STIs. This list of STIs includes herpes, gonorrhoea, human papilloma virus (HPV, or genital warts), syphilis, Chlamydia, hepatitis B, and cancroids, as well as HIV.

11. A large penis does not give a woman more pleasure during intercourse. Although women differ, most women say that it is what the man does, not his size that matters. In fact, a very large penis may be uncomfortable or even painful for a woman.

12. Enjoying sex is natural for men and for women. A person's enjoyment of sex has nothing to do with his or her trustworthiness. The idea behind the statement, 'that women should not like sex', reflects the double standard that it is acceptable and expected that men, but not women, like sex. This idea is unfair, inaccurate, and a stereotype.

13. There is no right age to have sexual intercourse. Each person has to determine when he or she feels ready to have sexual intercourse. The readiness depends on a person's level of maturity, relationship, values, and feelings. Countries have laws about the age at which a person is considered old enough to be able to consent to sexual intercourse.

Steps to Facilitate the Session

Activity one: correcting misconceptions about sex

Step 1: Divide participants into groups and ask each group to discuss the various myths and misconceptions they have either heard or know about sex and sexuality.

Step 2: Distribute *hand out 1(correcting some misconceptions about sex)* to participants.

Activity two: True or False (myths and facts)

Step 1: Tell participants they will be discussing common myths about sexual behaviour and separating myth from facts.

Step 2: Divide participants into groups of two teams. On the board or flipchart, make a score sheet with a column for each team. Pass out the hand outs and explain:

- In teams, you will discuss each statement on this sheet and decide whether it is true or false. Your team has seven minutes to complete the sheet.

- At the end, we will go over all of the questions and each team will give its response. I will record a point every time a team gives a correct answer.

(Have them begin; allow 7 minutes.)

Step 3: To review, have a volunteer read the first statement aloud. Then ask each team whether it checked True or False. Clarify the correct answer, mark a point for whichever team(s) answered correctly, and address any confusion or questions. Repeat for each statement. Allow one minute for each.

Step 4: After 20 minutes (at the end of the statements), announce which team won. Ask why there are so many myths about sex and sexual behaviour. You can plan a follow-up question/answer session

Step 5: Pass out blank slips of paper, and then explain:

- On your slip of paper, you may write any of your own questions about these topics.
- Do not put your name, but be mature enough to ask serious questions. If you do not have any questions, write, *"I do not have any questions right now."*
- When you finish, fold the slip of paper in half.
- I will take time later to answer all serious questions.
- I trust you to refrain from submitting immature or inappropriate questions meant as jokes; such questions will not be answered.

Step 6: After a few minutes, have participants fold the paper, then go around the room to collect the slips in a large envelope or box.

- Reserve time at a subsequent session to respond to participants questions.

Key Points for Participants

At the end of the session, participants should be able to:

- Mention some misconceptions associated with sexual intercourse.
- List some corrections, concerning misconceptions on sexual intercourse.

Handouts

Correcting some misconceptions about sexual activities

If you don't have sexual intercourse after puberty you will become stupid.

To the contrary, young people who don't have sexual intercourse often can concentrate better on their studies.

A woman who asks for sexual intercourse first is immoral.

Sexual feelings are natural and common to both sexes. It is normal for a man or woman to want to have sexual intercourse.

If a boy has an erection but does not have sexual intercourse, he will be sick.

Some adolescents are easily sexually aroused, so it is not surprising that some boys have frequent erection. If a boy does not have sexual intercourse, nothing happens and he will not be sick. The worst that can happen is a little discomfort until the erection subsides.

If you have sexual intercourse in your dreams it means a spirit is having sexual intercourse with you.

Sexual desires, even suppressed ones, can sometimes spill over in your dreams. This is normal. Stresses in your life can manifest in such dreams. When this happens, it is the stresses that need to be dealt with. Undue focus on the dreams themselves may cause stress and fear that can perpetuate the dreams.

- If you go out on a date with someone it does not mean you should have sexual intercourse with the person as seen in movies.

- *If you have not had sexual intercourse before, you will not know how to do it when you get married* – This is false.

- Some young people use expressions such as *"you have to test-drive a car before you buy it"* – This is false.

- It is false that males who masturbate will go mad.

Facilitator's Guide

Depending on the audience, sexual dreams may be spiritual **and should be referred to the right authority.**

After the participants have left, review the questions. For those that you cannot answer confidently on your own, obtain the answers from a reliable source so you can provide the correct information at the answer session.

Materials Needed:

- Post stick/ blank slips of paper

- Flip charts for brainstorming and presentation

- Markers

- Board

- Copy of hand out/statements

Time: 45minutes

Introduction

Social and cultural environments shape the way individuals learn about and express their sexuality. This session aims to curb some misconceptions about sex and sexuality.

Session Objectives

- To increase participants awareness of the assumptions and judgments we often make about a person based on his or her sexuality.

- To strengthen critical thinking skills of participants.

Steps to Facilitate the Session

Activity One: First impressions

Students examine their response to a character in a story based on their assumptions about whether the character is male or female.

Step 1: Divide participants into groups of two

Step 2: Explain:

- Today we will read and discuss a story about the experiences, feelings, and challenges facing adolescents.

- We will break into two groups; members of each group will read a story, discuss their opinions, and write their responses down on paper.

Step 3: Distribute *"The Story of Abena"* to one group and *"The Story of Fuseni"* to the other group. (Do not explain anything about the stories.) Give the groups time to read, to respond to the questions, and to compare responses within each group. Make sure the two groups are far enough apart so that they do not hear each other.

Step 4: After 15 minutes, ask the group that read about *Fuseni* to share briefly its responses to each of the questions at the end of the story, without explaining or discussing their reasoning. Write some of the key responses (adjectives, noun-labels) on the board.

Step 5: Do the same for the group that read the story of Abena.

Step 6: At the top of the list of words generated by the group that read about Fuseni, write "Fuseni." At the top of the list of words generated by the group that read about Abena, write "Abena"

Step 7: Reveal that the two stories are identical, except for the sex of the person.

Activity Two: "true or false"

Step 1: Divide participants into groups of two

Step 2: Explain:

- Today we will read and discuss some misconceptions about the experiences, feelings, and challenges facing adolescents.

- We will break into two groups; members of each group will answer a *"true"* or *"false"* and present their views on the discussions.

Step 3: Participants examine their response to a character in a story based on their assumptions about whether the character is male or female.

Step 4: Each group discusses reasons why they chose either "true" or "false" whereas facilitator guides the presentation.

Step 5: Explain to participants misconceptions including what is real and what is false by referring to notes.

Key Points for participants

At the end of the session, participants should be able to;

- Distinguish between what is a myth and what is real

Handouts for the Session

Handout 1: *The Story of ABENA*

Abena first had sexual intercourse at the age of 16. Her two friends sometimes teased her that she had never had a boyfriend, and they encouraged her to ask out a certain boy and to have sexual intercourse with him. She was curious, but mostly she felt pressured by her friends, so she asked the boy out and they had sexual intercourse. Almost everyone at school found out that Abena and the boy had had sexual intercourse.

Over the next two years, Abena had sex with four other boys. One was a schoolmate; one was a neighbor, one she met at her job, and one she met through a friend. She enjoyed having sexual intercourse. Abena knew that she did not want to marry any of these boys, but she was nice to each boy at the time, and she never lied to them about her feelings. Having sexual partners made Abena feel attractive and important.

Most of the time, Abena was careful about using condoms, but one time she became pregnant and had an abortion. Another time she got a sexually transmitted infection from a partner but was treated for it immediately. Now Abena is engaged to a young man whom her family wants her to marry. She likes this young man, but she knows that she is expected to refrain from having sex with him until they marry in two years. When she was visiting her cousin in another town, she ran into one of her old boyfriends who wanted to have sexual intercourse with her again, and Abena decided that it wouldn't hurt anyone to have sexual intercourse this one time before settling down in marriage. She felt, "After all, two years with no sexual intercourse is a long time." Afterward, she confided in her closest

friend, who was understanding.

After reading this story, think about these questions, then discuss them with your group:

a. What do you think Abena's peers think about Abena? What "label" might they use to describe Abena?

b. How do you feel about Abena?

c. Generate a list of at least three or four adjectives that you think describe Abena. For example, is she happy or unhappy? Self-confident or insecure? Honest or dishonest? Realistic or unrealistic? Attractive or unattractive? Respectable or not respectable? Typical for a girl or atypical? Moral or immoral?

Handout 2: *The Story of FUSENI*

Fuseni first had sexual intercourse at the age of 16. His two friends sometimes teased him that he had never had a girlfriend, and they encouraged him to ask out a certain girl and to have sexual intercourse with her. He was curious, but mostly he felt pressured by his friends, so he went ahead and asked the girl out and they had sexual intercourse. Most everyone at school found out that Fuseni and the girl had had sexual intercourse.

Over the next two years, Fuseni had sexual intercourse with four other girls. One was a schoolmate; one was a neighbour, one he met at his job, and one he met through a friend. He enjoyed having sexual intercourse. Fuseni knew that he did not want to marry any of these girls, but he was nice to each girl at the time, and he never lied to them about his feelings. Having sexual intercourse partners made Fuseni feel attractive and important. Most of the time, Fuseni was careful about using condoms, but one girl did become pregnant and she had an abortion.

Another time he got a sexually transmitted infection from a partner but was treated for it immediately. Now Fuseni is engaged to a young woman whom his family wants him to marry. He likes this young woman, but he knows that he is expected to refrain from having sexual intercourse with her until they marry in two years. When he was visiting his cousin in another town, he ran into one of his old girlfriends who wanted to have sexual intercourse with him again, and Fuseni decided that it wouldn't hurt anyone to have sexual intercourse this one time before settling down in marriage. He felt, "After all, two years with no sexual intercourse is a long time." Afterward, he confided in his closest friend, who was understanding.

After reading this story, think about these questions, then discuss them with your group:

a. What do you think Fuseni's peers think about Fuseni? What "label" might they use to describe someone like Fuseni?

b. How do you feel about Fuseni?

c. Generate a list of at least three or four adjectives that you think describe Fuseni. For example, is he happy or unhappy?

d.   Self-confident or insecure? Honest or dishonest? Realistic or unrealistic? Attractive or unattractive? Respectable or not respectable? Typical for a boy or atypical? Moral or immoral?

Question to ask on Fuseni and Abena case studies:

• What do we notice about the responses for Abena, compared with those for Fuseni?

• What does this tell us about the standards for girls compared with the standards for boys?

• Does this double standard affect girls in our community?

• How do you feel about this double standard?

Handout 3

	SEXUAL BEHAVIOR — TRUE OR FALSE?	
	Read the statements and decide if they are true (T) or false (F). Mark your answer in the box on the right.	
	STATEMENT	TRUE OR FALSE
1	Masturbation is harmful	
2	If a girl does not bleed the first time she has sexual intercourse, it means she is not a virgin	
3	It's the man's role to imitate sexual activity	
4	People can make love and have orgasms without having sexual intercourse	
5	Masturbating frequently is a problem	
6	Many women do not have orgasms from vaginal intercourse alone	
7	The first time a woman has sexual intercourse, it will hurt	
8	Masturbation helps people learn and understand their body's response to sexual stimulation.	
9	Someone who is homosexual wants to have sexual intercourse with anyone of the same gender	
10	Once a man becomes sexually excited, he cannot control himself and must ejaculate	
11	The easiest way to know how to please your partner is to talk about what he or she likes and what feels good.	
12	You can acquire a sexually transmitted infection (STI) from oral sex.	
13	Many men will lose their erection during a sexual experience at some time in their lives.	
14	If a man has a big penis, his partner will feel more pleasure.	
15	A woman who likes sexual intercourse a lot can't be trusted to be faithful to her partner.	
16	The right age to have sexual intercourse is 18.	
17	If a man can keep vaginal intercourse going long enough the woman will have an orgasm.	

Note to the Facilitator

Be prepared to explain what an adjective is. Consider how to ensure that the discussion is respectful. Be prepared to challenge the use of disrespectful local slang terms, particularly for sexually active girls.

Review information on the double standard of sexual behaviour in unit 3 of the **guidelines** *book*

Materials Needed

- Board/Flip charts/markers
- Post sticks
- Copies of hand outs and case studies

Time: 1 hour 30 minutes

Activity Three: Sexuality and Religion

Introduction

Some religions uphold abstinence very strongly among their members. Young people are taught to lead pious lives and live according to the *"Book"* e.g. Bible or Quran. Religions and religious leaders hold a range of perspectives on sexuality and may seek to influence norms and policies regarding sexuality and sexual rights issues. This session aims to provide participants with knowledge on some religions and their position on sexuality. It will also encourage participants to respect the decisions of young people in relation to their sexuality and religious practices.

Session Objectives

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

- Define religion.
- Discuss religious values in relation to sexual activities outside marriage, contraception, masturbation and homosexuality.

Facilitator's note

Facilitator can look at issues to deal with (masturbation, pre-marital sex, sexual activity, outside marriage, contraception, homosexuality, oral sex etc.

Facilitator, describe and present the role of religious values in sexual decision-making.

Steps to Facilitate the Session

Step 1: Divide participants into groups of two

Step 2: Ask participants to brainstorm on the various religious views on sexuality

Key Points to Note

• Describe two major religions and identify two teachings on sexuality within the religion.

Time*:* 30 minutes

Activity Four: SEXUALITY AND THE LAW

The laws of a country play a major role in determining the extent to which an individual may express his or her sexuality. Even in instances where religion and culture conflict with the law on issues of sexuality, the law is supreme and therefore expected to be upheld. This session aims to discuss sexuality in the context of the laws of Ghana.

Objectives of the session

Participants should be able to:

• Know existing laws regarding and regulating sexual behaviour.

• Define Law.

• Identify differences between law and family/community rules

Steps to Facilitate the Session

Step to facilitate the session

Step 1: Divide participants into groups of two.

Step 2: Share with participants the constitution of the land and other legal documents that govern sexual behaviour as hand outs.

Step 3: Discuss with participants contents of handout.

Handout for the Session

Handout 1: Group work

- Identify a common family and societal sanctions for bad sexual behaviour.

- Explain laws that protect children and adults from being forced into Sexual relationships. (Facilitators note – e.g. Children's Act 560 of Ghana, United Nations convention on the Rights of Children etc.).

- Discuss what is meant by "age of consent" and "consent".

- Discuss three ways a person's sexual rights may be violated.

- Explain why rape is a serious crime.

Handout 2: Group

Adolescents have the right to access adequate information essential for their health and development and for their ability to participate meaningfully in society. It is the obligation of States parties to ensure that all adolescent girls and boys, both in and out of school are provided with, and not denied, accurate and appropriate information on how to protect their health and development and practice healthy behaviours. This should include information on the use and abuse, of tobacco, alcohol and other substances, safe and respectful social and sexual behaviours, diet and physical activity."

Materials Needed:

- The 1992 Constitution of Ghana.

- Children's Act 560, UNCRC etc.

Time: 30 minutes

Activity Five: SEXUALITY AND THE MEDIA

Introduction

The media sometimes portrays issues of sexuality which ends up carrying negative messages in the minds of people especially the youth. This session aims to inform and educate participants about what is real and what is a myth in the media.

Session Objectives

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

- Say what they know about the mass media.
- Identify different types of mass media and new media/social media.
- Identify and discuss ways of dealing with negative media influence on sexuality.
- Name different types of mass media.
- Explain how the media may influence our values on sexuality.

Facilitator's Guide

- Inform participants about how the media influences sexual behaviour and clarify fiction from reality.
- The participants should understand the media and how it affects people's values; also, the videos should be age sensitive.
- Stress on the dangers of the internet on young people and how to put it into good use to build their capacity to become responsible adults.

Step to facilitating session

Activities

Activity One:

Step 1: Show a short video clip of a sexual scene.

Step 2: Lead the discussion on the views of the participants on the video clip.

Activity Two

Step 1: Depending on the number of participants, divide them into groups of five to discuss the topics on the following:

1. Discuss ways sexuality information are given in the mass media.

2. Discuss the positive and negative portrayal of sexuality.

3. Discuss three unrealistic messages or images that are found in the media.

4. Come up with five different messages about sexuality that could be positive and should be promoted in the media.

Step 2: At plenary, the groups present their exercises and the facilitator stresses on the dangers of the internet on young people and how to put it into good use to build their capacity to become responsible adults.

Notes for the Facilitator

Explain the different ratings on movies and songs and age groupings e.g. **(PG – Parental Guidance, L-language, N-Nudity, V-violence, and S-Sex)**

Handout 1

The media including books, television, films, and music videos-generate images that influence our attitudes, feelings, and expectations about sexuality.

These images can promote positive and accurate notions about sexuality. Often, however, media images reflect narrow and misleading notions about sexuality.

In terms of sexual activity, no one way to look or behave is correct, so long as consent and safety is assured. Rather, sexual diversity exists everywhere.

Handout 2

Reinforce that; "If you go out on a date with someone it does not mean you should have sexual intercourse with the person as seen in movies which sometimes distorts reality– and if you must; you should use protection

Key Points for Participants

By the end of the session participants should be able to:

- Define Mass media and name different types of mass media.

- Discuss three unrealistic messages or images that are found in the media.

- Identify different types of Mass media.

- Explain how the media may influence our values.

Materials Needed

- Post stick/ blank slips of paper.

- Flip charts/board for brainstorming and presentation.

- Markers.

- Handouts on *educational sites on the internet and other relevant documents.*

Time: 45 minutes

Activity Six: SEXUALITY AND ARTS

Introduction

The Arts is an educational aspect in which issues of nature and imagination is revealed through creativity. This could be in the form of painting and sculpture. This session explores the concept of sexuality in relation to Arts.

Session Objectives

By the end of the session, participants will be able to

- Define Arts.

- Identify and discuss sexuality images and arts.

- Differentiate between the Arts and pornographic images.

Notes for the Facilitator

Art is a diverse range of human activities and the products of those activities. The focus primarily is on the visual arts, which includes the creation of images or objects in fields including painting, sculpture, printmaking, photography, and other visual media.

Architecture is often included as one of the visual arts; however, like the decorative arts, it involves the creation of objects where the practical considerations of use are essential - in a way that they are usually not for a painting. For example, music, theatre, film, dance, and other performing arts, as well as literature, and other media such as interactive media are included in a broader definition of art or the arts.

An art is an expression of communication, emotion and values. The nature of art, and related concepts such as creativity and interpretation, are explored in a branch of philosophy known as aesthetics.

Importance of ARTS

- They are languages that all people speak that cross racial, cultural, social, educational, and economic barriers and enhance cultural appreciation and awareness.

- They provide the opportunities for self-expression, bringing the inner world into the outer world of concrete reality.

- They develop both independence and collaboration.

- They make it possible to use personal strengths in meaningful ways and to bridge into understanding sometimes difficult abstractions through these strengths.

- They improve academic achievement by enhancing test scores, attitudes, social skills, critical and creative thinking.

- They exercise and develop higher order thinking skills including analysis, synthesis, evaluation and problem-finding".

- They provide the means for every student to learn.

Steps to facilitate the session

Activity One – *Comparing Images*

Step 1: Divide participants into groups of two.

Step 2: Share with participants pictures and visuals to distinguish between what may depict the Arts and pornography..

Key Points for Participants

- Define Arts.
- Identify two different sexual expressions through arts.
- List 2 uses of arts in sexuality.
- Identify and discuss sexuality images in arts.

Handouts on some sexual images in the Arts

What do you think of these images?

Some sexual pictures

Handout 2 Examples of sculptures which do not depict sexuality

Sculpture of President Barack Obama

Materials Needed:

- Music with sexual connotations.
- Visuals with sexual connotations.
- Visuals on Arts/sculpture.

Time: 45 mins

SESSION 3: SEXUAL BEHAVIOURS AND SEXUAL RESPONSE

Introduction

Human sexual activity, or human sexual practice or human sexual behaviour is the manner in which humans experience and express their sexuality. People engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Sexual activity normally results in sexual arousal and physiological changes in the aroused person, some of which are pronounced while others are more subtle. Sexual activity also includes conduct and activities which are intended to arouse the sexual interest of another, such as strategies to find or attract partners (mating and display behaviour), and personal interactions between individuals, such as flirting and foreplay.

Session Objectives

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

- Identify the various sexual behaviours.
- Identify the various sexual diversity.
- Know the sexual response cycle and its implications (differentiate between that of males and females).
- Understand and appreciate the importance of consent in any sexual situation; to strengthen abstract thinking skills.

Notes for the Facilitator

Sexual diversity

Human sexual activity has sociological, cognitive, emotional, behavioural and biological aspects, including physiological processes such as the reproductive mechanism, the sex drive and pathology: sexual intercourse and sexual behaviour in all its forms; personal bonding and shared emotions during sexual activity.

In some cultures, sexual activity is considered acceptable only within marriage, although premarital and extramarital sex are also common. Some sexual activities are illegal either universally or in some countries, and some are considered against the norms of a society. For example, same-sex sexual activities, sexual activity with a person below some age of consent and sexual assault in general are criminal offenses in some jurisdictions.

Some topics to address:

1. Sexual diversity - Facilitator should have examples of sexual diversity to inform participants.

2. Sexual desire, pleasure, enjoyment should be treated within the context of sexual response cycle.

3. Sexual expressions can be addressed within mentioning examples like kisses, hugs, etc.

4. Concerns about sexual functions.

Inform participants about the medical factors, alcohol, psychological problems etc. which may prevent some people from enjoying sex etc.

Sexual Desire

1. There are many ways that people experience sexual desire (a longing for sexual expression or a feeling of sexual attraction). There is no one "normal" way to experience sexual desire.

   • Virtually every person experiences sexual desire, sometimes of an intense nature. People may feel desire for another person (of the same sex, of the other sex, or both). Or they may feel generalised desire that is not necessarily attached to another person.

   • Within an intimate relationship, one person may feel sexual desire more than the other.

   • People's level of sexual desire may change over a short time or over the course of their lives. They may experience sexual desire until the end of their lives, although their physical response may change with age.

   • People experience sexual desire in response to a wide range of stimuli. Personal preferences, life experiences, and cultural norms all influence these responses.

2. Various social, emotional, and physical factors shape people's desire to express themselves sexually. These factors are often interrelated.

   • Some factors are related to the body, such as hormone levels, alcohol and certain drugs, fatigue, or illness.

   • Some factors are related to emotions, such as feeling respected and understood in a relationship or having suffered an experience of sexual abuse.

   • The social environment can also influence the expression of desire. For example:

   • *A lack of privacy or feelings of nervousness and shyness can make it harder to express desire.*

   • Gender norms make some boys feel that they are supposed to want sex even when they do not.

   • In contrast, females, young people, people with disabilities, and those attracted to the same sex may be taught that expressing their sexual desire is somehow wrong.

3. People often confuse sexual desire or attraction with other emotional or physical experiences.

4. Sexual desire is not the same as love, although it is often confused with love. A person can experience sexual desire with or without love. For example, a person may feel sexual desire for someone whom he or she barely knows.

- **Sexual desire is not the same as a physical sexual response**. For example, a boy or man may have an erection without feeling desire. Or he may experience desire without having an erection.

- **Sexual desire is not the same as sexual activity**. A person experiencing sexual desire may choose to act on it or not.

- **Sexual activity may or may not spring from desire**. Engaging in sexual activity may or may not increase desire.

5. For many people, fantasy may create or increase desire.

- Thinking about a sexual act is normal, not shameful.

- Fantasizing about an act does not necessarily mean wanting to engage in that act. It does not mean the person having the fantasy is going to act upon it.

Steps to Facilitate the Session

Activities: Case study

Step 1: Introduces case studies, and storytelling to discuss the behaviours displayed in these cases/stories

Step 2: Divide participants into groups of five and distribute printed case studies to each group.

Step 3: Ask each group to study the story presented and bring out their views to present at plenary.

Key points for Participants

At the end of the session, participants should be able to:

- Mention some of the stages of the sexual response cycle

-

Handouts

CASE STUDY

A father catches his son masturbating in the bathroom and beats the son. What is right or wrong in this scenario?

Facilitator's note: the facilitator should be aware of the possible comments and react to them appropriately.

Sexual response cycle

Phase 1: Excitement

This phase begins with whatever a particular person finds sexually stimulating. If the stimulation continues, the excitement and sexual tension builds up leading to the next stge.

Male response: The penis gets hard, longer, larger and stiffer. About 30 per cent of men notice that their nipples become hardened.

Female response: The vaginal walls begin to sweat making the lips of the vagina wet. About 30 per cent of women notice that their nipples become hardened.

Phase 2: Plateau

During plateau, sexual tension builds to its maximum. If the sexual activity is discontinued at this stage, before orgasm, the pelvic area may feel congested for a while before it returns to normal state. This is not harmful but can be uncomfortable. In both men and women, breathing and heart beat speed up, blood pressure rises slightly, and blood flow to the pelvic area increases. In men, muscles tighten, especially in pelvic area and buttocks, and testicles pull in closer to the body. In women, the clitoris pulls in under hood of skin.

Phase 3: Orgasm

If the stimulation continues, a person reaches orgasm - the sudden release of sexual tension usually accompanied by an intense sensation of pleasure. Male Response: sudden series of muscle contractions all along the penis, faster, breathing and pulse, and ejaculation - discharge of semen in a few intense spurts. Female Response: sudden muscle contractions throughout vagina and clitoris, faster breathing and pulse rate.

Phase 4: Resolution

The body relaxes and returns to normal. This may take half an hour or longer. Muscles relax; blood pressure, pulse and breathing rate drop to normal. In males, the penis becomes limp, and in females the congestion of blood in pelvic area is relieved.

Some women are capable of having several orgasms before they move into the resolution stage. Men generally require at least a short time in the resolution phase after the orgasm before the response cycle can begin again. The period between orgasm and re-excitement is called the refractory period. During this period, which may last from a few minutes to a few hours, sexual response is impossible or unpleasurable.

Materials Needed

- Handouts.
- Visuals.
- Flip charts.
- Pens/markers.
- Post sticks.

Time: 60 minutes

SESSION 4: SEXUALITY AND DISABILITY

Introduction

People with disabilities face numerous challenges, but perhaps the most insidious is society's unspoken belief that they are somehow asexual beings-neither wanting nor able to express that most universal of human needs. This session aims to inform participants about the various sexual needs of persons with special needs and to encourage the acceptance of persons with special needs and their sexuality.

Session Objectives

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

- Appreciate the various sexual needs of persons with special needs (youth with disabilities).
- Build their self image and confidence level.
- Encourage the acceptance of youth with disabilities.

Notes for the Facilitator

Content

The International Classification of Functioning, Disability and Health (ICF) (17) advanced the understanding and measurement of disability. It was developed through a long process involving academics, clinicians, and – importantly – persons with disabilities (18). The ICF emphasises environmental factors in creating disability, which is the main difference between this new classification and the previous International Classification of Impairments, Disabilities, and Handicaps (ICIDH). In the ICF, problems with human functioning are categorised in three interconnected areas:

- **Impairments:** are problems in body function or alterations in body structure – for example, paralysis or blindness,
- **Activity limitations:** are difficulties in executing activities – for example, walking or eating,
- **Participation restrictions:** are problems with involvement in any area of life – for example, facing discrimination in employment or transportation.

Disability refers to difficulties encountered in any or all three areas of functioning. The ICF can also be used to understand and measure the positive aspects of functioning such as body functions, activities, participation and environmental facilitation. The ICF adopts neutral language and does not distinguish between the type and cause of disability – for instance, between "physical" and "mental" health. "Health conditions" are diseases, injuries, and disorders, while "impairments" are specific decrements in body functions and structures, often identified as symptoms or signs of health conditions.

Persons with special needs should not be deterred from expressing their sexuality and having healthy sexual relationships.

Steps to Facilitate the Session

Step 1: Divide participants into groups and direct them to discuss some of the misconceptions surrounding persons with special needs and their sexuality that they have heard.

Step 2: Distribute case study to the groups and discuss hand outs.

Facilitator's Guide

This activity applies whether or not the target groups are persons with special needs

Key Points for Participants

At the end of the session, participants will be able to

- Share and discuss lessons learnt on respecting persons with special needs and their sexuality.

- Understand that people with special needs also have sexual feeling. (they respond, they feel etc..)

Handouts

United Nations Convention on the Rights of Persons with Disabilities. Article 25 – Health12

"States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes..."

Disability or health status is not a barrier to forming friendships and relationships or giving love.

CASE STUDY

A young man comes home with a girlfriend who he intends to marry. However, the girl has special needs (disability). How will you react as a mother or the= father of the boy?

This module explains how various social, emotional and physical factors shape people's desires to express themselves sexually. It also delves into various sexual orientations and norms and values that are held about sexual orientations due to an individuals' upbringing. Again, the module discusses the sexual needs of people living with disability, how their needs are sometimes ignored and how this can be addressed.

Materials Needed:

- Post stick.

- Flip charts/board for brainstorming and presentation.

- Markers.

Time: 45 minutes

CONCLUSION OF MODULE

This module explored concepts of adolescent sex and sexuality, and discussed common concerns and questions of young people about sex as they grow into adulthood. It provided adequate responses to questions such as why young people engage in sexual activity, and how social norms and values affect the abilities of people to express their sexualities. It also sought to promote positive and responsible sense of sexuality among young people. Module four continues with discussions on building good relationships.

Building Good Relationships With Others

Interpersonal Relationships

INTRODUCTION

Interpersonal relationships are social associations, connections, or affiliations between two or more people. This association may be based on inference, love, solidarity, day-to-day interactions, or some other types of social commitment. Interpersonal relationships are formed in the context of social, cultural and other influences which may include ethnicity, socio-economic status, nationality and other factors. These strongly influence our ideas about personal relationships. They are dynamic systems that change continuously during their existence. They tend to grow and improve gradually, as people get to know each other and become closer emotionally, or they gradually deteriorate as people drift apart, move on with their lives and form new relationships with others.

During adolescence, young people may experience different and often intense feelings in relationship as they undergo rapid physiological, psychological/emotional and social changes. These changes are normal in human development; however, if they are not well understood and managed, they enter into unhealthy relationships.

MODULE OBJECTIVES

- To understand interpersonal relationship and the various forms or types.
- To take participants through the process of building healthy relationship.
- Identifying negative norms and changing them.
- Understanding sexuality as part of relationships and how to deal with it.
- Knowing the differences between love, infatuation and lust.
- To explore ways of ending relationship.
- To examine and compare a relationship without sexual intercourse and one with sexual intercourse.
- To look at some ways young people sometimes are pressured by their partners to have sexual intercourse.
- To learn some tips for saying no to sex and other life threatening choices.
- To understand the concept of conflict in relationship.
- To take note of the various ways to resolve a conflict in relationships.
- To be able to identify the signs of a troubled relationship.

DEFINITION OF TERMS

1. **Dating**: Is a form of courtship consisting of social activities done by two people with the aim of each person assessing the other's suitability as a partner in an intimate relationship. While the term has several meanings, it usually refers to the act of meeting and engaging in some mutually agreed upon social activity in public, together, as partners.

2. **Courtship**: Is the period in a partner's relationship which precedes their engagement and marriage, or establishment of an agreed relationship of a more enduring kind. During courtship, partners get to know each other and decide whether there will be an engagement or other such agreement.

3. **Friendship**: Is a relationship of mutual affection between two or more people. Friendship is a stronger form of interpersonal bond than an acquaintanceship.

4. **Counselling**: It is the provision of professional assistance and guidance by talking with a counsellee about his or her problems in a very confidential and dependable environment to enable the individual make a decision

5. **Intimate relationship:** It is an interpersonal relationship which involves close attachment with someone.

6. **Attachment**: Is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969). **Attachment** does not have to be reciprocal. One person may have an **attachment** to an individual which is not shared

7. **Victim:** An unfortunate person/individual who suffers from a disaster or other adverse circumstance.

8. **Perpetrator:** is a person who inflicts violence or abuse (Saltzman et al., 1999).

9. **Relationship partners:** Spouses (current and former), non-marital partners (current and former), dates and girlfriends or boyfriends (heterosexual and same-sex; Saltzman et al., 1999). Persons who have just met and are in the preliminary stages of intimacy are considered within the scope of this definition of relationships.

10. **Physical abuse:** Encompasses, but should not be limited to a continuum of acts that range from slaps to killing of men (homicide) and women (femicide). This includes pushing, shoving, hitting, punching, kicking, choking, assaulting with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured.

11. **Sexual assault:** Is a continuum from forcible rape to non physical forms of pressure that compel individuals to engage in sex against their will. Sexual assault takes many forms within relationships, including marital, dates, and acquaintance rape. Three central elements characterise the legal definitions of rape: lack of consent; penetration, no matter how slight or regardless of whether ejaculation occurred; and compelling participation by force, threat of bodily harm, or with a person incapable of giving consent due to intoxication or mental incapacitation. Sexual assault also includes acts such as sexual degradation, intentionally hurting someone during sex, assaults upon the genitals, including use of objects intra-vaginal, oral, or anal, pursuing sex when someone is not fully conscious or afraid to say no, and coercing an individual to have sex without protection against pregnancy or sexually transmitted infections/diseases.

12. **Psychological abuse:** Refers to: acts such as degradation, humiliation, intimidation and threats of harm; intense criticising,

insulting, belittling, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile and keep them under the control of the abuser; verbal threats of abuse, harm, or torture directed at an individual, the family, children, friends, companion animals, stock animals, or property; physical and social isolation that separates someone from social support networks: extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser's wishes; monitoring movements, and driving fast and recklessly to frighten someone (American Medical Association, 1992).

13. **Stalking:** Refers to repeated harassing or threatening behaviours that an individual engages in, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. These actions may be accompanied by a credible threat of serious harm, and they may or may not be precursors to an assault or murder (Tjaden & Thoennes, 2000).

14. **Economic abuse:** Involves restricting access to resources such as bank accounts, spending money, funds for household expenses, telephone communication, transportation, or medical care.

SESSION 1: UNDERSTANDING INTERPERSONAL RELATIONSHIPS - TYPES OR FORMS

Introduction

The understanding of interpersonal relationships and its various forms is the first step in building healthy relationship. This session will focus on what interpersonal relationship is and the types or forms of it.

Session Objective

- To understand interpersonal relationship and the various forms or types.

Notes for Facilitators

Interpersonal relationships: are dynamic systems that change continuously during their existence. Like living organisms, relationships have a beginning, a lifespan, and an end. They tend to grow and improve gradually, as people get to know each other and become closer emotionally, or they gradually deteriorate as people drift apart, move on with their lives and form new relationships with others.

According to the model, the natural development of a relationship follows five stages:

Acquaintance: Becoming acquainted depends on previous relationships, physical proximity, first impressions, and a variety of other factors. If two people begin to like each other, continued interactions may lead to the next stage, but acquaintance can continue indefinitely. Acquaintance however, refers to knowing each other.

Build up: During this stage, people begin to trust and care about each other. The need for intimacy, compatibility and such filtering agents as common background and goals will influence whether or not interaction continues.

Continuation: This stage follows a mutual commitment to a long-term friendship, romantic relationship, or marriage. It is generally a long, relative stable period. Nevertheless, continued growth and development of a relationship will occur during this time. Mutual trust is important for sustaining the relationship.

Deterioration: Not all relationships deteriorate, but those that do, tend to show signs of trouble which are observable. Some of the signs of trouble include boredom, resentment, and dissatisfaction. They

could make young people communicate less and avoid self-disclosure. Loss mistrust and betrayals may take place as the downward spiral continues; and eventually cause an end to the relationship. (Alternatively, the participants may find some way to resolve the problems and re-establish trust.)

Termination: The final stage marks the end of the relationship, either by death, or by separation.

Steps to Facilitate the Session

Step 1

- Ask participants to show by hands those who are in a relationship. Find out from those whose hands are down why they are not in a relationship.

- Based on the findings explain to participants what relationship generally means and that it goes beyond just boy girl relationship.

Step 2

- Ask participants to mention the types or forms of relationships and build upon it if need be.

- After explaining the types or forms of interpersonal relationship, guide participants to identify the stage of relationship in which they are.

- Ask participants if there are any questions.

Key points for Participants

- Interpersonal relationships tend to grow and improve gradually, as people get to know each other and become closer emotionally, or they gradually deteriorate as people drift apart, move on with their lives and form new relationships with others

- Acquaintance depends on previous relationships, physical proximity, first impressions, and a variety of other factors. If two people begin to like each other, continued interactions may lead to the next stage, but acquaintance can continue indefinitely.

- During build-up stage, people begin to trust and care about each other. The need for intimacy, compatibility and such filtering agents as common background and goals will influence whether or not interaction continues.

- *Continuation*: This stage follows a mutual commitment to a long-term friendship, romantic relationship, or marriage.

Handout for the Session

Refer to Notes for Facilitator.

Reflection

Interpersonal relationship is a prelude to a healthy relationship. What are the five stages that promote a relationship.

Materials Needed

- Laptop.
- Projector.
- Markers.
- Flip chart.
- Flip chart stand.
- A4 sheets.

Time: 40 minutes

SESSION 2: THE CONCEPT OF FAMILIES AND RELATIONSHIPS IN OUR LIVES

Introduction

People have various personal relationships, including loving relationships, throughout their lives. The early relationships formed are with members of our family. Young children look to their parents or to other trusted adults or older family members for unconditional love. The strength or weakness of any society is directly related to that of the family.

Session Objectives

- Discuss relationships and roles within the family
- Identify factors that affect family and relationships in our lives
- Discuss barriers to communication in the family and how to reduce them

Notes for Facilitator

The family consists of people bond to each other by blood, adoption or marriage. A family is a unit of interacting and interdependent personalities, who have a common theme and goal, have commitment over time and share resources.

Family members may, or may not, be biologically related. An extended family typically includes relatives other than those of the immediate family, and may include individuals who are not biologically related. Some of the extended family members include but not limited to uncles, cousins, aunties, and grandparents. Many families include one or more adopted children. Family members may live together in the same home or may be separated, either by choice or by circumstances.

Some common circumstances that separate families include: work, migration, military service, and imprisonment. These situations can separate members of a family for extended periods or permanently.

Importance of the Family

The family is the first and the most important learning environment for every individual and is the basic unit of any society. The family is expected to supply one's basic needs of life to enable him or her grow into a healthy person. Each person's concept of himself or herself begins in the family. Being a member of a family gives one a sense of belonging.

The family is often said to be the "building block" of a society, because it is the most basic grouping of individuals within a society. Before learning to interact with society, every individual learns to interact with family members. Furthermore, the family is a link between the past and the future. The strength and solidarity of a society are highly dependent on how the family as a basic unit performs its functions.

Types of Families

- Nuclear family.
- Extended family, patrilineal or matrilineal.
- Polygamous family.
- Joint family.
- Clans.

Relationships and roles within the family

Roles refer to the expected behaviour of an individual in any social interaction. It is important for every member of the family to know and understand their roles. Lack of clear understanding and wrong perception of roles among family members are often the causes of family problems and crisis. Other factors that affect family relationship include expectations, personality traits and the needs of individuals. Unresolved or violent conflict within the family can have devastating effects on the development of children.

Different members of a family have different roles to perform. These roles usually carry different responsibilities and afford the members different rights within the family. Some of the responsibilities are universal, and some are dedicated by the traditions, situations and the values of the family.

Factors that affect Family and Relationship in our Lives

There are a number of factors - internal and external - both within and outside the family that affect family life and relationships.. Family lifestyle is one of these factors that encompass a number of smaller issues including everything from the eating habits of the members of the family to the manner in which they communicate with each other.

The Internal Factors are:

- Type of Family (nuclear, extended or single-parent).
- The relationship between parents (strong, cool, do they quarrel or get along).
- Number of siblings in the household.
- The personalities of members of the family.
- The health of family members.
- Each member's individual situation (work, school or relationship issues).

The External Factors are:

- Financial constraints.

- Housing problems.

- Job problems or work schedule.

- Pressure from the community such as social norms.

- Types and size of community and the resources available (for example, if the community is small and has no school nearby and family members must travel far for school or work).

Barriers to communication in the family and how to reduce them

The barriers which hinder effective communication among family members are categorised in 2- Personal and Socio-economic.

Personal Barriers

Assumptions: They sabotage effective communication and have potential to lead everyone down unintended paths.

Strategies: Members of the family have to work on the basis that their assumptions could be false. They should make assumptions known to others to determine their validity.

Socio-Economic Barriers

Age: Some youth in the family do not feel comfortable with associating themselves or communicating with the elderly in the family. Discussing matters relating to the sexuality of the youth is something the elderly do not feel comfortable doing.

Strategies: Showing respect to whoever members of the family are dealing with. Members should identify themselves as responsible people who deal sensitively with difficult topics despite age differences. If barriers persist, it will be appropriate to involve a member close to the listener's age to join in the discussion.

Religion and Culture: Religious and Cultural backgrounds may differ and interfere with communication because members in the family may not have the same ideologies and uphold the same values in culture and religion.

Strategies: It helps to know the background information on the religious and cultural beliefs of the members of the family and respect them. Acknowledge when religious and cultural values might differ on a subject and encourage open communication about such differences head on. Don't ignore them.

Sex: Some people prefer talking to people of the same sex especially on sensitive issues.

Strategies: Acknowledge that the discussion might be embarrassing to the opposite sex, but explain that sometimes it is necessary to discuss sensitive topics.

Language: Some members of the family may speak different languages and this hinders effective communication.

Strategies: Minimise the use of slang or idioms when delivering the message. Keep the message short and simple (KISS-Keep It Short and Simple).

Economic Status: Members of the family may find it difficult to relate with another member of a different economic status.

Strategies: Show respect to each and every member regardless of his or her economic status. Members who are opulent should not flaunt their wealth as it intimidates members thus setting a barrier in communicating with them.

Steps to Facilitate the Session

Step 1

- Ask participants to explain what they understand by families and relationships in our lives, highlighting their usefulness or otherwise in various cultures; and the roles of each member of the family.
- Ask participants to think of examples of the responsibilities of fathers, mothers, sons, and daughters.
- Encourage them to discuss the similarities and differences in these responsibilities and the role that gender plays in family roles.

Step 2

- In small groups, participants discuss the positive and negative aspects of family relationships and how they come about. This may be based on household activities, types of family, finance or other issues.
- Encourage participants to use different methods such as songs, stories and role-plays to make their presentations.

Step 3

- In plenary, groups present their activities for discussion. Presentation must cover all aspects of family relationships, including roles and responsibilities in the family. Facilitator summarises by ensuring that participants understand and can discuss different roles within the family.

Step 4

- In small groups participants discuss factors either internal or external that influence family relationships. Group present their findings in plenary and facilitator leads participants to discuss each presentation. This can best be done through asking questions and ensuring that each participant gets involved.
- Participants work in pairs or in small groups to list barriers to communication within the family.
- Groups to brainstorm ideas on how to improve family communication.
- In plenary, the findings from the small groups are discussed. Participants can invent/

create/innovate and act a role play on how good or poor communication affects relationships within the family

Key Points for Participants

- Roles are the expected behaviour of an individual in any social interaction.

- Unresolved conflict within the family can have devastating effects on the development of children.

- Family life and relationships are affected by both internal and external factors.

- Barriers which hinder effective communication among family members are categorised in 2 areas - Personal and Socio-Economic.

Handouts

1. Family members may, or may not, be biologically related.

2. An extended family typically includes relatives other than those of the immediate family, and may include individuals who are not biologically related. Some of the extended family members include but not limited to uncles, cousins, aunties, grandparents

3. Many families include one or more adopted children.

4. Family members may live together in the same home or may be separated, either by choice or by circumstances.

5. Some common circumstances that separate families include: work, migration, military service, and imprisonment.

6. These situations can separate members of a family for extended periods or permanently.

7. In places where large numbers of people have died as a result of AIDS, war, or other reasons, many orphaned children live with other relatives or in orphanages.

8. Cultural attitudes in many places become more accepting of diverse family arrangements. These parents may bring children from previous marriages, may adopt, or may use assisted-reproduction technologies such as artificial insemination or surrogacy.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart

- Flip chart stand
- A4 sheets

Time: 45 minutes

SESSION 3: RELATIONSHIPS: FRIENDSHIP, DATING AND COURTSHIP

Introduction

Relationship composes of three phases or components - friendship, dating and courtship. It is important to note there are relationships beyond courtship, which include marriage and extended family relationships. For most people, romantic relations are the most meaningful elements in their lives. But the ability to have a healthy, loving relationship is not innate. Courtship and dating refer to social interactions with others who could become romantic or sex partners. This session helps young people learn how to develop and maintain good relationships with people generally, as well as their opposite sexes.

Friendship

Introduction

Man is a social being; there is, therefore, the need to establish relationship with other people. Friendship is a relationship of mutual affection between two or more people.

Session Objective

- To guide young people in making and developing good friendships.

Notes for Facilitator

Friendship is very important for social cohesion at all stages of life, especially during adolescence. Friends however, should not be made at first sight. It is important to interact, familiarise with and observe people for a while before taking them into confidence as friends. The things you should look for before making somebody a friend include but are not limited to good manners, moral values, concern for other people's views and time and the ability to share ideas and opinions. Consideration, trust-worthiness, mutual understanding and cooperation are also important factors in ensuring good friendship.

Young people must interact, and familiarise with and observe people they intend to befriend for a while before taking them into confidence as friends. This is important because, the friendships we eventually get into influence decisions that we make.

Steps to Facilitate the Session

Step 1

- Explain to participants in groups of four that they are going to brainstorm on what makes a good friendship with time allotted.

- Invite each group leader to share their views of a good friendship.

Step 2

- Facilitate discussion on the following question

  » Did everyone in the group agree on what a good friendship is.

  » What are some of the things to consider before making somebody your friend.

- Let participants use words to describe what they value in their friendships (probe for - honest, respectful, sharing, caring, trusting, fun, safe, understanding, reliable, interesting, loving. Write these words on a flipchart.

Key Points for Participants

1. Good friendship leads you to do right things.

2. Bad friendship always gets you into trouble and problems.

3. Such friendships should be avoided.

4. Behaviours which we engage in when we are young influence our lives in future. Therefore we must practice good behaviours and listen to good counsel from reliable sources.

5. It is important to copy good behaviours and avoid the bad behaviours of our friends and neighbours.

Handout

Refer to notes for facilitator.

Materials needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand

- A4 sheets

Time: 30 minutes

Dating

Introduction

Dating marks the beginning of a long lasting relationship to assess the suitability of each other in marriage.

Session Objectives

- Discuss the sort of things which happen during dating.
- Assist participants to identify the qualities of good dating.

Notes for Facilitator

Dating is a very serious relationship between the opposite sexes of the human race. In most cases it marks the beginning of a long lasting relationship that eventually ends in marriage. But not all dating ends in marriage.

Dating is a part of the human mating process whereby two people meet socially for companionship, beyond the level of friendship, or with the aim of each assessing the other's suitability as a partner in an intimate **relationship** or marriage.

Dating is universal but varies from one society to the other. In the Ghanaian society, males and females are supposed to be friends before marriage. This is to be devoid of any sexual affairs that could result from the intimacy. Many such marriages worked because expectations of the couples were observed and any differences agreed on, and families involved gave marriage a lot of support.

During dating, certain unfortunate things could happen. One of which include date rape, and compromise sex in order to keep the love. Every young person especially females must always be alert during dating and not give in to sex just to please her male partner. The hurt of these choices are painful and irreversible

Presently, young people are engaging in dating to get to know each other before marriage. Due to differences in values of the elderly and young people, parents do not understand or want their young ones to have friends of the opposite sex. But young people need to understand what is socially acceptable and how to regulate their relationships to avoid premarital sexual affairs.

Parents also need to be abreast with changing times in order to understand why youth of today make their relationship choices. Young people ought to know that values never get outmoded,

Steps to Facilitate the Session

Step 1

- In groups of four let participants brainstorm on what they understand by dating.
- Let a volunteer from the group present the group's work.

Step 2

- Discuss and give clarifications of issues raised in the group presentations.
- Discuss with participants the dos and don'ts of dating.-

Key Points for Participants

1. Stick to your values when dating.

2. Avoid drugs and use of other substances that could blur your sense of judgement at any point in time during dating.

3. Let your partner know your values as early as possible.

4. Don't engage in premarital sexual affair during dating because it is not a guarantee to sustain love.

5. Learn to say NO and do so with the assertiveness it deserves.

6. Never allow your partner to manipulate you.

Handout

Refer to facilitator's notes.

Story:

Last year I started going out with a guy from our village football team. Things started getting serious between us. One night, at a meeting at the village hall, he signalled me to meet him behind the hall. My father and mother were there, but I knew that they would assume I was with the girls. So he and I slipped away and went for a walk into the bushes behind the hall. When we went into the bush we started kissing and then he started to fondle with my breasts. I knew we were going to have sex, I didn't really want to. I just wanted to talk with him and kiss and nothing else, but he wanted to, and I had gone far with him so we ended up having sex.

I cried later because I knew I had disrespected my parents and that I had just lost my virginity. I knew about condoms and that they can prevent a girl from becoming pregnant and getting diseases, but at that time I was thinking about other things, like how my parents would feel if they knew what I was doing. When I got pregnant, my parents were furious and forbade me not to see my boyfriend anymore.

Questions:

- What was the intention of the guy?
- Was the girl aware of the guy's intention?
- Why did the girl have sex with the guy even though she did not like the idea?
- What effect, if any, does the forced sex have on each person? How will that affect the relationship?
- Do you think these kinds of issues exist in our community? Please comment.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 20 minutes

Courtship

Introduction

It is described as a relationship between people – man and woman, who have the intention of getting married. The period starts usually during dating to the time when there is a firm commitment to each other to the time the required marriage rites are performed. The duration for courtship will depend on what partners wish to know about each other before marriage. During courtship, the man and woman are not allowed to stay together.

Session Objectives

- Assist young people to know the right time to start courting.
- Guide participants to acquire the interpersonal skills needed for successful courting.

Notes for Facilitator

Courtship refers to social interaction with an opposite sex who could become a romantic or sex partner. Courtship denotes the special kind of relationship with an opposite sex, which precedes marriage and serves as a preparation for it. In many settings, courtship is a custom. Not all cultures however, practice courtship, and not all people court. In places where arranged marriage is customary, people may wed without courting. In such settings, parents (or the community) may arrange a marriage or identify a potential marriage partner for their son. Many, although not all people whose marriages were arranged may come to feel that they have grown together and have a loving marriage.

Courtship gives people the chance to develop interpersonal skills. These skills include recognising, honouring, and expressing our own feelings; recognising the feelings of others; and developing an understanding of what they value, enjoy, and appreciate in another person. Also it gives people the chance for companionship and new experiences or the chance to gradually get to know a potential romantic or sex partner.

At what age do people start dating or courting?

The age at which young people begin dating varies widely from person to person and across cultures and societies. The age at which parents permit young people to begin dating or courting varies widely both within communities and across communities and cultures.

Steps to Facilitate the Session

Step 1

Divide participants into four groups and ask each group to discuss the following for presentation:

- Whether it is possible for girls and boys to just be friends.
- Whether good communication can help to build a romantic relationship.
- Whether age contributes to a healthy romantic relationship.
- Whether courtship can be a backbone for a romantic relationship.
- What makes young people engage in sex when they are not ready?
- Is there something they could do to avoid sex in a romantic relationship?
- Is there any power play which causes the young to engage in sexual affairs against their will?
- Suggest what young people ought to do to avoid sex in romantic relationships
- Have a general discussion with participants to close the session.
- How can misunderstandings be resolved in a relationship?
- Whose role is it to resolve misunderstandings in a relationship?

In plenary, invite the various group presenters to present what they discussed.

> Step 2:
>
> Summarise the key points and clear any misconceptions there may be.

Key Points for Participants

1. Sex and romantic relationship

Being friends with someone of the opposite sex does not necessarily mean having sex with them. Boys and girls can learn to have good romantic relationships without sex. However, one should be aware that spending a lot of time with just one person in intimate conditions could stimulate sexual desire and result in a sexual affair.

2. Avoiding Misunderstandings

Misunderstandings are common in relationships. However, good communication can help clear them. If you are feeling confused or hurt in a relationship talk to your partner about what you feel. Be willing to listen to how they feel and remember to be tolerant and forgiving.

Handout

Refer to facilitator's note.

Reflection

Ask each participant to indicate one thing they have picked from the session.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 30 minutes

SESSION 4: BUILDING HEALTHY RELATIONSHIP: WHAT IS FALLING IN LOVE, TRUE LOVE AND JEALOUSY?

Introduction

Many young people yearn to be in a boy-girl relationship, which, eventually they do; but are faced with so many relationship challenges. Most often than not, sex becomes the core of such challenges. Learning about how to build a healthy relationship will go a long way in preparing and even helping those who already find themselves in a relationship and are facing some difficulties to be empowered in terms of knowledge.

This session will introduce participants to issues such as ''what falling in love is''; ''true love''; ''jealousy'' and other related topics.

Session Objectives

- Guide participants on how to build a healthy relationship.
- Help participants to understand falling in love, true love and jealousy.
- Differentiate between love, lust and infatuation.
- Take participants through what makes a relationship healthy.

Notes for Facilitator

Building Healthy Relationship

We form relationships as soon as we are born with parents, siblings and family. As we move outside the home, school or neighborhoods friends may become important. As we get older new relationships such as teacher-student, employer-employee are formed. A relationship involves a connection between people and although we come into contact with many people in our daily lives, only a few encounters will result in relationships or friendships. Some people have many relationships, a wide circle of friends and acquaintances, and others prefer only a few close friends.

Healthy relationships are enjoyable and respectful and provide opportunities for many positive experiences that affect self-esteem. We can develop healthy relationships with anyone, including family, friends, and dating partners. It takes time, energy, and care to develop positive, healthy relationships. Relationships made during the teenage years can become very special and may form an important

part of life. There are also many lessons to be learned from the relationships we have. All healthy relationships between two partners are characterised by communication, respect, sharing, and trust. They are based on the belief that both partners are equal and that decision making in the relationship is shared equally. In healthy relationships, we must maintain the freedom to be ourselves. It is important to maintain an individual identity, regardless of the type of relationship being pursued.

A healthy relationship should be satisfying and promote individual growth. Establishing mutually acceptable boundaries based on personal values is important in any relationship. Romantic partners should never pressure each other to do things they have agreed not to do.

Some Characteristics of a Healthy Relationship

Communication: It is a key part to building a healthy relationship. We should be honest with each other and listen to each other.

Respect: Mutual respect is essential in maintaining healthy relationships. The use of respectful language should be encouraged and do not act in ways that demean your partner. Also your partner's wishes and feelings are to be respected. Mutual respect means not only giving respect to a partner, but also showing respect for oneself.

Support: Offer reassurance and encouragement to your partner and also, let your partner know when you need their support. Healthy relationships are about building each other up and not putting each other down.

Compromise: To compromise means to meet your partner halfway. Disagreements are a natural part of healthy relationships, but it is important that you find a way to compromise if you disagree on something. Try to resolve conflicts in a fair and rational way.

Closeness and affection: It is important to be loyal to your partner and show your partner care and affection. In a healthy relationship, people learn to trust each other and share their feelings.

You support your partner during illness or during stressful times.

Share goals and beliefs: This is where you share beliefs and values. Also, you recognize and respect differences in each other.

Characteristics of an Unhealthy Relationship

Relationships generally start out with good intentions. As relationships develop, disagreements and conflicts will arise. Conflict is not necessarily negative if we deal with it appropriately. How we deal with conflict is based on a given situation, as well as on previously learned behaviours. In some conflict situations, people may use behaviours that are considered unhealthy or abusive, and may include the following:

Emotional: making degrading comments, ignoring, isolating, controlling friendships and/or activities, threatening.

Physical: slapping, pushing, and punching.

Sexual: unwanted touching, forced or coerced sex.

What is falling in Love?

Typically, "falling in love" involves feelings of passion, sexual attraction, and excitement. Sometimes this feeling is called a "crush," "romance," or "infatuation." (it is all one and same thing).

Falling in love is often a thrilling experience. Falling in love with your best friend can be great. You know each other's habits, quirks and obsessions. You have been there to see the good and bad and you've stuck with them through thick and thin. You have been a model best friend all along although now you are singing a different tune. Whether you are a guy or a girl falling for your best friend is never easy. There are a ton of mixed emotions that come along with it. Fear may be the number one thing that stands out in your mind. If you confess your love for your friend, you may potentially lose them forever. It never gets easier when they've chosen to date someone else. Jealousy can strike and put a rift into your relationship making the possibilities of turning it into something even slimmer. What you need to do in these situations is calmly step back and think the situation through before making any major moves.

A romantic relationship sometimes (although not always) involves feelings of commitment and intimacy. Where this is not managed well it could lead into a situation of jealousy which has the tendency to affect your relationship on the whole.

Falling in love can be a one-sided experience; the other person may not feel the same love. This is common with young people who only draw their conclusion based on perception without expressing the interest in words. In this case a young person will say my partner is in love with me when indeed the partner is just being a good friend nothing more, nothing less. If this is not managed well it could spell the end of the relationship. It is always good at least to express you intentions in words.

Falling in love is natural and universal. Everyone can fall in love. Adults, as well as adolescents, falling love. It is a very exciting moment in the life of every normal person. Sometimes is so intense that partners may do all manner of things especially young people to demonstrate how much they love each other. This is the time they will throw their knowledge about risky behaviours to the wind.

What is True Love?

Loving someone is caring deeply for that person and being committed to his or her well-being and happiness. Loving and being loved can be the source of deep joy and meaning in life. The following can be described as true love:

Love is one of the most powerful emotions that people experience. It has inspired great works of art, literature, and music. It is beyond description, because it is felt differently by different people. It is about strong emotional feelings towards a partner especially the opposite sex in a relationship.

There are many different ways to love somebody. Some of the ways include but not limited to intention, understanding, tolerance, compromise, accepting one's guilt, forgiveness, commitment, appreciation, empathy, etc.

People may feel love for members of their immediate or extended family, for close friends, and for their partners or spouses of the same or the other sex.

The term "true love" or "real love" often refers to an intimate partner bond that has moved beyond

the "falling in love" or infatuation stage. This is love where partners are committing themselves to a long-term relationship and are ready to face all life challenges without backing out. The attributes of true love include, trust, patience, tolerance, understanding, compromise, empathy etc. True love can be tested.

Sorting out feelings of affection, romantic love, sexual desire, and "true love" is often difficult and confusing. It must also be noted that affection does not necessarily mean romantic love. Having sexual desire is a biological feeling. Having those feelings towards somebody does not necessarily mean you truly love the person. Young people should note that desiring to have sex with someone does not mean you love the person.

Everyone receives messages from her or his culture about what love is, whom we should (or should not) love, and how we should express (or not express) our love.

Steps to Facilitate the Session

Step 1:

- Ensure ground rules are established before beginning this lesson. For classes that have already established ground rules, quickly reviewing them can promote a successful lesson. *Students clarify their understanding of the term 'relationship').*

- Ask participants to define the term relationship.

Step 2:

- Divide the participants into 2 to 4 equal groups.

- Assign the topics "healthy relationships" and "unhealthy relationships" to the groups.

- Give the groups 5 minutes to brainstorm as many characteristics of their topic as possible

Step 3:

- Ask each group to present their list on a flip chart to the large group. Ask for further suggestions and add to the lists. You may want to leave these lists up around the room while covering this topic to remind the participants of how to identify a healthy relationship from an unhealthy one.

Key Points for Participants

- We form relationships as soon as we are born with parents, siblings and family.

- Loving someone is caring deeply for that person and being committed to his or her well being and happiness.

- In healthy relationships, we must maintain the freedom to be ourselves.

- A healthy relationship reflects some characteristics such as happiness, trust, mutual respect, equality and love.

Handout

Icebreaker

Let all male participants stand facing the females, ensure that each male is directly opposite a female with about 4 steps apart. The facilitator will mention certain activities or statements and if any participant has done that before he or she will take a step forward. Those who have not done it before will remain in position. e.g. move if you have ever kissed before. The facilitator should continue till about three people are directly facing each other.

Let them imagine themselves being chased by three wild lions. They managed to get to the riverbank; however, there is no boat to get them across the river. Fortunately, there is a life boat coming but can only take a certain number of people at a time. It should not be less or more than the required number.

When you say "The Wind Is Blowing" ask all participants to move around the room and as soon as you say "there is a life boat of (any number) they will have to come together representing the specified number. e.g. There is a life boat of four means participants will come together in fours.

Mention about three different numbers and finally mention a number that will get participants into three groups.

Ask each group to select their leader, secretary and a presenter. Let the three groups define Love, Lust and Infatuation respectively. When they are done, let them present and allow general discussion around it. Use power point or flipchart to explain the three words.

- Be aware of what you and your partner want for yourselves and what you want from the relationship.

- Let one another know what your needs are.

- Realize that your partner will not be able to meet all your needs. Some of these needs will have to be met outside of the relationship.

- Be willing to negotiate and compromise on the things you want from one another.

- Do not demand that a partner change to meet all your expectations. Work to accept the differences between your ideal mate and the real person you are dating.

- Try to see things from the other's point of view. This doesn't mean that you must agree with one another all the time, but rather that both of you can understand and respect each other's differences, points of view, and separate needs.

- Where critical differences do exist in your expectations, needs, or opinions, try to work honestly and sincerely to negotiate. Seek professional help early rather than waiting until the situation becomes critical.

- Do your best to treat your partner in a way that says, "I love you and trust you, and I want to work this out."

Differentiation between health and unhealthy relationships

Healthy Relationships	Unhealthy Relationships
· Happiness	· No trust
· Trust	· No respect
· Love	· Jealousy
· Affection	· Abuse (emotional, physical, sexual)
· Equality	· Poor Communication
· Mutual Respect	· Low self-esteem
· Friendship	· Power Issues

Materials Needed:

- Laptop
- Projector
- Markers
- Flip Chart
- Flip Chart Stand
- A4 Sheets

Time: 60 minutes

SESSION 5: MAKING OUR RELATIONSHIPS SATISFYING AND RESPECTFUL

Introduction

A relationship simply refers to social interaction between and/or among people who share a common interest. For it to be satisfying and respectful, the parties involved must exercise humility, respect for partner(s), meet shared expectations, uphold honesty and genuineness, employ good communication skills, show empathy for a partner(s) in times of a mishap etc.

Session Objectives:

- Guide participants to nurture and develop a relationship that is satisfying and respectful
- Alert participants of the role of other members of the wider society in the stability or otherwise of a relationship

Notes for Facilitator

Self-respect and awareness of and comfort with one's own feelings and values are very paramount to having a satisfying and respectful relationship. It is the responsibility of every party to the relationship to be sensitive to the feelings of individuals and group as a hold.

The observance of the following assure of a satisfying and respectful relationship, that is, respect for the dignity and rights of others, meeting shared expectations, exercising honesty and genuineness, employing good communication skills (effective listening and giving the right feedbacks), be empathetic for the sake of partner(s), show appreciation and gratitude, give suggestions and avoid criticisms etc.

It must also be noted that support from the broader society can also promote positive relationships, but social inequality can negatively affect or undermine mutual respect and comfort in people's relationships. Parents, religious leaders, and the media often teach young people to respect each other as equals regardless their race, religion, ethnicity, gender, economic status, physical ability, HIV status etc. Schools and community organisations can also bring young people from different backgrounds together in order that they do not grow up isolated and unfamiliar with people from other walks of life.

Therefore schools and families can teach young people to notice when things are not equal and understand how power differences between people can undermine a satisfying and mutually respectful relationship.

Steps to Facilitate the Session

- Ask participants question on the last activity to assess the previous knowledge.
- Put them into groups of four to discuss what they understand by a 'relationship that is mutually satisfying and respectful.
- At the end of the group discussion, let each group present what they have discussed
- Allow general discussions on the group presentation and make clarifications if any.

Key Points for Participants

1. For a relationship to be mutually satisfying and respectful, the following are the ingredients required:
   - there must respect for the dignity and rights of each other.
   - empathy for suffering partner.
   - meet shared expectations.
   - honesty and genuineness.
   - learn to suggest rather than criticise.
   - employ good communication skills.

2. Parents, schools, and community organisations can also promote mutually satisfying and respectful relationships.

3. Inequality is a threat to the stability of every relationship.

Handout

Story:

There live in the forest a singing bird, a climbing plant and tortoise. The singing bird makes much noise. Anytime it sings, tortoise tells the climbing plant to inform the singing bird that its song will attract the hunter one day, and if that happens they will all be in trouble.

The climbing plant will respond that it cannot be bothered. Anytime the tortoise's neighbour gives the climbing plant the message for the singing bird, its response is that "I cannot be bothered".

One day, the hunter heard the nice song of the singing bird and was able to locate where the bird was and shot it down. When it was falling it fell by the tortoise. When the hunter went to pick his game, he saw tortoise and added it. To make it easy for carrying he turns and saw the climbing plant. He cuts it and used it to tie the singing bird and the tortoise.

- What behaviour did the climbing plant put up towards tortoise?
- Was there mutual respect in the forest community?
- What would have happened if the climbing bird listened to the wise counsel of tortoise?
- Does this happen in real life in our communities? Comment.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 30 minutes

SESSION 6: SEXUAL ACTIVITY IN RELATIONSHIPS

Introduction

In most heterosexual relationships sex almost becomes inevitable. That is not a norm but due mainly to the intense sexual feelings that such parties have towards each other. If however, sexual affair has to take place, it must be satisfying, pleasurable, desirable, and safe. Sexual affair in any relationship should hurt either party because is forces onto them, cause injury.

Session Objectives
- Guide participants to appreciate the right way sexual activity ought to be in a relationship.
- Let participants know the implications of unwanted sex to the stability of a heterosexual relationship.

Notes for Facilitator

Does a person always know if he or she wants to have intimate sexual contact? Intimacy develops when two people usually opposite sexes have a very close relationship. Partners of course will know if they have to engage in intimate sexual contact since they discuss issues that affect them as individuals.

For a person who is sexually active, what factors contribute to having a sexual relationship that is emotionally satisfying to both partners, responsible, and safe?

In addition to factors that contribute to any interpersonal relationship, sexual relationships in particular are often more comfortable, satisfying, and safe when both partners feel intimate and cared for, and not just convenient for them. They:

- Ensure mutual consent, respect, and responsibility;
- Are able to give and to accept sexual pleasure;
- Feel comfortable communicating what they want or do not want;
- Respect each other's right not to do anything that feels uncomfortable;
- Share in the responsibility for using safe and effective methods to prevent unwanted pregnancy and sexually transmitted infections, including HIV;
- Know your own and your partners' status with regard to HIV (and other STIs); and
- Talk about whether or not they will have sex partners outside their relationship. When people have only one sex partner, their relationship is described as monogamous or "being faithful."

In what ways do young people sometimes feel pressured by their boyfriend or girlfriend to have sex?

Some of the reasons that people have sex that they do not want include:

- To give in to peer pressure,

- To prove love or to try to gain commitment in a relationship,

- To avoid hurting the other person's feelings or ego,

- Because dating or courting has gone on for some time,

- Because of having previously agreed to have sex even though one has subsequently changed one's mind,

- Because the other person is in a position of power, status, or authority (for example because of age, social popularity, resources, or gender),

- Because of pressure from family members, elders, or community leaders,

- In order to obtain money or gifts and

- Because alcohol or drugs have impaired their judgment or ability to resist an unwanted sexual advance.

Unfortunately, even in relationships, many people experience sexual coercion, abuse, or violence. Anyone may be subject to such abuse, although girls and women are more frequently the victims. Sexual abuse is harmful and always wrong. It is never the fault of the victim. Coercive sex is also associated with a higher risk of HIV transmission.

Developing a high level of comfort, communication skills, and maturity in sexual relationships is a learned process and takes time. This is so:

Because many young people enter sexual relationships while they are still growing in these areas, they are particularly likely to feel awkward and embarrassed; anxious or ashamed; and fearful about HIV or pregnancy.

Boys and men, particularly, may feel pressured to "perform" sexually. They may feel they cannot admit that they lack knowledge or experience. In turn, girls and women may feel it is not proper for them to talk about such topics as condom use or their own sexual desires.

Practice and encouragement can help all young people overcome such pressures and learn to communicate with greater confidence.

Steps to Facilitate the Session

Step 1:

- Let participants in groups of three brainstorm on what they understand by sexual activity in a relationship.

- Let them present their discussions for comments and make clarifications if any.

- In groups of three let participants list what they think constitute satisfying sex and make presentations on their findings

Step 2

- Take participants through forced sex in relationships and its effects.

- Take participants through negotiation skills on how to overcome pressures and be assertive in their relationships.

Key Points for Participants

- Sexual activity occur in relationships.

- As to whether it is satisfying or not is another thing.

- Every sexual activity must be safe, pleasurable, desirable, and not by force.

- Reasons young people give for pressured to have sex include:

  - Peer pressure,

  - Prove love,

  - To gain commitment,

  - To avoid hurting partner,

  - Because they have dated for sometime,

  - Because one partner is in a position of power,

  - Pressure from family members,

  - To obtain money, gifts, or both and

  - Impaired judgement due to the influence of drugs.

Your future should be more important to you than pleasing anyone and if any of the reasons given above is pushing you to have sex, stop and rethink the consequences of your choice to have sex.

- Developing a high level of comfort, communication skills, and maturity in sexual relationships is a learned process and takes time.

Handout

Story:

In was attracted to my boyfriend because he was older and no one knew him. He seems mysterious and exciting. We fell in love and now we spend most of our time together. You know how it is. I really like listening to his stories about all his experiences. When we go out, he mostly decide where we go because he pays and knows all the great places. He has influenced me a lot. I was never interested in sport, but he love football, so I spend a lot of my free time now with him at games or watching sports on TV.

After we'd known each other for a few months, he said that he wanted to make love to me. I hesitated, but thought that he might leave me if I didn't. He's 23, after all, and experienced. These days, I hardly see my friends. They complain and say that I've changed. I miss them and sometimes I think about how I used to study more and how much I liked reading. But, you know, I just think that's what happens when you are in love.

Questions:

1. Which person has the more powerful position in this relationship as a result of his or her status in society? What is the basis for this inequality? How is this more powerful position demonstrated?

2. Which person the inferior position in this relationship because of his or her social status in society. How is the inferior position demonstrated?

3. What effect, if any, does this inequality have on a person?

4. Do you think these kinds of issues exist in our community? Please comment.

Materials Needed:

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 40 minutes

SESSION 7: LONG-TERM INTIMATE RELATIONSHIPS

Introduction

Long-term relationships are difficult to maintain. It takes sincere and genuine effort by both parties involved in the relationship to move on. If you want your relationship to last, there are things you can do to help make it happen. They include but are not limited to trust, genuineness, confidentiality, empathy, tolerance, honesty, patience, etc. Work to have a happy, healthy long-term relationship that satisfies both you and your partner.

Session Objectives
- To examine what goes into long-term relationships.
- To understand that long-term intimate relationships vary from place to place and over time.

Notes for Facilitator

Most people are brought up to expect that they will form a relationship with a partner of the other sex, marry that person, have children, and remain in that marriage for the rest of their lives.

The reality for many millions of people, however, is more complex. People may form many different kinds of long-term, committed relationships. They may have more than one fulfilling long-term relationship in their lives. Or they may remain single, either by circumstance or by choice. They may form male-female or same-sex relationships either as a matter of choice or because of circumstances beyond their control. People may live together at some or all of the time; agree to be mutually monogamous or have other sex partners; rear children alone or with other family members; marry; and/or make a lifelong commitment to each other.

In many places, a significant proportion of couples form unions outside of marriage. In many societies, people find their own intimate partners or spouse. In other places, families choose a spouse for their child, a son or daughter - someone they feel will be a suitable partner, or who will strengthen social kinship structures, or both. Most societies in Ghana prohibit a woman being married to more than one person/man at a time. Where polygamy exists, it virtually always involves one man with multiple wives, not the reverse. Although rates of child marriage are declining, this practise continues to affect millions of girls around the world. In some societies, women are choosing to marry later or not at all. In some settings, men are marrying at later ages than they did in the past because they cannot afford to support a large family.

In many settings, openness is increasing in attitudes toward marriage between people from different backgrounds (for example, from different religions, races, or castes culture). Some societies are discussing, or voting on, the right of same-sex couples to marry or to form civil unions that carry many of the same legal rights and responsibilities as marriage.

Many people in long-term relationships have concerns about transmitting HIV to a partner or spouse due to extra-marital affairs. One partner may be infected with HIV while the other is not, or either or both of them may have sex partners outside of the relationship. Information, access to condoms, and confidential testing and counselling are critical for helping couples to develop transmission-prevention strategies.

Steps to Facilitate the Session

Step 1: Divide participants into four groups and ask each group to discuss the following:

- With whom do you live?
- How long have you lived with them?
- Have you witness misunderstanding between people in a relationship?

Step 2: After the group discussions, invite the various group presenters to present what they discussed.

Step 3: Role play a scenario of two families where one lives in unity and the other one mostly not understanding one another

Key Points for participants

- Individuals engage in long-term and committed relationships due to their social orientations

- A long-term and committed intimate relationship may develop may spring from an infatuation, a friendship, or an arrangement between families.

- The nature of marriage and long-term intimate relationships varies from place to place and over time.

- Around the world, some couples are creating long–term relationships based on gender equality and human rights even where the decision challenges local norms.

- Many people within long-term relationships have concerns about transmitting HIV to a partner or spouse due mainly the tendency extra-marital affairs

- People form /engage different kinds of long-term, committed, loving relationships because of their social orientations.

- A long-term and committed intimate relationship may develop as a result of different circumstances. For example, it may spring from an infatuation, a friendship, or an arrangement between families

- The nature of marriage and long-term intimate relationships varies from place to place and over time.

Handout

Role-play

There lived two families; one had everything going on for them perfectly and the other always had misunderstanding almost every day.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 45 minutes

SESSION 8: ENDING A RELATIONSHIP

Introduction

No one should be forced to enter a relationship, to marry, or to remain in a relationship. People should have the right to seek a divorce or call it a quit. People may seek divorce or dissolution of a relationship for many reasons. Some of the reason include but not limited to incompatibility, intolerance, betrayal, lack of respect, inability to forgive, etc. They may also be in a marriage/relationship in which their rights are being violated. They may have tried hard over a long period of time to clear up serious incompatibilities, but failed. The way and manner a relationship comes to an end largely depends on what caused the break up or how it happened.

Session Objective

- Outline reasons people may have in ending a relationship and how to go about them.

Notes for Facilitator

The end of a relationship is not always mutual. Even for marriage, most countries recognise the right of one partner to end a relationship.

The end of a relationship may be associated with strong feelings of sadness, hurt, loneliness, anger, and failure. It may also bring feelings of relief or happiness.

Ending a relationship may not always be easy or understandable to the other partner and if care is not taken he or she may try to harm you for deciding to leave him/her.

Steps to Facilitate the Session

Step 1: Divide participants into two groups and ask each group to choose one of the following:
- Reasons for break ups.
- Ways and manner of ending a relationship.

Step 2: After the group discussions, invite the various group presenters to present what they   discussed.

Step 3: Role play a scenario of a relationship that one partner cheats on the other

- No one should be forced to enter a relationship, to marry, or to remain in a relationship.

- The end of most relationships are associated with a strong feeling of sadness, hurt, loneliness, anger, and failure.

- The end of a relationship could also lead to a feeling of relief and happiness.

- Abusive relationships must not be taken lightly or held on till it's too late. It should call for separation or break up if it's something out of hand.

- Some relationships come to an end without the two people saying anything to each other.

Tips to ending a long-term relationship:

- **Time,** is it right?

- **Public place,** it should be at a place where there are people.

- **Prepare** yourself as to how you will end the relationship.

- **Do** it gently step by step, rather than blurting it out.

- **Talk** a bit slower than you might normally.

- **Take** a few sentences building up to the purpose of the conversation.

- **Leave** short breaks for contemplation when necessary.

- **Expect** your partner to have difficulties processing what you are saying, when ending a relationship.

- **Expect** and be prepared for the unexpected.

- **Expect** and be prepared for how you are going to cope - it may be different than you had hoped or anticipated.

- **Realise** that it most likely need more than one conversation.

Handout

Role Play

Esi is in a relationship where her guy keeps cheating on her and every time she finds out he nicely apologises and she forgives. This has gone on for about 3 years; finally Esi decides to end the relationship.

Kwame is in a relationship with Abena for 2 years now. Kwame sponsors her in almost everything she needs. One day Abena was asleep and Kwame needed a phone to make a call because he was out of credit. He picks her phone and used it for the call but something pushed him to read some of the messages from Abena and he found out that Abena had written a message to her best friend that Kwame is just a fool. This was because he gives her anything she asks he quickly does it; but he doesn't know that she is not and has never been in love with him.

- Before you think of breaking up, you must first of all assess the situation well and be sure of what you want to do.

  - Avoid hear says. Do not jump into conclusions or just listen to what others say and stand on it to break up.

  - Depending on the persons character or how the relationship was ruined that will determine how the ending or break up should be. If your partner forcefully have sex with you and in addition beats you because you resisted. You don't need to sit him down to explain why you want to end the relationship. Some people tend to be abusive even when they suspect that their partner wants to break up with them.

  - Sometimes the relationship naturally comes to an end where nothing works and the two are fully aware yet nobody wants to be the first to end the relationship

  - Some relationships do not naturally end even after the break up. The person will continue to ask for a comeback and this can go on for years so there is the need for a plan B or a plan to deal or handle the aftermath.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 40 minutes

SESSION 9: ABUSE AND VIOLENCE WITHIN INTIMATE RELATIONSHIPS

Introduction

Physical, sexual and psychological abuse rank among the most pressing societal problems today due to its prevalence. These forms of abuse not only often result in lifelong physical and mental health consequences for those involved, but they also can impact their interpersonal, social and economic functioning.

Session Objectives

By the end of the session, the participant will be able to:

- Understand the prevalence and consequences of partner violence.

- Discuss the ethical and clinical significance of recognising, assessing, and responding to relationship violence.

- Identify risk factors for relationship violence.

- Identify the consequences of intimate partner abuse and relationship violence for victims, relationships, children, offenders, and society.

Notes for Facilitator

Physical abuse encompasses, but should not be limited to a continuum of acts that range from slaps to killing of men (homicide) and women (femicide). This includes pushing, shoving, hitting, punching, kicking, choking, and assault with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured.

Such violence may lead to emotional problems, such as feelings of insecurity, isolation, low self-esteem, and severe depression. It may also lead to physical injury or even death. When sex is coerced it often takes place without protection. In fact, coerced sex is linked with increased risks of unintended pregnancy and STIs, including HIV.

In some cases, men may not be abusive whereas women may be abusive. In other cases, the victims be it the men or women may leave a violent partner. This is to say that both men and women can be violent in relationships; however, many people remain in violent relationships. Much can be done to reduce the incidence of gender-based violence, such as ensuring that people know that they have the right to live free of violence, including sexual coercion.

All people can strengthen their own commitment to and skills for communicating with their friends, family members, and sex partners about problems related to gender-based violence, including sexual coercion. They can encourage their friends to do the same. More and more people (males as well as females), organisations, communities, and country governments are working to reduce violence. They do this by:

- Teaching people ways to resolve conflicts without violence, including ways of expressing their feelings respectfully and effectively; supporting survivors of gender-based violence, including providing a safe haven where they can seek help and safety; working to change attitudes that tolerate or excuse violence or blame it on the victim as well as promoting norms that honour diversity and difference and that support boys and young men who choose not to adopt aggressive male roles.

Additionally, educating people about violence, including the gender norms that foster violence, the wide range of contexts in which violence takes place, the rights of all people to live free of violence, and the importance of shared responsibility for reducing violence; and advocating for the passage and enforcement of effective laws against violence.

Relationship Violence

This term includes physical, sexual, psychological abuse and stalking committed by one partner against the other in a relationship. Although relationship violence affects both genders, women are victimised more often and sustain more severe injuries. For this reason, relationship violence is sometimes viewed within the scope of the field of violence against women. Relationship violence includes but is not limited to acts committed by family members against other family members, so it may also fall within the topics examined in the field of family violence. Specifically excluded from relationship violence are acts committed by parents or other adult family members against children or elderly persons (i.e., child maltreatment and elder abuse, respectively). Although these serious forms of abuse involve people who are "related," they are not partners in an "intimate relationship" as it has been conceptualized for this section. Thus, developing a working module of what constitutes relationship violence is informed by definitions of violence against women and family violence.

Violence against Women

Physical, visual, verbal, or sexual acts that are experienced by a woman or a girl as threat, invasion, or assault and have the effect of hurting her or degrading her and/or taking away her ability to control contact (intimate or otherwise) with another. Among the forms of violence against women that fall outside the scope of relationship violence are workplace violence and sexual harassment. Other forms of violence against women are more common internationally, including denying food and resources to girls in societies that favour male offspring, commercial trafficking in women and forced prostitution (sexual slavery, sexual torture and sexual humiliation).

Family violence

Family violence

Refers to acts of physical, sexual and psychological maltreatment on which one person controls or intends to control another person's behaviour. The misuse of power and control is usually involved and usually results in some type of harm to the family members involved (APA, 1996a). As stated above, there are important topics within family violence that fall outside of relationship violence in the context of the present curriculum, such as child neglect and maltreatment or elder abuse. There are also forms of family violence that are more common from a global, such as female genital mutilation, genital contact as part of cultural rituals, and child rapes occurring under the guise   of arranged marriages.

Steps to Facilitate the Session

Step 1: Divide participants into two groups and ask each group to choose one of the following:

- Norms in relationships?
- Changing norms in relationships?

Step 2: After the group discussions, invite the various group presenters to present what they discussed.

Step 3: Summarise the key points and clear any misconceptions there is.

Key Points for participants

- Physical abuse encompasses; pushing, shoving, hitting, punching, kicking, choking, and assault with a weapon, tying down or restraining, leaving the person in a dangerous place, and refusing to help when the person is sick or injured.

- It is not in all cases that men are violent partners, women sometime are violent partners

- Relationship violence includes physical, sexual, psychological abuse committed by one partner against the other in a relationship. Although relationship violence affects both genders, women are victimized more often and sustain more severe injuries.

- Violence against Women includes physical, visual, verbal, or sexual acts that are experienced by a woman or a girl as threat, invasion, or assault and have the effect of hurting or degrading her and/or taking away her ability to control contact with another. Among the forms of violence against women that fall outside the scope of relationship violence are workplace violence and sexual harassment.

- Family violence **r**efers to acts of physical, sexual and psychological maltreatment on which one person controls or intends to control another person's behaviour.

Handout for participants

Story:

There was a husband who was a tyrant in the family. He beats everybody in the family especially his wife. A time came when he stopped all together talking with his wife. They communicated using notes.

When he wants to give money to his wife, he wrote a note. Any form of communication was done through notes. The wife and everybody were not happy yet none could say anything. They will be beaten.

He was to travel to Britain for an international conference and the plane takes-off at dawn. Afraid he will oversleep, he told the wife to wake him up at 4:00 AM at dawn.

Guess what his wife did. She also wrote a note and kept it on the pillow of her husband. He woke up when it was too late to catch the plane to Britain.

Questions:

1. Which person has the more powerful position in this relationship as a result of his or her status in society? What is the basis for this inequality? How is this more powerful position demonstrated?

2. Which person the inferior position in this relationship because of his or her social status in society. How is the inferior position demonstrated?

3. What effect, if any, does this inequality have on a person?

4. If they were in good terms would the man had missed his plane to Britain for the conference?

5. Do you think these kinds of issues exist in our community? Please comment.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 45 minutes

SESSION 10: CHANGING NORMS IN RELATIONSHIPS

Introduction

A norm is a standard pattern of behaviour that is considered normal in a society. Attitudes and norms about interpersonal relationships are constantly changing. We make choices every day about how we relate to other people. These choices create and recreate the meaning of relationships in our lives.

Session Objectives

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

- Identify some negative norms or practices in relationships.
- Find out with ways of changing such negative norms.

Notes for the Facilitator

Rules and norms about relationship help with the daily function of a relationship. They help create structure and provide boundaries for interacting in the relationship and for interacting with larger social networks. Relationship rules are explicitly communicated guidelines for what should and should not be done in certain contexts.

Relationship norms are similar to routines and rituals in that, they develop naturally in a relationship and generally conform to or are adapted from what is expected and acceptable in the larger culture or society. For example, it may be a norm that you and your co-workers do not "talk shop" at your Friday happy-hour gathering. So when someone brings up work at the gathering, his co-workers may remind him that there's no talk shop, and the consequences may not be that serious.

With regards to topics of conversation, norms often guide expectations of what subjects are appropriate within various relationships. Do you talk to your boss about your personal finances? Do you talk to your father about your sexual activity? Do you tell your classmates about your medical history? In general, there are no rules that say you cannot discuss any of these topics with anyone you choose, but relational norms usually lead people to answer "no" to the questions above.

Relationship rituals and routines can be negative. For example, verbal and nonverbal patterns to berate or belittle your relational partner will not have healthy effects on a relational culture. Additionally, visiting your in-laws during the holidays loses its symbolic value when you dislike them and comply with the ritual because you feel like you have to. In this case, the ritual doesnot enrich the relational culture, but it may reinforce norms or rules that have been created in the relationship.

Some norms about relationships may seem black and white or exaggerated, but to varying degrees, a surprising number of people buy into their validity - and too often, men and women conduct their lives to preserve these illusions. The male must be the best all of the time. He cannot falter, be fearful or insecure. The female must be submissive and passive. She cannot be powerful, self-sufficient, or independent.

Attitudes and norms about interpersonal relationships are constantly changing. We make choices every day about how we ought to relate to other people. For example: A traditional norm about relationships is that a family is supposed to constitute of a father, mother and children. However, due to the changing nature of society; a father and a father along with their children is now also viewed as a family unit

Negative Norms	Changing these norms
Expecting your partner to provide all your needs	Relationship ought to be mutual and therefore roles and responsibilities as much as possible must be shared.
Using sex as a means of proving love	One does not necessarily have to prove love to his/ her partner by having sexual intercourse with the person. There are so many other ways of showing love to one's partner.
Expecting the male in the relationship to pay all bills.	The woman can also foot the bill from time to time
Believing that the female in the relationship is solely responsible for 'taking care of the children'	The male in the relationship can pitch in to care for the children sometimes

Steps to Facilitate the Session

Step 1: Divide participants into two groups and ask each group to choose one of the following:

- What are some of the do's and don'ts of relationships?

- What are the norms about relationships?

- How can these norms be broken /changed?

Step 2: After the group discussions, invite the various group presenters to present what they discussed.

Step 3: Summarise the key points and clear any misconceptions.

Key Points for Participants

- Relationships are guided by a set of norms to improve communication and general quality of a relationship.

- Relationship norms vary from one geographical location to another.

- Some relationship norms can hinder effectiveness of relationships and as such must be changed.

- Relationship routines and rituals are set to help establish our relational culture and bring a sense of comfort and predictability to our relationships.

Handout for participants

- Violating relationship norms and rules can negatively affect a relationship, but in general, rule violations can lead to more direct conflict, while norm violations can lead to awkward social interactions.

- Developing interpersonal communication competence will help you assess your communication in relation to the many rules and norms you will encounter in everyday life.

Conclusion of module

This Module provides adequate knowledge and skills to young people to enable them adopt and adept positive attitude towards establishing healthy relationships in all spheres of life, however, the consequences of unhealthy relationships and how to manage such conditions have clearly been dealt with..

Linkage

By exhibiting good interpersonal relationships, the young person is situated in a position where he/she appreciates the need to appropriately apply some psychosocial skills in order to achieve his/her goals in life. This leads us to the next module which addresses issues on life skills.

Materials Needed

- Laptop
- Projector
- Markers
- Flip chart
- Flip chart stand
- A4 sheets

Time: 40 minutes

MODULE 5

Skills for Life

INTRODUCTION

WHO defines life skills as "Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life skills thus, helps young people find out who they are, where they are heading, who they hope to become, and how to get to where they want to be. It also refers to the skills usually associated with managing and living a quality of life. These skills help individuals to accomplish their ambitions and live to their full potential. There is no perfect list of life skills; certain skills may be more or less relevant to an individual depending on his or her life's circumstances, culture, beliefs, age, geographic location etc.

In spite of the above, core life skills comprise three categories of skills:

1. Social skills (self-awareness, effective communication, interpersonal relationship, self-esteem and assertiveness, empathy),

2. Thinking skills (creative thinking, critical thinking, decision making, problem solving, negotiation) and

3. Emotional skills (coping with stress, coping with emotional breakdowns, heart break, rejection etc.).

Often, young people face difficulties in understanding others and in getting other people to understand them. Thus, they need to increase their understanding of the world around them and be equipped with the right skills they need to live a more productive and fulfilling life. However, life skills are not always taught directly but often learned indirectly through experience and practice.

Another challenge faced by young people is making decisions related to their sexuality. Introducing young people to skills that would empower them in this regard to enable them communicate effectively and to be able to make the right and informed decisions concerning their lives is essential.

MODULE OBJECTIVES

By the end of this module, participants will be equipped with knowledge and skills to enable them to:

• Build their self-esteem and assertiveness.

• Discuss and explain the importance of good communication skills and interpersonal relationship.

• Explain the difference between assertiveness and aggression.

• Demonstrate understanding of basic steps in decision-making.

DEFINITION OF TERMS

1. **Communication:** It is a two way process that involves the flow of information and ideas from one person to another.

2. **Decision-making:** The thought process of selecting a reasonable choice from among options.

3. **Self-esteem**: is how we value ourselves; it is how we perceive our value to the world and how valuable we think we are to others. Self-esteem affects our trust in others, our relationships, our work – nearly every part of our lives. Positive self-esteem gives us the strength and flexibility to take charge of our lives and grow from our mistakes without the fear of rejection.

4. **Values:** They are the things of great importance to an individual

5. **Assertive:** the quality of being bold in one's actions and in communicating one's thoughts and decisions without being aggressive.

6. **Negotiation:** a dialogue aimed at reaching an agreement.

7. **Peer Pressure:** Influence from friends or colleges to act in a manner similar or in a way perceived to be acceptable to them.

8. **Goal:** A goal is an aim that one works at to accomplish.

9. **Goal setting:** The process of planning and working towards what one wants to achieve.

10. **Stress:** a state of mental or emotional strain or tension resulting from adverse or demanding circumstances.

11. **Stress management:** it involves any technique developed to help an individual cope with or lessen the physical and emotional effects of adverse or demanding circumstances.

12. **Problem:** is an unwelcome condition or something that needs a solution, answer or consideration.

13. **Conflict**: is a disagreement resulting from/ within individuals or groups that differ in attitudes, beliefs, values or needs.

14. **Support:** is the act of providing material or immaterial assistance to a person, cause or interest.

SESSION 1: COMMUNICATION AND DECISION MAKING SKILLS

Introduction

Communication involves the ability to express one's self in order to be understood by others while being able to understand what other people say. Communication skills are extremely important for individuals irrespective of their status and roles in society. These skills are essential tools for interacting with others, developing relationships, resolving conflicts respectfully without violence and in helping to manage other challenges of life. Young people need communication skills because it is a vital aspect in developing themselves and in maintaining human relationships.

Decision-making is also an important aspect of human life because at every stage in life, individuals are confronted with challenges and options from which they need to make choices. It is an important part of growing up because it involves weighing options to bring out the best. Young people make decisions every day. Sometimes they are not aware of how they come to those decisions. It is therefore, necessary to equip them with the requisite knowledge and skills for effective communication and decision-making.

Session Objectives

By the end of this session, participants will be able to:
1. Understand and define communication.
2. Define the various types of communication.
3. Highlight the importance of communication in relationships.
4. Identify factors that affect communication.
5. Demonstrate skills in active listening and questioning.
6. Understand the process/steps individuals go through in making decisions.
7. Discuss the types of decision and how to act on one's decision.

Notes for the Facilitator

Communication

Communication is the process of exchanging ideas and information among people. It is a two way process that involves a sender transmitting an idea, information or feeling to a receiver. Therefore, communication is essential in building relationships including sexual relationships. The process involves information sharing and consenting to take action. This includes for instance, agreeing to have or not to have sex. Communication is not effective until some conditions are fulfilled. These are sending, receiving and acknowledging receipt or a message/idea/feeling. The process whereby the receiver acknowledges receipt is known as feedback. Therefore, effective communication is essential in helping young people to protect their well-being and that of their friends, relations or partners especially in the areas of mutual trust.

Types of Communication

There are various types of communication. These are verbal and non-verbal, and direct and in-direct.

Verbal Communication

- Verbal communication is the use of sounds and words to express one's self. This includes greetings and self-introduction done orally and sharing one's views with an individual or a group of people.

Non-Verbal Communication

- Non-verbal communication is communication without spoken words. It includes body language; nodding, eye contact, posture, facial expression, tone of voice, touch etc. The use of written communication is also a form of non-verbal communication. Non-verbal cues are as important as verbal cues in the communication process. They can communicate feelings and attitudes such as care, interest, acceptance, boredom, impatience, disagreement etc.

Direct and Indirect Communication

People tend to communicate in many ways; some direct and firm, and others, indirect ways.

- Direct and firm communication may be verbal or nonverbal, but generally sends a clear message. For example:
  ◊ A person who communicates assertively expresses his or her feelings or thoughts in a straightforward way.
  ◊ A person may use "I" statements that express his or her feelings and thoughts (for example, "I feel bad when you speak that way to me" or "I'm glad that you came with me to the health clinic").
  ◊ A person may make eye contact or use other non-verbal messages to communicate directly.

- Indirect communication may also be verbal or non-verbal, but often sends a less specific or less defined message. For example:

    ◊ A person may avoid specific expressions of their own opinion or feelings (for example, "I heard that you can become pregnant the first time," rather than "I won't have sex if you don't use a condom").

    ◊ A person may avoid finishing a sentence or making eye contact.

- Sometimes knowing the best way to express oneself directly or indirectly is difficult.

    ◊ A person who communicates indirectly may be following cultural norms about politeness, social status, or expectations about gender roles.

    ◊ Understanding how to assert oneself effectively in one's own culture is important.

    ◊ Indirect communication may not always be clear to the listener or receiver.

    ◊ Sometimes people are in situations in which they do not feel that they are being heard. They may need to practice expressing themselves more clearly, directly, and repeatedly than they are used to doing.

    ◊ Communicating directly and firmly is not the same as being aggressive. A person can communicate clearly and directly while still respecting the feelings and thoughts of others.

Factors Affecting Communication

Many behaviours and attitudes can affect communication positively or negatively. When people fail to communicate, for example, there is confusion and this can cause good intentions and plans to fail.

Barriers to Communication

Any medium that distorts or prevents understanding of a message is known as a barrier. There are different forms of barriers that affect the effectiveness of communication including physical and psychological factors. People have different styles and skills in communicating and various factors such as the following can affect communication:

- Culture, background and personal bias: Culture varies in terms of their oral and expressive tradition. One's culture, background and bias influence their understanding of new things. When this changes the meaning of the message, it interferes with the communication process.

- Gender norms often affect a person's ability and style of communicating. This may influence the way males and females express themselves.

- Noise resulting from equipment use and/or other activities in the environment obstructs the free flow of communication.

- Focusing on one's self, rather than the other person can lead to confusion and conflict in communication. Some of the reasons for this are defensiveness especially as young people (we feel someone is attacking us), superiority (we feel we know more than the other), and ego (we feel we are the centre of the activity).

- Perception: If one feels the other person is talking too fast, not fluently/not "slanging", does not

articulate clearly, etc., he/she may dismiss the person. Also one's preconceived perspectives or attitudes affect their ability to listen. One may listen critically to persons of high status and dismiss those of low status or those they are not in agreement with.   Also, if a person is perceived as having less "social power" or social status than another, this perception may profoundly affect his or her ability and style of communicating.

• Inappropriate use of jargons and terminologies. e.g. A doctor using medical terminologies to a group of primary school pupils.

• Environmental: The sound of romantic music, an attractive young man or woman in flashy clothes, unusual sights, a nice car or any other stimulus provides a potential distraction to effective communication.

• Stress: People do not see things the same way when under stress. Young people sometimes undergo stress as a result of stalled relationships, consistent failure in examinations, loss of a parent or other challenges.

Tips for Effective Communication

• Effective communication comprises the receiver understanding clearly the message a sender intends to convey, and the receiver giving a feedback to indicate that the message is understood, whether verbally or non-verbally. Effective communication takes place only if the receiver understands the information/idea/feeling that the sender intends to transmit. The sender and the receiver must both be able to concentrate on the messages being sent to each other.

• Knowing how to express one's self so that he/she is understood, and being able to understand what other people say, is important and empowering skills for communication. These skills can help people to develop relationships that are based on mutual understanding and satisfaction and to enable them resolve conflicts respectfully and without violence. These skills can help individuals feel good about themselves and about their relationships.

• Some behaviours can enhance communication. These include:

    ◊ Being confident to stating one's feelings and starting sentences with "I" rather than with "You".

    ◊ Acknowledging that all people have a right to their feelings and opinions.

    ◊ Not being commanding, judgmental, or controlling.

    ◊ Stating as clearly as possible, "Yes and meaning Yes" or "No and meaning No" without feeling bad about it.

    ◊ Being open to discuss and help with to identify possible solutions to problems other than complain or lament.

• Strengthening personal communication skills can help people to convey their opinions, needs, and feelings clearly.

• People can develop the ability to communicate effectively and comfortably across cultural and other divides.

• Most people can learn effective communication skills. With practice, everyone can communicate more effectively.

- It is important for the sender to check whether the message was understood correctly or not, especially if it involves a difficult or emotional topic.

- In every situation, one of the most important behaviours for good communication is listening and with respect.

- Active and non judgmental listening can enhance communication. When one is listening, it is helpful to:

  ◊ try to understand the other person

  ◊ say things that validate the other person, such as "I can understand how you feel," or "Good point"

  ◊ make eye contact

  ◊ give positive nonverbal cues, such as a smile, nod, or pat on the back; and

  ◊ ask for clarification

Interactive (Listening and Questioning) Skills

Interactive skills are key to effective communication.

- Listening is a skill that is often given little or no attention, yet, it is an essential part of verbal communication. A good listener uses a variety of techniques that include paraphrasing, checking perceptions and summarising to communicate effectively.

- In active listening, the listener is actively involved with the speaker as he or she is speaking.

- Non-verbal cues are an important part of active listening. By making appropriate eye contact and, sitting or standing in a way that shows that the listener is paying attention, the speaker/ young person is encouraged to speak.

Active Listening

- Listening is a communication activity which involves the reception and the interpretation of what we hear. It involves interpreting sound we hear into meaning. Hearing and listening are not the same. Hearing is an involuntary act of perceiving sound.

- There are two types of listening: passive and active. Passive listening is a little more than hearing. It occurs when the receiver of the message has little motivation to listen carefully, such as we often do when listening to music, television, or when being polite.

- Active listening involves listening with a purpose. It may be to gain information, obtain directions, understand others, solve problems, share interest, see how another person feels, show support, etc. It requires that the listener attends to the words and the feelings of the sender for understanding.

The following are a few things to note in active listening:

- Non-verbal behaviours help to raise the channel of interpersonal communication. Be observant by 'listening' with your eyes, ears, and mind.

- Spend more time listening than talking.

- Do not finish the sentences of/for others.

- Do not answer questions with questions.

- Be aware of and control biases.

- Never daydream or become preoccupied with your own thoughts when others talk.

- Let the other speaker(s) talk. Do not dominate the conversations.

- Plan responses after the others have finished speaking, not while they are speaking.

- Provide feedback, but do not interrupt incessantly.

- Analyse by looking at all the relevant factors and asking open-ended questions. When necessary, walk others through by summarising;

  ◊ Keep conversations on what others say, not on what interests them.

  ◊ Take brief notes.

Questioning

The use of statements or sentences in the interrogative form in order to obtain information is known as questioning.

- Questioning has a number of functions. These include:

  ◊ Testing knowledge.

  ◊ Promoting understanding.

  ◊ Consolidating learning.

  ◊ Encouraging new insights.

  ◊ Introducing new viewpoints, and.

  ◊ Stimulating reflective and critical thinking.

- Open-ended and closed-ended questioning are types of questioning.

- Open ended questions allow the listener to be creative and to give more information about the subject matter being discussed. They usually begin with, "what", "when", "how", "why". For example, "How did he get to about your status?" or "Can you describe what caused the accident?"

- Closed-ended questions demand simple answers that do not require any reflection on the listener's part. They usually begin with "is", "are" or "do" and can be answered with "yes" or "no". An example of a closed-ended question is, "Are you living with your family?", "Is he/she your partner?"

Talking to One's Partner about Sex and Sexual Health Issues

Discussing issues on sexual and reproductive health is often challenging and difficult for both young people and adults in many communities, homes and even among friends This is often the case because of the cultural, religious, social and environmental factors that affect or influence how were socialised. However, knowledge on the subject is important for critical decision-making and healthy lifestyle choices. Therefore, in discussing sex and sexual health issues, young people would have to make some considerations. These are:

- Communication is an important part of any form of relationship.

- Communication with a sexual partner is important for ensuring that both partners are consenting to engage in a sexual activity before this happens.

- Effective communication can help people protect their own and their partners' well - being. This protection includes:

    ◊ Guarding against STIs and HIV infections,

    ◊ Protecting against unwanted pregnancy and

    ◊ Reducing the likelihood of a conflict that could lead to violence.

- Communication can also increase mutual trust and pleasure.

- Communication is important for clarifying expectations and limits. Such expectations and limits may relate to:

    ◊ feelings,

    ◊ the exchange of money or material goods,

    ◊ physical touches that are sexual,

    ◊ sexual activity,

    ◊ choice of abstinence etc.

- Gender norms often affect the way people communicate or do not communicate about sex.

- Everyone can learn to communicate comfortably and effectively about sexuality. Practicing helps!

Seeking Understanding with Each Other

Communication is more than simply saying something to someone, or sending a message. It also includes the listener, or receiver and the things likely to interfere with the message on its way to the listener. A message will not necessarily reach the listener, or receiver, exactly as the sender intended. Barriers may interfere with the message on its way to the receiver/listener.

- It is therefore, important that young people get themselves informed on these concepts so that they can understand that the messages they send to their friends/listeners are not always understood as they intend them to be.

- Young people need to pay attention to the feedback they get from their listeners to improve their message and understand each other better.

Seeking understanding in a communication process is a deliberate act that one must cultivate. Once you are a party to any conversation or the intended recipient of a communication, you owe it a duty to yourself and the sender to make a conscious effort to clearly understand the message. You must be able to identify the import of the message, be confident to seek clarification or explanation of any ambiguities where they appear in the communication and feel free to let the sender know that you did not understand the message. These are all part of steps to making a communication activity positive. As a sender of a communication piece, you must also be sure that your target for the communication clearly understands and appreciates the views you express positively. Often, because people are in a hurry or shy to seek clarifications, we leave the information hanging with less clarity. Eventually, people, especially those in relationships, find themselves in several conflicts simply as a result of misunderstood messages or failure to communicate thoughts, feelings, desires and aspirations clearly.

Decision Making Skills

Decision making is an important aspect of human life and at every stage in life individuals are confronted with the need to make one decision or another. Individuals make decisions everyday of their life without always being aware of how they come to those decisions. However, every decision has an immediate, short and long term implication on our life. These can be positive or negative. Where the result of the decision (planned or unplanned) turns out to be positive, we are happy, but where the undesired becomes the result, we are often very sad and may never be able to correct the damage caused. Sometimes, the results are fatal and so damaging that, some people are never able to recover from the effects. For instance, a single decision to engage in an unprotected sexual inter-course with an unknown person may result in HIV infection. Currently, there is no cure for HIV and the condition can only be managed. However, it is not easy to live with HIV for the rest of your life. It is therefore important for young people to learn about how to make informed decisions and practice this in their everyday life.

There are several different steps or approaches suggested by different authors and experts for decision making. Ultimately, these steps are guides suggested to you as an individual to use in helping to resolve a conflict or solve a problem by making informed decisions. In this manual, following steps have been provided to guide you in the decision making process. Another method, the DECIDE has also been provided as a hand-out so young people have different methods to adopt and use,

Steps of Making Effective Decisions

Step 1: Identify the challenge, problem, or issue to be resolved; what do you want to achieve and what is most important to you?

Step 2: List alternatives; think about as many solutions as you can and write them down if possible. The more alternatives you consider, the better your chances of making a good decision.

Step 3: Obtain information and facts on each of the alternatives identified that will influence the decision. Analyse the implications for each solution and make sure you understand them. Consider the potential consequences (positive and negative)- for each solution.

Step 4*:* Make a choice; choosing the best solution for the problem weighed against your values and potential consequences, considering all the advantages and disadvantages.

Step 5*: Take action to put the decision you have made into action.

Step 6*: Evaluate the outcome; test the consequences of the decision by asking yourself questions like, "How will I be affected or how will others be affected?"

Types of Decision

Decisions can be simple or complex depending on the purpose for which they are taken. Some decisions are also short-term while others are long-term.

- Simple Decisions are not difficult to make and have no long term consequences or effects. Also, the outcome may not be important. E.g. what one wears or whether one cleans his/her room Monday or Tuesday.

- Complex or Complicated Decisions are usually difficult to make and have long term consequences or effects. Examples of complicated decisions include the career to be pursued or whether to have unprotected sex or not.

Acting on our Decisions

After a decision is made, it is important that a plan for carrying out the decision is drawn. In doing so, all the steps necessary for acting on the decision must be clarified. These steps include:

Step 1: Consider what will make the decision easiest to carry out.

For example:

- Timing: when to talk to your parents when they are not under pressure.

- Finding out about peers who have made and carried out similar decisions (for example, girls who took a stand to continue their schooling to the tertiary level, a friend who asked someone out on a date, or people who decided to get an HIV test) and

- Finding ways to gather the money or other resources necessary for carrying out the decision.

Step 2: Think about likely barriers to encounter in carrying out the decision. This step is very important, because some decisions are very difficult to put into action. Examples of potential barriers include:

◊ Not having enough resources (for example, money for bus fare to a clinic or for buying books for school

◊ Not having access to services (for example, hard-to-reach schools and clinics)

◊ Legal limits (such as laws restricting abortion or contraceptive products and services for unmarried adolescents)

Step 3: Rehearse your decision preferably in private.

For example:

◊ Write down or practice telling a trusted adult about your sexual abuse experience,

◊ Practice telling a friend who has asked you for a sexual activity engagement about your stance on abstinence and why you don't want to break that value,

◊ Practice using a (male or female) condom,

◊ Practise with a friend (if you have a friend whose judgment you trust and who you know will respect your privacy) and

Step 4: Discuss the decision and plan with a trusted and supportive person.

For example, you could:

◊ Talk with a counsellor about terminating an unwanted pregnancy;

◊ Talk with a person who has already obtained an HIV test;

Step 5: Figure out how to carry out your decision in the safest way.

For example, you could:

◊ Bring someone with you when you are going to meet partner who has the propensity of violence or

◊ Find an ally in the community's leadership before starting a campaign for sex education.

Step 6: Where appropriate, seek information or advice from people you trust.

Step 7: If barriers arise in carrying out a decision, develop a different plan of action or rethink the decision.

Step 8: Be aware that even when people do not encounter a barrier, they have the right to re-evaluate decisions and change their mind.

Steps to Facilitate the Session

Activity One: Meaning and types of communication

Step 1: In plenary, ask participants to explain communication in their own words. Write their responses on flip chart/chalkboard and discuss with the rest of the participants.

Step 2: In plenary, ask participants to explain the types of communication and discuss non-verbal communication in detail. Examples could include: eye contact, facial expression, body language. Please refer to the **Facilitator's Not**e under 'Non-Verbal Communication' for more details.

Step 3: Lead participants to play the "Talking without Words" game to reinforce the discussion. Highlight the fact that in working with young people, it is important to pay attention to the non-verbal messages that both speakers and listeners are sending.

Time: 45 minutes

Activity Two: Importance of communication in relationships

Step 1: Discuss the importance of effective communication.

Step 2: Brainstorm on why communication about sex and HIV and AIDS is important.

Step 3: Discuss why communication on sexual and reproductive health issues with friends and partners is important.   **Time: 30mins**

Activity Three: Factors that affect communication

Step 1: Introduce the topic to participants.

Step 2: Identify and ask some selected participants to act out a role-play that demonstrates a communication activity with different factors affecting the communication

Steps 3: Briefly discuss the role play and indicate that communication activities are exposed to several barriers that we need to be mindful of and careful about.

Step 4: Put participants into groups and task them to discuss barriers to effective communication.

Step 5: Let them make presentations on the barriers to effective communication and then, list ways to overcome them.

Time: 45mins

Activity Four: Skills in active listening and questioning

Step 1: In the large group, introduce the topic and ask each participant to choose a partner to role-play the following steps:

- In each pair, one will be the speaker, and the other the listener.
- Ask each speaker to talk for minutes non-stop about a problem.
- Ask the listener not to interrupt, but be an active listener by paying attention.
- After the two minutes, the listener should try to explain back to the speaker everything that he/she said.

Step 2: In plenary, lead participants to discuss what the listeners and speakers noticed. Use questions, like the following to facilitate the discussion:

For the speakers:

How did it feel to talk for several minutes without being interrupted?

Did the listener find it difficult to listen? Why? Why not?

Were the listeners able to explain most of what the speaker said? Why? Why not?

Step 3: In plenary, ask participants a series of closed-ended and open-ended questions such as:

- Closed ended examples: Do you like fufu? Do you like rice?
- Open ended examples: What did you do yesterday? Why were you crying this morning?

Time: 45mins

Activity Five: Process/steps we go through when we make decisions

Step 1: Give participants a scenario in which they have to use the decision making steps to arrive at a decision on the scenarios. *(Refer to Scenarios 1 and 2 on page 200 below).*

*Time***: 30mins**

Activity Six: Types of decision and how to act on your decisions

Step 1: Introduce participants to the types of decision.

- Simple decision – short-term consequences (refer to facilitators note for examples) - Facilitator should ask participants to give some examples based on examples given.

- Complex decision – long-term consequences (refer to facilitators note for examples(- Facilitator should ask participants to give some examples based on examples given.

Step 2: Give participants the steps in "how to act on your decisions" (Refer to facilitators note)

Time: 45mins

Key Points for Participants

Summarise the session by inviting participants to mention what their learning or reflections are after going through the session. Use the following key points to conclude the session by ensuring that the participants clearly understands and take note of the key points.

- Communication is an important aspect of our daily lives.

- People communicate all the time with others, the environment, institutions and very important people in their lives.

- There are several factors that affect the quality and outcome of a communication activity. This is why it is important to pay attention to these factors to avoid a negative feedback

- Feedback is a key indicator of the success or otherwise of a communication process.

- The decisions we make every day have short or long term implications on our lives.

- The effects or impact of our decisions may be fatal or permanent or minimal. It is important to be conscious of this and be careful when making decisions.

- You are the ultimate beneficiary of your decisions, whether good or bad.

- Our decisions have repercussions on other people, the environment and communities.

Hand-out for the Session

Ice breakers

True/False: Ask your participants to make three or four statements about themselves, one of which is false. Now get the rest of the group to vote on which of the statements is false.

Problem Solving: Ask participants to work in small groups, create a simple problem scenario for them to work on in a short time. Once the group has analysed the problem and prepared their feedback, ask each group in turn to present their analysis and solutions to the wider group

Stories/case studies/role plays

Scenario One

You are in a new relationship with a girl/ boy and all s/he wants is to spend time with you. S/he is really nice and you enjoy being with her/ him, but you miss spending time with other friends. When you tried telling her/ him that the two of you need to spend time with other people, s/he accuses you of wanting to sleep around. What should you do?

Scenario Two

You have recently succeeded in quitting smoking. At a party one weekend a girl you are attracted to offers you a cigarette. S/he is very persistent and says 'just this last time.' You know how nice you feel when you smoke but you know that if you start again it may take a while before you can give it up. You however, want the girl/ boy, to like you. What would you do?

Materials Needed

- Flip chart/chalkboard.
- Marker/chalk.
- LCD projector.
- Laptop.

Time: 180 minutes

SESSION 2: ASSERTIVENESS SKILLS

Introduction

Whether they are unassertive or over-assertive, it is possible for young people to change their behaviour. It is important that they understand the difference between expressing one's self in a self-confident manner and forcing one's ideas on others thereby intimidating them. Young people need to build confidence in themselves by developing communication skills for respectful and assertive interaction with others.

This session, therefore, introduces young people to self-building strong values, learning to be assertive, acquiring skills in negotiation, discussing issues surrounding peer influence and how to manage or avoid peer pressure.

Session Objectives

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

- Discuss and demonstrate the importance of assertiveness.
- Discuss ways by which young people can develop their self-esteem and assertiveness.
- Demonstrate assertiveness skills.
- Establish the relationship between values, self-esteem and good decision making.
- Acquire knowledge and skills to enable them discuss peer pressure, and how to manage and prevent them.

Notes for Facilitator

Assertiveness

Assertiveness is the quality of being bold in one's actions and in communicating one's thoughts and decisions without being aggressive. This is very important for young people. Using direct, open, and honest communication in relationships to meet one's personal needs makes one more confident. It also makes it possible for one to gain respect from others enabling the individual to live a happier and fulfilled life. It is, therefore, important that young people develop basic communication skills to be able to speak up for themselves.

Benefits of Assertiveness

Being assertive helps individuals and partners to maintain honesty in relationships. It allows people to feel more in control of themselves. This helps to improve their ability to make decisions. Assertive people have the confidence to:

- Decide how to lead their life.
- Pursue goals and dreams.
- A valid opinion.
- Say how they want to be treated.
- Say "no" and "yes" when they want to.
- Change their opinion.
- Privacy.
- Ask for help, and many more.
- How to be Assertive.

The first step to becoming assertive is self-evaluation and action. When people recognise what causes their lack of assertiveness they have to work towards committing to change.

- Practising assertiveness skills helps individuals to confront/deal with their old ways of thinking, and take action towards change, thus becoming more assertive.
- The process demands patience and self-motivation by appreciating every little progress.
- Practising being assertive at every opportunity helps make one perfect at it.

Assertiveness without Aggressiveness

Rather than being perceived as rude, young people can work on their assertiveness so that they are accepted. To do this you will need to be:

- Concise and clear on what you want.
- Open to compromise.
- Conscientious.
- Emphatic.

Barriers to Assertiveness

Sometimes when people demand their rights, others may disagree with them and interpret it as aggressiveness or selfishness. This fear of harming the feelings of others may even lead them to experience rejection and make them ashamed. This may prevent individuals from acting assertive; based on a belief that other people's needs, opinions, and judgments are more important than their own.

When an individual believes that being assertive hurts another person, it can prevent him/her from meeting their legitimate physical and emotional needs. As a result, he/she may feel hurt, anxious, and angry about life.

Self-Esteem

Self-esteem is how we value ourselves; it is how we perceive our value to the world and how valuable we think we are to others. It includes feelings about one's appearance, abilities, behaviours, past experience and thoughts about how others see them. When people are often told that they are not good enough, they may begin to believe they are worthless and incapable of accomplishing something. Even if they pretend to feel good about themselves, they may retreat or recoil into their shell later.

In contrast, when people are praised and encouraged to learn from their mistakes, they can develop a healthy image of themselves and their abilities. They see themselves as they really are and recognise their shortcomings without being overcritical. They are able to form healthy relationships with other people.

Developing Self-Esteem

Self-esteem is developed when significant people in an individual's life affirm and commend that person. When one is valued by other people, it helps him or her to consider himself/herself as worthwhile. However, even if such praise and encouragement from others are not forthcoming, one can learn to improve his/her self-esteem by continuously speaking positively and holding himself/herself in high esteem.

Low Self-Esteem

Low self-esteem results from poor self-image. One's self-image is based on how one sees himself/herself. For example, do you think you are a good, reliable, hardworking and honest or a friendly person?

Low self-esteem also depends on other factors like one's job. For example, do you value the job you do? Does your job make you feel proud of yourself? Do other people respect you for the job you do or not?

Some Ways to Prevent Low Self-Esteem

- Accept yourself physically, intellectually and emotionally.
- Do not compare yourself with others in a negative manner.
- Remind yourself constantly of your worth.
- Be proud of your uniqueness.

Values

Values are the things of great importance to an individual. Values are things a person has chosen to do on their own with any external pressure, that is, no one forces a person to choose his or her values although family, friends, teachers, the media, tradition and religion have some level of influence. Values are things a person believes in and is publicly willing to stand up for. They are also things that guide an individual to make choices or behave in a particular way.

Types of Values

There are different types of values but the main types are:

- • Personal
- • Family
- • Community

Personal values: They are things that an individual supports. A range of things such as religious teachings, culture, friends and the media influences a person's values. The family is, however, one of the most important and powerful sources of influence on an individual's values.

Values inform an individual's choices and attitudes as they grow and develop in life.

Family values: These are things that are cherished by the family as a whole. They are things that the family believes in, defends or speaks for. Families do not communicate their values directly. Quite often many of these are expected acquired through observing the behaviour of family members.

Values related to sexuality are usually not communicated, as parents are often shy to discuss this with their children or lack the skills and clarity on ways to approach values on this topic.

Community values: Units of families make a community and likewise communities have values. They are things that are approved of by the community.

Negotiation

Negotiation is a dialogue aimed at reaching an agreement. It is a method by which people settle differences. Negotiation also involves bargaining to come to an agreement, win a situation or to be understood while avoiding argument. It is a dialogue to bargain for individual or collective advantage. It takes place between two parties usually in the form of a discussion. Negotiation involves making a mutual decision. Different options are proposed and discussed. The consequences of different options are also discussed during the process. However, the principles of fairness, seeking mutual benefit and maintaining a relationship are the keys to a successful outcome.

Negotiation in Sexual and Reproductive Health

With respect to sexual and reproductive health, the key areas for which young people must acquire negotiation skills include:

• Abstinence

• Use of condom or other contraceptives

• Relationships and break ups

The Goal of Negotiation

The main goal of negotiation is to resolve disagreements. People resolve disagreements in many ways. The following are some of the likely ways:

• Some tend to deal with potential conflict by denying it or trying to avoid it altogether.

• Instead of confronting and resolving problems, people may let their anger and resentment build while they remain silent.

These approaches can result in constant personal stress, which can lead to illness or poor general health. If disagreements are not resolved, the possibility for more intense conflicts at some later date is increased. Problems seldom improve by themselves but commitment to resolve them yields positive desired results, though sometimes not expected.

Conflict can involve issues of power and authority - Adults may resort to threats and punishments to solve problems with children. Friends may decide to break-up relationships, partners may also decide to move on in their lives without the other person. These are examples of using power to control, intimidate and force solutions on other people. These forced outcomes only add to the grounds for future conflict.

Conflict can also be motivated by ego. Solutions are selfishly sought with little regard for the other person. The conflict becomes a "win/lose" situation in which one person "wins" at someone else's expense. The one-sidedness of this "solution" increases the odds of more conflict. "Losers" will defy, test, resist and retaliate against the "winners."

• Effective negotiation is a two-way process that encourages both sides to actively participate in making decisions. It also provides a way for people to learn to understand each other better and to grow in their relationships.

• Negotiation helps to create a healthy balance between "giving" and "getting." Everyone becomes a "winner" through negotiation.

Making Everybody a Winner

The key to effective negotiation is clear communication. Communication involves three important skills: Understanding, speaking, and listening.

• **Understanding***:* One cannot have one's communication skills work effectively without the others; for example, a person cannot have good understanding without good listening and

speaking skills. Negotiation is most effective when people are able to clearly identify and discuss their sources of disagreement and misunderstanding.

- **Speaking:** Negotiation begins with a clear, concise explanation of the problem as each person sees it. Facts and feelings are presented in a rational manner from the individual's perspective, using "I" statements.

    ◊ Communication between people will go more smoothly when statements such as "I become very upset when you accuse me wrongly" are used rather than more aggressive statements such as "You make me mad when you accuse me wrongly" which tends to blame the other person and puts him or her in a defensive position.

    ◊ Shared concerns rather than individual issues remain the focus of discussion throughout negotiation. The negotiation process will be most effective when people take time to think through what they will say. Where possible, plan ahead to meet at a time and place convenient to everyone.

    ◊ A quiet, neutral spot where there are few distractions or interruptions is ideal for open discussion.

- **Listening:** An active process of concentrating all of one's attention on the other person is 'listening'. Encouraging the other person to share thoughts and feelings, giving feedback on what has been heard, and maintaining eye contact are skills that show you are interested in understanding what he or she has to say. It is always helpful to simply ask, "I understood you to say ... Am I correct in this?" or "I hear you saying that you are… Is that how you feel?"

    ◊ Active listening assures the other person that he or she is heard, accepted and respected. The ability to listen actively supports open on going negotiation.

    ◊ Thinking ahead or anticipating the course of the discussion is a distraction that interfere with listening. Poor attention and listening can lead to misunderstandings, inappropriate solutions and continuing conflict.

Guidelines for Successful Negotiation

In order to achieve success in negotiations, some conditions must exist. These include respect, problem recognition and definition, seeking a variety of solutions, collaboration, reliability and preservation of relationship.

- *Show Respect:* Success rests in accepting the other person despite differences in values, beliefs, educational experiences, ethnic backgrounds or perspectives.

    ◊ Negotiation permits you to examine a problem from all sides, and to promote understanding and interest in the other person without necessarily agreeing to her or his viewpoint.

    ◊ Taking time to listen and to ask questions makes it easier to learn more about someone's perspectives.

    ◊ Considering different perspectives will increase the range and variety of possible solutions.

    ◊ Genuine interest in other people and in their contribution to finding solutions builds trust.

    ◊ Trust provides a foundation for continuing a relationship. A foundation of trust also eases future efforts to solve problems.

- *Recognise and define the problem:* Each person begins with a clearly identified statement of what he or she wants and/or needs.

    ◊ Negotiation should not identify only individual concerns, but mutual concerns, perceptions and interests.

    ◊ From this process, a common ground for agreement between the individuals is sought.

    ◊ Selfish issues and goals are eliminated in favour of mutually acceptable goals. Problems are examined apart from the personalities involved.

    ◊ Blaming the other person is inappropriate and destroys the cooperative nature of negotiation.

- *Seek a variety of solutions:* More information about the problem may be needed before a solution can be decided upon. It may be helpful to examine other sources of information such as books, magazine articles and people who may be familiar with the issue.

- *Seek external assistance:* The support of other people may help a person to overcome his or her biases. Mediators can provide impartial assistance with the negotiation process.

    ◊ Brainstorming is one way to gather many creative ideas rapidly. This process allows everyone to openly make suggestions without fear of criticism. At this stage, every suggestion has value and is accepted. After all suggestions have been shared, they are reviewed to determine whether they might coincide or overlap with each other. Negotiation then becomes a matter of choosing a solution to which no one has an objection.

    ◊ Remember, personal goals should not take priority over shared goals.

- *Collaborate:* Working together doesn't mean "giving up" or "giving in" to another person's demands or goals. Two or more individuals can agree that disagreement exists. However, they can also agree to put aside their anger, frustration, resentment and egos in favour of working together for a solution to a common problem. All negotiated work is completed by consensus. A negotiated solution is reached when something has been given up to gain common benefits.

- *Be reliable:* It is important to follow through with negotiated agreements. The very work of negotiation implies a commitment toward whatever outcome has been decided. Developing a "plan of action" that spells out who is going to do what, where, when, how and with what resources is helpful. This plan is followed for a specified period of time and then evaluated at the end of that time period. It may be necessary to change plans and goals along the way, depending on how well the first draft met the shared needs of the individuals involved. However, the success of any negotiated outcome depends on everyone's fullest cooperation and participation. Individuals become reliable and trustworthy partners as a result.

- *Preserve the Relationship:* In general, people will try to preserve valued relationships. Negotiation is a non-adversarial approach to resolving conflict in those relationships. There are no "good guys," "bad guys," or "winners/losers." Negotiation is based on equality. No one wields more power or control than another. The individual's ideas, attitudes, values and objectives are recognized and respected as legitimate. Solutions are mutually agreed upon.

Guidelines for Negotiating Condom Use

- *Timing:* Condom use should usually be discussed before the situation gets passionate, so that partners may have thoughtful discussion and make decision, and not an argument. Both partners need to feel comfortable with the decision.

- *Communication:* It is important to keep an open mind. Partners should be prepared to listen to each other.

- *Be prepared:* Think about possible arguments your partner might use and respond to these arguments. This will increase your confidence. You must also have alternative solutions and approaches, as well as supply of condoms.

- *State your reasons and listen to that of your partner:* Many young people are quick to state their positions on matters without listening to others. Once they have an idea or a position on an issue, they want that to be accepted and worked with. But this does not work all the time. Others also have views or ideas to share on a particular matter. That's why both guys and ladies need to learn to clearly and confidently communicate their reasons for wanting to use a condom in any sexual encounter but also make the effort to listen to his or her partner. This does not mean where your partner does not want to use a condom; you should go ahead and have sexual intercourse anyway.

- *Propose more than one good alternate solution and reach a wise agreement:* You must be careful with the alternative you propose to the use of condoms. Some young people would want to use other ways to achieve sexual gratification but these could still be risky means of transmitting HIV or STIs. Oral sex, anal sex, brushing and other forms of sexual activities become alternatives suggested by most people in place of vaginal sex. It is important to note that these could also be risky and therefore the need to take protective measures to avoid infections. Protection must not only be against pregnancy but infections.

- *Understand each other's perspective:* Just as our values differ from each other, so are our perspectives on various matters including condoms. It is important to be open and share your thoughts or ideas and allow your partner to do same. Be reasonable enough to understand each other's perspectives. While doing so, be careful not to compromise on your values and yield yourself to risky behaviours. Young men must respect young ladies' decisions not to have sex or use condoms and young ladies must also learn to stay their grounds and not put themselves in compromising positions.

Peer Pressure

Pressure from peers or friends to behave in a manner similar or acceptable to them is known as peer pressure. Peer pressure is also the influence of a social group on an individual.

Negative and Positive Peer Pressure

Peers can either be positive or negative. Positive or good peer pressure is experienced when one is pushed into doing something that he or she did not initially have the courage to do or never thought of doing but it eventually turns out right. Some examples of positive peer pressure are:

- A situation where your friends convince you not to do something you were going to do because it wasn't in your best interest.
- Good peers can be of benefit to each other as they help each other develop new skills, or stimulate interest in books, good music or extracurricular activities.

However, peers can also have a negative influence. They can encourage each other to skip classes, steal, cheat, use drugs or alcohol, or become involved in other risky behaviours. The majority of teens with substance abuse problems began using drugs or alcohol as a result of peer pressure. Bad peer pressure is usually the result of wanting to be accepted by one's peers. It includes being talked into doing something bad that one did not want to do but ends up doing because of what friends said. It can lead to trouble with the law and your parents, and it can affect your health.

Some Examples of Negative Peer Pressure

The following, often dangerous and against school rules, home rules and personal values constitute negative peer pressure:

- Skipping school.
- Avoiding responsibility.
- Vandalising.
- Smoking and use of other drugs (in most cases, this leads to substance abuse).
- Sneaking out of home.
- Bullying others.
- Disrespecting authority.
- Having sexual intercourse.
- Having numerous sex partners.
- Engaging in violence.

Some Examples of Positive Peer Pressure

The following are often overlooked as positive peer pressure, however, they may be described as influences to do what is right.

- Studying.
- Volunteering.
- Befriending someone.
- Community Service.
- Joining a sports team.

Traits that put youth at a higher risk of falling to peer pressure

- Low self esteem.

- Lack of confidence.

- Uncertainty about one's place within a given peer group.

- No personal interests exclusive of one's peer group.

- Feeling isolated from peers and/or family.

- Lack of direction in life.

- Depression.

- Eating disorders.

- Poor academic abilities or performance.

Steps adolescents can follow when confronted with peer pressure

- Be yourself and have self-confidence.

- Listen to your gut; make your own decisions, regardless of what others think.

- Learn to feel comfortable saying "NO".

- Hang out with people who feel the same way you do. If a situation seems dangerous, do not hesitate to get help from a trusted adult.

- Stay away from peers who pressurise you to do things that seem wrong or dangerous.

- Learn how to say "NO" and practice how to avoid or get out of situations which feel unsafe or uncomfortable.

- Spend time with other kids who resist peer pressure. It helps to have at least one friend who is also willing to say "NO"

- If you have problems with peer pressure, talk to a grown up you trust; like a parent, teacher, school counsellor or peer educator.

Steps to Facilitate the Session

> **Activity One: Explain and describe self-esteem**
>
> **Step 1**: Introduce the topic to participants by soliciting their views.
>
> **Step 2**: Explain self-esteem to participants (Refer to facilitators note).
>
> **Time:** 15mins

Activity Two: Discuss ways by which young people can develop their self-esteem and assertiveness

Step 1: Introduce the topic to participants by soliciting their views.

Step 2: Explain how to develop self-esteem to participants (Refer to facilitators note).

Step 3: Discuss ways by which people can develop their self-esteem.

Step 4: Brainstorm and improvise on assertiveness (role play-refer to scenario 1 and 2).

Time: 45mins

Activity Three: Demonstrate assertive skills/behaviour

Step 1: Define assertiveness (Introduce the topic).

Step 2: Brainstorm and list the assertive behaviours on a flip chart.

Step 3: With practical examples, guide participants on learning to be assertive.

Time: 20mins

Activity Four: Establish the relationship between values, self-esteem and good decision making

Step 1: Prepare the following values statements beforehand.

- Having a child while you are still in school is okay.
- A man has a higher sex drive (need for sex) than a woman.
- Boys should always pay for a girl when they go out together.
- Raising a child on your own is better than marrying a man that you don't love just because he will help with the baby.
- Having a job you love to do is more important than making a lot of money.
- People with HIV or HIV and AIDS should not tell their sexual partners they are infected.
- Since it is the girl that gets pregnant, it is her responsibility to use birth control.
- A husband cannot rape his wife.
- A man who cries is like a woman.
- You should have sex only with someone you truly love.

Step 2: Cut the list of statements into separate statements and place them in a basket on the table and let participants choose and read.

Step 3: Prepare three signs mark Agree, Disagree and Unsure.

Step 4: Place these on the wall at three different places-a fair distance from each other to allow easy movement.

Step 5: Make a note of how many participants stand under each sign. Facilitator must also make the necessary corrections where necessary and in cases where participants have mis-conceptions. Facilitator can repeat some of these values statements at the end of the session and monitor if there has been significant shift in opinion as a result the training.

Step 6: Guide participants to acknowledge why it is necessary to build strong beliefs and personal values.

Time: 60mins

Activity Five: Introduce and equip participants with negotiation skills

Step 1: Introduce the topic by soliciting the views of participants.

Step 2: Define negotiation (pair up participants to come up with working definition on negotiation)-role play.

Step 3: Explore basic skills in negotiation.

Step 4: Introduce participants to guidelines for negotiation.

Step 5: Present case studies or scenarios of negotiation for condom use, abstinence and abortion to be role played by participants in plenary.

Step 6: Respond to issues raised in role plays.

Step 7: Provide key facts on the topic.

Step 8: Evaluate the session.

Time: 30mins

Activity Six: Understanding peer pressures and how to manage and prevent them

Step 1: Make participants aware of some of the pressures they may encounter (Refer to scenario 3, 4 and 5).

Step 2: Demonstrate the difference between positive and negative peer pressure.

Step 3: Provide suggestions and strategies to help children deal with peer pressure.

Time: 30mins

Key Points for Participants

Summarise the session by discussing and highlighting the key points to participants.

Handouts

Ice breakers
Stories/case studies/role plays

Scenario One:

A teacher offers to give you tutoring in Mathematics after classes and you are very appreciative. However, once you get into his house, he starts making advances at you. You refuse to cooperate. Role plays - what happens next.

Scenario Two:

Your partner takes you out on a date. The two of you have used condom each time you have sex during previous encounters. On this particular day, neither of you have a condom. What will you do? What do you say and how would you say it?

Scenario Three:

"My friends told me about this party at this abandoned warehouse on Friday night. I know there's going to be alcohol involved, and someone there is supposed to bring some marijuana. I don't drink or do drugs, but I don't want them to think I'm a loser."

Scenario Four:

"This older guy at church that I really like smokes cigarettes. He keeps offering them to me and my friends. Last week my best friend Stacy smoked one with him".

Scenario Five:

"My girlfriend keeps pleading with me to go all the way with her. She says "everybody's having sex" these days, but I want to save myself for marriage. All of my friends have had sex, and I really like my girlfriend. I don't want her to think I'm some kind of prude."

Materials Needed

- Flip chart/blackboard.
- Marker/chalk.
- LCD projector.
- Laptop.

Time: 120 minutes

SESSION 3: MANAGING CHALLENGES

Introduction

A challenge is a general term referring to things that are characterised by a sense of difficulty and victory. Such difficulties are as a result of the day-to-day running of human life. Sound and proper adaptation to these challenges of life requires healthy management. This session contains information that will guide young people in coping with challenges such as stress, conflict and other problems that confront us in our everyday life.

Session Objectives:

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

- Explain what stress is.
- Identify examples of stress conditions.
- Outline how to cope with or manage stress.
- Explain what conflicts are.
- Identify causes of problems or conflicts at individual, community or group levels.
- Identify steps to resolve conflicts.
- Develop skills in resolving conflicts within group or in teams.
- Explain the need for support or assistance.
- Identify places to go for support.

Notes for Facilitator

Most of the problems facing today's youth are related to issues such as sexuality and reproductive health, drug abuse, crime, violence and poverty.

Added to these are challenges associated with modernity and an ever fast growing world. These include:

- The negative impact of the electronic and social media: Social networking, entertainment, crime etc.
- Competitiveness: the uneven playing field: Excellence by whom? Not Me.
- An Identity Crisis/role conflict: Who am I?
- Lack of self-confidence and low self-esteem: I am worthless
- A sense of hopelessness: Where am I going?

- Confusion and ambiguity concerning moral issues: What is right and wrong?
- Negative peer pressure.

The Ideal Youth

Most adults would wish the best for all young people. This means ideally, a youth must be a balanced individual exhibiting a highly upright life informed by social and moral values and whose behaviour demonstrates qualities such as courtesy, hard work, honesty, humility, conscientiousness in every aspect of life.

In time past, the lives of young people were shaped by traditional structures such as the socialisation process with the family as its main agent. Through this process, values, customs and beliefs were handed over from one generation to the next.

Modern Youth

In today's world, however, traditional systems used in shaping the lives of people have given way to external forces, agents and institutions; the electronic media being one of the biggest new forces to reckon with.

In spite of this, in some cultures, these traditional systems still play some role in shaping the lives of young people thereby exposing them to conflicting value systems, confusion and stress.

Stress and Stress Management

Stress management involves controlling and reducing the tension that occurs in stressful situations by making emotional and physical changes. Stress is the mental and emotional state that occurs when a person has to adjust to change. Change is stressful, whether desirable; such as going to a new school or making new friends, or undesirable; such as losing a loved one or failing an examination. An undesirable change, however, is likely to cause more prolonged stress.

Stressors are the name given to the things that cause people to feel stressed and anxious.

Examples of stressors are:

- "Fire-fighting".
- Conflict in relationships.
- Not having enough time, money, people or resources to manage commitments.
- Implementing change in your business or personal life.
- Taking on new roles, having more or less responsibility.
- Feeling guilty for not having enough family time or being valued at work.

Stressors go beyond the natural pressures necessary to motivate and stretch a person as they trigger the release of 'stress hormones' that takes a person into an unproductive state thus, affecting one's decisions, mental clarity, memory, energy, attitude, communication, creativity, tension, health, happiness and goal achievement.

Stress Management

Stress management involves controlling and reducing the tension that occurs in stressful situations by making emotional and physical changes. The degree of stress and the desire to make the changes will determine how much improvement takes place.

Types of Stress

- Hypostress: Someone who is not challenged enough or is bored and becomes restless.

- Hyperstress: Someone that is handling more than he/she can.

- Distress: Constant change that is negative.

- Eustress: A positive stress that comes at inspirational times or with physical activity.

Signs of Stress

- Regressing in infantile behaviour such as bed-wetting, nail biting or thumb-sucking

- Becoming uncharacteristically withdrawn, not talking to anyone and appearing depressed.

- Loss of motivation or inability to concentrate at school.

- Noticeable behaviour changes such as a child who is normally responsible beginning to act irresponsible.

- Change of appetite, sleeplessness.

- Physical complaints such as headaches or stomach ache.

- Trouble getting along with peers at school.

- Nervousness.

- Palpitation (rapid beating of the heart).

- Tension.

Stressful Situations

- Anxiety about going to school (school phobia).

- Fear of failure and failing grade.

- Interpersonal problem with a teacher, such as a teacher proposing love to a student, a pupil having a crush on a teacher, or a pupil feeling neglected or ignored by the teacher.

- Changing to a new school.

- Worrying about taking tests.

- Conflicts in the family.

- Conflict with friends.

- Conflicts with boyfriend or girlfriend, "breaking up"

- Being pressured into sexual intercourse by partner or other person.

- Fear of having an STI or being pregnant (or causing a pregnancy)

Stress Management (Coping with stress)

- Each individual is responsible for what happens when he or she is under stress or pressure. Examine the ways you put yourself under stress and take steps to avoid unnecessary stress and to better handle stress that you cannot avoid.

- People often put themselves under a needless time pressure by leaving things undone until the last minute. Perform tasks at a reasonable pace and avoid unnecessary hurrying. Plan ahead. This may take time to get used to.

- Stop trying to do more than one thing at a time. Try to concentrate completely on the job at hand. Then deal with the next one in the same way.

- Drop the fight with situations that you cannot change. Let go of your resistance and learn to tolerate things that might not be exactly to your liking, but that are unhealthy or bad for you. Relax.

- Begin to accept certain things about yourself that you have chosen but which others may dislike. Once you no longer need approval, the guilt for behaviour which does not bring approval will disappear, such as expected traditional behaviour of women.

- When tensions builds up, discuss the problem with a close friend or with the person involved. Support from friends and one's religious faith can be very helpful. It is important to learn to resolve conflict and forgive without harbouring bitter or hateful thoughts.

- Take regular exercise and recreation. This is actually the best way to relax – any favourite sport will help you let off steam and work out stress.

- Practice filling your mind with positive thoughts while pushing out the negative ones.

- Make sure you get enough rest. Try to "let go" physically and mentally before you go to sleep. It very important that you take time to relax. Some light reading can take your mind off things and get you ready to sleep.

- Try to avoid getting overly impatient. Very few things are urgent.

- Begin to view the past as something that cannot be changed, despite how you feel about it. Feeling guilty now will not make the past different. Instead, resolve to act differently in the present and the future.

- If all that is suggested here does not help, seek the help of a caring adult or go for counselling services.

Problem Solving and Conflict Resolution

A problem is something that needs a solution, an answer or a due consideration. It may involve a person, a matter or situation that is difficult and perplexing. A small problem can turn into a huge one if there is conflict and if it is allowed to fester.

Conflict and Conflict Resolution

Conflict is a disagreement resulting from individuals or groups that differ in attitudes, beliefs, values or needs. A conflict occurs when people do not agree on something. It can also originate from past rivalries and personality differences. The benefit of conflict is that it forces the individual to grow and this can improve relationships. However, if it is not handled appropriately, conflict can ruin personal and work relationships. Other causes of conflict include trying to negotiate before the timing is right or before needed information is available. Conflict management is the process of planning to avoid conflict where possible and organising to resolve conflict where it does happen, as rapidly and smoothly as possible.

Causes of conflict in groups

The causes of conflict in groups can be classified into internal and external forces as follows:

Internal Factors:

- Personality of the individuals.
- Personal stresses of the individual (may be ill, tired, rushed, or having other problems).
- Different cultural/religious values.
- Priorities and solutions not always accepted by the team.
- Poor leadership.
- Formation of subgroups within the working members or the team ("clique").

External Factors:

- Little clarity of institutional goals.
- Political reasons at national level.
- Lack of human and financial resources.

Steps to Conflict Resolution

- *Identification of the problem:* When identifying problems, each one in the group must use his/her interpersonal communication (IPC) listening and observation skills in order to understand the opinion of the other members of the group; it is the time to explain rumours and give and give appropriate information to the group.

- *Consensus in the objectives/goals:* A goal is a product. What will be the product of what the group wants to accomplish? Each person in the group must give his/her opinion and explain the reason. Then the group looks for connections and solution to be in harmony within the group. Working in harmony within a group often results in enlarging the objectives.

- *Looking for solution:* Brainstorming with the group helps resolve problems. Each person in the group can express his/her priorities or reason for a solution.

- *Evaluation of the solutions:* Based on the objectives that the group sets to achieve at the end of the process, the group evaluates the different solutions and chooses the best option(s).

- *Development of a working plan:* The best choice needs to be developed into a plan for identification of local resources. This is done by who, what, what for, when, why, where and how.

Conflict Resolution Skills

Interpersonal Communication skills to enhance working with others or team members   including the following are some of the skills that can be used in conflict resolution:

- How to listen actively.

- How to show respect to others.

- How to ask open ended questions instead of closed-ended questions.

- How to represent information in block.

- How to give positive feedback.

- How to provide positive supervision within the team.

Note: These steps and skills are also important in one-to-one situations.

Seeking Support or Assistance in Conflict Resolution

There are many reasons why people seek help. These reasons include the following:

Feelings of Nervousness/Anxiety

Problems related to anxiety are very common and include symptoms such as restlessness, difficulty relaxing, problems sleeping, trouble concentrating, excessive worry and tension, distress related to social situations, and feelings of self-doubt. Anxiety problems can also cause physical symptoms including sweating, pounding heart, feelings of shortness of breath, and trembling.

Difficulty Regulating Mood

Problems with mood are also common and can be characterized by some of the following symptoms: feeling depressed, diminished interest in everyday activities, social withdrawal, sleeping too much or sleeping too little, feelings of hopelessness or helplessness, eating too much or eating too little, loss of energy, difficulty concentrating, and frequent thoughts of death or dying. Other symptoms related to mood problems include distinct periods of abnormally elevated, expansive or irritable mood.

Problems Coping With Stress

Stress can often be the result of exposure to difficult life events such as:

- Relationships ending.
- Divorce.
- Problems with/ loss of a job.
- Loss of a loved one.
- Serious accidents, or being a victim of a violent attack or natural disaster.

Significant stress can also be related to specific developmental events like:

- Going to school.
- Leaving the parental home.
- Getting married.
- Becoming a parent.
- Failing to obtain occupational goals, or retirement.

These and other events make some feel that getting back to "normal life" is "impossible.

Troubled Relationships:

It is very common for individuals to experience difficulty in their relationships. Parents and children frequently have trouble with communication and often there is disagreement over discipline. It is also quite common for spouses and partners to have serious and persistent areas of concern in their relationships. Relational problems also can arise between employer and employee, adult children and their parents, students and teachers, etc.

Difficulty caused by Symptoms of Attention Deficient Hyperactive Disorder (ADHD)

- Many individuals find it extremely difficult to pay attention at school or work.
- People who are coping with problems related to attention often report symptoms such as failure to pay close attention to detail, difficulty organising tasks, being easily distracted, or forgetfulness.
- Others may feel that they are too impulsive or hyperactive. These people report symptoms which include feeling "driven like a motor," fidgeting, talking excessively, having difficulty waiting for their turn, and having difficulty engaging in quiet leisure activities.

Difficulty coping with Medical Illnesses

Physicians often refer patients who may be coping with one or more of following symptoms to psychologists for attention:

- Adjustment to medical conditions.

- Chronic pain.

- Chronic fatigue.

- Smoking cessation.

- Chronic illnesses that affect the family, etc. Illness often results in emotions such as anger, depression and fear.

Taking care of our physical health includes understanding how the illnesses are affecting our emotional experiences and if necessary making behavioural changes to ensure well being.

Desire to focus on Well-Being & Happiness:

There are reasons individuals go into therapy other than trying to resolve a concern. Some people want to enhance their understanding of themselves and their relationships in order to maximise the joy and meaning in their lives.

Where or who to go for support

- Respectful/trusted Adult.

- Youth Counsellor.

- Psychologist.

- Religious Leader.

- Member of Parliament or Assemblyman.

- Social Welfare Office.

- Department of Children (formerly Ghana National Commission on Children).

- Police Station.

- Commission on Human Rights and Administrative Justice.

Steps to Facilitate the Session

Activity One: Stress and Stress Management

Step 1*:* In plenary, participants brainstorm the meaning of "stress" and "stressors" and facilitator uses responses to develop a definition of stress. Facilitator can compare it with the one proposed in the hand out highlighting similarities and discussing differences.

Step 2: In plenary, facilitator asks participants to mention the types of stress and make a list of them on the flipchart. Facilitator informs participants (see handout notes) and ticks those mentioned by participants and add on those that are in the notes, giving summary of each.

Step 3: In small groups, participants describe signs of stress and stressful situation they know of. The groups report in plenary and facilitator develops a list of stress signs and situation on a flipchart.

Step 4: Participants brainstorm on what should be done during stress. Facilitator writes responses on a flipchart. In small groups, participants will adapt responses to develop a role play to illustrate how to manage stress.

Time: 45 minutes

Activity Two: Problem solving and conflict resolution skills

Step 1*:* Brainstorm in plenary on the common causes of problem that lead to conflicts in the home, group and community. Divide participants into small groups to discuss how problems start and categorise them, such as growing – up, schooling, examination, diseases, friends, pregnancy, economic, or social, and how they can be handled

Step 2: Facilitator leads participants in group exercise. Each group receives the following list of different steps to resolve conflicts when working with other people in team (First mix the order)

- Identification of the problem(s).
- Consensus in the objectives/goals.
- Looking for solutions.
- Evaluation of the solutions.
- Development of a working plan.

Ask them to arrange the list according to logical sequence. Once in order, ask the groups to develop the content of each step.

Step 3: Divide participants into small groups. Each group will:

- Discuss how to use IPC skills to resolve conflicts within a team and how the work can be best accomplished. Example through feedback, supervisory role or other.
- Examine a case study (refer to hand out) and define the nature of problem and find IPC solutions to resolve the problem

Time: 45 minutes

Activity Three: Seeking support or assistance

Step 1: Introduction of topic explaining the meaning of support or assistance by facilitator

Step 2: Group discussions for exploring the need for support or assistance and present in plenary, then facilitation take participant through point outline (see handout note).

Step 3: In plenary, facilitator asks participants to mention places or who to go for support and make a list of them on the flipchart. Facilitator informs participants (see handout notes) and ticks those mentioned by participants and add on those that are in the notes.

Time: 15 minutes

Key Points for Participants

Summarise the session by discussing and highlighting the key points to participants.

Handouts

Ice breakers
Stories/case studies/role plays

Case Study 1

Rita is 16 years old and attends Mando Senior High School. She is the Academic Prefect and a promising student. The science teacher has noticed a sudden change in attitude (behaviour) in her and brought it to the notice of other staff members in staff common room to discuss and draw the Guidance and Counseling Co-ordinator's notice.

Doris and Lucy, her classmates overheard the discussion. They quickly run into the classroom and in front of the whole class said what they had heard and even added what they had not heard.

Rita waited for the science teacher to return to the science laboratory. As soon as the teacher entered, without any respect she confronted him bitterly, and this resulted in an argument.

Case Study 2

Mintakrom is a farming village in the Eastern region. The people in this village have high communal spirit and therefore have a lot of development projects which differentiate this village from others nearby. Mr. Nti, a new settler in the village always has problems with the authorities of the town (chief, assemblyman, unit committee chairman) for not attending communal labour. He refused several invitations to explain his reasons for not attending the communal labour, and all he did was to accost the assemblyman one day on his way to the next town, calling him vulgar names and screaming obscenities.

Case Study 3

Esther and Nora started a small turkey farm together. They both contributed equal amount for the purchase of the turkeys and feed.

It was Nora's idea to start the turkey farm but it was started on Esther's property so Esther did most, if not all the work of feeding and caring for the turkeys. When they decided to sell the turkeys, Nora wanted more of the profit because it was her idea to start the farm. Esther thought she should get a larger share because she did all the work.

Materials Needed

- Flip chart/blackboard
- Marker/chalk
- LCD projector
- Laptop

Time: 1 hour 45 minutes

SESSION 4: PLANNING FOR THE FUTURE

Introduction

Planning for one's life and future is an important responsibility on the individual. Our present life is a reflection of what was planned ahead of the present and the action taken to achieve those plans. Aspiring for a better situation in the future is always good but a key step to ensuring the aspiration becomes a reality is to plan for the future. Many young people have and are ambitious to succeed in life. However many of them are unable to achieve their ambitions because they do not receive the needed support and direction to make decisions that will take them to their goal. As society moves more into specialisation on the labour front, young people need correct information in their career development. How they identify and work on their capabilities will go a long way to help them achieve their ambitions.

Rather than focusing on getting rich in a short time without having to work hard, young people should be placed in a position where they would appreciate the need to start planning their life including their career. They should be motivated to be performers so that they will look forward to a fulfilling life in which they will be self-motivated to impact others.

This session is aimed at encouraging young people to say: "I need to look into the future and plan for it. Decisions and the goals that I set will determine my future."

Session Objectives

By the end of the session participants will be able to:

- Describe what a goal is.
- Discuss and set long term goals.
- Demonstrate a simple planning process for achieving goals.

Notes for the Facilitator

Planning

Planning is a process of identifying and carrying out a set of actions that are intended to achieve carefully thought out objectives. It is essential that young people are equipped with basic planning skills to enable them plan for a fulfilling future. Planning for the future will not be effective if we do not know what we want in life. This means young people should be aware of their potentials - including their ability to positively change society and the opportunities that exist for them. Then they can plan towards working to achieve their long and short-term objectives.

Goal Setting

Goal setting is the process of deciding on something one wants, planning how to get it, and working towards achieving it within a timeframe. Goal setting helps an individual to determine his/her priorities, get organised, make big decisions, and realise his/her dreams. An individual must set goals to efficiently and effectively reach the planned destination of his/her life. Setting goals is like making decisions for the future and is usually influenced by what we have as values. An achievable goal is a goal that is specific, measureable, attainable, realistic and time-bound (SMART) as follows:

- **Specific** means that it can be described in a clear statement of what the person wants to get done. For example, "I want to pass my exams and return to school next year" is more specific than "I want to be a good student".

- **Measurable** means the results of the set goals can be measured. For example, "I will increase the intake of fruits and vegetable by every supper" while "I will ensure that I eat more fruits and vegetables" is not measurable.

- **Attainable** means it should be within the means and capabilities of the person. For example, "I want to save enough money to buy a new pair of shoes," is specific and within a person's means, while "I want to become rich immediately" is not.

- **Realistic** means that the goal should be achievable or attainable. For example, "I will become a medical doctor after my tertiary education" is realistic while, "I will be a medical doctor immediately after my basic education" is not.

- **Time-bound** means that the goal should be achieved or completed within a specific period of time. For example, "I want to have a healthy and well built body in the next 2 years" or "I want to start a business in the next 5 years" while, "I want to get married" is not.

NB: Please note that the examples are not exhaustive. Please use the appropriate examples for the appropriate age group.

In addition to achieving a goal using the SMART tool, goal setting is accompanied by a clear plan of action that is driven by desire and motivation.

- *Clear plan of action* means an individual has done an assessment of his or her strengths and weaknesses and is clear on what he or she wants to achieve and how to go about achieving it. For example, "Because I want to pass my Basic Education Certificate Examination, (B.E.C.E), I will seek extra assistance with mathematics, which is my hardest topic. I will ask Naana to teach me on her days off work." This is a clear plan of action.

- *Desire and motivation* refers to the person's individual determination and persistence that are needed to achieve a goal.

Short and Long-Term Goals

Short-term goals are those that can easily be achieved within a relatively short period of time, such as passing a terminal examination, talking to a friend on HIV/AIDS. Other short – term goals may include trying to be punctual at your work place or learning how to use condoms.

Long-term goals are those that take a relatively long time, sometimes a life time, and call for more planning to achieve, such as finishing school, building a successful career or building and sustaining a happy marriage.

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 at the right time.

Exercise on the "Five Friends" of a Good Plan

A good plan is important to goal achievement. The *"Five Friends"* exercise is intended to help young people recognise the steps they can take in order to achieve goals.

Why: The reasons for working towards the goal.

Who: Who will carry out the plan?

How: The step-by-step action required.

When: The time within which each step will be carried out and the goal achieved.

What: The resources needed to achieve the goal.

Steps to Facilitate the Session

Activity One: Setting Goals

Step 1*: Ask participants to think about a goal that they would like to achieve in the next 5 years.

Step 2*: Ask them **t**o discuss the following:

    a.   What could delay or prevent me from achieving my goal?

    b.   How would this affect my plan?

    c.   How would I deal with this problem – what would I do?

    d.   How can I still achieve my goal or what new goal would I have to set?

Step 3*: After 20 minutes bring the groups back together and let them share their responses.

Step 4: Use the following questions to stimulate discussion:

    a.   Many adults think they control what happens to us during our teens. How do you feel about this? Who is actually in control of your life during adolescence? Who decides what goals you want to achieve?

    b.   When it comes to life plans, which years are more difficult to think about? Why?

    c.   Which points on your future timeline would change if you became a parent this year, or next? Describe how your goals would change and why, and who or what would be in control then.

    d.   How can you plan for unforeseen incidents?

Step 5*:* Summarise and highlight the following points:

- Be flexible in planning so that if you cannot achieve a certain objective, you can focus on another – have alternative plans.
- Remember the S.M.A.R.T. way to set goals.
- Imagine the obstacles that could come up and plan for these.

Activity Two: Understanding short and long term goals

Step 1: Write the word "goal" on a flipchart and ask participants to brainstorm around what they think the word means.

Step 2: List the responses on the flipchart.

Step 3: Work towards setting the group to one common definition.

Step 4: Explain that a goal is something a person works to accomplish. It may be any of the following:

    a.   Something to do.

    b.   Someplace to go.

    c.   Something to have.

    d.   Some personal development.

    e.   Some aspiration to be achieved.

Step 5: Divide participants into groups. Write each short and long–term goals on a piece of paper and label it 'A' or 'B'. For example:

A. Goals: Short-term

- I want to go the shopping mall on Friday.
- My sister wants to buy a bicycle.
- I want to get a new pair of socks.
- My mom wants to go to Kade next weekend

B. Goals: Long- term

- My sister wants to get married.
- I want to work as a computer programmer.
- My brother is in Form 1 and wants to go to the university.
- I want to have my own business.

Step 6*:* Give each participant one of the goals – there can be A and B in each group. You may need to develop more goals if you have a larger number of participants.

Step 7: Ask each person to:

  a. Read out their goal so that their group can hear.

  b. Say what is common about the 'A' goals and the 'B' goals.

  c. Discuss which of the two are more easily achievable and why?

Step 8: When each group has finished let participants return to their seats.

Step 9: Remind participants that the process of achieving any goal, whether short or long term starts with planning. That's why it is important for everyone to develop the habit of deliberately planning for everything they do and implement these plans.

State that you are now moving into a session where you will learn about planning and proceed to the next activity.

Activity Three: Describing and Using a Simple Planning Process

In plenary, participants discuss how one can achieve a goal. Facilitator introduces "Five friends of a good plan." In a question and answer period, participants discuss how they can use the plan to achieve their goals. Working individually participants are asked to use the five questions to plan a personal goal, recognizing and addressing potential constraints or set – backs, as well. One or two volunteers are asked to share their plans with the whole group.

Materials Needed for the Session

- Flip chart/blackboard.
- Marker/chalk.
- LCD projector.
- Laptop.

Time: 60 minutes

SESSION 5: MANAGING TIME

Introduction

Time management refers to a deliberate or conscious effort to adhere to personal schedules and the time allocated to a particular activity at every giving period. It is a way of ensuring that one's life and activities are orderly, organised and managed such that one does not live an uncoordinated or haphazard life style.

It is important to plan one's activities at home, school, recreational places, work etc. Young people should not allow unnecessary activities to interfere with their core responsibilities. This enables early completion of set goals with relatively less effort and time.

Session Objectives

By the end of this session participants will be able to:

- Outline the processes involved in time management.
- Identify the importance of managing time.
- Identify ways of managing time effectively.

Steps to Facilitate the Session

Step 1: Ask participants to prepare To-Do charts [insert illustration of 3 columns with the headings TIME, ACTIVITY and REMARKS].

Step 2: Let them ponder over these individually for about 5 minutes and write notes:

- What activities do I want to get done?
- Which ones are important i.e. "have to do" and less important i.e. "want to do"?
- Which activities can be done in a day, a week, a month or a year?

Step 3: Let them fill their To-do charts in 10minutes. Participants should include their times for leisure/hobbies etc.

Step 4: Explain to participants that this is only the first step in time management. What makes managing one's time effective is the ability to discipline one's self to go by his/her schedule.

- Time management is an important skill required for everyone's success as a student, friend, worker etc.

- The key to being effective at managing one's time is discipline. If you are not disciplined, you cant be effective at managing your time.

- Young people especially need to recognize that there is a lot at stake for their future. Therefore, they must learn to manage and invest their time properly and in profitable ventures. This will help them achieve their future aspirations.

Handouts

Notes for participants.

Refer to facilitator's notes.

CASE STUDY

Story of Adjoa

Adjoa lives in a village with her mother and six brothers and sisters. From the time she was a little child, she was told she would get married when she was 14 or 15. She helped her mother cook and care for the younger children. She worked very hard and never thought of a different life. Now she is married, and at 16, she already has twins. Her husband is a fisherman, but brings home little money to feed Adjoa and their son and daughter. Adjoa does not want to continue living this way. But she doesn't know what else she can do.

Materials Needed

- Markers
- Coloured card boards

Time: 60 minutes

CONCLUSION OF MODULE

Module 5 discussed in detail the concept of life skills, and acknowledged them as a set of skills which enable young people to discover who they are, where they are going, who they hope to become, and how to get to where they want to be. They are seen as key qualities which enable individuals to accomplish their ambitions and live to their full potential. The module relates that there is no perfect list of life skills; certain skills may be more or less relevant to an individual depending on his or her life's circumstances, culture, beliefs, age, and geographic location. Life skills

Knowing And Making The Right Choices As An Adolescent

Sexual And Reproductive Health And Services

INTRODUCTION

Sexual and reproductive health services are related to services that are provided to enhance the reproductive health of people. Investing in the sexual and reproductive health of young people has significant economic benefits which are widely documented. STIs including HIV, unintended pregnancy and unsafe abortion all place substantial burdens on the individual, families, communities and the nation's scarce resources and yet such burdens are preventable and reducible. Promoting young people's sexual and reproductive health, including the provision of sexuality education and access to services in are therefore key strategies to empowering them physically, psychologically, emotionally, socially and culturally.

This module addresses issues related to family planning, contraception, abortion, STIs including HIV and referral linkages.

MODULE OBJECTIVE

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

- Acquire knowledge and skills to enable them make informed choices on sexual and reproductive health services.

DEFINITION OF TERMS

1. **Abstinence:** choosing not to engage in sexual intercourse or the decision not to have any kind of sex such as oral, vaginal or anal.

2. **Sexual Health**: Is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to **sexuality** and **sexual** relationships. Fundamental to this concept is the right to sexual information and the right to pleasure; free of coercion, discrimination and violence. (WHO)

3. **Reproductive Health:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters related to the reproductive system and its functions and processes.

4. **Contraception:** Preventive methods to help men and women avoid pregnancies.

5. **Contraceptives:** are drugs and devices used to prevent pregnancy. Some contraceptives, such as condoms can also prevent transmission of STIs and pregnancy

6. **Family Planning:** allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility

7. **Coitus interruptus:** Withdraw of the penis from the vaginal before ejaculation.

8. **Vasectomy:** Permanent contraception for men who do not need more children. It involves a simple quick surgical procedure.

9. **Tubal libation:** Permanent contraception where the fallopian tubes are mechanically blocked to prevent the sperm and the ovum

from uniting through a simple surgical procedure.

10. **'Toli':** A local joke used in 'breaking the ice' to make presentations interesting.

11. **Abortion:** Termination of pregnancy before the foetus is viable that is, before 24 weeks gestation.

12. **Safe Abortion:** Termination of pregnancy performed by a qualified medical practitioner in a registered health facility with instruments cleaned and sterilized as required by the WHO.

13. **Unsafe Abortion:** Is a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both.

14. **Post Abortion Care:** Refers to the care or services rendered to a person who has had either an induced or spontaneous abortion.

SESSION 1: ABSTINENCE AND ADOLESCENT CONTRACEPTION

Introduction

This session addresses issues on abstinence and adolescent contraception. The session also gives the opportunity to participants to know and understand the types of contraceptives and how some of them are being used.

Session Objectives

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

- Understand the importance of contraception among sexually active young people.
- Be able to state the benefits, types and methods of contraception.
- Acquire knowledge on appropriate contraceptives methods for young people.
- Understand and demonstrate how to use condoms correctly.
- Be equipped with information to enable them access contraceptive services.

Notes for the Facilitator

Abstinence

Abstinence is choosing not to engage in sexual intercourse or the decision not to have any kind of sex such as oral, vaginal or anal. It is the first choice method and most effective in preventing pregnancy and STIs/HIV infection among adolescents and should be promoted. Abstinence among young people is normal, common and acceptable. It requires high motivation, self-control, negotiation skills and partner co-operation.

There are two categories of young people who choose to abstain. These include:

- Primary abstainers - those who have not had any sexual experience.
- Secondary abstainers - those who are sexually experienced and have chosen to avoid further sexual activity.

On the other hand, there are some young people who are sexually active and abstaining becomes a challenge. These sexually active cohorts of young people would need to be educated on safe sex practices including the use of contraceptives to prevent unintended pregnancy and STIs/HIV infection.

Family Planning

Family Planning refers to practices that help individuals or couples to attain certain objectives. These are:

- To avoid unintended births.
- To bring about wanted births.
- To regulate the intervals between pregnancies/child birth.
- To control the time at which births occur in relation to the ages of parents.
- To determine the number of children to give birth to.

Main Types and Methods of Contraception

Any method used to prevent pregnancy is known as contraception. Different methods are used in different ways and at different times to prevent pregnancy. The methods are in two main categories: traditional and modern.

i. Traditional Methods: These methods of birth control, they include abstinence and withdrawal method.

Withdrawal Method

- Some couples prevent pregnancy by agreeing that the male will withdraw his penis from his partner's vagina before he ejaculates or has an orgasm, releasing semen. This is referred to as the "withdrawal" method.
- If used properly and consistently, withdrawal can be effective in preventing pregnancy. However, it requires a great deal of control and commitment by male partners. For this reason, individuals and couples who use withdrawal have more unintended pregnancies than users of many other methods. This is because the pre-ejaculatory fluid, which comes before actual ejaculation, may contain sperms, which can make the woman pregnant. Proper and consistent use is often a challenge for young people.
- Withdrawal also does not provide effective protection against HIV and other STIs.

ii. Modern Methods: These methods include fertility awareness based methods (FABM), male and female condoms, diaphragm and implants rods, the cervical cap, birth control pills, sponges, injectable hormones, hormonal patches, the vaginal ring, intra uterine device (IUD) and emergency contraceptives. These are especially effective in preventing pregnancy. Other modern methods such us vasectomy and tubal ligation are referred to as permanent methods.

Some Modern Contraceptive Methods

Using contraceptives allows individuals and couples to enjoy their sex lives without having to worry about unplanned pregnancy. Also, male and female condoms prevent people from contracting sexually

transmitted infections (STIs) including Human Immuno-deficiency Virus (HIV). Some STIs can cause infertility if not managed properly.

- Each person, male or female has the right to free and informed consent regarding which method of contraception to use.

- Most methods of contraception can be classified under the following:

1. **Non-reversible (permanent) Methods**

- Male sterilisation (Vasectomy).

- Female sterilisation .

2. **Reversible Methods**

- Long Acting Reversible Contraceptive (LARC) Methods
  ◊ Implants e.g. Jadelle, Implanon NXT.
  ◊ Intrauterine Contraceptive Devices and Systems (IUD/IUS).
- Short Acting Reversible (SARC) Methods
  ◊ Hormonal- Oral Contraceptive pills, Injectables, Vaginal Rings, Patches.
  ◊ Non-hormonal - Barrier methods (e.g. Condoms, Cervical caps, Diaphragms).
- Fertility Awareness Based Methods (e.g. Standard Days Method, Two Day Method, Calendar Rhythm Method.
- Emergency Contraceptives (Emergency Contraceptive Pills, Copper-bearing IUD).

Fertility Based Awareness Methods

- In order to avoid unintended pregnancy, some women learn techniques to identify which days in their menstrual cycle they are most likely to be fertile and liable to become pregnant.

- There are varieties of these natural techniques, which are classified as "fertility awareness methods." By these methods, a woman can:
  ◊ Learn to calculate her likely fertile days based on her past menstrual cycles. Learning to identify one's fertile period takes time. A woman has to learn about the menstrual cycle, and practice observing and recording cyclical changes in her body.
  ◊ Observe changes in her body, including a shift in body temperature and changes in the texture of the mucus discharge from the vagina.

- During the fertile days of the menstrual ovulation cycle, couples may use a contraceptive method such as the condom or they may avoid having vaginal intercourse.

- Each woman's menstrual ovulation cycle is different. Hormones, illness, and other factors often disrupt the regularity of the cycle.

- Many couples find it difficult or inconvenient to use these methods effectively. Also the methods do not offer protection against STIs, including HIV.

- Younger adolescents often have irregular menstrual cycles and this makes it difficult for them to use the "fertility awareness" methods effectively.

Sterilisation

Sterilisation is a surgical form of contraception that can be used by both males and females. It is a permanent contraception method.

Emergency Contraception

- A woman may obtain protection from pregnancy after she has had intercourse by using a method called "emergency contraception". The method is useful in cases when the couple did not use a contraceptive, or experienced a method failure as a result of a torn condom. The method can also be used after a woman has been forced to have sex.

- Emergency contraception however, should be used within five days of having unprotected sex. The method is fairly effective if used latest by 72 hours (3-days) after sexual intercourse or depending on the brand used.

- The most common form of emergency contraception contains a specific dose of a hormone used in many oral contraceptives. Emergency contraception pills are often packaged specifically for this purpose. In some places, the method is available without a doctor's prescription.

- It must be noted that emergency contraception is not a method of abortion. Therefore, it will not end an established pregnancy.

- Inserting an IUD within five days of intercourse is another option for emergency contraception.

- Emergency contraceptive pills should not replace regular contraception, as they may have side effects when abused.

Medical Eligibility

Several methods of contraception are available. The method one chooses depends on one's general health, lifestyle and relationships. Some disease conditions become severe when certain contraceptives are used. Every method therefore, has its own medical eligibility so it necessary that clients seek family planning services from accredited health facilities before using contraceptives.

Accessing Contraception Services

Contraception services can be accessed in all health facilities e.g. hospitals, polyclinics, health centers, Community-based Health Planning and Services (CHPS) zones and health posts.

Male and female latex condoms, oral contraceptive pills and emergency contraceptive pills can be accessed at non-clinical centers such as pharmacies, over the counter medicine sellers, community based distributors and youth friendly centres.

Steps to Facilitate the Session

The steps will be in two sections

Session A

Step 1: Introduce the topic to participants using *'toli'* or any ice-breaker.

Step 2: Seek participants' knowledge on the topic by asking them to share what they know about family planning and contraceptives.

Step 3: Summarise the discussion and answer participants' questions, if any.

Step 4: Demonstrate the correct steps of using a male condom.

Steps to male condom use

- Ask a female volunteer to join you for the demonstration.
- Demonstrate erection using the penis model.
- Pick a male condom, examine the expiry date and show it to your "partner"
- Carefully tear open the packet and remove the condom.
- Hold the tip firmly in-between your index finger and your thumb.
- Still holding the tip, unroll the condom and wear it on the "erected penis".
- Insert it gently into the model vagina and demonstrate the sex act.
- Draw attention of the participants to orgasm.
- Withdraw the penis after ejaculation while carefully holding the condom.
- Carefully slide/remove the condom off the penis.
- Dispose of the used condom properly.
- Allow participants 5 minutes to ask questions or seek clarification.
- Guide participants to ask questions on the **use of condom.**

Step 5: Ask participants to form 7 groups and give each group two of the 14 already prepared cards with each step of the condom wearing process clearly written on it.

Step 6: Ask them to arrange the cards in the order for wearing a condom properly. Let them demonstrate the steps while observing them to ensure they do it correctly.

Step 7: Ask them to mention any new thing they have learnt.

Step 8: Summarise the issues; the need for couples to practice safe sex by agreeing on condom use and how to wear and dispose of a condom correctly.

Step 9: Present the content on Family Planning and Methods of Contraception to participants.

Session B

Step 1: Revise the last session with participants using the "questioning" method.

Step 2: Introduce the session to participants by letting them know that in this session they will learn more about the female condom.

Step 3: Demonstrate the correct steps of using a female condom.

Steps to Female Condom Use

- Ask a male volunteer to join you for the demonstration.
- Let your male partner demonstrate erection using the penis model.
- Pick a female condom, examine the expiry date and show it to your "partner".
- Carefully tear open the packet and remove the condom.
- Squeeze the inner ring at the closed end between your thumb and the middle finger.
- Let participants know that in using the female condom, one has to choose a comfortable position. Squat, raise one leg, sit, or lie down and gently insert the inner ring into the vagina. Demonstrate the process using the vagina model.
- Once the condom is inside the vagina, use a finger to push the inner ring up as far as it will go.
- The inner ring will sit above.
- When intercourse is over, gently hold below the outer ring and pull it out.
- Allow participants 5 minutes to ask questions or seek clarification.

Step 6: Break participants into groups and assign them to work on case study 1, "What Went Wrong?" This is about a client who experienced method failure because she did not seek medical advice before opting for a family planning method .

Step 7: Presentation of group work in plenary.

Step 8: Summarise the issues.

Step 9: Explain Medical Eligibility in accessing contraception services.

Step 10: Summarise /wrap up session.

Key Points for Participants

- Abstinence is choosing not to engage in sexual intercourse or the decision not to have any kind of sex such as oral, vaginal or anal.
- Any method used to prevent pregnancy is known as contraception.
- The methods are in two main categories - traditional and modern.

Handout for participants

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The method one chooses depends on one's general health, lifestyle and relationships.

Contraception services can be accessed in all health facilities e.g. hospitals, polyclinics, health centers, Community-based Health Planning and Services (CHPS) zones and health posts.

CASE STUDY 1

What went wrong?

Auntie Awaa and Maame Mansah are very good friends. Each of them has 4 children who are of similar ages. Each time one plans to have a child, she tells the other and they both prepare towards getting pregnant. This might sound unbelievable but it is true.

At 40 years, Auntie Awaa decided that enough was enough. She would not have any more children. "After all, life they say begins at 40". She told her husband one day. Mr. Johnson would have none of that. After all he was a rich man so he could have as many children as he wanted. He threatened to marry another wife if she dared him.

Auntie Awaa visited the family planning clinic where she discussed with the nurse that she did not want a method that could easily be detected by her husband. After going through the required medical procedures, she was put on the "pill". Delighted, Auntie Awaa told her friend Maame Mansah about how good the method was and recommended she also start taking the "pill". She decided not to go to the clinic but to get a method which could easily be obtained at the pharmacy shop. She did not bother to find out from the shop assistant how to use the "pill".

Things were fine with her until after a few months when she realised she was pregnant. She could not believe it. She accused her bosom friend of deceiving her. She also confronted the shop assistant for giving her "expired" contraceptive pills. The shop assistant tried to offer some explanations but she would not listen. She stormed out of the pharmacy shop frustrated at the reality of having to live with an unwanted pregnancy.

Discussion:

1. What happened in the case study?
2. Comment on one good thing a character did right.
3. Comment on a few things that were not done correctly and by whom.
4. If you were Mr. Johnson what would you have done differently and why?
5. Was Mr. Johnson right in deciding to marry another wife?
6. What should Maame do now?

How To Put On and Take Off a Male Condom
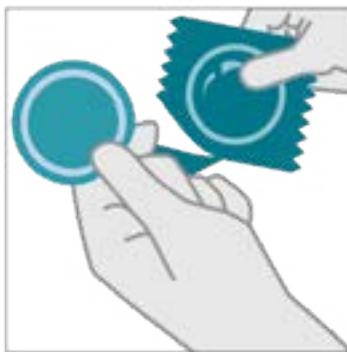
Carefully open and remove condom from wrapper.
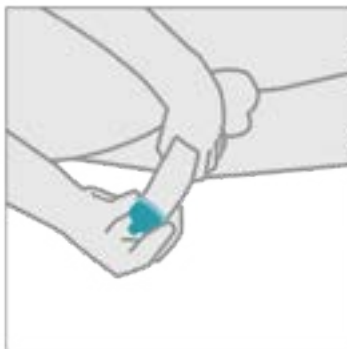
Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first.
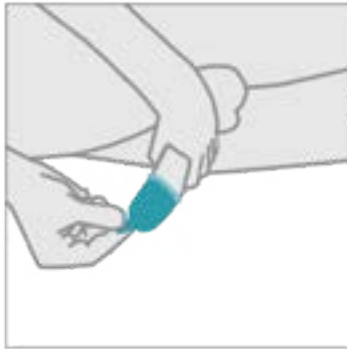
Pinch air out of the tip of the condom.
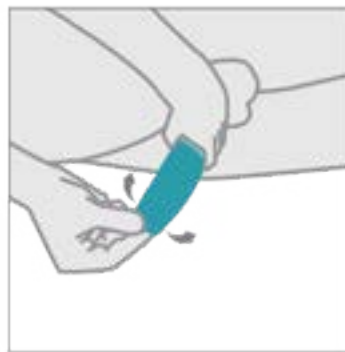
Unroll condom all the way down the penis.

After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place.
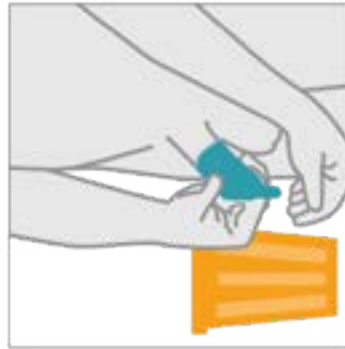
Carefully remove the condom and throw it in the trash.

— How To Insert and Remove a Female Condom —

Carefully open and remove female condom from package to prevent tearing.

The thick, inner ring with closed end is used for placing in the vagina and holds condom in place. The thin, outer ring remains outside of body, covering vaginal opening.

Find a comfortable position. While holding outside of condom at closed end, squeeze sides of inner ring together with your thumb and forefinger and insert into vagina. It is similar to inserting a tampon.

Using your finger, push inner ring as far up as it will go – near the pubic bone. The condom will expand naturally and you may not feel it

Be sure condom is not twisted. The thin, outer ring should remain outside vagina.
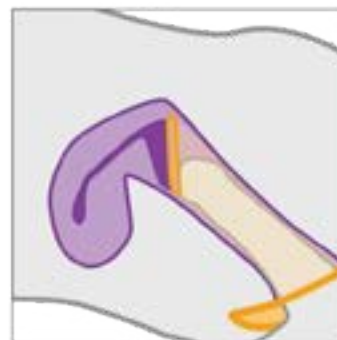
Guide partner's penis into opening of female condom. Stop intercourse if you feel penis slip between condom and walls of vagina or if outer ring is pushed into vagina.

To remove, gently twist outer ring and pull female condom out of vagina.
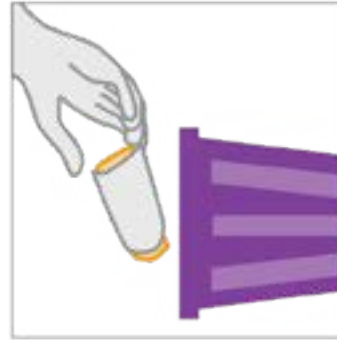
Throw away female condom in trash after using it one time. Do not reuse.

Materials Needed

- • Flip Chart/chalk board.

- • Markers/chalk.

- • LCD projector.

- • Laptop.

- • Pens/pencils.

- • Video/audio cassette player.

- • Slides.

- • Case study.

- • Family planning models (penis and vagina).

- • Posters.

- • Samples of contraceptives.

- • Cardboard/vanguard board.

Time: 1 hour 20 minutes

SESSION 2: ABORTION

Introduction

Abortion is the premature expulsion or removal of the foetus from the womb before the period of gestation is completed. It is not an offence if caused by a qualified medical practitioner in a registered health facility within the jurisdiction of the law. Abortion is a simple and safe procedure when provided under proper conditions. These include having a skilled provider, appropriate and sterile equipment and access to early treatment for any potential complications. In general, abortion is far more likely to be safe when it is legal.

Session Objectives

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

- Understand what safe abortion is.
- Demonstrate knowledge of the complications of unsafe abortion.
- Explain the Abortion Law.
- Discuss where safe abortion and post abortion services can be accessed.

Notes for the Facilitator

Safe Abortion

Abortion performed in sanitary conditions by a skilled provider in a registered health facility, is one of the safest medical procedures in the world. Various methods exist for performing safe abortion. Depending upon the stage of the pregnancy and the provider's facilities, methods of abortion include a surgical procedure or medication from recognised health facilities and professional health providers. Deaths caused by unsafe abortion are therefore, unnecessary.

The conditions under which abortion is typically provided vary widely from place to place. Globally, slightly more than half of all abortions are provided in safe conditions.

The law on abortion in Ghana

The law in Ghana permits abortion under the following conditions:

- Pregnancy as a result of rape or defilement of a female idiot.

- Incest.

- Risk to life of pregnant woman, or injury to her physical or mental health.

- Child would suffer from or later develop serious physical abnormality or disease.

People may have abortions due to other reasons apart from the ones listed above: These may include:

- Desire to delay childbearing.

- Continuation of education.

- Lack of financial means to cater for another child.

- Partner's denial of child's paternity.

- Fear of community sanctions if unmarried.

- Shame associated with premarital sex.

Why Support Women's Access to Safe and Legal Abortion

Unsafe or illegal abortion has negative emotional, psychological and physiological consequences and impacts on women. Some of them result in death. For this reason, some people and governments support women's access to safe and legal abortion because they:

- Believe that people should have access to all safe medical procedures,

- Are dedicated to reducing maternal mortality, including death resulting from unsafe   abortion,

- Believe that women have a right to control their own lives and that the ability to control their fertility is an important part of that right,

- Believe that people should be able to enjoy sexual intimacy and pleasure without reproducing,

- Are concerned about population growth and want women to have access to all possible methods to control their fertility and

- Are concerned about the economic effects that occur as a result of unsafe abortions; for example, the cost of providing emergency care for women and girls who suffer complications of unsafe abortions.

Accessing Abortion Services

Abortion services should be sought from accredited health facilities that are manned by health professionals where they will be taken through pre and post abortion counseling as well as family planning options to avoid repeated and unwanted pregnancies.

Why Oppose Women's Access to Abortion?

In spite of the perceived advantages of safe abortions, people and governments may oppose access to legal and safe abortion because they:

- Hold religious or other personal beliefs that prohibit it,
- Believe that women should not have control over their own lives and fertility,
- Believe that sex should not be enjoyed separately from reproduction and
- Wrongly think that making abortion safe and legal will increase sexual promiscuity and therefore increase abortion rates.

Why Few Women Seek Safe Abortions Services

- Lack of knowledge of the law.
- Lack of financial resources.
- Social pressures (some consider abortion as sin).
- Concerns about quality of care (Pain, privacy, judgmental attitudes of health workers etc.).
- Poor access.

Conditions under which minors can have safe abortion services

When seeking abortion services, minors, that is persons below 18 years of age:

- Should be encouraged to consult their parents or a trusted adult.
- The next of kin or person acting in loco parentis can give consent on minor's behalf.
- Privacy and confidentiality of the minor should be provided.

Legal Abortion

Nearly all countries in the world have passed laws that permit abortions under specific circumstances. In some places, women have the right to abortion on request, usually up to a specified number of weeks of pregnancy.

In other places, abortion is allowed only in specified circumstances, for example, to save the woman's life, in cases of rape or incest, or in other situations or conditions.

Abortion laws are a subject of on-going debate and change in many countries.

The Legal Framework for Termination of Pregnancy

In Ghana, Section 58, Criminal Code Act 29; defines Abortion as:

"Premature expulsion or removal of the conception from the womb before the period of gestation is completed".

The Act states that abortion is not an offence if the following conditions exist:

- Done by a Medical Practitioner Specialist in Obstetrics and Gynaecology.
- Done in Hospital, Registered Clinic.
- Pregnancy is a result of rape or defilement.
- Pregnancy is a result of Incest.
- Defilement of female idiot.
- Risk to life of pregnant woman, or injury to her physical or mental health.
- Child would suffer from or later develop serious physical abnormality or disease.

Unsafe Abortion

Abortion is considered unsafe when:

- The service is sought from unauthorised persons/facilities.
- Self-medication including the use of herbal concoctions.
- The services of quack doctors are used.

It is a major public health problem in many parts of the world. It affects women and girls in all walks of life, but especially those living in low resourced countries. Unsafe abortion may cause the death of the woman.

Post Abortion Family Planning Methods

In order to prevent unwanted pregnancy after abortion, it is necessary to access contraception services soon after abortion. Post abortion women:

- Have a risk of unintended pregnancy.
- Have an unmet need for family planning.

The provision of family planning services in the immediate post abortion period is an important opportunity that should not be missed.

Steps to Facilitate the Session

Step 1: Revise the previous session with the involvement of participants. You may use questioning or ask individual participants to give a summary.

Step 2: Introduce the topic to participants using a story 1.

Step 3: Put participants in small groups and task them to discuss and list reasons for the following:

- Abortion?
- Why would an adolescent or teenager abort a pregnancy?
- Who performs abortions?

Step 4: Presentation of issues by groups.

Step 6: Re-organise participants

Key points for participants

- Abortion is the premature expulsion or removal of the foetus from the womb before the period of gestation is completed.

- Abortion performed in sanitary conditions by a skilled provider in a registered health facility, is one of the safest medical procedures in the world.

- The law in Ghana permits abortion under the following conditions:

    ◊ Pregnancy as a result of rape or defilement of a female idiot.

    ◊ Incest.

    ◊ Risk to life of pregnant woman, or injury to her physical or mental health.

    ◊ Child would suffer from or later develop serious physical abnormality or disease.

- Nearly all countries in the world have passed laws that permit abortions under specific circumstances.

The Legal Framework for Termination of Pregnancy

- In Ghana, Section 58, Criminal Code Act 29; defines Abortion as:

- "Premature expulsion or removal of the conception from the womb before the period of gestation is completed".

The Act states that abortion is not an offence if the following conditions exist:

- Done by a Medical Practitioner Specialist in Obstetrics and Gynaecology.

- Done in Hospital, Registered Clinic.

- Pregnancy is a result of rape or defilement.

- Pregnancy is a result of Incest.

- Defilement of female idiot.

- Risk to life of pregnant woman, or injury to her physical or mental health.

- Child would suffer from or later develop serious physical abnormality or disease.

- Abortion is considered unsafe when:

  ◊ The service is sought from unauthorized persons/facilities.

  ◊ Self-medication including the use of herbal concoctions.

  ◊ The services of quack doctors are used.

In order to prevent unwanted pregnancy after abortion, it is necessary to access contraception services soon after abortion.

Handout

Story

An adolescent girl refuses parental advice, leads a wayward life and gets pregnant. She fails to identify the father of the child, is exposed to ridicule and attempts to abort the pregnancy using unsafe method. What happens next?

Materials Needed

- Flip Chart/chalk board.

- Markers/chalk

- Laptop.

- LCD projector.

- Pens/pencils

- Video/audio cassette player.

- Slides.

- Lecture.

- Role play and case study.

Time: 45 minutes

SESSION 3: REDUCING SEXUALLY TRANSMITTED INFECTIONS AND HIV AMONG YOUNG PEOPLE

Introduction

People experience both positive and negative consequences as a result of engaging in sexual activities. Positive outcomes include pleasure, intimacy, and among heterosexual couples, desired pregnancy. Whiles negative consequences may include challenges such as STI, including HIV infections; or among heterosexual couples unintended pregnancy. In this session, some of these challenges are discussed and participants are helped to learn about means to prevent or protect themselves from being affected or infected by these.

Session Objectives

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

- Explain types of Sexually Transmitted Infections (STIs).
- Discuss STIs, HIV and AIDS among young people.
- Discuss the importance of having protective sex.
- Discuss the need to live positively with HIV.
- State the gender and social stigma related to STIs including HIV.
- Discuss the need for treatment, care and support for young people with STIs including HIV.

Note to the Facilitator

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) are infections spread mainly through unprotected sexual activity and are preventable. Some STIs cause symptoms or discomfort. Others do not always have symptoms especially among females. Even when an infection does not produce symptoms, it can have serious health consequences, including endangering fertility or even life. Girls/females are physiologically more vulnerable to some STIs than boys/males.

Types of STIs

STIs can have serious consequences if not treated early and some of the common ones include: HIV, Human Papilloma Virus (HPV), syphilis, Gonorrhoea, Chlamydia, Trichomoniases, and Herpes Simplex Virus (HSV).

Causes

Some causes of STIs are unprotected sexual intercourse including vaginal, oral sex and anal; these forms of sexual intercourse can result in the transmission of various STIs including low risk of HIV. Receptive anal intercourse increases risk of infection. Not all STIs are curable however; an infected person should seek early and proper medical attention in a health facility.

A person who completes the required treatment will no longer have the infection when he/she takes proper preventive measures to avoid re-infection.

Proper treatment can often reduce symptoms and/or dramatically slow the progress of those STIs that cannot be cured for example, herpes, HIV infection, and HPV.

People who are sexually active must take steps to reduce their risk of acquiring STIs. Using male and female condoms is advised.

Reproductive Tract Infections (RTIs)

Reproductive tract infections (RTIs) are a general term for infections affecting the reproductive organs. RTIs have three main types of causes. They are as follows:

i. Some RTIs are transmitted through sex and in these cases; they are generally called Sexually Transmitted Infections (STIs).

ii. Other RTIs also result from an imbalance in the organisms normally present in the genital tract. These RTIs are more common among women than among men. These RTIs are sometimes caused by practices that are harmful such as douching or inserting substances believed to cause dryness into the vagina. They can also be the side effects of using certain medications.

iii. Some RTIs are transmitted or spread by certain medical procedures and treatments. These RTIs are also more common among women than among men.

- They can result from the use of medical instruments that are not sterile or have not been cleaned properly.

- Pushing an existing infection further up the reproductive tract during a medical procedure can also cause RTI. RTIs may cause symptoms such as vaginal itching and discharge.

- Many RTIs are easily treated and cured, especially if they are diagnosed early. If left untreated however, some can have serious consequences, including infertility or even death as in the case of Pelvic Inflammatory Diseases (PIDs).

- Women are more likely than men to suffer serious consequences including infertility from a non-sexually transmitted RTI.

- In settings where the prevalence of RTIs is extremely high, awareness of such infections and treatment is often lacking.

- Also, in some countries, women have demanded that RTIs be seen as a serious health concern and have called for investments in RTI education and clinical services.

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS)

One of the most serious infections that people can acquire through sex is the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). AIDS is one of the major causes of illness and death in many parts of the world.

In many places, HIV rates are much higher among young people, especially girls. Men who visit sex workers and men who have sex with men may also be particularly vulnerable to HIV infection.

HIV may also be transmitted through non-sex means, for example, by injecting drugs using contaminated needle, through transfusion of contaminated blood, or from an HIV positive pregnant woman to her child.

HIV weakens the body's immune system, allowing infections and cancers to develop. Without treatment it eventually leads to death. Rates of HIV infection vary across countries and within countries.

Methods of Prevention and Protection against STIs including HIV

All STIs, including HIV infection, are preventable and every person has the right and responsibility to protect himself or herself against STIs. There are various ways to prevent or protect oneself and one's partner against STIs. This is true whether one's partner is of the same or the other sex:

The surest way to prevent an STI is to abstain from sexual intercourse i.e. not to have vaginal, oral, or anal sex. Everyone has the right to refuse unsafe sex or sex that is unwanted for any reason. Many people, however, cannot or do not exercise this right. This situation is especially common among women and girls who lack the power to insist that a condom (male or female) is used during the sexual act to protect themselves from STIs.

- Also, both partners can practice mutual monogamy. This means not having any sex partners outside their primary relationship and is also known as "being faithful." However, a person can be infected even without knowing it, or may be unfaithful. Hence promising to be faithful does not necessarily eliminate the need for practicing safe sex.

- Girls and women can receive the HPV vaccine, which prevents most genital warts and cervical cancer.

- Male circumcision offers some protection against HIV for males, but no direct protection for females. Having a foreskin on the penis seems to make it easier   for   various   viruses   and bacteria including HIV to establish an infection in the man.

- Even if they are circumcised, men can still get infected by HIV and can still infect their partners; because circumcision provides no direct benefit to females and provides only partial protection for males. Circumcision does not eliminate the need for condoms.

New protective technologies are likely to become available in the future. As they do, people have a right to learn about and to access such technologies.

Why People Do Not Use Protective Measures?

Equality of the sexes is key to ensuring the absence of sexual and reproductive ill health among young people. It is therefore, necessary that both males and females take responsibility in protecting themselves and their partners from STIs including HIV.

However, many people do not use protective measures to prevent themselves from getting STIs because they lack information, skills, and or basic access to services. For example, many men and women:

- Do not have accurate information regarding transmission and prevention of STIs, or about proper condom use.
- Do not know that there are condoms for females as well as for males. Or they may not have access to female condoms.
- Believe that their partner could not be infected.
- Believe that they are not infected.
- Have a same-sex sexual encounter; either between men or between women, they may not consider it to be "real" sex.
- Lack access to condoms, or they feel embarrassed to ask for them from a provider, pharmacy, or shop.
- Have had sex with someone else and are not sure how to tell their partner that one or both of them may have an STI or HIV as a result.
- Feel embarrassed about discussing condom use with a partner, or are uncomfortable about putting on a condom.
- They did not anticipate that they were going to have sex. They get caught up in the desire of the moment but have neither a male nor a female condom.
- May be forced into having sex as in the case of rape or defilement.
- May have conflicting feelings about using or discussing condoms.

For example:

- ◊ Some women or couples including those in which one partner has an incurable STI or HIV and are trying to become pregnant.
- ◊ People may want to use protection but also feel that sex is more pleasurable without a condom.
- ◊ People may want to protect their partner's and their own health but may also be reluctant

to admit or even ask about the possibility that either one of them may have had an outside sexual relationship. In some circumstances, for example: instance:

◊ Telling or asking about an "external" relationship carries a risk of conflict or even violence. Such 'external" relationships may be particularly stigmatised. For example, a married man having sex with another man, or a woman having an extramarital relationship in a place where gender norms severely condemn such activities.

• A couple's desire for protection may conflict with religious teachings opposing condom use.

• Some people do not use protection because they are in circumstances of unequal social power, including gender inequality. For example:

◊ People, particularly girls, may feel pressured by their partners to show their love by having sex without a condom.

◊ Even if a condom is available, a person may feel pressured by a partner to have intercourse without stopping to put on the condom.

◊ A significant age gap between partners may make it difficult for the younger person to insist on condom use.

◊ Within marriage, women and girls are often obligated to have sex or to have a child, even if they feel that it is not safe.

◊ Both men and women who are paid to have sex may be paid extra or coerced to have sex without condoms. Girls who accept favours or gifts from older men ("sugar daddies") may be offered more in the way of material goods if they agree to have sex without a condom.

◊ Initiating a discussion about sex or sexual health may be considered inappropriate or taboo for women and girls.

◊ Some people feel that raising the issue of condoms implies suspicion of sexual infidelity and may trigger conflict, anger, or violence. Such reactions result in serious harm to many women throughout the world.

◊ In some settings, men who are infected with HIV wrongly believe that they can be cured by having unprotected sex with a female virgin. This practice is dangerous for the girl and is an extreme abuse of her human rights.

Sex that is forced in addition to being an act of violence often takes place without condoms; hence, it is more likely to carry a risk of HIV and other STIs.

Despite these obstacles, millions of people, including young people, use condoms correctly and effectively.

Living Positively with HIV

All people have a right to know their HIV status and to obtain confidential testing and counselling services. People also have a right not to be tested.

People living with incurable STIs such as HIV infection can live a long time and can maintain a relatively normal life, including having safe, satisfying, and supportive sexual relationships. However, doing so requires social and health care support and attention to the rights of people living with HIV (PLHIV).

PLHIV need counselling and support to be comfortable speaking with others about their HIV status. This support can include:

- Joining associations or support groups of PLHIV.

- Offering support in informing and protecting their sex partner(s), including current partners as well as any past partners who may have been infected.

- Offering emotional support, including assistance in talking with family members and

- Helping by ensuring they have proper nutrition, take their medication regularly as prescribed, and remain in care.

Treatment, Care and Support

Some people suffer as a result of disclosing their HIV status to their partners or family members. In spite of this, many have partners and family members who are understanding and helpful.

PLHIV have the right to obtain needed services and treatment. They also need the support of their partners, family and community members.

Treatment for PLHIV includes the provision of Anti-retroviral drugs to those who need it and treatment of opportunistic infections.

Care may include:

- Access to medications, special medical attention during pregnancy or illnesses, and social services with on going counselling support.

- Medical treatment and care for PLHIV are costly. Support from governments, international donors and non-governmental organisations are essential for people who need to obtain care.

- Partners, relations of PLHIV and community members should support them to live positively by showing them love and care. They should avoid acts of stigmatisation and discrimination against them.

Gender and Social Stigma Related to STIs including HIV

According to the Secretary General of the United Nation, Mr. Ban Ki Moon, "Stigma remains the single most important barrier to public action. It is the main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."

Some Factors Contributing to HIV-related Stigma

- Inaccurate information about how HIV is transmitted, creating irrational behaviour and misperceptions of personal risk.

- HIV infection is often thought to be the result of personal irresponsibility

- Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

- The effects of antiretroviral therapy on people's physical appearance can result in forced disclosure and discrimination based on appearance.

- PLHIV have the right to live a life free of stigma and discrimination. Unfortunately, many times this right is not respected. For example:

   ◊ In some countries, PLHIV are barred from employment, housing, or other basic needs.

   ◊ Some PLHIV who are women have been unjustly denied access to reproductive health services.

- In a sense, families and communities are also affected by HIV. This is especially true where a relatively high proportion of individuals are infected with the virus

- In some towns, many of the infected income earners become too sick to work.

- Millions of people especially women and girls are caring for family members infected and affected by HIV.

- Millions of children have been orphaned because one or both of their parents have died of AIDS.

- Young people must cope with the reality of HIV as they seek to maintain a positive experience of sex and sexuality.

- Worldwide, groups are working to protect the rights of PLHIV and to support communities cope with the epidemic as well as advance prevention efforts. Some of their activities include:

   ◊ Providing and advocating for support for PLHIV as well as their families,

   ◊ Assisting children who have lost one or both parents to AIDS,

   ◊ Advocating for greater access to treatment,

   ◊ Increasing behaviour change and ways to prevent transmission of the infection and

   ◊ Advocating for research into HIV testing, barriers to condom use and other means of protection against the virus.

Rights and Responsibilities Related to Preventing STIs and HIV

Societies and governments have responsibilities to provide health services, respect confidentiality, and protect all people against stigma and discrimination that result from their health status. Each of us has a right to obtain these services and protections.

Within our sexual relationships, each of us has the responsibility to protect our partners from harmful health consequences, including STIs, HIV, and unintended pregnancy. The responsibility to protect our partners becomes particularly important when the possible consequences are very serious.

Some people tell their sexual partners that they are or suspect they may be HIV positive, even though telling them is not easy. (PLHIV are encouraged to disclose their status to their partners).

Some of the reasons for sharing this information include:

- They want to protect their partner.

- They wish that a previous partner had disclosed his or her status to them.

- They want emotional support from their partner.

- They are concerned that their partner might find out about their status from a health care provider or from someone else.

Some people feel that a person has a right to know if his or her sex partner is HIV positive, even if condoms are being used.

Others do not tell their sexual partners that they are or suspect they may be infected with HIV. For example:

- They feel that they do not have to tell their sexual partners about their HIV status as long as they use condoms, which greatly reduce the risk of transmitting the virus.

- They do not know how to bring up the issue.

- They are afraid of their partner's reaction. For example, they fear that their partner may accuse them of sexual infidelity, become violent, or abandon them.

- They fear that other people will get to know about their HIV status which could lead to stigma and discrimination.

- They lack adequate concern about the welfare of their sexual partners.

- They erroneously believe that they will not infect their partner.

Individuals who know that they are HIV positive and want to tell their partners may find support and guidance from a counsellors or trusted health care provider.

The Right to Health Services

Article 25, UDHR, 1948; Article 12, CEDA W, 1979; Article 12, ICESCR, 1966; Article 24, CRC, 1989) of the Constitution of Ghana stipulates, "All people have the right to health care and necessary social services".

In view of this constitutional right, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, STIs and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

Every young person needs access to health care services as part of having a safe, responsible, and healthy sex life. All people have the right to health services that are accessible, affordable and of good quality. People have a right to be treated respectfully and to maintain their privacy. Unfortunately, many barriers may keep people from obtaining the health services they need and deserve. Sometimes these barriers reflect discrimination and informal stigma. Sometimes these barriers become formal policies.

- Governments may not provide free or affordable health services in all areas.

- Governments, providers, or pharmacies may withhold access to certain health services and medications. Their actions may be influenced by political or religious beliefs.

- Pharmaceutical companies may charge unaffordable prices for drugs and supplies.

- Some health programmes may require young people, particularly girls, to obtain parental consent before receiving contraceptive services.

- Poor quality of care may discourage people from going to available health services. For example:

    ◊ Clients may have to endure a long wait for services or may not receive the supplies or services they need.

    ◊ Some clients especially if they are unmarried, poor, sex workers, of a racial/ethnic minority, transgender, living in a same-sex relationship, or living with HIV experience judgmental treatment from health providers.

- Adolescents often have real or perceived fears that family or friends will find out about their health care visit.

- Gender norms influence use of services.

- Many young men may feel uncomfortable about seeking sexual health services, especially where such services focus mainly on women.

- Many women and young people lack the decision making power or the money that they need to access services.

- Some girls and women are prohibited from leaving their homes or villages unaccompanied, even to a health clinic.

Despite these obstacles, millions of people, including young people, use health services and interact well with their providers.

Steps to Facilitate the Session

Step 1: Revise the last session with participants. You may use questioning or ask individual participants to give a summary.

Step 2: Introduce the topic to the participants and invite PLHIV (if he/she is available) to share experience about how he/she got infected.

Step 3: Let participants interact with the PLHIV in the open forum.

Step 4: Break participants into small groups to work on the case study "Naming Stigma''.

Step 5: Discussions/Feedback on case study, by participants.

Step 6: Summarise the issues raised by participants.

Step 7: Presentation of topic.

Step 8: Summarise and wrap up the session.

Key Points for Participants

- Sexually Transmitted Infections (STIs) are infections spread mainly through unprotected sexual activity and are preventable.

- STIs can have serious consequences if not treated early and some of the common ones include: HIV, Human Papilloma Virus (HPV), syphilis, Gonorrhoea, Chlamydia, Trichomoniases, and Herpes Simplex Virus (HSV).

- Some causes of STIs are unprotected sexual intercourse including vaginal, oral sex and anal; these forms of sexual intercourse can result in the transmission of various STIs including low risk of HIV. Receptive anal intercourse increases risk of infection. Not all STIs are curable however; an infected person should seek early and proper medical attention in a health facility.

- Reproductive tract infections (RTIs) are a general term for infections affecting the reproductive organs. RTIs have three main types of causes. They are as follows:

  ◊ Some RTIs are transmitted through sex and in these cases; they are generally called Sexually Transmitted Infections (STIs).

  ◊ Other RTIs also result from an imbalance in the organisms normally present in the genital tract. These RTIs are more common among women than among men. These RTIs are sometimes caused by practices that are harmful such as douching or inserting substances believed to cause dryness into the vagina. They can also be the side effects of using certain medications.

  ◊ Some RTIs are transmitted or spread by certain medical procedures and treatments. These RTIs are also more common among women than among men.

- One of the most serious infections that people can acquire through sex is the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). AIDS is one of the major causes of illness and death in many parts of the world.

- All STIs, including HIV infection, are preventable and every person has the right and responsibility to protect himself or herself against STIs. There are various ways to prevent or protect oneself and one's partner against STIs. This is true whether one's partner is of the same or the other sex.

- Equality of the sexes is key to ensuring the absence of sexual and reproductive ill health among young people. It is therefore, necessary that both males and females take responsibility in protecting themselves and their partners from STIs including HIV.

- All people have a right to know their HIV status and to obtain confidential testing and counselling services.

- Societies and governments have responsibilities to provide health services, respect confidentiality, and protect all people against stigma and discrimination that result from their health status. Each of us has a right to obtain these services and protections.

- Every young person needs access to health care services as part of having a safe, responsible, and healthy sex life.

- All people have the right to health services that are accessible, affordable and of good quality. People have a right to be treated respectfully and to maintain their privacy.

Handout

Task: Ask participants to discuss the following case study

Naming stigma

A young woman has been brought up in a religious family. She goes to church every day and follows strict moral values. Then she leaves the village to study as a teacher and finds herself in a very different world from the one she grew up in. She meets someone and has a serious relationship, which lasts two years until she starts to get sick. Her boyfriend blames her for *"bringing this sickness"* and leaves her.

She returns to the village where her mother welcomes her, but her father wants to chase her. Her mother takes her to the clinic but the nurses are very cold to her. Her father will only let her stay if she sleeps in the shed at the back of the house.

Discussion:

- What happened in the case study?
- Have situations like this happened in your community or somewhere else? If yes, give examples without mentioning names.
- How do you feel about the story?
- Comment on the behaviour/attitude of the following:
  - ◊ the girl's father.
  - ◊ the health workers.
- What would you do in your own small way to address this situation?

Materials Needed

- FlipChart/chalk board.
- Markers/chalk.
- LCD.
- Pens/pencils.
- Video/audio cassette players.
- Slides.
- Posters and PLHIV resource person(s) if available.

Time: 150 minutes

SESSION 4: REFERRAL

Introduction

Referral is an important component of sexual and reproductive health and services which the health provider needs to be familiar with. This is done when treatment for a client is deferred at a health facility and is referred to a higher facility or a facility where the service is available for attention.

Session Objectives

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

- Explain what the referral system is.
- Understand the importance of the referral system.
- List the steps in the referral system.
- Gain insight into information clients should have during referral.

Notes for the Facilitator

The Referral System and its Importance

This is when treatment for a client is deferred at a health facility and is referred to a higher facility or a facility where the service is available for attention. Referral is an important component of the sexual and reproductive health and services which the health provider needs to be familiar with. The nature of the work of the health provider is such that she/he finds herself/himself virtually anywhere one can find human beings. She/he is therefore, confronted with all manner of health problems and issues presented by clients irrespective of whether she/he has the capacity or ability or not.

However it is important to put in place an effective referral system which ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care closest to them.

A good referral system can help to ensure:

- Clients receive optimal care at the appropriate level and not unnecessarily costly.
- Hospital facilities are used optimally and cost-effectively.
- Clients who most need specialist services can access them in a timely way.

When to Refer a Client

When a service provider is confronted with a problem beyond his or her scope of operation, it is necessary to refer the client to the appropriate service provider. It is therefore; expedient that she or he becomes conversant with principles of referral in the sexual and reproductive health services so as to be able to refer clients appropriately.

Clients can be referred to enable them access the following services:

- Counselling.
- Testing.
- Screening.
- Medication.
- Family Planning
- Contraception.
- Surgical interventions.
- Other medical or nursing care.

Steps in the Referral System

The health care provider, the social worker or peer educator should:

- Have enough information about the health system in which she/he is operating at each level particularly the sexual and reproductive health services.
- Follow the approved guidelines/steps for referral.
- Expect a feedback from the institution that the client was referred to through the client, his or her relatives or any other approved means.
- Be able to fill in the Referral Form.
- Know the working hours and the personnel on duty at the referral centres.

Before referral a service provider makes sure that she or he does the following:

- Explain the reason for the referral to the client and relatives.
- Ask if the client has questions and answer them if possible.
- Fill out the Referral Form.
- Inform the client of the place, working hours and the referral services available at the referral centre.
- Give the Referral Form to the client or the accompanying relative.
- Tell the client to come back and give you feedback report.
- Help the client to access means of transport (through the Health Committee, opinion leaders,

client's relatives and friends, use of radio or any communication system instituted at the health facility if possible.

- Make sure that appropriate urgent and speed up measures are taken in case of emergency.

- Ensure that the client's file is filled out correctly (date, time and place of referral after client has left).

- Conduct a follow-up on the client later as required.

Materials Needed

- Flip Chart/chalkboard.

- Markers/chalk.

- Laptop.

- LCD projector.

- Pens/pencils.

- Video/audio cassette player

- Slides.

- Case study.

- Roleplay.

- Referral Form.

Steps to Facilitate the Session

Step 1: Revise the last session with participants.

Step 2: Organise participants in buzz groups of two or three.

Step 3:Ask them to indicate one sexuality and reproductive health need per person.

Step 4:At the Community Based Health Planning and Services (CHPS) Zone.

Write these on the board as they are mentioned. Group similar needs and discuss with them. To get a clear understanding of the expressed needs.

Step 5: Assign them in groups to discuss and suggest how the needs can be addressed.

Step 6:Take participants feedback in plenary.

Step 7: Select, brief and assign roles to three or four participants on the role play on Referral *(See hand out for role play).*

Step 8: Let participants act out the play.

Step 9: In an open forum, discuss the issues in the role play.

Step 10: Summarise the issues and conclude. Ask them to think about what will happen at the CHPS Zone.

Step 11: Summarise/wrap up.

- This is when treatment for a client is deferred at a health facility and is referred to a higher facility or a facility where the service is available for attention.

- A good referral system can help to ensure:

  ◊ Clients receive optimal care at the appropriate level and not unnecessarily costly.

  ◊ Hospital facilities are used optimally and cost-effectively.

  ◊ Clients who most need specialist services can access them in a timely way.

  ◊ When a service provider is confronted with a problem beyond his or her scope of operation, it is necessary to refer the client to the appropriate service provider.

Handout

ROLE PLAYS

Characters:

1. Anna, a 13 year old JHS girl has attempted aborting a three-month pregnancy but was not successful. She confides in her friend, Mercy.

2. Mercy: 15 year old friend of Anna. She gives Anna a herbal concoction to abort but the process was not successful and has severe abdominal pain accompanied by bleeding and complains of dizziness. She is afraid something terrible will happen to her.

3. Abena: A friend to Anna and Mercy advises them to see the Peer Educator. She accompanies the girls to see the PE. After attending to her, she is referred to the CHPS Zone to see the Health Assistant.

4. Peer Educator.

5. Health Assistant at CHPS Zone.

What happens next?

CONCLUSION OF MODULE

This module has provided a lot of insight into Sexual and reproductive health services and other related issues including Sexually Transmitted Infections and HIV. This module will also help young people to be able to know how these infections are contracted, ways of prevention and protection. It also helped in the understanding of the essence of an effective referral.

In the next module participants will be made to understand and appreciate issues related to gender which include; gender and gender identity, gender norms and roles, gender and violence amongst others..

Learning More About Young People, Their Health And How Society Sees Them

Young People, Gender And Health

INTRODUCTION

Gender norms affect everyone's well-being, including sexual health and risk of HIV. Most countries have identified the achievement of gender equality as a moral imperative and as key to promoting sexual and reproductive health and strengthening families and societies. Ghana is no exception in this regard.

In every society worldwide, there are defined roles for both males and females. These defined roles sets the stage for what is expected and what is not expected on the part of both sexes. For example, in the traditional Ghanaian society, the girl is expected to perform domestic chores like cooking and sweeping whiles the boy is expected to help with chores outside the home like farming. Any diversion from these defined roles breeds suspicion and sometimes hostility. It must however be emphasized that these roles differ from society to society and over time. For example, whereas in Ghana the male pays dowry to the brides, in India and other parts of the world, it is the female who pays the dowry to the male's family.

In most countries, such as Ghana males and females are identified as equal under the law, with equal access to opportunities and resources that exist (www.adhdghana.org).

Gender roles can sometimes be detrimental. Being a particular sex should not place one at a disadvantage. Males and females are different but stereotyping because of gender can negatively affect young people, especially girls and young women as they are in the formative period. It is important to raise adolescents' awareness about gender issues because interventions now can change later life outcomes and ensure that young people, both male and female, enjoy the best reproductive health services available and have the same rights and privileges.

This module defines gender and explores how gender norms affect the lives and health of both boys and girls. It suggests ways to enable adolescents envision the kind of people they want to be, the kinds of relationships they hope to form, and the type of society they view as fair and happy. It does so by exploring issues on gender and power dynamics, gender norms and roles how gender impacts education, gender stereotypes,(in the media and public) places, the effects of gender on mobility, social connections and safe public spaces, gender, work and economic resources inside and outside the home and gender in marriage. The effect of gender on bodily autonomy, violence, sexual coercion and the ability to make own decisions will also be explored. Finally, the need to change gender norms and roles as well as the world around us will also be discussed.

MODULE OBJECTIVES

By the end of this module, participants will achieve various objectives which have been categorised below:

Cognitive Objectives:

Participants, at the end of this module, must be able to:

- Distinguish between sex and gender.
- Give an example of how male and female gender roles are changing.
- Describe steps people must take to promote positive changes in gender roles.

- Discuss how gender inequality affects opportunities, including access to education, public space, health services, civic participation, and employment.

- Give examples of how children learn their gender roles from families and communities.

- Discuss how institutions (marriage, family, media, religion, schools) reinforce gender norms.

- Discuss how gender norms perpetuate child marriage, female genital mutilation, and violence (including sexual violence).

- Explain how conventional gender roles can increase the likelihood that women and girls will face HIV or other sexually transmitted infections and unintended pregnancy.

Affective Objectives

- Understand that gender norms can undermine the well being of both boys and girls.

- Discuss gender roles they have challenged or would like to challenge.

- Clarify their beliefs about intimate partner violence and sexual coercion.

- Describe how gender socialisation can affect feelings of security and self-esteem.

Skill-based Objectives

- Demonstrate analytical and critical thinking skills in explaining their ideas.

DEFINITION OF TERMS

1. **Biological:** relating to life and living process or natural process e.g. birth.

2. **Constructed Roles**: well defined functions or responsibilities within a particular society or community.

3. **Reproductive Anatomy**: system of organs within an organism (human) which work together for the purpose of reproduction e.g. vagina, fallopian tube, penis, scrotum etc.

4. **Gender** refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women.

5. **Psychological Characteristics**: traits that influences an individual's responses or actions in a particular manner. They normally associated with beliefs and values.

6. **Gender Roles:** Societal expectations or construct of ways males and females are expected to think, feel and act.

7. **Gender Equality** means equal opportunities for males and females in all areas of life. (ADHD).

8. **Gender Equity** means ensuring the different needs of males and females are considered in development programmes such as health, education, social welfare and economic opportunity. It is about fairness to both males and females.

9. **Childhood** –is the age span ranging from birth to adolescence thus from 0 – 17 years.

10. **Adolescence** – is the time between the beginning of sexual maturation (puberty) and adulthood. It is a time of psychological maturation, when a person becomes "adult-like" in behaviour.

11. **Norms** – formal or informal guideline about what is considered normal (i.e. what is correct or incorrect) social behaviour in a particular group or social unit.

12. **Roles** – the characteristic and expected social behaviour of an individual.

13. **Gender Violence** is violence that is directed at a person on the basis of his or her gender (EIGE)

14. **Reinforce -** means to strengthen or support an object or substance.

15. **Gender bias -** refers to unequal treatment (such as promotion, pay, benefits and privileges), and expectations due to attitudes based on the sex of a person or group of people.

16. **Gender Stereotype -** refers to the accusations or assumptions made about a specific gender whether they are true or false. Most of the time however, gender stereotyping is far from the truth.

17. **Autonomy** - Refers to, the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces.

18. **Self-determination -** the power or ability to make a decision for oneself without influence from outside.

19. **Violence-** is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, Mal-development or deprivation.

20. **Gender based Violence**- Any act of violence directed towards another because of his/her gender.

21. **Domestic violence-** any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another can constitute domestic violence.

FACILITATOR'S GUIDE FOR MODULE

To successfully facilitate this module, the facilitator must:

- Emphasise that the term "gender" refers to boys as well as to girls.

- Use concrete examples of gender issues - from the information provided or from your own setting. Familiar examples help participants understand that gender is more than an abstract idea.

- Keep emphasising that boys, as well as girls, can benefit from less rigid gender norms and arrangements. Remember that many young people have already chosen less conventional gender roles and feel good about themselves.

- Within a given culture, as well as between cultures, gender dynamics take different forms. Be sensitive to the nature (and variability) of gender dynamics in your local cultural setting.

- Start with examples of inequality and discrimination that young people recognize (like racism or stigma associated with HIV and AIDS). Such examples help young people understand inequality and discrimination as they relate to gender.

- The topic of gender roles may generate defensiveness or hostility. Plan ways to diffuse potential arguments and maintain open and respectful discussion.

- Recall that many learners have experienced violence. Discussing the topic calls for sensitivity and planning. Establish a safe learning environment. Provide appropriate support and referral as needed.

- Support learners' efforts to process their feelings. Challenging our own attitudes, or the norms of people around us, can be difficult or confusing. But it is possible and can be empowering.

- Foster a safe environment for open discussion. Consider separating girls and boys for some activities. Later you can bring them together for shared discussion.

SESSION 1: UNDERSTANDING GENDER

Introduction

In the Ghanaian society, like many others in the world, there is a basic division of attributes ascribed to males and females. These attributes are either biological or socially defined. Young people, regardless of their sex, have private sense and subjective experience of their own gender which is formed at early childhood and is difficult to change afterwards. This section seeks to help participants to define basic concepts in Gender. The session is important to the young person's sexual and reproductive health because gender, gender roles and gender identity could be a basis for discrimination, inequality as well as serving as a fuel to increase vulnerability to STIs including HIV and AIDS.

Session Objectives

At the end of this session, participates will be able to:

- Understand what gender is.
- Know the difference between gender and sex.
- Describe gender identity.
- Understand the impact of gender identity on health of the young person.

Notes for the Facilitator

It is important to note the aim of this session is to define and understand basic concepts in Gender. It is therefore necessary to select the key concept which can be thoroughly discussed considering the time allocated for the session. It is important to start by establishing the difference between Sex and Gender and liking it to the other concepts.

Gender and Sex

Is Sex different from Gender?

Sex and Gender are used interchangeably, however they mean different things.

Sex is the biological up make of an individual's reproductive anatomy which includes internal and external sex organs, chromosomes, and hormones that defines that an individual is male or female.

Gender refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women (WHO 2013). Gender defines shared ideas and expectations (norms) about women and men in our society. These roles are learned, vary between cultures, change over time and influenced by families, friends, opinion leaders, religious and cultural institutions, schools, workplace, the media and the community as a whole. Elements of such a role include clothing, speech patterns including the manner of verbal expression, occupation.

Differences between gender and sex

- "Male" and "female" are sex categories, while "masculine" and "feminine" are gender categories.

- Aspects of sex will not vary substantially between different human societies, while aspects of gender may vary greatly from culture (society/community) to the other.

- Gender is not something we are born with, and not something we have, but something we do (West and Zimmerman 1987) – something we perform (Butler 1990).

Characteristics of Gender and Sex

Some characteristics often associated with the masculine gender may include: courageous, athletic, daring, dependable, forceful, independent, leader, and strong-willed, et cetera.

Some characteristics usually assigned to the feminine gender may include: caring, companion, empathetic, nurturing, cooperative, weak-willed, follower, receptive, dependent, among others.

Some examples of gender characteristics:

- Women do more housework than men.

- More men smoke than women (female smoking not considered appropriate).

- More appropriate for men to drive commercial vehicles than women.

Some examples of sex characteristics:

- Women menstruate while men do not.

- Men have testicles while women do not.

- Women have developed breasts that are usually capable of lactating.

- Men generally have more larger bones than women.

- Women can get pregnant, men cannot.

Gender Identity

Gender identity is a person's private sense of, and subjective experience of, their own gender. At birth, new-borns are identified as male or female based on their sex organs. In many settings, people indicate a baby's sex through the use of specific names, jewellery, clothing, and so forth. Example: In the Ghanaian culture, names are given to new-borns based on the day they were born and their sex i.e. (male or female) e.g. in the 'Akan' tribe a male Monday born is named "Kwadjo" and a female is named Adwoa. Furthermore, societies have a set of gender categories that can serve as the basis of the formation of a social identity in relation to other members of society. In most societies, there is a basic division between gender attributes assigned to males and females.

Guide for Facilitator

- The session should be very interactive to enable participants share their own experiences on Gender. This approach maximises understanding.

- Take note of the burning issues that come up during the interactions such as gender-based violence, discrimination and sexual and reproductive health related issues to be address in the subsequent session.

- Draw the attention of the participants to the fact that gender refers to both males and females.

- Also note that although females are often disadvantaged with regards to certain issues, males also face challenges because of gender.

- Be gender neutral in discussing points and ensure that your personal beliefs do not influence the line of discussion.

- Add to the list from each group until you have all the responses expected.

- You may need to ask probing questions to generate specific responses.

- A few characteristics of males and females are biological. For example only males can be a father, only females can give birth or breastfeed.

Steps to Facilitate the Session

Overview

Participants must work in groups to describe words about what society says it means to be a man or woman, and discuss where these come from. The participants must first be introduced to the concept of gender as well the differences and characteristics attributed to gender and sex i.e. whether a particular characteristic is biologically determined (sex) or socially determined (gender). (Refer to Notes for Facilitator).

> **Step 1**: The facilitator must divide the participants into groups ranging between 3-8 people in a group, ensuring a good mix of both sexes per group as much as possible. A4 sheets are then to be distributed to the participants for use in their discussion.

Step 2: The facilitator must give each group instructions and time to list words that are often associated with being a man and being a woman on the A4 sheets provided.

Step 3: Each group must then write down their list obtained in their respective groups on the flip charts.

Step 4: The facilitator must ask each group the following:

- Which characteristic from the list is associated with being a man?

- Is that characteristic biologically determined or socially determined?

The participants must then write each characteristic selected from the list under the "biological" or "social" category (Table 1- Gender and Sex Characteristic).

If participants assign a "social" characteristic to "biological" category, correct them by asking: "If a boy or man does not possess that characteristic, is he still considered a boy or man?"

Step 5:The facilitator must repeat the same exercise for characteristics associated with being a woman. The facilitator must ask:

- Which characteristic from the list is associated with being a woman?

- Is that characteristic biologically determined or socially determined?

The participants must then write each characteristic selected from the list under the "biological" or "social" category (Handout 1- Gender and Sex Characteristic Table).

If participants assign a "social" characteristic to "biological" category, correct them by asking: "If a girl or woman does not possess that characteristic, is she still considered a girl or woman?"

Step 6: At the end of the group presentations, ask the participants the following;

- What messages about how to behave do girls receive at home, at school, from religious leaders? Do boys receive the same messages?

- What are typically "female" jobs that men could do?

- What are typically "male" jobs that women could do?

Key points for Participants

- Sex refers to biological attributes and gender refers to socially ascribed attributes.

- Men and women are expected to conform to particular social norms.

Handout for Participants

Gender and sex are different but related concepts.

Sex refers to the biological and physiological characteristics that define men and women. Features such as internal and external sex organs, chromosomes and hormones may be used to distinguish between sexes (WHO). They are universal and generally permanent. For example a woman can become pregnant and a woman can menstruate. A man can experience wet dream.

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women. These roles are learned, vary between cultures and change over time. For example men and women can be cooks, doctors and nurses.

Gender Roles are societal expectations or construct of ways males and females are expected to think, feel and act.

Gender identity is generally described as one's private sense of being a man or a woman, consisting primarily of the acceptance of membership into a category of people: male or female. Gender identity also has a strong relationship with social and environmental factors, such as what type of parents raise the child and what kind of culture they grow up in.

GENDER AND SEX CHARACTERISTICS			
Men		**Women**	
Biological	Social	Biological	Social

Materials Needed

- Flipchart.
- Projector.
- Pens/Pencils/Marker.
- A4 sheets.

Time: 90 minutes

SESSION 2: GENDER NORMS, GENDER ROLES AND GENDER STEREOTYPES

Introduction

Every young boy or girl in his/her childhood stage adopted some social or cultural norms which has had either positive or negative impact effect on him/her at the adolescent stage. These norms inform the behaviours and roles of individuals in their society. Some gender norms negatively influence health and wellbeing of young people, contribute to inhibiting the development of one's full potential and can lead to gender-based violence. Unfortunately some gender norms are not based on facts and persist even in the face of evidence to the contrary, rather they are based on stereotypes. This session seeks to explore the concepts of gender norms, gender roles and gender stereotypes, how they manifest and particularly how to address gender stereotypes.

Session Objectives

By the end of this session, participant:

- Would be able to define and explain gender norms, roles and stereotypes and describe how they influence behaviour.

- Would understand how gender norms and roles are formed during childhood and adolescence.

- Will appreciate how their environment or culture affected or influenced gender roles, norms and stereotypes.

- Give examples of how gender stereotypes manifest in our communities.

- Explain how the media helps promote gender norms, roles and stereotypes.

Notes for the Facilitator

Gender norms and roles and how they are formed during childhood and adolescence

Gender norms refer to the widely held expectations or beliefs within a community about how people should act or think as males or females. Gender norms also refer to views on how strictly or consistently people should comply with one gender role or another.

Gender roles on the other hand are learned behaviours in a given society related to which activities are considered masculine and feminine and define what the society believes men and women can, should

and often, must do. Gender roles vary between cultures.

Family members model gender norms in their own roles and behaviours. Depending on the culture and the family, male and female roles might be similar or they might be distinct.

Males and females typically have different responsibilities and roles regarding infant and child care. Thus, as infants, children begin to observe and absorb gender norms. Examples, in some cultures children are being taught how to greet depending on their sex. Girls tend to be given more domestic responsibilities and have less free time than their brothers. Boys may be discouraged from crying or from expressing feelings of vulnerability.

Girls may be discouraged from asserting themselves or from playing "rough" sports. These gender norms and roles regarding appropriate behaviours or beliefs for young people are formed from childhood. However, during this period, decisions made and behaviours established at a very large extent affect their horizons later in life. Therefore during this formative period in their lives it is important to provide them with the tools they need to become economically empowered as young people.

Furthermore, children also acquire gender roles through their awareness of their own sex and their perceptions of behaviour appropriate to their own sex. Over time children seek out and categorise those behaviours appropriate to the sex them identified with.

Also, peer groups as well as the media often have greater influence on children's perception of gender role than their parents.

Changing Gender Norms and Roles

Societies and cultures are constantly evolving. The conditions of human beings change, sometimes for the better and sometimes for the worse. Gender roles are also changing. Around the world, millions of people are working actively in their families, schools, and communities to change gender norms. Girls' roles are changing in most parts of the world, rapidly in some places. In many places, girls are slowly gaining access to their rights. In a few, however, girls are finding their lives more and more restricted. Boys' roles are also evolving, but more slowly.

Boys' opportunities to discuss and modify their identities and roles continue to be limited. Many boys feel conflicting pressure to act like "real men," as traditionally defined. Yet, they are also expected to become more respectful and caring in their relationships with women. Organizations of men are working globally to eliminate violence against women. They are also redefining masculinity in ways that allow boys and men to lead fuller lives as individuals, fathers, and members of a just society.

Attitudes toward homosexual and transgender individuals are changing rapidly in some settings. Awareness of sexual violence is increasing rapidly in some places, but more efforts are needed to reduce the prevalence of such violence.

Many boys feel free to express a range of emotions, including vulnerability and tenderness. Later in life, this freedom may also enhance their capacity and satisfaction as fathers.

Many young people celebrate diversity and difference.

Gender Stereotypes

Stereotypes are held beliefs (usually wrong) about a group and its members. Stereotypical beliefs are usually not based on evidence and even persist in the face of contrary evidence.

Gender stereotypes are held beliefs about males and females that are not based on empirical evidence and are most often than not discriminatory in nature. Gender stereotypes therefore means preconceived ideas whereby males and females are arbitrarily assigned characteristics and roles determined and limited by their sex. Sex stereotyping can limit the development of the natural talents and abilities of boys and girls, women and men, as well as their educational experiences and life opportunities. (CEDAW, 1979)

Gender Stereotypes in the Community

Many social norms promote gender stereotypes in Ghana. For example:

- Females are generally considered more caring than males and so the young girl must take care of baby in the home in the absence of the mother.
- Females are considered emotionally and physically weaker than males.
- Males are considered emotionally strong so society expects the boy not to weep even in traumatising situations.
- In some communities, male children are more cherished than female children at birth.
- Women are supposed to make less money than men.
- Women don't play sports.
- Women are not politicians.
- Witchcraft in Ghana is attributed to mainly females, particularly older women.

These stereotypes could be fertile ground for the marginalisation of young people, especially the girl child making her more vulnerable.

Gender Stereotypes in the Media

Media not only gives people information and entertainment, but, according to a Canadian communication theorist Marshall McLuhan, it also affects people's lives by shaping their opinions, attitudes and beliefs (1964). Both children's stories and the media exert a powerful and wide-ranging influence on the gender norms and expectations of young people. Such media include radio, television, movies, newspapers, magazines, the Internet, and advertising. Media images and messages can promote and expose people to values of equality, respect, and dignity — or to those of disrespect and inequality. Children's stories and the media often reinforce gender inequality and disrespect.

Some of the ways they do this include:

- Portraying stereotypical male and female roles (for example, depicting men as heroes and women as victims) and stereotypes of racial and ethnic groups, people in same-sex relationships, and others,

- Depicting and glorifying idealised body types,

- Representing women and girls in highly sexualised ways and

- Reserving for men the more senior and more visible positions in news programs and in film and television.

- Advertisements in the media when using females emphasize on the body but when using males, they emphasise on the face.

- Around the world, young people are creating their own media and telling their own stories about their lives. Many groups promote public awareness about messages in the mainstream media.

Below are examples of some media stereotype

Example one: So easy a husband could do it.
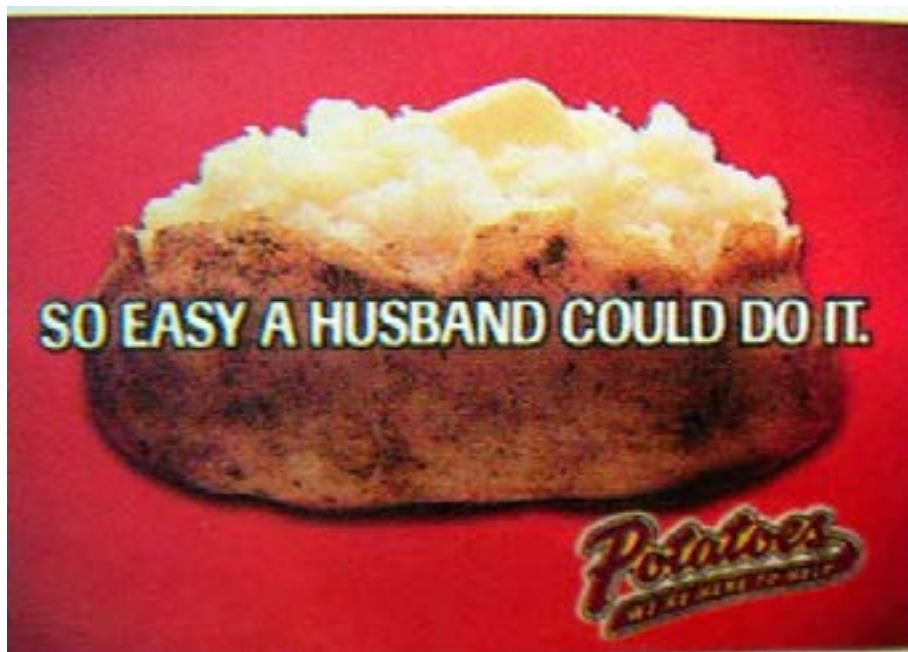
This advertisement for potatoes is an obvious example of gender stereotyping. The photo states that the potatoes are easy enough to cook that a man could cook them, which implies that the woman's job is to cook for and feed the family, and that men are usually incapable of this task.

Example Two: Male and female child playing together at a kitchen

The image of the male and female child playing together at a kitchen set emphasizes gender stereotypes being broken. The advertisement shows customers that children do not have to fit typical gender roles and that boys can play with kitchen sets. It also shows the children wearing gender-neutral clothing. The advertisement is progressive and encourages dissolution of gender stereotypes.

Example Three: Women are responsible for laundry

The advertisement for laundry detergent displays gender stereotypes that people do not necessarily recognise when they see television commercials. It is implied that the commercial will relate to women because they are responsible for doing laundry, a household task. Many people do not think twice when they see gender stereotypes displayed like this because it is so ingrained into current culture.

Steps to Facilitate the Session

Step 1: Introduce the topic gender norms, roles and stereotypes to the participants with relevant examples. Help them realign their shared ideas on a flip chart based on the definition and examples given. Let participants explain to you (the facilitator) the meaning of norms, roles and stereotypes with examples. Write the ideas on different charts, each idea on a different chart (refer to Handout 1).

Step 2: Explain:

- Today we will explore what it means to grow up as a boy or as a girl. First, we will take a short journey into our memories, so settle comfortably, put down your pens, and relax.

- Based on the understanding you have acquired on norms, roles and stereotypes in the first exercise, think back to a time (depending on their age, think 5 – 8 years back), when some roles and norms were attributed to you because of your gender or acquired by yourselves that were influence by the environment you found yourselves.

- Ask participants to share their response to the following question in an open discussion;

    ◊ What are males/female expected to do at home and in the community? (males discuss the roles of female and females discuss the role of males.

    ◊ What are males and females expected to do together?

Step 3: Break the large group of participants into smaller all-males and all-females groups.

Steps 4: Let participants write down these roles and norms in the table provided them (Handout, Tables 1,2 and 3))

Step 5: After a few minutes, explain:

- Within your group, take a few minutes to share whatever you wish about your experiences or feelings. You do not have to share at all if you do not wish to.

Step 6: Let the group write down shared experiences on one gender norms and roles table.

Step 7: Let each group present their table on a flip chart.

Step 8: Ask each group member to reflect on their chart presented and answer the following questions (At least two members from each):

- Has these gender roles and norms affected your current life style (either positively or negatively). Explain your answer.
- Have any of these norms and roles changed as you grew up?
- What caused that change (influenced by family, peers, media etc.)?
- Was the change positive or negative?
- What has been the effect of change?

Step 9:

- Ask participants to return to their groups. Ask them to write on the flipchart some common stereotypes about males and females in the Ghanaian community. The female group should write stereotypical beliefs about males whiles the male group writes on that of females.

- Ask participants to mention the sources of the stereotypes (e.g. Family, television etc.)
- In plenary groups, let each group present their report.
- Lead the discussion to bring out the reasons why those beliefs are stereotypical.

Step 10

- Distribute magazines to participants and explain that they are required to make a picture gallery of both males and females by cutting them and pasting them on the board.
- Give 10-15 minutes for participants to finish and then ask them to make record the characteristics they see in both the male and female gallery they have created
- Together, juxtapose the list of the males and female to see differences as well as similarities between the female and the male list of characteristics.

Step 11

- Guide participants to appreciate how these differences in the way the media portray men and women create and reinforce stereotypes. An example of media stereotyping is depiction of certain body sizes shapes and postures as the ideal for women and for men, emphasizing on the bodies of women in adverts while emphasising the face of men in adverts.

Activity/Ice breaker

Use the popular Ghanaian play children's song to portray how stereotypes about men and women role are in the home. "Mummy in the kitchen cooking rice water. Daddy in the living room watching TV. The children are in the garden playing ampe……….."

Handout for the Session

Norms: These refer to shared ideals or rules about how people ought to behave or act in certain situations. They are formal and informal guideline about what is considered normal social behaviour in a particular group or social unit.

Gender Norms: This refers to formal or informal guideline about what is considered normal (i.e. what is correct or incorrect) social behaviour in a particular group or social unit. For instance in there are acceptable forms of dressing for men and women.

Gender Roles: Societal expectations or construct of ways males and females are expected to think, feel and act. This includes activities allocated on the basis of sex and are clearly understood by all members of a given society.

Gender Stereotypes: This refers to Gender stereotypes are held beliefs about males and females that are not based on empirical evidence and are most often than not discriminatory in nature. Gender stereotypes therefore means preconceived ideas whereby males and females are arbitrarily assigned characteristics and roles determined and limited by their sex.

Gender norms and gender roles have undergone many adjustments in response to particularly

technological advancement which has led to economic and social change in all parts of the world. Although changes in gender roles have been met with fierce resistance, gender analysis has showed that changes in certain aspects of gender roles and gender relations can improve quality of life and better living conditions for everyone.

Handout 1 and 2

Instruction: Participants to suggest examples of gender roles and norms

Norms and roles table	
Norms	Roles

Gender norms and roles table	
Boys	
Norms	Roles

Gender norms and roles table	
Girls	
Norms	Roles

Materials Needed

- Projector.
- Flip chart.
- Marker.

- Pens.
- A4 sheets.
- Old/current magazines.

Time: 3 hours

SESSION 3: GENDER AND POWER RELATIONS

Introduction

In many traditional societies the lack of power on the part of females as a result of gender roles have been a major impediment to the improvement of health and wellbeing of especially women including sexual and reproductive health. For examples, in certain parts of Ghana, girls are forced into early marriage which exposes them to early pregnancy and pregnancy related challenges. This practice among others leads to high birth rates, high maternal mortality and morbidity rate. This session seeks to explore gender relations and how distribution of power perpetuates women's vulnerability to unsafe practices and other forms of risks.

Session Objectives

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

- Understand how power relations are created by society.
- Understand how gender and power relations affects health, particularly the sexual and reproductive health of young people, especially females.

Notes for the Facilitator

Gender Relations: This refers to how men and women relate to each other, which is a manifestation of access to and distribution of power among the sexes. For instance in some families, women are expected to seek approval from their husbands before going on a family planning methods. Power relations also have to do with the relationship between people and the broader society. For instance the relationship between the community and a health facility is a gender relation if men and women experience different benefits and controls from it. Gender Relations. Gender analysis has shown that in many parts of the world, unequal power relations between women and men have perpetuated male dominance over women. Male dominance over females is legitimised by Patriarchy.

Power relations: This refers to the ability to make critical decision on behalf of oneself and others and the ability to control resources.

Patriarchy: This is the organisation of societal affairs in such a way that they promote male supremacy and male dominance over females. The opposite of patriarchy is matriarchy. Matriarchy is practice in only a few parts of the world.

Gender Equality: This refers to similarity of treatment as legally, constitutionally and divinely given. The right to non-discrimination is a human right and challenges unequal power relations among men and women. For instance, in Article 17 (b) prohibit any form on discrimination on the basis of sex. Apart from the constitution, Ghana has signed some international legal document which prohibits discrimination on the basis of sex. This included the Universal Declaration of Human Rights and the Convention on the Elimination of all Forms of Discrimination against Women.

Gender Equity: This refers to a fair sharing of resources and benefits according to a given framework.

Gender Mainstreaming: This refers to set of interventions that seek to achieve gender equality. An example of a gender mainstreaming intervention is women empowerment through the provision of micro finance.

Empowerment: This refers to a process/ end result of improvement in autonomy through various means such as access to knowledge, skills and training. For instance access to education for women and girls enables them to make informed choices about their sexual and reproductive health. When women acquire employable skills and are able to utilise it to generate income, it improves their economic self-reliance and are able to live comfortable lives away from violence.

Steps to Facilitate the Session

The activity will take the form of a case study followed by discussion by all the participants.

Step 1: The facilitator must first introduce the topic to the participants then present the case study Esi's Dilemma (Handout 1 or any other suitable case) to them.

Step 2: Encourage the participants to express their views on what issues of concern there are in this case. List them down separately under male and female opinions.

Step 3: Under each point made, ask participants their views on what could be done to address those issues, what they will do differently and what they hope the opposite sex will understand.

Write the points raised on the flipchart or project them.

Key Points for Participants

- Explain that patriarchal systems are not necessarily created by men, but is a system of thoughts. and beliefs which men and women are expected to conform to and preserve.

- Women often play the role of gatekeepers in situation of unequal power relations. Hence both men and women play a role in creating and enforcing unequal power relations.

- Gender relations is linked to Sexual and Reproductive Health.

Handout for Participants

Gender and Power Relations

Gender Relations refer to how men and women relate to each other, which is a manifestation of access to and distribution of power among the sexes. Gender relations also have to do with the relationship between people and the broader society. A power relation is the ability to make critical decision on behalf of oneself and others and the ability to control resources. Power is unequally distributed among men and women. Due to the limited access to power on the part of females a lot of decisions, even those concerning a woman's health are left to men. For instance in some families, women are expected to seek approval from their husbands before going on a family planning methods. In other societies, women are not entitled to inheritance such cattle and lands. Studies have shown that in many parts of the world, unequal power relations between women and men have perpetuated male dominance over women. Male dominance over females is legitimised by Patriarchy. Patriarchy is a system of thoughts and beliefs that positions the male above the female in all aspect. Thought there is Matriarchy which is the reverse of Patriarchy, it is rare.

Implications of unequal power relations

Globally there are concerns that the unequal power relations among male and females have impeded development. Unequal power relations have been linked to particularly poverty and poor health. This includes high incidence of maternal mortality and morbidity, child health, HIV and other Sexually Transmission Infection. Though limited facilities and lack of quality of care contribute to poor health outcomes, the disempowerment, low status, and restricted decision-making capacity of females also contribute. In many societies, women are valued only for their ability to birth and raise children. They may therefore put themselves at risk in order to do so. The subordination practised by women in conformity with society's demand often leads to them being victims of early child marriage and harmful practices. Victims of these harmful practices are often unable to speak up due to fear of society's reaction and personal beliefs. For instance, it difficult to address a woman's experience of sexual pressure or violence, especially when they believe they are partly to blame (Taylor 1995). The lack of power has also contributed to prostitution among women. Though in many countries in sub-Saharan Africa, prostitution is mostly voluntary, as a result of economic pressure, some women and girls are forced into prostitution and in some cases trafficked for sex.

Addressing unequal power relations

The right to non-discrimination is a human right and challenges unequal power relations between men and women. For instance, in Article 17 (b) of the 1992 Constitution of Ghana prohibits any form on discrimination on the basis of sex. Apart from the constitution, Ghana has signed some international legal document which prohibits discrimination on the basis of sex. This included the Universal Declaration of Human Rights and the Convention on the Elimination of all Forms of Discrimination against Women. All these instruments affirm women's right to among others, be part of decision, to own properties, to engage in economic activities and to be free from all forms of abuse.

One on the earliest approach to addressing the unequal power relations was Women In Development (WID). This first came to prominence in the early 1970s as an approach to include women in development. Research and information collected through the UN Decade for Women (1975-1985)

highlighted the existence poverty and disadvantage of women in their visibility in development process. This approached focused on women's productive work (provision of services in exchange for money. The challenge with this approach was that it failed to link reproductive work (birthing, raising children, domestic chores and traditional and cultural activities) to productive work, hence women who enter the workforce were confronted with the 'triple burden of employment' where they must take care of the housework and child care, in addition to taking on extra paid work. This extra burden left women with very little free time and increases their daily stresses. Mother and wife were the traditional roles that women have been expected to fill, but now many women are expected to fill the new role of worker; and it is this new role. Following WID was a new approach known as Gender and Development (GAD). This emerged in the 1980s as an alternative to WID. While WID focused on only women and called for their integration into development as producers and workers, GAD focuses on interdependence of men and women in the society on the unequal relations of power between them. This approach aims for a development process that transforms gender relations in order to enable women to participate on an equal basis in determining their common future.

Gender Equality

Gender Equality refers to according similarity of treatment as legally, constitutionally and divinely given. Gender Mainstreaming is a set of interventions that seek to achieve gender equality. These interventions consider that women constitute a group that is usually the target and are often neglected and harmed by global development process, yet they don't participate in many development issues. The interventions include development and review of policies and implementation programmes including service delivery, education and advocacy. A widely known terminology in this regard is Women Empowerment. This refers to a process/ end result of improvement in autonomy through various means such as access to knowledge, skills and training. For instance access to education for women and girls enables them to make informed choices about their sexual and reproductive health. When women acquire employable skills and are able to utilize it to generate income, it improves their economic self-reliance and are able to live comfortable lives away from violence.

Unfortunately, some of the Women Empowerment interventions have come with challenges, especially resistance from men, which have in some case, have resulted in violence. This may be a natural reaction of a patriarchy that is challenged. "Women's exercise of autonomy, through for example, participation in micro-savings and credit groups in conservative social settings may be viewed as provocative because they undertake actions that challenge prevailing norms governing women's propriety and modesty." (Unite for Sight 2013). There are also instances when economic empowerment initiatives have not translated into increased power on the part of women. Though women in some families earn most of the money, it is often the man who controls the financial resources. Therefore, as long as the traditional female ideals persist, increased income will not necessarily translate into increased power/control in the household (and therefore, improved mental and physical health) (Unite for Sight, 2013).

Handout 1 - CASE STUDY

Esi's dilemma

Esi got married when she was 17 years old and after a year of marriage became a mother. She has no wish to have another baby before the first one goes to school, but her husband doesn't agree. She wants to learn a trade and if possible further her education. He wants her to have at least five sons. She believes it will not affect him even if she dies during childbirth but she believes she has to have the children because it is his wish.

Materials Needed

- Flip Chart.
- Markers.
- Pen/pencils.
- Projector.

Time: 60 minutes

SESSION 4: GENDER AS SOCIAL CONSTRUCT

Introduction

This session seeks to explore how gender roles are created, justified and perpetuated and the role of institutions in the social construct of gender. .

Session Objectives

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

- Understand the role of institutions in creating, justifying, maintaining and perpetuating gender roles.
- Recognise and discuss the individual's role in changing the trend.

Notes for the Facilitator

Gender and Education

Everyone, without distinction of any kind such as race, sex, language, religion, social origin, or other status has the right to education. (Article 26.1, Universal Declaration of Human Rights [UDHR], 1948; Article 13.1, International Covenant on Economic,Social and Cultural Rights [ICESCR], 1966; Article 10, Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW], 1979; Article 8.1, Convention on the Rights of the Child [CRC], 1989).

Education positively impacts many aspects of an individual's wellbeing such as one's wealth and economic conditions, social-psychological resources and health(Ross and Wu 1996).

The Millenium Development Goal 3 seeks to promote gender equality and empower women. It aims to achieve this goal by eliminating gender disparities in primary and secondary education by 2005 and in all levels of education by 2015 (target 4) (Millennium Summit 2002) (United Nations General Assembly, Resolution A/57/270). As the number of school-aged children in Sub-Saharan Africa is expected to increase significantly (UNESCO 2012) ,there has never been a more important time to address the issues concerning gender and its impact on education.

Obstacles

1. Education is a universal right but in many countries, such as ours, boys are more likely than their sisters to attend school (at all grades) and to go to schools of better quality.

   Obstacles to girls' schooling may include:

   - The lower value placed on developing girls' capacities,
   - Economic priorities of the family,
   - Fears that travel to school will endanger girls' safety (and reputation),
   - Concerns about sexual harassment or violence toward girls from teachers or male young people.
   - Expectations that girls should help with domestic work,
   - Inadequate resources for girls to manage menstruation,
   - Local norms about early marriage and childbearing and
   - Lack of equal opportunity in the workforce for educated females.

2. Access to education is critical for achieving gender equality. Yet, in many places, educational environments tend to reinforce unequal gender roles and choices.

   For example:

   - Boys typically demand more of the teacher's time and attention than do girls. They are also more likely to assume leadership roles.
   - School staff may tolerate degrading language and "jokes" about females or minorities.
   - Young people, especially girls, may be sexually harassed (by male young people and/or teachers).
   - Young people who do not conform to prevailing gender norms may be socially marginalized.
   - Girls may be discouraged from pursuing traditionally masculine subjects (in some settings, science and math).
   - Boys may be directed away from activities perceived to be more feminine (such as certain sports and the arts).
   - Many boys are pressured to succeed in athletics or to demonstrate their masculinity by using derogatory language and showing off in the classroom.
   - Some sex - and HIV-education programs may even reinforce negative gender stereotypes.
   - In some settings, female young people may not attend school if they are pregnant

3. Some educational environments are actually unsafe.

   - In some educational settings, girls face a risk of forced sex, sometimes by adults.
   - Young people perceived as homosexual and transgender youth often face violence and bullying.
   - Gangs may present a risk to all young people, particularly boys.

4. Educational materials also often reinforce unequal gender roles and choices by assigning certain roles to males and females as what is standard and acceptable in society.

5.   Around the world, people are working to promote gender equality in education and to expand access to schooling for all.

   • Young people are insisting on girls' right to stay in school for as many terms as their brothers do.

   • Some governments provide stipends to families in exchange for keeping their daughters in school.

   • Educators are revising textbooks and curricula to make them more gender-equitable.

   • Some communities sponsor programs to keep boys from joining gangs, using drugs, and engaging in other behaviours that often lead them to drop out of school.

6. More young people around the world are going to school and staying in school longer than ever before.

   • Throughout history, learning has been one of humankind's great pleasures.

   • Education is crucial to providing the skills young people need to find meaningful work and to face the challenges of a changing and globalizing world.

Reflections

Textbooks and Gender

Discuss: Do you think our textbooks reflect gender bias or do they promote gender equality?

Sample questions:

   • How are girls and boys and men and women portrayed in our textbooks?

   • How many females are shown in pictures and how many males?

   • Are the historic, intellectual, scientific, literacy and artistic achievements of women fully respected?

   • In stories and literature, who takes action? Who is subordinate?

   • Whose point of view does the book reflect? Is the author of your book male or female?

   • In what other ways are gender stereotypes reflected and reinforced or challenged?

   • What other groups are stereotyped in textbooks?

The school environment and gender roles

Question: How does the school environment reinforce or challenge conventional gender roles?

Questions for discussion:

- Who speaks out in classroom more often, boys or girls? Who speaks for longer? Who interrupts more frequently? If there are student leaders in the class, are they male or female?

- In what ways do teachers challenge – or reinforce- gendered patterns of behaviour?

- Are some young people favoured or disfavoured as a result of other stereotypes, for example, about their ethnicity?

Gender norms, school activities and use of facilities

Question: How do gender norms affect young people' use of extracurricular or other school programs and school facilities?

Sample questions:

- Do boys and girls participate equally in all of the extracurricular activities? If they do tend to participate in different activities, which activities involve more boys? Which activities involve more girls?

- Overall, even if they participate in different activities, are boys and girls equally likely to participate in different activities, are boys and girls equally likely to participate in extracurricular programs, example, clubs and societies.

- Does the school allocate equal access to facilities (such as toilets, gymnasiums, playing fields and grounds, etcetera), equipment, uniforms and supplies for those activities involving girls and for those involving boys?

- For activities that involve both boys and girls, who tends to have the leadership **role?**

Gender balance in school

Question: What is the overall gender balance at school?

Sample questions:

- Are the teachers mostly male or female? What about the Head teacher? Which teachers (male or female) have a better chance of being promoted to become principal?

- Which group of people, male or female, are likely to teach Maths? Science? English? Life skills?

- Who teaches the youngest grades? The older grades? Males or females?

- What about the young people? Are girls and boys enrolled at the same level? If not, why?

- Are girls and boys equally likely to go to school?

Gender and Religion

In modern times, the role of women in organised religion has engendered much debate, dispute, and discord. For centuries, women have essentially been relegated to the shadows of the major monotheistic faiths while male-dominated religious hierarchies have determined the course and content of their particular creeds. The reasons for this exclusion vary from faith to faith and tend to depend on a mix of religious and extra-religious factors, including culture, geography, and history. Recent history has witnessed changes - including the ordination of women as priests in certain Christian denominations — but in many major religions, women's power remains proscribed (restricted). Religions hold a wide range of perspectives about gender and sexuality. These perspectives may change over time. Attitudes also vary within any religion.

Governments should take steps so that tradition and religion and their expressions are not a basis for discrimination against girls (Paragraphs 24 and 276.d, FWCW Platform for Action, 1995).

Many people find that they do not always agree with their religious leader on issues related to gender and sexuality. Nevertheless, religious perspectives influence the beliefs and behaviour of many people. Religion or religious leaders may influence gender (and sexual) norms in various ways.

- Some religious traditions are more egalitarian (equal–minded) with regard to gender. Others are more patriarchal (based on a system of male power).

- Religions vary in the degree to which they influence or seek to influence gender norms, sexuality, and fertility.

- Religious texts may also be interpreted selectively to justify or oppose certain practices.

- Some religious leaders support information about and access to contraception, condom use, abortion, and sex education. Others oppose such access.

- Some religions support equal rights for all people, regardless of sexual identity. (This includes permission to be ordained as a religious leader.) Other religions oppose homosexuality and the rights of people who are homosexual.

- Some religions or religious leaders reinforce a double standard of sexuality. They do this by blessing both female virginity and faithfulness within marriage while condoning polygyny (the practice whereby men have multiple wives). However, others do not.

- Some religions and religious leaders support gender equality in divorce, inheritance, and community life. In other settings, religious laws or practices may restrict women's movement, or forbid them equal (or any) rights in terms of divorce, inheritance, or other family matters. Religious laws sometimes conflict with civil law.

- Women are often denied the opportunity to participate equally with men in religious life.

- Women typically assume many of the community-support activities for religious institutions, but have limited opportunities for leadership within those institutions.

- In some religious institutions, women are not allowed to pray together with men.

- Around the world, people, including many religious leaders, are working to promote values of human rights and gender equality within their communities.

- Examples of such organizations doing this work include: Women Living under Muslim Laws and Catholics for Choice.

Gender, Work and Economic Resources; Inside and Outside the Home

Everyone has the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment; and everyone without discrimination - has the right to equal pay for equal work (Article 23, UDHR, 1948; Articles 6,7, ICESCR, 1966; Article 11, CEDAW, 1979). Everyone, both male and female, is capable of nurturing and caring for children, carrying out domestic chores, and working in paid jobs outside the home. Nevertheless, in most settings, economic pressures and opportunities (including access to cash) vary according to sex.

1. Around the world, women and many men are seeking to expand women's and girls' access to and control over resources. They are doing this, for example, through:

   • Policies that enable women to own property or that promote hiring and promotion of females and other under-represented groups in the workplace,

   • Microfinance and savings programs that provide women with cash to participate in the informal economy, especially in places where such resources go mainly to men,

   • Efforts by sex workers to improve and control their working conditions,

   • Programs that reach women who must remain in their home or compound,

   • Education and vocational training that can expand women's options in the formal and informal job markets and

   • Affordable childcare that allows parents to seek potentially higher-paying jobs.

2. All of us benefit when everyone can develop and apply her or his talents and caring in families, at work, and in the community.

For example:

   • Being an engaged and loving father or mother can provide great emotional rewards to parents and their children.

   • As women enter the workforce, men often become more involved fathers.

   • Equal access to education and employment allows young people more job options.

Gender and Marriage

There are many international conventions regulating marriage in the world. In Ghana, policies have been implemented to protect individual couples in marriage. However, gender still plays a critical role in marital situations. For example, it determines who marries who, who lives with whom and even the roles the couple play in the home.

At the age of majority, men and women have the right to marry and found a family; they are entitled to equal rights as to marriage, during marriage, and at its dissolution (Article 16.1, UDHR, 1948; Article 16.1, CEDAW, 1979).

Marriage shall be entered into only with the free and full consent of intending spouses (Article 16.2, UDHR, 1948; Article 16.1, CEDAW, 1979). The betrothal and the marriage of a child shall have no legal effect. (Article 16.2, CEDAW, 1979).

In Ghana and most other African countries, marriage is not just a union between two people but the coming together of two families to become one. It therefore means that the whole family has a lot of say in the young person's choice of marriage partner. Even after marriage, the two families still have influence in the lives of the young couple. Males and females however differ in the extent to how much and in what forms these "interferences" occur. In Ghana, pressure is on the girl child to marry earlier than the male child.

Women in Ghana are expected to be submissive to their husbands regardless of what he does.

Most married couples develop a shared understanding of who does what in their relationship. It is a sometimes unspoken recognition of an inevitable division of labour and responsibilities. The current, commonly agreed, "politically correct" plan for marriage is an equal sharing of chores and other duties; but this plan is not followed now any more than it has been throughout history. Although there is a division of labour in human affairs between the sexes, there are changing social expectations, which are reflected in somewhat different gender roles at different times. Most children grow up seeing fathers employed out of the home, and mothers tendering to the household. That meant not only housekeeping but taking primary responsibility for child upbringing.

Now things are changing. Most mothers work. Household responsibilities are shared although not equally. Recent trends in marriage still show that women continue to be primarily responsible for the proper maintenance of the home and the welfare of the children. If both parents work, for instance, it is more often the mother who takes off time to bring a sick child to the doctor—unless the father's schedule is much more flexible. Most women, although not all, do the cooking and cleaning. Most men, but not all, do the repairs. Men are likely to assemble the furniture; women are likely to find themselves with the task of cleaning it. (Fredric **N.; 2013**).

Many people form long-term (even lifelong) relationships in which they live together. These are called domestic relationships or domestic partnerships. People have various reasons for forming such relationships.

For example:

- they love each other, and being together makes them happy,
- they desire companionship,
- they need economic security,
- they want to have children and
- Their communities or families expect them to have children.

Some people in long-term committed domestic relationships marry formally under the laws of their state or religion. People have various reasons for marrying.

For example:

- They want to honour or legitimize an intimate relationship in the context of the values of either or both partners or of their families, community, or society.
- They want to honour or legitimize childbearing in the context of the values of the individual or of his or her family, community, religion, or society.

- They need benefits that may not be granted to people who are not married or not allowed to marry, such as health and survivor benefits and social approval of sexual relations.

- They comply with their parents' wishes and plans. (In some settings, parents typically arrange marriages for their children. They do this to ensure good matches for their children. They may have concerns for a child's reputation.

- They may also marry off a daughter in order to relieve economic pressures on the family.) Child marriage (marriage before the age of 18) is a serious violation of human rights but remains common in some parts of the world.

Importance of Promoting Gender Equity

- It promotes happiness at home.
- It is an important determiner of development-it ensures development.
- It helps prevent abuse and exploitation.
- It helps prevent gender based violence.

> **Ice breaker/Activity**
>
> **Story**
>
> Let participants share stories of two families, one that ensures gender equity at home and another that does not. Let participants determine which family would be happier and which family they would like to be part of.

Steps to Facilitate the Session

> **Step 1:**
> - Ask participants to form pairs, preferably males and females and assume that they are couples. Present them the Childless Couple scenario (Scenario 1). Provide time for the couple to discuss and make a choice. Record the number choosing the boy and those choosing the girl. The randomly ask each couple to give reasons for their choices and record.
> - Use the responses to point out that even before the birth of a child, people already have discriminatory attitude. Once the children are born the process of fitting them into the perceived roles begin in earnest. This is how discrimination against girls and women begin.
>
> **Step 2**: Lead a recap on the difference between sex and gender, the meaning of patriarchy and gender equality.
>
> **Step 3**: Introduce participants to the term; Social Construct and mention the role of social institutions in social construct. Ask participants to list the various institutions in the society.

Step 4: Lead participants through a reflection on Gender and Education by question in the hand outs. With their response, explain how School as a social institution contribute to the construction of gender.

Step 5: Divide participants into four groups and assign them the following institutions; Home, Religion, Marriage and Workplace. Ask participants to discuss how the follow institutions contribute to social construct. Ask them to use creative means such as role play, television interviews etc. to present their views.

Key Points for Participants

- Gender inequality is a major concern in almost every part of the world

- The lack of power on the part of females as a result of gender roles have been a major impediment to the improvement of health and wellbeing of especially women including sexual and reproductive health.

- Various institutions are the society such as schools, marriage, the home and religion play a critical role in the construction of gender norm, justification, perpetuation and preservation of those norms.

- Though gender equality interventions have sometimes been resisted in the society, research has shown that it have improved the lives of people including men, women and children.

- Gender mainstreaming are a set of interventions to ensure gender equality. This is not limited to only empowerment programmes such as micro financing. It includes law and polices, programme, research, advocacy and others.

Participant's Notes

Social Construction refers to the concept that gender roles and attributes are deliberately and systematically created in male and females over time through socialization and interaction with social institutions and agents. Sexual Identities consist of our physical, biological and natural make up as males and females. These are immutable and universal to people of the same sex. For example a boy is born with a penis while a girl is born with a vagina. A boy will start experiencing wet dreams during adolescent while the girl will start menstruating.

Gender identity on the other hand is our social-cultural and psychological make-up as learned through socialization. These included roles, behaviours, expectations, entitlements and claims. For instance, we learn to associate the colour blue to boys and pink to girls. We also learn that children take the surnames of their fathers. While we are born males or females, society constructs us into men and women. Being a man in most cultures implies power, strength, prestige and all that goes with priority while being a woman implies powerlessness, inferior status and lesser claims to opportunities of leadership, influence and ownership. This is evident in Gender Relations, which is how men and women relate to each other due to access to and distribution of power among the sexes. Gender relations also has to do with the relationship between people and the broader society.

Social construction is therefore the concept that gender roles and attributes are deliberately and systematically created in male and females over time through socialization and interaction with social

institutions and agents. Social construction of gender creates a world of difference for women and men and this is manifested in the assignment of low value for females and their work, traditions that deny females the opportunities to own and control resources, justification of violence against women and practices that entrench the culture of inferiority among female.

Every society has various institutions and agents that create, justify, maintain and perpetuates the norms of the society including gender norms. These include School, Religion, marriage, work place, mass media, language, folklore and rites of passage. The institutions and agents defines what is acceptable, provides explanations for these norms, ensure that they are carried onto generations and administer reinforcements and punishment for contrary.

> **SCENARIO 1**
>
> **The childless couple**
>
> You have been childless for a long time. One night, God appears in a dream and promises to give you one child. You must tell God whether you prefer a boy or a girl with the reason why you would choose either.

Materials Needed

- Flip Chart.
- Markers.
- Pen/pencils.
- Notebooks.

Time: 90 minutes

SESSION 5: HOW GENDER AFFECTS MOBILITY, SOCIAL CONNECTION, AND SAFE PUBLIC SPACES

Introduction

Everyone has the right to freedom of movement and residence within the borders of each state (Assembly 1948). Everyone has the right to participate in the cultural life of the community(Assembly 1948; Schultz et al., 2004) (Article 27.1, UDHR, 1948; Article 15.1, ICESCR, 1966). Being able to move freely and safely around a community is important. It helps people to gain access to information, services, and jobs, as well as to form social support networks.

Being able to connect socially outside the home is enjoyable and helps people expand their horizons. Being isolated at home leads some people to feel depressed. Depression, especially in young people, leaves them vulnerable to all sorts of activities and people that could negatively impact their sexual and reproductive health.

Session Objectives

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

- Analyse how gender affects mobility, safety and access to community spaces.
- Name at least three ways gender norms can affect girls and women's participation in civic life.
- Strengthen skills in abstract thinking and in geographical depiction of data.

Notes for the Facilitator

How gender Affects Mobility

1. In many communities, gender norms restrict females' ability to move about freely in their communities.

    For example:

    - Adolescent girls are generally allowed much less freedom than boys to leave home and move about in their communities. As a result, girls often cannot play sports, visit friends, access services, or prepare to participate fully in society.

    - In some settings, females who go outside their homes by themselves risk being labelled as "bad" or "loose." They may encounter sexual harassment or violence.

- In some settings, adult women are forcibly secluded in their homes. They must be accompanied by a male relative to destinations such as a friend's house, health clinic, or store.

2. In some contexts, public spaces are unsafe and carry significant danger.

   For example:

   - In many low-income and minority communities, boys face violence and police harassment or brutality, and incarceration.

   - Some communities have high levels of gang activity and lack options for decent jobs or advanced education. In such places, boys may be drawn to gang membership or to dealing in drugs.

   - Boys are disproportionately drawn into warfare or other forms of combat.

   - Women and girls living in camps for refugees or internally displaced persons, new migrant-labour zones, or other unstable communities, typically face a high risk of violence, including sexual violence.

3. Despite social taboos, many young people refuse to be isolated. Where they can, they create safe spaces to meet each other. Just a few examples of people who have formed such safe spaces include girls who want an opportunity to play sports.

Mobility and Social Connection

Social mobility is the movement of individuals or groups in social standing social position. It may refer to classes, ethnic groups, or entire nations, and may measure health status, literacy, or education - but more commonly it refers to individuals or families, and their change in income. It also typically refers to vertical mobility - movement of individuals or groups up (or down) from one socio-economic level to another, often by changing jobs or marriage; but can also refer to horizontal mobility - movement from one position to another within the same social level.

Social connection refers to an individual's social groups such as friends, acquaintances, the family and the community as a whole.

Key points for Participants

- Society has defined which public places are appropriate for males and female at a particular time.

- It is worth noting that certain places may poses various degree of risks for the different sexes.

- It is important to identity risky places and take necessary precaution.

Facilitator's Guide

- The facilitator may review the location list depending on the community and the age group of the participants.

Steps to Facilitate the Session

Participants will draw maps of their communities, showing which spaces are safe and accessible to people of which sex (male or female). They will analyse how participation in civic space is affected by gender roles. To prepare, review the list of locations and modify it to reflect the community the participants are in. The facilitator may begin the session with the icebreaker provided (refer to Activity 1 in the hand out) and then give a brief introduction. S (he) may then proceed with the steps below:

Step 1: Explain to the participants that they are going to make "gender maps" of the community that show which places or spaces outside of home are mainly for boys and men (where they go to meet, play or engage in other activities safely); which places are primarily for women and girls; and which are for both.

Step 2: Divide the participants into small groups (single sex or not) and give each a copy of the general map of the community.

Step 3: Give participants a set of three coloured pencils (or markers) and a copy of list of the locations in their community (Handout 1-List of Locations).

Step 4: Describe the project:

- Discuss briefly with your group whether each location is visited by mainly by men and boys, by women and girls, or by both equally. Consider if the locations are welcoming and safe.

- Choose different colours of the markers/ colour pencils given you to indicate male-friendly, female-friendly and gender-neutral locations (safe and welcoming to both males and females). Label each location on the map, using the colour that indicates the "gendered" nature of that space.

- When you are done, discuss with your group members what the map shows about mobility, safety and access to public space in the community.

Step 5: Go round the groups while they complete their maps and facilitate their discussions.

Step 6: Ask participants to hang their maps on the wall. Either permit each group to present its map or have the participants circulate and look at the maps from the other groups.

Step 7: Ask the whole group of participants the following questions (and list their responses on the board):

- What are some of your observations? Do girls have as much mobility as boys? How do girls and boys compare in terms of access to public space?

- Is space in public the same for boys as for girls? Why?

- Do these conditions change when boys grow older? Do the conditions change when girls grow older?

- What are some of the common reasons given for these differences?

- How do you feel about the gendered nature of the public space?

- In order to participate actively in civic life, what access to safe public spaces do people need?

- How does girls and women's limited access to safe spaces affect their ability to be full citizens? (Ask participants how many women they know who have public decision-making roles? How many women have public power, compared with men? Is the government run by men or women?)

- Are boys and men affected in the same way? Why or why not?

- Describe what would have to happen for women and girls not to feel unsafe and unwelcome in certain places.

- How might such a change take place?

Handout

This session is to help participants to understand how gender affects males and particularly females' ability to move freely in their communities and to identify some risk that one may face at certain public places because of one's sex. Facilitator needs to explain the following terminologies thoroughly.

Social mobility is the movement of individuals or groups in social standing social position.

Social connection refers to an individual's social groups such as friends, acquaintances, the family and the community as a whole.

List of locations

- Market.
- Places of worship (church and mosque).
- School.
- Library.
- Football park/ playground.
- Bus/taxi station.

- Neighbour's home.
- Festival grounds.
- Bars/ pubs.
- Night clubs
- Internet cafes.
- Movie theatre.

Activity one - Ice Breaker

Hand Clap Game

This is a good in-between game for all ages. The facilitator must stand up front on a chair and explain to the participants that all they have to do is clap every time (s)he crosses his/her hands. The facilitator should cross his/her hands two or three times then fake one and see how many people clap. Some people will. Then (s)he can slow down the crossing motion or even tell them how many times (s)he is going to cross his/her hands. People will still clap. Do not do it too long.

Materials Needed

- Board.

- Markers.

- Tape.

- Copies of maps of the community that you can draw ahead of time.

- Coloured pencils or pens.

Time: 2 hours, 30 minutes

SESSION 6: GENDER AND BODILY AUTONOMY

Introduction

We all deserve to have basic control over our own bodies. This includes being free from violence and sexual abuse and from pressure to engage in violence toward others. Control over one's body also refers to deciding whether and when to have sex, whether and when to become pregnant, whether to continue a pregnancy, and even whether and how to alter one's appearance.

Such control promotes confidence, safety, health, pleasure, and the opportunity to explore one's identity. Unfortunately, both boys and girls may feel that other people are exercising physical or sexual power and control over them.

Everyone has the right to life, liberty, and the security of person (Article 3, UDHR, 1948; Articles 6.1 and 9.1, ICCPR, 1966). No one shall be subjected to cruel, inhuman or degrading treatment (Article 5, UDHR, 1948; Article 7, ICCPR, 1966; Article 37.a, CRC, 1989). States shall take measures to abolish traditional practices harmful to the health of children (Article 24.3, CRC, 1989).

Session Objectives

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

- Appreciate the importance of self-determination over their own body.
- Explain pressures to conform to culturally mandated "ideal" appearances.
- Describe practices people (especially women and girls) undergo in trying to achieve that appearance, and the damage such practices can cause;
- Identify the idealized appearance for males and females in their culture and examine practices people engage in to make their appearance conform to this ideal.
- Learn about consequences of such practices on their health.

Notes for the Facilitator

Many cultures have rituals to mark a girl's passage into adulthood; these are often associated with her menarche (first menstrual period). Sometimes these rituals are a source of embarrassment and shame for young women and some – such as female genital mutilation – may cause bodily harm.

These rituals have a significant impact on identity formation, including young women's sexuality, and can help perpetuate gender inequality. In some areas, a young woman is usually kept in a dark room during menstruation, often where the animals are kept. Girls often miss school when they have their period due to this discrimination and because of a lack of hygiene products and sanitation facilities, which amounts to a substantial number of missed school days throughout the year (Girls Decide: Choices on sex and pregnancy – IPPF).

Feeling you have lost control over your body can be deeply disturbing, even traumatic. Our control of our bodies is influenced by our family values, by our social and religious institutions and norms, and by formal laws. Almost everywhere, females experience stricter regulation and control over their bodies than do males.

For example, girls are more likely to:

- Be raised to expect to have little control over their own bodies

- Experience limits on their sexual expression. Many suffer rape and sexual harassment (such as unwelcome advances, requests for sexual favours, or other unwanted verbal or physical conduct of a sexual nature).

- Be limited in their movements (such as not being able to walk around the community) or their dress and have fewer opportunities to play sports.

In some places girls are subject to extreme control over their bodies.

Examples include:

- Genital mutilation and early or forced marriage.

Males are also pressured to engage in potentially harmful practices.

For example:

- Some young men consume dangerous drugs to increase their muscle size.

- In some settings, boys undergo traditional, often dangerous, rites to earn adult status. They may undergo such rites as wilderness survival rituals, circumcision carried out under unsafe conditions, or obligatory sexual initiation in a brothel.

Families, communities, religions, and governments often regulate and punish behaviour (including sexual behaviour) that does not conform to expectations regarding gender roles.

[See Unit 3 on Sex and Sexuality]

Such punishment may range in severity; for example, people might:

- Call sexually active girls by derogatory names (such as "slut"), when no derogatory equivalent exists for boys;

- Approve harsh legal and social consequences for females who engage in extramarital sexual activity, while condoning, or even rewarding, similar behaviour among males;

- Criminalise and abuse sex workers, while enforcing no legal consequences for those who pay for sex; and criminalise homosexuality.

Key points for Participants

- Around the world, many parents and children defend the right of young people to bodily autonomy and dignity. Many organizations are also working toward this goal by educating communities and advocating legal changes.

- 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.

Steps to Facilitate the Session

To Prepare:

Think about the ways people alter their appearance in your community. Consider which practices have health consequences. Review the list and consider which practices you want your participants to discuss.

Step 1: Introduce the topic with the following questions [Write the responses on the Flip Chart]

- What are some of the pressures that girls and boys feel to look a certain way?
- Are these desired appearances realistic for most of us, or are they idealized?
- How do people feel if they do not meet the ideal?
- What are some of the things people do (or have their children undergo) to conform to idealized images of attractiveness? For example, with hair? Skin? Body shape?

Step 2: Add any additional practices you wish to discuss from the following list:

- Fattening or extreme dieting.
- Extreme bodybuilding Tanning or skin whitening.
- Applying makeup, henna, or nail polish.
- Piercing, scarification, or tattooing.
- Shaving or removing hair straightening, curling, or dyeing hair.
- Cosmetic surgery.
- Female genital mutilation or circumcision (Male circumcision is also a common practice that involves an alteration of the body. this procedure has been shown to have health benefits, however. it provides partial protection against certain STIs, including HIV).

Step 3: Then, ask the participants the following questions:

- How do you feel about the practices on this list? Which are playful or just expressive, and which can be harmful?
- What would people in other cultures think about the practices listed here?

- Where do these ideals come from? Are women under greater pressure than men to conform to an idealized body type? Who benefits and who is harmed in this process? How does this pressure affect self-esteem?

- How important is it to end harmful practices involving alterations of the body? Which practice, if any, would you like to see stopped?

- As you were growing up, did anyone tell you that this practice is dangerous and should be stopped?

- Have you shared your own knowledge and feelings about it with anyone else?

- How might you do that?

Handout for the Session

Bodily autonomy is the inviolability of the physical body and emphasizes the importance of personal autonomy and the self-determination of human beings over their own bodies. It considers the violation of bodily integrity as an unethical infringement, intrusive, and possibly criminal (Alldridge 2001) . There are various practices that denies people their rights to personal autonomy and self-determination over their own bodies. This includes rituals, punishments.

Materials Needed

- Projector.
- Laptop.
- Flip Chart.
- Marker.

Time: 90 minutes

Introduction

Gender-based violence is one of the major concerns worldwide. It is estimated that one in three women will experience one form of violence or another in her lifetime. Gender-based violence can lead to various degrees of harm to the victim. There are various interventions to address this concern. These include international and national legislation, institution and programmes. This session seeks to explore Gender-based violence, the nuances and measure to address the.

Session Objectives

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

- Define and explain the term gender-based violence.
- Mention at least four ways by which gender-based violence is reinforced in the community.
- List at least five ways by which gender-based violence can be prevented in the community.

Notes for the Facilitator

Violence

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. (WHO, 2013).

It may also be described as any behaviour, physical or verbal, directed at another person with the intension of hurting/ harming him/her. The harm could be physical, emotional or even psychological. Gender based violence then is any act of violence directed towards another because of his/her gender. There are numerous examples of gender-based violence in our communities. Most of these acts are perpetrated by men against women. However, there are also instances of women perpetrating acts of violence against men. This module takes a look at gender-based violence, the nuances involved and how to prevent it.

Violence against Women refers to any gender-based violence that results in or is likely to result in physical, sexual and psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Gender-based violence may be carried out by, or in the name of, individuals, groups, institutions, or the state. Males are more likely than females to commit violence and to be victims of violence; this is because

of the following reasons; The factors that cause or perpetuate violence include unequal power relations, low status of women, ignorance of the law, inadequate legal provisions, policies and intuitions and economic. Violence can result in physical injury, death, STIs, unwanted pregnancies, mental health and behavioural challenges, suicidal tendencies m, fear and anxiety, loss of productive time and money in pursuit of justice, stigma, forced marriage etc.

Forms of Violence include:

- **Domestic Violence**: which refers to violence that are perpetuated in domestic spheres. This includes beating, chocking, verbal abuse and destruction of personal property

- **Emotional violence**: which consist of trafficking women and girls, property grabbing deprivation of basic necessities , controlling of earning and exclusion from decision making.

- **Sexual Violence**: refers to all forms of force sexual acts including rape and defilement of boys and girls.

- **Socio-cultural violence**: refers to harmful traditional and cultural practices such as Female Genital Mutilation, wife inheritance, early marriage etc.

Sexual abuse as a form of gender-based Violence

Sexual coercion occurs when someone forces (or attempts to force) another individual to engage in sexual activity against her/his will. Sex is coercive if one person senses a lack of choice to refuse sex without facing significant social or physical consequences. Sexual coercion is a form of violence. It reflects and reinforces gender inequality. Both males and females may be coerced to have unwanted sex, but females are more often the victims.

Some communities or laws tolerate coercion, rather than understanding it as a type of violence. People may be subject to sexual coercion by different means, including emotional manipulation, deception, physical force or threats, verbal insistence, cultural expectations, or economic inducements.

Sexual coercion can occur in many different contexts.

For example:

- Sexual coercion often takes place in a setting or situation normally considered safe, such as at one's home or the home of friends or relatives, at school, in a religious institution, at work, within a dating relationship, or within marriage.

- Sexual coercion also may occur in other situations, for example, with a stranger, as a material exchange (with older partners or peers, for cash or material gifts), in war and conflict situations, and in prisons. Sexual coercion is a violation of human rights, no matter what the context. Like other forms of violence, sexual coercion has serious consequences.

- Such violence may lead to emotional problems, such as feelings of insecurity, isolation, low self-esteem, and severe depression. It may also lead to physical injury or even death.

- When sex is coerced it often takes place without protection. In fact, coerced sex is linked with increased risks of unintended pregnancy and STIs, including HIV.

Forced Prostitution as a form of Gender-based Violence

Prostitution is widespread in many countries. This is the case in many Ghanaian communities. Many girls and young women engage in prostitution as a means for survival on their own or with pimps or brothels. Unfortunately, some women and girls are force into prostitution. Sex trafficking has been implicated as a major contribution to increased cases of prostitution among young women and girls. It is estimated that1 million children are forced into prostitution every year, and the total number of children forced into prostitution could be as high as 10 million. The problem is particularly great in South East Asia where up to a quarter million women and girls are forced into prostitution each year. These girls are often raped, locked up, denied food, water, and medical care, and are drugged when they refuse to comply with the brothel owners' wishes.

Most girls are lured away by promises of jobs as domestic workers, restaurant workers, or educational opportunities only to end up in brothels. In addition to the terrible human rights violations that these adolescent girls suffer, they are also highly susceptible to contracting HIV and other STIs. (Unite for Sight, 2013).

Sex trafficking and forced prostitution is a large economic industry. The industry has grown in recent years because it is extremely profitable and the risk of prosecution is low since most countries have weak laws on trafficking. (Unite for Sight, 2013).

In such places, brothels do not lock up women, and many women work on their own without pimps or brothers.

Female Genital Mutilation as a Form of Gender-Based Violence

This comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO). It is sometimes referred to as female genital cutting or female circumcision.

Female genital mutilation is carried out as a way of reducing libido and ensuring the wife's faithfulness. Apart from it being a physically gruesome and painful exercise that leads to medical complications, the practice is itself dictation on the women's sexuality and a denial of her right to experience the natural pleasure engender. In some cultures that sill practice female genital mutilation, women who escape it from their maiden homes often end up being forcefully and secretly circumcised in marriage.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalised. WHO strongly urges health professionals not to perform such procedures.

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death

Female genital mutilation is classified into 4 major types.

- **Type 1:** Often referred to as **clitoridectomy**, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

- **Type 2:** Often referred to as **excision**, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

- **Type 3:** Often referred to as **infibulation**, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well being as well as to allow intercourse or to facilitate childbirth.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls and women's bodies. Generally speaking, risks increase with increasing severity of the procedure.

Immediate complications can include:

- Severe pain.
- Excessive bleeding (haemorrhage).
- Genital tissue swelling.
- Fever.
- Infections e.g. tetanus.

- Urinary problems.
- Wound healing problems.
- Injury to surrounding genital tissue.
- Shock.
- Death.

Long-term consequences can include:

- Urinary problems (painful urination, urinary tract infections),
- Vaginal problems (discharge, itching, bacterial vaginosis and other infections),
- Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.),
- Scar tissue and keloid,
- Sexual problems (pain during intercourse, decreased satisfaction, etc.),
- Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and new-born deaths,
- Need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (deinfibulation),

Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks,

- Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.) and

- Health complications of female genital mutilation.

Procedures are mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than 3 million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern.

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.

- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.

- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.

- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.

- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.

- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.

- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.

- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.

- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.

- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement. Building on work from previous decades, in 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA).

Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy. Progress at international, national and sub-national levels includes:

- Wider international involvement to stop FGM,

- International monitoring bodies and resolutions that condemn the practice,

- Revised legal frameworks and growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries) and

- The prevalence of FGM has decreased in most countries and an increasing number of women and men in practising communities support ending its practice.

Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly.

In 2007, UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice.

In 2008, WHO together with 9 other United Nations partners, issued a statement on the elimination of FGM to support increased advocacy for its abandonment, called: "Eliminating female genital mutilation: an interagency statement". This statement provided evidence collected over the previous decade about the practice of FGM.

In 2010, WHO published a "Global strategy to stop health care providers from performing female genital mutilation" in collaboration with other key UN agencies and international organizations.

In December 2012, the UN General Assembly adopted a resolution on the elimination of female genital mutilation.

Building on a previous report from 2013, in 2016 UNICEF launched an updated report documenting the prevalence of FGM in 30 countries, as well as beliefs, attitudes, trends, and programmatic and policy responses to the practice globally.

WHO is publishing "Guidelines on the Management of Health Complications from Female Genital Mutilation" in 2016, which aim to support health care professionals in their care to girls and women that have undergone FGM.

In 2008, the World Health Assembly passed resolution WHA61.16 on the elimination of FGM, emphasizing the need for concerted action in all sectors - health, education, finance, justice and women's affairs.

WHO efforts to eliminate female genital mutilation focus on:

- Strengthening the health sector response: guidelines, training and policy to ensure that health professionals can provide medical care and counselling to girls and women living with FGM;

- Building evidence: generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM;

- Increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.

Early Child Marriage as a Form of Gender-Based Violence

Child marriage, defined as a formal marriage or informal union before age 18, is a reality for both boys and girls, although girls are disproportionately the most affected. Child marriage is widespread and can lead to a lifetime of disadvantage and deprivation.

UNICEF data released in 2014 show that while prevalence has decreased slightly over the past three decades, rates of progress need to be scaled up dramatically, simply to offset population growth in the countries where the practices are most common.

Worldwide, more than 700 million women alive today were married as children. More than 1 in 3 – or some 250 million – were married before 15. Girls who marry before they turn 18 are less likely to remain in school and more likely to experience domestic violence. Young teenage girls are more likely to die due to complications in pregnancy and childbirth than women in their 20s; their infants are more likely to be stillborn or die in the first month of life.

While data from 47 countries show that, overall, the median age at first marriage is gradually increasing, this improvement has been limited primarily to girls of families with higher incomes. But without far more intensive and sustained action now from all parts of society, hundreds of millions more girls will suffer profound, permanent, and utterly unnecessary harm:

- If rates of decline seen in the past three decades are sustained, the impact of population growth means the number of women married as children (more than 700 million) will remain flat through 2050;

- Doubling the rate of decline would bring the number of women married as children down to 570 million by 2030 and 450 million by 2050.

  Evidence shows that girls who marry early often abandon formal education and become pregnant. Maternal deaths related to pregnancy and childbirth are an important component of mortality for girls aged 15–19 worldwide, accounting for 70,000 deaths each year (UNICEF, State of the World's Children, 2009). If a mother is under the age of 18, her infant's risk of dying in its first year of life is 60 per cent greater than that of an infant born to a mother older than 19 (UNICEF, State of the World's Children, 2009). Even if the child survives, he or she is more likely to suffer from low birth weight, under nutrition and late physical and cognitive development (UNICEF, State of the World's Children, 2009). Child brides are at risk of violence, abuse and exploitation (UNICEF, State of the World's Children, 2009). Finally, child marriage often results in separation from family and friends and lack of freedom to participate in community activities, which can all have major consequences on girls' mental and physical well being.

Where prevalent, child marriage functions as a social norm. Marrying girls under 18 years old is rooted in gender discrimination, encouraging premature and continuous child bearing and giving preference to boys' education. Child marriage is also a strategy for economic survival as families marry off their daughters at an early age to reduce their economic burden.

- Empowering girls and women and ensuring girls and boys are healthy is at the core of UNICEF's mission. Because UNICEF works across multiple sectors, and because it works both with high-level decision makers as well as with grassroots community organisations, it is uniquely positioned to identify and address some of the systemic and underlying factors that pose a challenge to reproductive health, rights and gender equality.

- UNICEF is committed to efforts to end child marriage and is able to use its global leadership position, its mandate to provide data and evidence on child marriage, and its broad field-based programming in various sectors to bring about change on this issue. In 2012, UNICEF was instrumental in organizing the inaugural International Day of the Girl Child, which had child marriage as its theme. The event raised awareness of the issue and helped refocus attention on this harmful practice.

- Addressing child marriage requires recognition of the various factors that contribute to the perpetuation of the practice. These include economic factors (e.g. the need to support many children, paying a lower dowry), structural factors (e.g. lack of educational opportunities), and social factors (e.g. sense of tradition and social obligation, risk of pregnancy out of wedlock).

Sexting as a form of Gender-Based Violence

Sexting is a relatively new term, which refers to the use of technology to share sexually suggestive or sexually explicit contents in the form of text messages, nude pictures and sext videos and audio for various purposes. It is sometimes referred to as cybersex, 'nudie' or 'selfie'. This is particularly a growing ICT challenge, especially on the various social media platforms such as WhatsApp, Facebook and Instagram. Most people consider sexting as natural progression due to curiosity, advancement in technology and access to internet. Research has shown that girls are more likely to sext that boys. About 70% of girls who test admit that they did so because of pressure. Teenagers, particularly sext to get the receiver in the mood for sex, as a joke, to feel sexy and in response to pressure from partners.

Punishment or revenge: Some individuals share these contents to deliberately harm the victims by way of revenge or punishment as a result of some differences. In the case of sexting, when teenagers engage in it, they do not understand the consequences and ramifications of their actions. This is not always true. Often times, when teen relationships fall apart, one or both teens will try to hurt their ex. One way that many teens will get back at each other is to use these sexts that were sent when things are good. Teens can send these sexually explicit photos and messages to classmates or post them on the internet. Many teens do not understand that once something is on the internet, these images are there forever. The information on the internet is there forever. Teens do not think of these things when they are sexting. They may have a great deal of trust during the relationship, which makes them feel that there is no danger in sending these messages. When these messages become public, it can be very embarrassing for the sender, and can cause long-term effects.

Blackmail: Where an individual is in possession a nude photo or video of another person and threatens to make them public if his/her request for money or certain favours is not met.

Shaming Vitim's: The perpetrators aimed at shaming the victims publicly. This is a form of harassment when it is unsolicited and unwanted.

Harassment: Some people convey these contents to sexually attract the opposite sex.

When a sexted message gets out, it can cause a huge change in the victim's behavior.

- Depression.
- Anxiety.
- Social problems in school.
- Become withdrawn from friends.
- Avoiding social activities.
- Being bullied.
- Fear of going to school.
- Loss of self esteem.

- Poor grades.
- Excessive absenteeism from school.
- Alcohol and drug use.
- Difficulty sleeping.
- Loss of appetite.
- Become sexually promiscuous.
- Tensions in marriages and relationships, exclusion.
- Suicidal Tendencies.

According to Sections 280 and 281 of the Criminal Offences Act, the making/production "for the public", possession and distribution of obscene materials such as seeks tapes, indecent images and videos amount to a criminal offence - to be precise, a misdemeanor.

How to Prevent Gender Violence in the Community

- Education on the effects of gender violence.
- Enactment and enforcement of legislations on gender violence.
- Stiffer punishments for the perpetrators of gender violence.

Steps to Facilitate the Session

Objective 1: To help participants define and explain the term gender-based violence

Step 1: Begin session by projecting a movie scene on the wall showing a man either yelling at or beating the wife.

Step 2: After participants have watched the scene, guide them to describe similar situations in the community. Guide participants to use the scenarios to brainstorm on the meaning of gender-based violence. Write down all the definitions and guide participants to arrive at a correct definition.

Step 3: Ask the participants "Is the home the only place for gender based violence?"

Let participants mention other forms of gender based violence outside the home. Write down all the suggestions participants will give and let each participant explain why that example is a case of gender-based violence.

Objective 2: To help participants mention at least four ways by which gender based violence is reinforced in the community

Step 1: Divide the participants into four groups.

Step 2: Assign the groups to the following forms of Gender-Based Violence.

   a.   Domestic Violence.

   b.   Sexual Violence.

   c.   Economic Violence.

   d.   Socio-Cultural Violence.

Step 3: Ask participants to discuss two examples of each form of violence, where they take place and the possible effects. Allow 10-15 minutes for the group work after which let each group paste their work and make a presentation on it.

Step 4: Lead participants to discuss their findings.

Objective 3 List at least five ways by which Gender-Based Violence can be prevented in the community.

Step 1: Still in their respective groups, explain to participants that they will prepare a television news cast and a presentation to the government on the topic: "Preventing gender-based violence in the Ghanaian society".

Explain to them that their presentation should cover;

   • Efforts individuals and organizations are making to eliminate gender violence,

   • How government can supplement these efforts and

   • How the general public can also contribute their quota.

Step 2: Let the participants break into their various groups to do their assignment. Allow about 30 minutes for the assignment and let each group make a presentation on the work.

Step 3: As they present, write down the salient points on the ways to eliminate gender based violence, on the flipchart.

Step 4: In plenary, guide participants to discuss the points they have captured in their presentations. Also bring out points they might have missed.

Step 5: Ask participants the following questions:

a. How difficult was it was to think of ways to reduce gender violence?

b. Does everyone have a responsibility to work toward ending gender violence?

c. What can you do as a young person to help end gender based violence in society?

Key points for Participants

- Many young men are socialised (or pressured) to act violently.

- Violence against women and girls, or against individuals who do not conform to dominant gender norms, is called gender-based violence.

- Females are particularly vulnerable to violence perpetrated by people they know, including their intimate male partners.

- Such violence may be of a sexual nature, such as unwanted touching or forced sex.

- Such violence ranges in severity and may include beatings, burning, or murder.

- Some people face violence because they are perceived (correctly or not) as homosexual or transgender. Violence based on a person's identity is sometimes referred to as "hate crime".

- All gender-based violence is a violation of human rights.

- Gender violence sometimes is perpetrated by women against men.

- Gender based violence can also be meted out to transsexuals.

- Gender-based violence reflects and reinforces cultural norms about masculinity and male control and dominance.

Handout for Participants

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. (WHO, 2013).

It may also be described as any behaviour, physical or verbal, directed at another person with the intension of hurting/ harming him/her. The harm could be physical, emotional or even psychological.

Gender based violence then is any act of violence directed towards another because of his/her gender. There are numerous examples of gender-based violence in our communities. Most of these acts are perpetrated by men against women. However there are also instances of women perpetrating acts of violence against men. This module takes a look at gender-based violence, the nuances involved and how to prevent it.

Violence against Women refers to any gender-based violence that results in or is likely to result in physical, sexual and psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Forms of Violence include:

- **Domestic Violence:** which refers to violence that are perpetuated in domestic spheres. This includes beating, chocking, verbal abuse and destruction of personal property.

- **Emotional violence:** which consist of trafficking women and girls, property grabbing deprivation of basic necessities, controlling of earning and exclusion from decision making.

- **Sexual Violence**: refers to all forms of force sexual acts including rape and defilement of boys and girls.

- **Socio-cultural violence**: refers to harmful traditional and cultural practices such as Female Genital Mutilation, wife inheritance, early marriage etc.

The factors that cause or perpetuate violence include unequal power relations, low status of women, ignorance of the law, inadequate legal provisions, policies and intuitions and economic.

Violence can result in physical injury, death, STIs, unwanted pregnancies, mental health and behavioural challenges, suicidal tendencies m, fear and anxiety, loss of productive time and money in pursuit of justice, stigma, forced marriage etc.

Article One (1) of the UN Declaration on the Elimination of Violence against Women (DEVW), proclaimed by the UN General Assembly in its resolution 48/104 of 20 December 1993, defines the term "violence against women" as:

"Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

(UNESCO, 1999 p.53).

Materials Needed

- Flipcharts.
- White board.
- Markers.
- Projector.
- Laptop.
- Movie / documentary clip.

Time: 90 minutes

SESSION 8: RESPONDING TO GENDER-BASED VIOLENCE

Introduction

Some young people, when being physically abused in relationships continue to stay in such abusive relationships. Several reasons have been suggested to explain this phenomenon. Some attribute it to finances, the fear of the individual's safety, concerns for the family, worries about community attitudes, lack of alternatives and not being aware of their rights. Violence in any form must not be tolerated and must be responded to appropriately.

Session Objectives

By the end of the session, participants will be able:
- To enable young people to state at least two ideas for action against violence against women;
- To strengthen problem-solving and public speaking skills.

Notes for the Facilitator

In some cases, men may stop being physically abusive to their partners. In other cases, women may leave a violent partner. However, many people remain in violent relationships. Much can be done to reduce the incidence of gender-based violence, such as ensuring that people know that they have the right to live free of violence, including sexual coercion. All people can strengthen their own commitment to and skills for communicating with their friends, family members, and sex partners about problems related to gender-based violence, including sexual coercion. They can encourage their friends to do the same.

More and more people (males as well as females), organisations, communities, and country governments are working to reduce violence. They do this by:

- Teaching people ways to resolve conflicts without violence, including ways of expressing their feelings respectfully and effectively,

- Supporting survivors of gender-based violence, including providing a safe haven where they can seek help and safety,

- Working to change attitudes that tolerate or excuse violence or blame it on the victim,

- Promoting norms that honour diversity and difference and that support boys and young men who choose not to adopt aggressive male roles and

- Educating people about violence, including the gender norms that foster violence, the wide range of contexts in which violence takes place, the rights of all people to live free of violence, and the importance of shared responsibility for reducing violence; and advocating for the passage and enforcement of effective laws against violence.

Steps to Facilitate the Process

Activity One

In small groups, young people develop strategies for eliminating violence against women and present their strategies as television newscasts.

Step 1: Divide young people into groups of four or five. Explain that half the groups will prepare a television newscast and half will prepare a presentation to the government.

Step 2: Ask: "Who is responsible for ending violence against women and girls?"

Step 3: Explain:

- Imagine some strategies or programs to reduce violence against women.
- You have 40 minutes to prepare a five- to ten-minute presentation (a television newscast or a presentation to the local or national government, depending on which group you are in).
- Your presentation should assume that your audience already knows about the problem of violence. Your job is to show what positive actions are being taken to respond to the problem.
- Try to include what has been done (or can be done) by young people as well as by adults in everyday life; by local organisations and communities; by the government or United Nations agencies.
- You should also consider how to involve men and boys in this effort.

Activity Two

For presentations to the local/national government, explain: You will inform government officials of actions that have been taken by groups and individuals. Clarify how the government should respond. Some young people may play the role of government officials, and other young people may act as experts or citizens.

Activity Three

Step 1: For the newscast presentation, explain: Remember that you need to focus people's attention and be as brief and clear as possible. Use human-interest stories to show the work being done to address the problem of violence in personal relationships. Keep your presentation personal and engaging.

Make sure that everyone understands the assignment. Tell the groups they have 45 minutes

to prepare. Then circulate among the groups as they work.

Step 2: Before the presentations begin, give the groups five minutes to review their presentation and smooth out their plan.

Step 3: Ask all of the groups to deliver their presentations. Take notes on their program ideas.

Step 4: After all of the presentations have been heard, ask:

- How difficult was it to think of ways to reduce violence against women?
- What are some of the common themes or ideas that different groups had for working with women?
- What about for working with men and boys?
- Which ideas do you think are best and why?
- Does everyone have a responsibility to work toward ending violence against women?
- What, if anything, can you do now as young people to end violence against women and girls in families, schools, and the community?

For presentations to the local/national government, explain:

- You will inform government officials of actions that have been taken by groups and individuals. Clarify how the government should respond. Some young people may play the role of government officials, and other young people may act as experts or citizens.

Key points for Participants

- All forms of gender-based violence are infringement on the victim's human rights and are punishable by law.
- There are international and national legal instruments to protect people against gender-based violence.
- There are Institutions in Ghana that address gender-based violence. This includes the Domestic Violence and Victims Support Unit (DOVVSU).
- Sharing of nude pictures and sex videos of people without their consent or with the intention to harm them emotionally, psychological or mentally is a form of gender-based violence.

Facilitator's Guide

- Remember that you need to focus people's attention and be as brief and clear as possible. Use human-interest stories to show the work being done to address the problem of violence in personal relationships. Keep your presentation personal and engaging.

Gender: Our Own Decisions

Challenging gender stereotypes requires honest and active thinking about our own experiences and attitudes. Most of us want to develop our full potential as human beings. Our ability to develop and interact fully is limited, however, by the norms and stereotypes we have absorbed. In order to challenge stereotypes in our own lives, we must identify how they have affected our identity, personal development, and life choices.

In order to reduce gender-based discrimination, people must be able to recognize it and act upon it. Recognizing gender-based discrimination is sometimes easy and sometimes difficult. It may be obvious: for example, giving key leadership positions or other privileges to boys, or making an insulting remark about someone in a same-sex relationship. Or it can be more subtle and difficult to notice: for example, ignoring someone's opinion because of her or his gender.

Changing the world around us

Around the world, millions of people, including adolescents, are working to achieve gender and social equality. They do this to help create greater happiness in their own relationships and lives, in their communities, and in the broader society.

Young people can help to promote gender and social equality by:

- Taking care not to use degrading language or tell demeaning jokes.
- Speaking out against discrimination and gender-based violence.
- Reaching out to a person who is being marginalised - this can help a person significantly.
- Helping to ensure that people living with HIV or AIDS are treated fairly in the community.
- Working to reform laws that punish people based on their sexual identity; and joining organisations such as the White Ribbon Campaign (a global movement of men working to end violence against women).
- Try to include what has been done (or can be done) by young people as well as by adults in everyday life; by local organisations and communities; by the government or United Nations agencies.
- You should also consider how to involve men and boys in this effort.

Materials Needed

- Board.
- Chalk.

Time: 3 hours

CONCLUSION OF MODULE

This module explored the concepts of gender, gender norms and gender roles as applied to young people in typical African Societies such as Ghana. It also explored their effect on the sexual health and lives of adolescent boys and girls as relating to their bodily autonomy, violence, sexual coercion and the ability to make thier own decisions. The need to revise negative gender norms to reflect prevailing global trends was also discussed in this model, as a means of empowering young people to pursue their ambitions in life irrespective of their gender. We continue with discussions on how we can leverage advocacy to change some of the issues raised in Module 8.

How Can I Cause Change Advocacy

INTRODUCTION

This module addresses young people's (10-24years) relationship with the wider community and society. It is important that young people understand policies and laws that affect them. Then it is easier to know what rights they have and what responsibilities they owe to themselves and others in the community. This is what enables a young person to eventually become a responsible member of society with an understanding of the issues that are important for development.

Advocacy for what needs to be done that has been neglected or overlooked then becomes possible. Without education on these issues, young people remain ignorant and not able to contribute effectively now or later to national debate and development.

This module enables facilitators to support young people with hands-on learning experiences in their own lives, communities and schools. It will also empower individuals to create change.

A comprehensive complementary handout has been provided at the end of the module covering all sessions.

MODULE OBJECTIVES

By the end of the module, participants will be able to have basic advocacy skills to articulate their concerns towards a desirable change in young people's rights and development.

DEFINITION OF TERMS

1. **Advocacy** is a set of targeted actions directed at decision makers in support of a specific issue in the community. It also involves identifying an issue and calling for change. It calls for changes in laws, policies, practices and structures in order to improve people's lives.

2. **Rights** are the basic entitlements of everyone – no matter whom they are or where they live – simply because they are humans. *Refer to Rights Module for further examples.*

3. **Responsibilities** refer to the duties assigned to every citizen by law or through an agreement. These go hand-in-hand with rights and are expected of all citizens.

4. **Violation** is the abuse, neglect or disregard for the rights of persons on the basis of nationality, place of residence, sex, ethnic origin, colour, religion, language, or any other status.

5. **Violence** is a conduct, treatment, outrage that results in injury, harm or damage to another person. It is also the unlawful exercise of physical force or intimidation. Violence can result in bruises, broken bones, fear, depression, promiscuity, poverty and divorce or even death (IPPF).

6. **Marginalisation** refers to the social process of excluding, side lining, or removing a person, group, or concept as insignificant or peripheral.

7. **Injustice** refers to the violation of the rights of a person or group.

8. **Discrimination** refers to the unjust or prejudicial treatment of different categories of people especially on the grounds of age, race, sex and other factors.

SESSION 1: ADVOCACY: MEANING AND PROCESS

Introduction

Introduce participants to advocacy by accessing their previous knowledge of advocacy; including the meaning, processes, types and importance of advocacy. This will enable participants acquire more knowledge of the topic and be more receptive to new information.

Session Objectives:

By the end of this session, participants would be able to

1. Define advocacy.
2. Differentiate between advocacy and other related strategies.
3. Explain the importance of advocacy.
4. Identify who can be an advocate.
5. Explain what advocates do.

Notes for the Facilitator

What is Advocacy

It is a set of targeted actions directed at decision makers in support of a specific issue in the community. It also involves identifying an issue and calling for change. It calls for changes in laws, policies, practices and structures in order to improve people's lives.

The term **'Advocacy'** means different things to different people. Basically, advocacy is about calling for change and guiding decision makers towards solutions. It refers to the different ways we can build political, financial or public support to bring about action for change. It involves influencing leaders and decision makers to address the root causes of problems and to generate long-term sustainable solutions.

Change can take place on several levels, such as:

*   At local level (for example with local government, religious leaders, school system).
*   At national level (for example with national governments, ministries).
*   At international level (for example with UN agencies, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria).

Advocacy can have many different objectives. For example, we can advocate to increase support for a cause, to influence leaders and decision makers, to build an environment that enables young people to exercise their rights, or to change laws or legislation.

All forms of advocacy aim to influence decision makers in order to bring about change. Change usually happens at least in three different phases:

- **Head (knowledge):** Firstly, your target audience needs to have accurate information and understand the change you are advocating for and why you are proposing it.

- **Heart (attitude):** Secondly, even if your target audience has all the technical information, they might still need to be convinced about the benefits and value of your proposal, to know in their heart that what you are proposing is the right thing to do.

- **Hands (practice/implementation):** Once you have allies for your cause, you may still need to support them to translate the proposed change into action. This involves monitoring how the change is being implemented to make sure that your strategies are working effectively towards change. Sometimes, it might be necessary to work with others to adjust your strategies to maximise effectiveness.

Types of Advocacy

As advocacy can be pursued by anyone passionate enough to cause a change, there are different types and methods to advocate for a particular change. The following are some examples:

Citizen Advocacy:

A one to one partnership between two people. The Citizen Advocate is a volunteer who usually forms a long term relationship with their partner and takes a personal interest in ensuring that their partner's interests are effectively represented. The relationship is based on trust, commitment and loyalty. There is an element of emotional support and friendship as well as a social element, which may involve introducing the partner to new experiences and/or activities that will aid the course.

Independent (Issue-based) Advocacy:

This can also be referred to crisis or case advocacy. A one to one partnership between two people, often provided by paid advocates. Independent advocacy shares the same principles as Citizen Advocacy, but is usually a short-term, one-off involvement, dealing with a specific issue in a person's life. The relationship is normally time limited, but may last for several months. When this has been done the advocacy partnership is terminated until it is required again.

Self Advocacy:

Seen by many in the advocacy movement to be the most ideal form of advocacy, and one which all other types of advocacy should be aiming to work towards. People speaking out for themselves to express their own needs and representing their own interests. Often people with some form of disability may have received some support in achieving self-advocacy – this is a model employed by People first – a group run by people with learning disabilities for people with learning disabilities.

Group Advocacy:

Where people come together to represent shared interests or goals and works by offering mutual support, skill development and a common call for change with the intention of developing or changing services or policy.

Peer Advocacy:

Support from advocates who themselves have experience of using particular services such as reproductive health or access to services. Can involve people speaking up for those who cannot do so themselves and may link with group advocacy.

Legal advocacy:

Representation by legally qualified advocates, usually barristers or solicitors or qualified health workers and CSOs.

Professional Advocacy:

Representation by members of services involved in a person's life, for example social workers or health workers. Whilst this is an important form of advocacy, most independent advocacy agencies would stress the limitations of this type of advocacy and recognise the potential conflict of interest that may arise out of professionals advocating on their service users behalf.

Statutory Advocacy:

Where there is a statutory duty to provide advocacy following government legislation such as Sexual reproductive health and rights policy and implementation plans.

Family and Friend advocacy:

Where a person's family member or members or friend(s) play a part in advocating on their behalf. Most of us will have used or provided this support, at some time in our lives whether we realised it or not.

How is advocacy different from other strategies?

It can be confusing to understand how advocacy is different from other related strategies, including information, education and communication, comprehensive sexuality education and public relations. The following table lists some of the main differences.

ADVOCACY AND RELATED STRATEGIES

Strategies	Messengers	Objectives	Target audiences	Methods and activities
Information, education and communication	• Service providers • Non-governmental organisations • Social workers • Public health agents • Peer educators	• To inform, educate or communicate on a specific topic • To raise awareness and trigger interest in a particular topic • Can include behavioural change	• Individuals • Specific population groups (such as young people, people living with HIV etc.) • General public	• Pamphlets or flyers • Posters or billboards • Websites • Social networking sites • Newspapers • Text messaging • Theatre
Comprehensive sexuality education	• Teachers • Sex educators • Peer educators • Parents	• To provide comprehensive and in-depth information about sexuality and gender • To increase knowledge and understanding of diverse aspects of sexuality and gender	• Students • Children and young people (both in and out of school)	• Formal education curricula • Informal educational programmes
Public relations	• Businesses • Commercial agencies • Manufacturers	• To promote a product, service, company or organisation • To increase sales	• Consumers	• Large-scale advertising (TV, radio, print media, internet) • Public events
Advocacy	• Civil society • Service providers • Research institutions • Educational institutions • Advocates • Young people	• To generate political, public or financial support for a particular issue • To change laws or policies • To influence the allocation of public resources	• Policy makers • Decision makers • Governments • Religious leaders • Community leaders • Donor agencies	• Campaigns • Petitions or letter writing • High level meetings with decision makers, such as parliamentarians • Public debates • Factsheets, policy briefings or reports • Press conferences • E-advocacy (Social media campaigns) • Dialogues • Picketing

Why is advocacy important?

Advocacy is important because it addresses the root causes of problems, leading to long-term sustainable benefits for young people and their communities.

Sometimes, thinking about all the change you want to happen can seem overwhelming.

Facilitator's note

Ask participants what they will do using the following scenario:

You came home to find your house flooded from a leaky tap. What will be your initial reaction? Grab a mop and start cleaning up the water as fast as you can or find a way to repair the leaky tap?

1. Advocacy is important because it can:

2. **Influence changes in policies and mindsets:** Advocacy can help generate commitment. Generating commitment and buy-in from leaders and decision makers is vital to ensure sexual and reproductive health and rights for all. It can influence the creation, implementation and improvement of laws and policies.

3. **Secure funds and resources:** Advocacy can ensure that sufficient resources are allocated for programme implementation and service delivery. For change to come about, commitments to sexual and reproductive health and rights must be backed by financial, human and technical resources.

Mainstream sexual and reproductive health and Rights: Sexual and reproductive health and rights are closely linked to many other aspects of life and development, including education, economics, the environment and human rights. The problem is that sexual and reproductive health and rights are often treated as a health issue in isolation from other sectors. It is therefore important to take a comprehensive approach. Advocacy can be used to generate awareness and an understanding about the importance of mainstreaming these rights into all aspects of development.

1. **Build a movement**: The most powerful social movements are those that unite commitment and activism from all levels: Local, National, Regional and International. Advocacy plays a key role in generating support on each level, creating a stronger movement.

2. **Safeguard and protect previous achievements**: A lot of progress has already been made towards ensuring sexual and reproductive health and rights around the world. However, political, economic and cultural landscapes are constantly changing so it's important for us to protect the gains we have already won. Advocacy allows us to do this by acting as a watchdog to make sure that governments and leaders uphold their commitments to sexual and reproductive health and rights.

Who is an advocate?

Anyone with a passion for an issue or cause can be an advocate. Young people can be one of the best advocates for issues relevant to their rights and development (including health and SRHR issues), because they have the best understanding of their own needs, realities, desires and capacities.

In fact, it is a human right for young people to participate in decision making that affects their lives and to have their voices heard by decision makers. This right is enshrined in the UN Convention on the Rights of the Child, which has been ratified by almost every country in the world including Ghana who was the first to ratify in 1990. So, young people of every age and from every region around the world can all be advocates.

But, what does it take to be an **effective** advocate? The recipe is quite simple. It includes the following:

- Passion and dedication to address an issue or course.

- A clear vision of what change needs to happen.

- The ability to collaborate with others.

- Time and commitment to prepare and follow up with advocacy interventions.

- Strong communication skills.

- The persistence to keep going against all odds.

You can lead change in your immediate surroundings or the world at large. Being an agent for change in your immediate surroundings can be very powerful. Never underestimate the 'ripple effect': you inspire someone who inspires someone else who inspires another person, and so on, until the ripples from a drop of rain transforms into ocean waves.

We can also be agents of change at a higher level, such as at National, Regional or International levels. Advocacy at these levels has the potential to affect an even larger group of people, but change might happen at a slower pace than Local level advocacy.

What do Advocates do?

As an advocate you can play many different roles. For example, you can:

- Raise awareness about issue related to young people's rights and development among leaders and decision makers to make specific changes to legislation, policies and/or their implementation.

- Collaborate with other young people and advocates in campaigns to promote their rights and development.

- Ensure that leaders (government, religious leaders, schools etc.) respect, protect and fulfil young people's rights.

- Write and distribute factsheets, reports or other materials to provide evidence about the importance of prioritising young people's rights and development.

But remember, you do not have to do this alone. Other organisations and people may have different skills, and access to different knowledge or target audiences that can be useful for your advocacy goals. Collaborative advocacy can often generate stronger voices that reach wider audiences and lead to lasting change.

Change is possible! There is always something you can do, no matter how large or small.

Steps to Facilitate the Session

Step 1: In plenary, ask participants to explain the term advocacy in their own words. Write their responses on a flip chart and discuss.

Step 2: Define advocacy and explain provided examples of the types of advocacy.

Step 3: In groups, ask participants to differentiate advocacy from other related strategies.

Step 4: Group presentations in plenary.

Step 5: Provide information on the differences between advocacy and related strategies.

Step 6: Have an ice breaker.

Step 7: Buzz groups, ask participants to give one importance of advocacy.

Step 8: Summarise participants' response and provide more information.

Step 9: In small group discussions, ask participants to identify five qualities of an advocate

Step 9: Group presentations in plenary.

Step 10: Summarise groups' responses and provide more information.

Step 11: In plenary, brainstorm on what advocates do.

Step 12: Summarise discussions and provide more information.

Step 13: Seek clarification or questions from participants and summarise session.

Key Points for participants

Advocacy is about creating positive change in society and anybody committed to that can be an advocate. It also provides:

- Influential people in health education action.

- A platform for expression of your views effectively.

- You with information, support and services to help you make choices.

- Representation of your community's views faithfully and effectively.

Handouts

- Notes.

- Case studies.

- Group work guide/instructions.

- Icebreaker.

Materials needed

- • Flip chart.
- • Markers.
- • LCD Projector.
- • Laptop.
- • Notepads.
- • Posters.
- • Handouts.
- • Short videos on advocacy.

Time: 120 minutes

SESSION 2: WHAT NEEDS TO CHANGE?

Introduction

Introduce participants to the concept of rights and how that relates to advocacy. Participants must understand the facets of rights and free will. It must be clear that one's desire for something may not be same for other person; therefore, exercising one's 'rights' should not be to the disadvantage of another or others.

Session Objectives

By the end this session, participants will be able to:

- Identify key issues related young people's rights and development.
- Analyse the causes of issues related to young people's rights and development.
- Prioritise the most important issue that requires a positive change.
- Determine what change needs to happen.
- Set advocacy goal(s), objective(s) and expected result(s).

Notes for the Facilitator

Advocacy is about identifying an issue and calling for change, so we need to be very clear about exactly what it is that we are trying to change. Before starting out on an advocacy initiative, make sure you identify accurately what it is that you are trying to change. It is best to do this with input from as many stakeholders as possible including young people themselves. It's really important to identify clearly what needs to change to make sure your advocacy efforts do not go off in too many different directions.

ACTIVITY ONE

- **Identify the key problems or concerns** related to young people's rights and development in your region, community or country.

- **Gather information** to investigate the causes of these problems or concerns. Be sure to seek the perspectives of as many young people as possible who are most affected by these issues. Find out how people are affected by the problem, what the most serious consequences are, what factors contribute to the problem and which of these factors is the easiest or most important to address.

- Once you have identified the causes of the problems, **work out exactly what needs to change** in terms of public policy or laws in order to solve these problems.

Problem	Causes	What needs to change?
Young girls are taken out of school	High rates of teenage pregnancy	Legislation to ensure better access to sexual and reproductive health and rights information, education and services for girls.
	Family (early marriage/ low regard for girl education)

Poverty | Improved income generation options for girls and their families.

Sensitisation of public perception on girls education and early marriage. |

A useful exercise to refine the focus of your advocacy work is to analyse the public policies and laws that are relevant to the issue you have identified. Try to classify them in four categories:

- Acceptable laws and policies – both in wording and content – that work, respond to the population's needs, and are in agreement with your views on the advocacy issue.

- Existing laws where content must be modified somewhat to address the challenges faced by young people related to your advocacy issue.

- Existing laws that support your position, but are not implemented adequately.

- Laws that should be created in order to supplement, promote or support action in relation to your advocacy issue.

- Focus on one or a few specific change(s) that must take place to address the problem you have identified. Next, define a clear goal, a set of objectives and a main advocacy expected result based on the change(s) you wish to see.

When identifying the problem, ask yourself:

- Am I targeting the most relevant or important changes?

- Is this change realistic?

- Whose perspective am I basing my work on (young men, young women, CSOs, governments, media, donors etc.)?

- What would the people who will be most affected by this change say about my plan? Am I basing my work on their experiences? Am I working with them (at all stages: research, planning, implementation, and monitoring and evaluation)?

- Am I comfortable working on this topic? If not, try to find out more about it. (It is good to constantly challenge our own attitudes and ourselves. If you are still uncomfortable, then move onto the next biggest problem and so on until you come to something you do feel comfortable with).

- Have I prioritised the changes (if more than one)? Do I have enough data to support my advocacy? Sources can include reports, academic studies, publications from non-governmental organisations, government statistics etc.

- Do I know when important decisions will be made and can I ensure that my initiatives are timed to affect that decision?

	Definition
Goal	A goal is a long-term general aim that will be achieved if the change you advocate for takes place. Goals are 'big

picture' statements designed to resolve problems. It is usually best to define only one or two goals. |
| **Objective** | An objective is a specific element or action that is required to achieve your goal. Objectives should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and Time-bound (SMART). |
| **Expected result** | This is the specific result that you expect your advocacy to lead to. It is important to define an advocacy expected result as early as possible, since it will guide your entire advocacy strategy. Be specific and realistic when developing the advocacy expected result. Consider the timeframe it will take to achieve your advocacy expected result, the basic principles or components that should be included in the result, the geographic scope, the specific population(s) and the resources necessary to achieve your expected result. |

Steps to facilitate the session

Step 1: Ask participants to individually write a problem related to young people's rights and development in their communities on a sticky note.

Step 2: Ask participant to paste their sticky notes on a flip chart paper.

Step 3: Categorise the problems identified by the participants and discuss in plenary.

Step 4: In group discussions, ask participants to prioritise one issue that needs change.

Step 5: Plenary presentation of group discussions.

Step 6: Have an icebreaker.

Step 7: In group discussions, ask participants to analyse the causes of the problem they identified (prioritised).

Step 8: Plenary presentation of group discussions.

Step 9: In group discussions, ask participants to determine what needs to change about the problem they identified (prioritised).

Step 10: Group presentations in plenary.

Step 11: In plenary, provide information on what advocacy goals, objectives and expected results are and how each of them is set using practical examples.

Step 12: In group discussions, ask participants to set goals, objectives and expected results for their identified (prioritised) advocacy issue.

Step 13: Group presentations in plenary.

Step 14: Provide feedback on group presentations and help participants refine their goals, objectives and expected results.

Step 15: Seek clarification or questions from participants and summarise session.

Key points for participants

Summarise the sessions by discussing and highlighting the fact that to have a successful advocacy campaign, an issue first needs to be identified and a clear change determined.

Handouts

- Notes.

- Case studies .

- Group work guide/instructions.

- Icebreaker.

Material Needed

- Flip charts.

- Markers.

- LCD Projector.

- Laptop.

- Notepads.

- Posters.

- Hand-outs.

- Sticky notes.

Time: 150mins

SESSION 3: WHO CAN MAKE THAT CHANGE HAPPEN?

Introduction

Introduce participants to the facilitators of change. In the quest of advocating change, key persons and institutions are of paramount leverage to the advocacy process. They are at decision-making positions that can aid the success of one's advocacy.

Session Objectives

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

- Distinguish between primary and secondary targets.
- Determine how to identify advocacy targets.
- Prioritise advocacy targets.
- Know when to switch advocacy targets.
- Know how to monitor advocacy targets.

Notes for the Facilitator

Once we have correctly identified what needs to change, we must look at who can make this change happen – in other words, who are we targeting?

There are a lot of people you may want or need to convince: your peers, family, school, community leaders or parliamentarians. Keep in mind that the goal of advocacy is to influence policies, laws or structural change. When deciding who to target, think about who is most able to influence these changes.

Targets can be primary or secondary:

- Primary targets are decision makers with the power to directly influence the change you are seeking and your advocacy expected result.
- Secondary targets are individuals or groups that can influence the primary decision makers.

Primary targets may include community leaders, religious leaders, parliamentarians or other elected officials, legislators, international agencies, influential civil society organizations and legal professionals.

Secondary targets may include schools, men and women's groups, youth organisations, health and social services professionals, celebrities, public figures, media representatives and non-governmental organisations.

Remember that some people will support you, others won't know a lot about the things you want to fight for, others may be undecided how they feel about the issues and some may have very strong opinions against your ideas.

ACTIVITY ONE

- **Identify your target audience:** Based on the change(s) you identified in the previous session, brainstorm a list of individuals and institutions that can influence those changes. Try to think as broadly as possible.

- **Analyse and map your target audience:** Looking at the list of target audiences you developed, identify who is:
  - ◊ Supportive of your position and helpful for your cause (potential allies)
  - ◊ Obstructive of your position (potential opponents)
  - ◊ Neutral or undecided on your position

- **Prioritise your targets:** Which targets should you approach first? Remember you have limited time and resources. Choose wisely and have specific goals in mind. Ask yourself: Who can have the greatest impact (either positive or negative)? Who is easy to work with? Who is closest to this issue? Is there anyone that I absolutely can't ignore? Is their position too high, too low or too temporary to have any effect? Can I approach them one after another, or will the change only happen if I target them all at the same time?

- **Know when to switch targets:** Keep reassessing the situation in light of your overall goal and objectives. If you are not making much progress, be prepared to switch targets. Being flexible is vital for a successful advocacy strategy.

- **Monitor target audiences:** A person or institution's influence, position or level of interest in your advocacy goal can change over time. It is important to monitor potential target audiences regularly. You might find new allies or opponents at different phases of your advocacy efforts.

Steps to Facilitate the Session

Step 1: Refer to the last group exercise, in session two and ask participants to identify those who can bring change to the advocacy issue they identified (prioritised).

Step 2: Group presentations in plenary.

Step 3: Categorise the targets and explain the difference between primary and secondary targets.

Step 4: In plenary, explain how to analyse and prioritise target audience.

Step 5: In group discussions, ask participants to analyse and prioritise the target audience.

Step 6: Group presentations in plenary.

Step 7: Have an icebreaker.

Step 8: In plenary, explain how to switch and monitor target audience.

Step 9: Seek clarification or questions from participants and summarise session.

It is important to note that in other to make change happen:

- You'll have to know and target the people who can bring or influence change.

- Those who are against or indifferent to your position.

- You can switch targets when you realize they may be delaying or impeding your progress.

- You should be dynamic in your approach.

- It is only through commitment and hard work that will earn you the change you require.

Handouts

- Notes.
- Case studies.
- Group work guide/instructions.
- Icebreaker.

Materials Needed

- Flip chart.
- Markers.
- LCD Projector.
- Laptop.
- Notepads.
- Pens.
- Posters.
- Handouts (Case study).
- Sticky notes.

Time: 120 minutes

SESSION 4: HOW CAN I INFLUENCE MY ADVOCACY TARGETS TO MAKE THAT CHANGE?

Introduction

At this point, introduce participants to practical strategies to adopt in other approach potential targets and how to get them to come on board and facilitate the process to achieve the desired change.

Session Objectives

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

- Identify the different advocacy approaches.
- Determine the right advocacy tools to use and when to use them.
- Know how to work with relevant stakeholders on advocacy related issues.
- Know how to carry the right advocacy messages to the target audience.

Notes for the Facilitator

We have correctly identified the essential change and identified who can make the change happen. The next step is to look at how we can influence these people to make the change happen. For this, we need to develop the right approach and the right tools to reach the identified targets effectively.

Approach

There are several different approaches to advocacy. For example, you can approach advocacy targets as an ally, you can name and shame or you can incite competition between two targets to bring about change.

When deciding what approach to use, we can apply the 'door test' to our list of targets. **See table 8.4.1 on the next page**. Imagine that the path towards change is a door. Is the door wide open, half open or closed? Is the door glass? Can it be opened by just one person or will it require a team effort? The 'door test' will help to determine timing, targets and strategy for advocacy.

See Annex 4, which shows a useful framework to help you decide what approach to use for different audiences.

*Table 8.4.*1 *- Door Test*

Type of door	How do you approach it?
Open door (welcoming)	Go ahead; feel free to express your concerns and ideas openly! These are the people you should **engage** in your advocacy work.
Half open door (willing to listen)	Use more persuasive techniques – try to keep a foot in the door. For those who are interested in your issue, but not fully aligned with your position, you should try to **convince** them by increasing their knowledge on the issue and demonstrating that your advocacy expected result is the best way to address it. For those who only have a medium level of interest in your issue, but are favourable to your position, you should try to **persuade** them that your issue is a priority that aligns with your common position.
Closed door (not willing to listen)	These are the people who are interested in your advocacy issue, but fully against your proposed solution (advocacy expected result). You will need to try to **counteract** their arguments and **neutralise** their influence. This is a highly delicate task. You must avoid using unethical practices or victimizing your opponents at all cost. Even though neutralization strategies are important, they should not become the focus of the advocacy project because they will promote actions that are reactive rather than proactive. Find different ways to reach the target (slip flyers under the door, find someone on the inside toopen the door, etc), continue for a while, but know when to give up. You might also find it useful to see who is supporting you from behind closed doors before you try to get through a difficult door.
Glass door (seems open, but you accidentally bump into it – the unwillingness is not obvious)	Be prepared for unexpected opposition! The level of interest in issues and the groups that support or oppose a particular solution change over time. It is important to monitor as many stakeholders as possible and to be prepared if their position changes.

Tools

Tools are essential components of any advocacy strategy. They help to communicate your messages and influence decision-making. A vast array of tools can be used in advocacy efforts. These include factsheets, detailed reports, the media, demonstrations, meetings, petitions, public events and electronic social media, among others. Each tool has a different impact, so it is important to select tools that are most appropriate to reach your particular target(s).

ACTIVITY TWO

- Make a list of all the 'tools' you can use to reach your targets. Think about what tools or tactics have been used successfully in the past (by you or others). Why were these methods successful? How have you been persuaded in the past?

- Make a list of the pros and cons of each tool you have identified. Draw on your own experience and get advice from those who have used different tools.

- Match tools with the targets you identified in step 2. There is no such thing as the 'best tool' by itself – only 'the best tool in relation to the target, the aim of the advocacy, resources available and the cultural context'. Many tools will be suitable for many different targets. Ask yourself: What tools are most appropriate to reach my specific targets? What tools are more effective for use in the specific circumstances under which I am advocating? What tools are within budget?

- Decide which tool(s) will be most effective for your specific advocacy goal and objectives. Don't get so carried away with the tool that you forget the purpose of it. A tool is a means to an end, not an end in itself.

- Plan when to use your tools:

◊ Think about the 'door test'. If the opposition at a particular point in time is too great, think carefully and consider leaving the issue temporarily and coming back to it later. In the meantime, you can continue doing simple activities to 'keep a foot in the door'.

◊ Map out special dates and public events that you can capitalize or 'piggyback' on (for example World AIDS Day, Human Rights Day, International Women's Day etc.).

◊ Be flexible: be prepared to take advantage of unexpected opportunities that arise.

1.   **Working with the media**

Working with the media has many advantages. The media can reach the masses and it has the power to change the attitudes of large numbers of people. It can legitimize action on other levels too, such as creating public support or interest for your advocacy issue. It can raise public consciousness about issues and it can correct misinformation. However, there are also some limitations. Mass media is not ideal to convey complex information. In addition, mass media may have a limited ability to reach marginalised groups. When working with the media for advocacy, make sure that you choose media partners who are best suited and most able to help you reach your specific targets. Below are a few useful pointers on working with the media:

- Build a list of contacts and relationships with reporters and other media representatives

- Find out who works on issues related to your advocacy.

- Prepare press releases about your planned events and activities.

- Find opportunities to write articles, comment pieces or letters to the editor.

- Create your own media – using posters, internet and so on.

2. Working with policy makers

Policy makers may be willing to take up your cause especially if it contributes to their political goals. Policy makers, such as parliamentarians, can help you achieve your advocacy goals in a number of ways, including:

- Voting to pass or block a new law related to your advocacy issue.

- Raising your issue by tabling questions in parliament.

- Lobbying other parliamentarians and policy makers to support or become involved in your advocacy issue.

- Giving your issue greater visibility in parliament, their party, their constituency and/or the media.

- Acting as a figurehead, spokesperson or supporter of your campaign.

However, one challenge of working with elected officials is their relatively short time in office. Most elected officials hold their positions for a few years at most. This means there is an ongoing need to build relationships and inform parliamentarians about your issues. It also means that building relationships with bureaucrats and civil servants (and other non-elected government representatives) is helpful to establish trustworthy rapport in the longer term.

ACTIVITY THREE

- **Establish a rapport:** It is important to establish a rapport with politicians and their staff and be seen by them to be a provider of accurate and reliable information. Remaining in contact with policy makers in-between key advocacy events can be a good way to keep in touch.

- **Find out what they want:** The best kind of negotiation is when both sides win. Find out what issues are important to the policy maker you speak with and tailor your pitch to match their interests. Talking in terms of another person's interests is the best way to keep their attention. Also, think about what you can offer policy makers in return for their support of your issue. Ideas include providing information; free technically sound advice, publicity, acknowledgement etc.

- **Present solid evidence and get it right:** Come prepared with solid facts and figures. Be aware of data that might contradict your evidence and prepare counter-arguments to address them. Don't over-exaggerate evidence – policy decisions should be based on facts, not exaggerations. If you exaggerate, you also run the risk of policy makers discovering that you are over-embellishing your data, which might reduce your credibility.

- **Speak clearly and concisely:** Avoid jargons, but don't be afraid to use some technical terms once you have stated what you want in clear language.

- **Always leave an aide-memoire:** Prepare a one-page document that summarizes your key points, main asks, some relevant facts and your contact details. You can also include links to more in-depth reports or resources that support your position. Leave this one-page summary with every policy maker you speak to. Remember that

policy makers are constantly approached by different advocates and lobbyists. They don't have time to read a novel, so keep your aide-memoire short and attractive.

- **Present a solution for every problem:** Policy makers are not interested in problems. They are interested in solutions and they need solutions that are technically feasible, achievable in reasonable time-frames, backed by solid evidence and will win favour with the public or their constituencies.

- **Be friendly:** People are generally more open to listening when they are approached in a friendly way. Show respect for the opinions of policy makers – never say "you're wrong". Give praise where praise is due – everyone likes to feel acknowledged and appreciated. Always thank policy makers for taking the time to speak to you.

Messaging

What you advocate is the next most important area to think about. *(See the session 'What can we advocate?' for more information and ideas about messages.)*

Tips

Here are a few points to remember about effective messages:

- Accurate, simple, positive messages are vital for successful advocacy.

- Effective messages have five important components: content that is relevant and accurate; language that is clear and appropriate for your audience; messaging that is credible and motivating; format and channels of communication that are appropriate for your audience; and delivery at an appropriate time and place.

- Make sure that you take into account what the opposition might say.

- Most importantly, as advocates, we need to feel comfortable and confident with our messages.

Steps to Facilitate the session

Step 1: Refer to the last group exercise, in session three and ask participants to develop ways they can approach their advocacy targets.

Step 2: Group presentations in plenary.

Step 3: In plenary;

- explain how to approach the different advocacy targets using the "door test" approach.

- give information on advocacy tools and how and when to use them appropriately.

- how to engage relevant stakeholders on your advocacy.

Step 4: Have an icebreaker.

Step 5: In group discussions, ask participants to develop advocacy messages for their

target audiences.

Step 6: Group presentations in plenary.

Step 7: In plenary, guide participants to refine their advocacy messages using the "one minute message" approach.

Step 8: Seek clarification or questions from participants and summarise session.

Key points for the participants

A successful advocacy campaign involves the use of the right approaches, tools and messages in reaching the various advocacy targets. Take not of the following:

- Remember that there is just but a fine line between confidence and arrogance. Find the right balance and this will take you a long way on your advocacy.

- Detach your personal emotions from your targets as much as possible. Overall, the need for change over rides all personal sentiments and emotions.

- Give due where necessary. As much the head of situation is your target, the security person or anyone may put a foot in the door way for you to access opportunities.

Handouts

- Notes pads.
- Case studies.
- Group work guide/instructions.
- Icebreaker.
- Facts sheets.
- Copies of briefs.

Materials Needed

- Flip charts.
- Markers.
- LCD Projector.
- Laptop.
- Notepads.
- Pens.
- Posters.
- Handouts.
- Sticky notes.

Time: 120 minutes

SESSION 5: WHO CAN I WORK WITH?

Introduction

As there are strengths in numbers, advocacy can be more effective when you leverage the efforts of other like-minded organisations and personalities. Having the right people with the right contacts and credibility may boost your chances at achieving your change.

Session Objectives

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

- Identify supportive individuals and organisation to work with.
- Identify criteria for selecting whom to work with.
- Identify when to break tides and when to strengthen tides.

Notes for the Facilitator

Successful advocacy generally relies on the support of a number of individuals and organisations. To create support for your issue, it is important to be able to network, participate in coalitions, and influence as many individuals and organisations as possible to join in. In essence, a coalition is a group of like-minded people or organisations working together to achieve common goals. The good thing about coalitions is that by working together with like-minded groups, you will have combined intelligence and resources. It also avoids duplication of work. In addition, different groups often have access to different audiences and this can help you reach out and establish contacts where they didn't exist previously.

But remember that it is not always easy to find like-minded people to work with. Mapping can help identify potential allies and partners. It is also an important exercise to undertake to ensure that you are not duplicating the efforts of other groups.

> **ACTIVITY ONE**
>
> 1. **Think about the kind of support you need:** Ask yourself: What is my sphere of influence? What is the most that I can do? Can somebody else help me or do more? It is useful to know who to go to for support and advice, and who can help you voice your views so you can reach as wide an audience as possible.
>
> 2. **Map out potential partners, allies and opponents:** Think about who else might be working on your issue or related issues. Who has access to your advocacy targets? Who else stands to gain something if your advocacy goals and objectives are

achieved? Who has technical expertise or information that would be helpful for your advocacy?

3. **Reach out to potential partners:** Present the goals, objectives and rationale of your advocacy to potential partners. Leave room for flexibility in your proposed strategy to accommodate the goals and objectives of potential partners.

4. **Don't compromise your core values:** As mentioned earlier, it is not always easy to find like-minded partners. So, while flexibility is important, do not change your main ideals to suit someone else.

Steps to Facilitate the Session

Step 1: Refer to the last group exercise, in session four and ask participants to identify the kind of support they would need from the identified individuals and organisations.

Step 2: Group presentations in plenary.

Step 3: Summarise group presentation and provide additional information.

Step 4: Have an icebreaker.

Step 5: In group discussions, ask participants to identify potential partners (individuals and organisations) who can support (technically, financially, logistically etc.) their advocacy efforts.

Step 6: Group presentations in plenary.

Step 7: Summarise group presentation and provide additional information on how to identify and work with potential partners and allies.

Step 8: Seek clarification or questions from participants and summarise session.

Key points for participants

- Identify and work with like-minded and supportive individuals and organizations towards meeting your advocacy goal.
- Disassociate with partners that may bring you and your advocacy drive down.
- Be on the lookout for people who can pull strings to destroy your advocacy always have a backup plan.

Handouts

- Case studies.
- Group work guide/instructions.
- Ice breaker.

Materials Needed

- Flip chart.
- Markers.
- LCD Projector.
- Laptop.
- Notepads.
- Pens.
- Posters.
- Handouts.
- Sticky notes.

Time: 90minutes

SESSION 6: WHAT OBSTACLES MIGHT I FACE? HOW CAN I OVERCOME OBSTACLES AND RISKS?

Introduction

Explain to participants that the journey of advocacy can or may not be smooth. It may come with identified or unforeseen setbacks. The important thing is how to overcome them.

Session Objectives

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

- Identify potential obstacles or risks in the advocacy process.
- Determine how to overcome potential obstacles and risks.

Notes for the Facilitators

Next we need to identify potential obstacles or risk factors we might face. Not only will this help us to be prepared in case something goes wrong, but it might also stop us from wasting valuable time on something that is too risky to attempt in the first place. Of course, once we have identified these obstacles, we also need to come up with solutions to overcome them so that we can move forward on our journey to changing the world!

ACTIVITY ONE

- **Imagine you are going on a journey towards your advocacy goal:** This is represented by the sun. Draw this on a piece of paper and write your vision inside the sun – in other words, what are you aiming for?

- **Identify the steps you are already taking forward towards this goal:** This includes all the good things you are doing so far, such as planning your advocacy campaign, identifying targets and so on. Draw in some footsteps on your picture and write down your next step.

- **Identify the obstacles that might block your path on your journey towards your advocacy goal:** Write these in the form of a brick wall between your footsteps and the sun.

• **Identify how you will overcome each of these obstacles:** Write your answers in the form of a ladder to help you climb over the wall. If some obstacles are too difficult to overcome, and if they represent risk factors that are so dangerous that they could ruin your project, is there a way you can change your plans? Can you take a different route to the same goal?
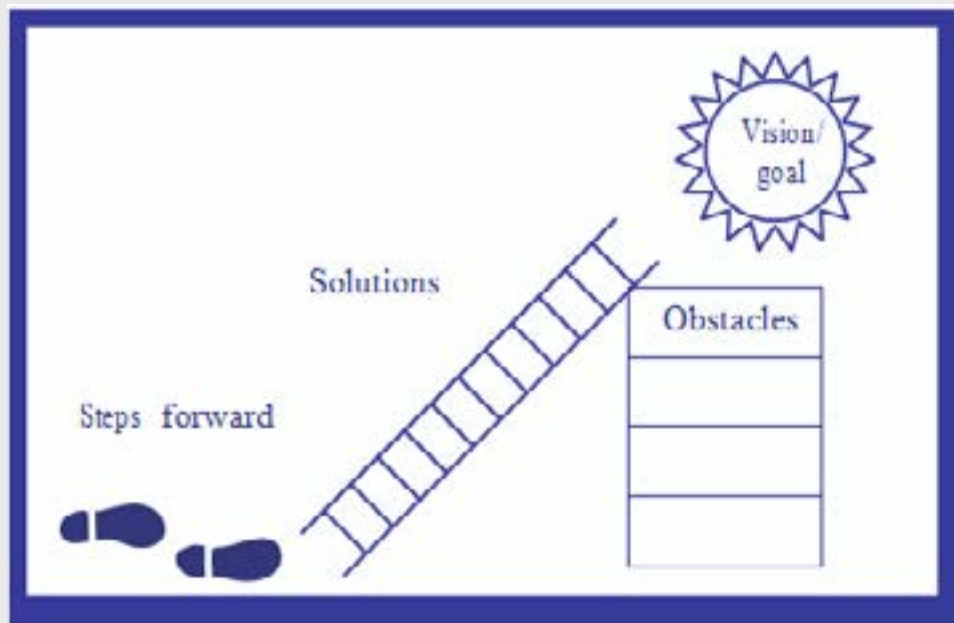
SUB SESSION 1

Dealing with opposition

An important obstacle you may face is dealing with those who do not agree with your ideas on young people's rights and development. Being aware of who your opposition is, what their main goals are, what their main messages are, what tactics they use and who their allies are, will help you prepare a more effective advocacy strategy. It's important to map out who your possible opponents are so that you can prepare for any attempts they might make to block your advocacy.

Here are some examples:

• Sexual and reproductive health and rights issues do not concern young people.

• Focusing on sexual and reproductive health and rights means trying to wipe out traditional values and religious beliefs.

• Making things too easy (access to contraception, abortion etc.) removes the natural 'penalties' (sexually transmitted infections, pregnancy) against bad decisions.

TIP

1. Identify supportive members of the community, including the faith-based community, to work with you and promote your messages. Don't allow the extremists to take over what is 'morally right', leaving you to appear 'morally wrong'.

2. Remember that some opposition groups resort to personal attacks and violence. Even though this could be rare, make sure you are prepared and that you are safe (get support from the authorities if necessary). Draw strength from the fact that you are working for a worthy cause. Do not resort to similar tactics.

   (See Annexes 3 and 4 for more information on how to respond to the opposition)

3. **Prepare! Prepare! Prepare!**

   - **Know yourself.** Before you can talk about an issue you must know how you feel about it yourself. If you are unsure or confused it will show.

4. **Don't be afraid.** The most sensitive issues are often those that need change most urgently.

5. **Know what you are willing to compromise on and what is non-negotiable.**

6. **Create allies to make your voice stronger.**

   - Get support from those who agree with your position. The more people who speak out on an issue, the louder, and stronger and more convincing the voices of change will be.

   - Have up to three main points you want to convey – keep the language simple, and use accurate and positive statements.

   - If you're demanding change, show clearly what it looks like and how it works so much better. Back up all your arguments with solid evidence.

7. **Listen to, and take account of voices of opposition.** Read opposition materials, sign up for their email bulletins and know what they are saying so you don't get caught off guard.

8. **Counter myths with facts.**

   You can ask difficult questions too. For example, you could ask: "If you are against young people having abortions, why are you not actively promoting contraception?"

9. **Choose your battles.** Don't spend all your time responding to the opposition but, at the same time, try not to give them a platform to air their views.

Steps to Facilitate the Session

Step 1: Refer to the session on setting advocacy goals, objectives and expected results and to identify potential obstacle they might face in advocacy efforts and how to overcome them.

Step 2: Group presentations in plenary.

Step 3: Summarise group presentation and provide additional information.

Step 4: Seek clarification or questions from participants and summarise session.

Key points for participants

Obstacles are inevitable in the advocacy process and when they come up, the right approaches must be adopted to overcome them.

Handouts for participants

- Case studies.
- Group work guide/instructions.
- Icebreaker.

Materials Needed

- Flip chart.
- Markers.
- LCD Projector.
- Laptop.
- Notepads.
- Pens.
- Posters.
- Handouts.
- Sticky notes.

Time: 60 minutes

SESSION 7: HOW WILL I MONITOR AND EVALUATE MY ADVOCACY TO PROVE IT IS WORKING?

Introduction

Educate participants on the importance of monitoring and evaluation. It is important to keep track of progress being made on the advocacy. This would inform necessary step up strategies and alternative approaches to be adopted.

Session Objectives

By the end of this session, participants will be able to:
- Explain the term monitoring.
- Determine the activities involved in monitoring.
- Discuss the importance of monitoring.
- Explain the term evaluation.
- Determine the activities involved in evaluating an advocacy campaign.
- Develop an advocacy action plan.

Notes for the Facilitator

Congratulations – you are nearly ready to start changing the world! Although we are now eager to get on with putting all of this into practice, there is one last step that we need to consider but which often gets left out of advocacy: we need to think about monitoring and evaluating our advocacy work.

Monitoring is an ongoing and systematic activity used to track whether activities are carried out according to plan. Monitoring provides project managers with important information on progress, or lack of progress, in relation to project objectives. Monitoring helps to answer questions such as:

- How well are we doing?
- Are we doing the activities we planned to do? Are we following the designated timeline?
- Are we over-spending or under-spending?
- What are the strengths and weaknesses in the project?

Evaluation is an assessment of the relevance, efficiency, effectiveness, performance and sustainability of a project. Evaluation requires an in-depth review at specific points in the life of the project, usually at the mid-point or end of a project. Evaluation verifies whether project objectives have been achieved

or not. It is a management tool that can assist in evidence-based decision making, and that provides valuable lessons for implementing organizations and their partners. Evaluation helps to answer questions such as:

How relevant was our work in relation to the primary stakeholders and beneficiaries? To what extent were the advocacy objectives achieved? What contributed to and/or hindered these achievements? Were the available resources (human, financial) utilized as planned and used in an effective way? What are the key results, including intended and unintended results? What evidence is there that the advocacy has changed the lives of individuals and communities?

It is not always easy to evaluate the effectiveness of an advocacy campaign, particularly because it is not easy to attribute a change in national policy, for example, to one campaign. However, reviewing each step of the advocacy process is a useful way to track progress and assess gradual impact.

ACTIVITY ONE

1. **Make an action plan:** Based on the steps you have gone through so far, work out exactly what you need to do in order to move forward. For each action point, ask yourself: Who will do this? Who should they consult with? When? How? What materials and methods are needed? (See Annex 1 for a table that you can use.) Keep your actions simple!

2. **Add monitoring and evaluation into your action plan.** You can use the following questions to guide your monitoring and evaluation plan:

   • Who will check that the planned actions have been done?

   • How will they check? (What indicators or evidence will show this?)

   • How will I know if they've been done well or effectively? (What is the impact? Have I managed to change the thing I wanted to change? If not, why not?)

   • Has there been a negative, rather than a positive impact?

   • How can I improve the work? What would I do differently next time?

   • Who else needs to know my 'lessons learned'? Colleagues? Other organisations?

Take a regular look at how your action plan is going. At regular intervals, sit with your team and discuss the activities you have done and talk through what went well, what did not, what you have learned and what needs to be improved.

Document everything. This means not just successes, but challenges too. No event is too small to be written up.

Congratulations!

You have now completed the six steps for effective advocacy!

Steps to Facilitate the Session

Step 1: In group discussions, ask participants to determine what success means to them and how they will be able to measure that in their advocacy campaign.

Step 2: Group presentation in plenary.

Step 3: Summarise and provide more information on the concept of monitoring and evaluation and the distinction between the two.

Step 4: Have an icebreaker.

Step 5: In plenary, discuss with participants, how to develop an advocacy action plan.

Step 6: In group discussions, ask participants to develop an advocacy action plan with a monitoring and evaluation component.

Step 7: Group presentation in plenary.

Step 8: Guide participants to fine tune their advocacy action plans.

Step 9: Seek clarification or questions from participants and summarise session.

Key Point for Participants

There is a need to monitor and evaluate in order to measure the successes, challenges, failures, and key lessons learnt in the implementation of the advocacy campaign.

Materials Needed

- Flip chart.
- Markers.
- LCD Projector.
- Laptop.
- Note pads.
- Pens.
- Posters.
- Handouts.
- Sticky notes.

Time: 180 minutes

Complementary Handouts for entire module 8

Launching an Advocacy Campaign

What is advocacy?

Advocacy is the act or the process of supporting a cause or issue. An advocacy campaign is not an information, education and communication (IEC) programme. IEC educates individuals and the community about the existence and benefits of reproductive health services. An advocacy campaign is rather a set of targeted actions in support of a cause or issue. We advocate a cause or issue because we want to:

- Build support for that cause or issue.
- Influence others to support it and/or.
- Try to influence or change legislation that affects it.

To begin an advocacy campaign you need to:

- Pinpoint the cause or issue you're advocating for – and define it precisely.
- Decide who you want to support your cause or issue – who are you trying to influence or change so that they support you?
- Decide what you want to be the outcome of your advocacy efforts – what concrete result do you want to achieve?

Writing Mission Statements

To begin an advocacy campaign, your mission needs to be defined. (This is different and separate from a mission statement of an organisation.) An advocacy mission statement identifies the ultimate goal or goals of the advocacy campaign and answers the most important question.

What is the purpose of this campaign?

A mission statement is extremely important because it guides all of your activities. It clarifies for staff, volunteers and the public, what you hope to achieve. It will usually appear on every publication, newsletter, press release or other public document you produce during your campaign.

When working on a mission statement take your time and choose your words very carefully. Describe your effort as accurately as possible.

Identifying the goal

This is an integral part of the strategic planning process.

When writing mission statements:

- Clearly convey who you are and what you are doing. Stress larger, long-term goals. Don't get

mired in detailing specific projects or activities. What is the desired end result of your campaign?

- Try to be as descriptive as possible and as concise as possible. Mission statements should be no longer than three or four sentences.

- Make sure the words you choose can only be interpreted in the way you mean them. Have someone look at the statement from an opposing point of view to make sure there is nothing in it that can be interpreted in a way that reflects badly on you and your campaign.

Example of mission statements:

To protect the health and welfare of women and children by ensuring the provision of comprehensive sexual and reproductive health services.

Establishing Goals, Objectives and Activities

Your mission statement has identified your overall aim, or ultimate goal. You will also probably have some immediate or short-term goals, which are stages in achieving the mission statement. These goals are what you hope to accomplish on the way. Your efforts have a greater chance of success if you define these goals too at the beginning of the campaign. You will also need to define your objectives. Objectives are the specific activities you do to meet these goals.

Goals

- Start by listing the goals of your campaign. Be specific and precise. This will help you to see where you have had success, where you have not, and where you need to go next.

Questions to help you set goals:

- What is the campaign's ultimate goal, as described in the mission statement?
- What specific landmarks (goals) do you hope to achieve on the way to that ultimate goal?
- What are the short-term and long-term objectives needed to meet what we define as our ultimate goal?
- How can these be stated so that they are clearly understood?
- What will constitute "success" or victory? How will it be measured?

Make sure that when you set goals, they are realistic. Ask yourself:

- Who will participate in helping us to achieve our goals? Who are our constituents and allies in this campaign and can/will they help?
- What are the resources we bring as a group to meeting these goals? For example, do we have

the staff, facilities, finances, reputation, etc?
- • Are our goals achievable, given our resources?
- • What kind of budget do we need to achieve these goals?
- • Who are our opponents, and what resources do they have?
- • What are the problems that might arise in achieving these goals? Can they be overcome?

Objectives

Objectives are the descriptions of quantifiable activities you will undertake to meet your goals. Objectives should be as specific and as measurable as possible, so that you can see when you have been successful. Vague or non-specific objectives are likely to result in confusion and a lack of direction in a campaign. You should also set yourself and the team a realistic timeframe for the achievement of each objective.

Activities

For each objective, you should have associated activities. Activities further specify and quantify objectives. They are measuring sticks for determining the success of your campaign. Each activity should also be timed so you can track your progress.

Building a constituency for support

So far, you have:

- • Defined your mission.
- • Decided on your goals and objectives.
- • Dutlined the activities you will undertake to meet your goals.

Now you are ready to recruit others to support your advocacy campaign.

Making friends and influencing people

The hallmark of a successful advocacy campaign is its ability to recruit people who:

- • think like you think and
- • support and advocate your cause.

Obviously, the more people you have on your side, the better it is for the cause. Successful advocacy campaigns are never the result of just a few people. They are usually collaborative efforts that bring together the resources, time, energy and talents of many different people and organisations.

Your Constituency

Your constituency starts with you and the people you are working with on your campaign. Successful campaigns begin with an understanding that everyone involved is committed to the campaign and its

goals. While there might be some disagreement over what you will actually do to meet those goals, everyone involved in the campaign must agree on what it is you eventually want to achieve, and must be able to 'buy in' to the mission statement.

Decide who you will need to recruit as supporters to reach your goals

- Who is already on your side? Who are your existing supporters? Re-establish your links with them before trying to attract additional friends. Make sure that they know you value them and their support.
- Are there other logical partners for you on this particular issue e.g. women's groups, youth groups?
- Are there other groups or individuals whose support you might get on this specific issue, even if they don't support you on other issues?
- Are there groups in different specialised areas who might support you on this particular issue e.g. human rights organisations, trade unions etc.

Think about how you will reach each of these potential supporters or constituency groups. For example, you will need to use a different approach to reach policy makers than to reach the media..

You also need to identify who the opposition is:

Do they have a more powerful constituency of support? How hard will they work to defeat you? Consider their strengths and weaknesses and take them into account when working to widen your constituency base.

Each and every activity you undertake should attract new supporters to your campaign and your goals. Building a constituency for support takes time and patience. What is important is that you are gaining active support.

Expanding your base of support

Networking and undertaking activities in coalition with other organisations who focus on similar issues, or are supportive of them, will help you to:

- amass public support and
- increase the power of your advocacy efforts.

Networking

Networking is simply initiating and maintaining contact with other individuals and organisations who share or support your goals and who can help you to achieve them.

Identify potential supporters

To be a successful "networker", you need to know who these individuals and organisations are. Make lists of:

- Local and/or national groups who are working on similar issues, i.e. women's groups, social justice organisations, etc.

- Individuals who work or volunteer for these groups.
- Organisations that are working on different issues, but who have a commitment to sexual and reproductive health, including family planning. For example, groups working for gender equality and in HIV/AIDS will most probably support you. So may environmental groups.
- Make lists of other groups or individuals who you want to support your work and who share your goals.

These might include:

- Policy makers and legislators.
- Social workers, health professionals and teachers.
- Celebrities and public figures who can add credibility to your efforts and publicise them.
- Community leaders and volunteers.
- Wealthy individuals who can contribute funds to your campaign.
- Religious leaders.
- Recipients of SRH and family planning services.
- Journalists who write, or have written, about gender, youth, social and health issues etc.
- Youth groups.

To identify possible supporters, think of the people and individuals who are working on similar issues or share your commitment to SRH and family planning as the hub of a wheel. The people and organisations they know or are affiliated with are the spokes. This process will help you to identify groups or individuals who may be potential supporters.

Decide how you will reach potential supporters.

To reach groups that have an obvious affiliation to your campaign:

- Create a mailing list and put them on this list to receive your materials.
- Go and see as many as possible – it's much easier to ask someone for help who knows you.
- Invite representatives from differing groups to participate in your events and.activities
- Share the names of people they can contact for help in their own efforts.
- Ask them to put your name on their mailing lists so you can receive their materials.
- Keep up-to-date on what other groups are doing so that you can participate, if possible, in conferences, events, and other activities where your help might be appreciated.

To reach groups and individuals who are sympathetic but are only indirectly involved with SRH and family planning issues:

- Put them on your mailing list to receive selected materials.
- Invite them to your events and conferences.
- Consider inviting them to become a member of a special committee or working group.
- Send them an introductory letter and materials about your campaign.
- Go and visit them and ask them to become involved.

- Ask people who know the potential supporter to lobby him or her to encourage their participation.

Other ways to network:

- Speak at local clubs and organisations.
- Distribute information at local events.
- Attend the annual meetings of partner and sympathetic organisations, colleagues and other professionals.
- Post information about your campaign in public places and inform people about ways they can help and how to contact you.
- Show films, videos or slides about SRH issues and family planning in your community.
- Send materials to selected media and invite them to attend your events. When they come make sure you talk to them and that they know how to contact you.

Partners

Remember the partners you already work with. Tell them in advance of your new programme and keep them informed regularly. Make sure they know you value your relationship with them and that their participation in your new venture is important to you.

Coalition building

One of the most effective ways you can network is by participating in a coalition. A coalition is a group of several like-minded organisations working together to achieve common goals. Coalitions can be permanent or temporary, single or multi-issue, limited to certain constituencies or geographically defined. Coalitions can help you:

- Build on a continuing base of support.
- Increase the influence of your campaign's efforts.
- Develop new leaders for your campaign.
- Broaden the scope of your campaign.
- Increase your financial and programmatic resources.

Forming or joining a coalition

Before setting up/joining a coalition, decide what the benefits may be:

- Will it help you to achieve your goals.
- Raise money.
- Strengthen activities.
- Add credibility to your efforts.

It is not always appropriate to form or join a coalition unless you are sure that it will help you to achieve

your goals and you are entirely comfortable with the coalition's goals.

Shaping your message

So far, you have:

- Defined your mission.
- Decided on your goals and objectives.
- Outlined what activities you will undertake to meet your goals.
- Identified potential supporters and detractors.
- Created lists and other systems to maintain contact with your supporters and potential supporters.
- Examined the pros and cons of forming or participating in a coalition.
- The next thing is to decide what your message will be and how you will frame your issues.

Target audiences and goals

Before you take your issue and campaign to the public, you need to decide:

- Who you want to reach with your message.
- How that message might be shaped to appeal to these groups.

Different audiences require different strategies. For example, to reach policy makers, direct lobbying is effective. To reach the general public, you will probably use the media, public events and printed materials to convey your message.

Within each group are sub-groups such as women, men, young people, refugees, low-income people, and others that you should take into consideration when shaping your message. Determine who your audience is and shape your efforts accordingly. The more you can focus on your intended audience/s, the more effective your message is going to be in reaching them.

Once you have decided who you are trying to reach, decide what your goals are in targeting this constituency. For example, is your goal:

- To change the attitudes of young people toward contraception.

  or

- To persuade adults that the provision of SRH services to young people does not promote promiscuity.

Knowing why you are targeting a particular audience is just as important as knowing who you want to reach.

Framing issues and shaping messages

Not everyone understands why sexual and reproductive health care and rights are so important to the well-being of women, men and young people. To build public support for your cause, you must find

a way to reach people that will capture their attention. That means communicating your issues and messages in a way that is easily understandable and appeals to the people you wish to reach.

When you design your message:

- Think about who you want to reach and shape your message and language to that constituency. If you want to reach young people, use language that would be appealing. If you want to reach parents, use a message that talks about the impact of SRH and/or family planning on their children.

- Use personal stories whenever possible. People identify with and remember.

- stories better than dry facts. Use these stories to illustrate why your issue is important. Collect examples or personal stories that illustrate your message or issue..

- Gather facts and back-up information to substantiate your message.

- Collect quotes and statements from well-known individuals and experts associated with your issue and/or campaign and ask permission to use them publicly. The right messages from people appropriate to different target groups can add credibility to your efforts and get more people to take notice.

- Maximise the positive values and minimise the negative. Some positive values generally associated with SRH and family planning are choice, health, and rights. "Negative" terms sometimes associated with family planning, for example, which you will want to avoid, are population control and coercion. Remember that words can mean different things to different people. Family planning may sound fine to a couple who hope to do just that: to plan their family. To a single person, the term contraception is much more relevant.

- Use values that are culturally acceptable to your target audience. And consult representatives of it to check your message is appropriate. Just because we were all young once does not mean we know what works for young people now.

- Respond to individual differences within a particular culture whenever possible. Certain sub-values tend to be more powerful with some groups than others. If you can find a supporter in a successful advertising/marketing agency consult them.

- For every good thing you advocate, be sure to remember what your opponents may say and be ready to respond. Do not remind people of their rationale but if you can find messages which undercut their position and statements, this will help.

- Develop clear and simple messages. Use the everyday language we speak and simple images which focus on the issue you are addressing. Repeat this message in all of your materials. The more it is repeated, the more likely it is to be heard, read and remembered.

- Make your most important point first. Background information, such as demographic data, can be covered elsewhere.

Designated spokespersons

Once you have identified your issues and the messages to go with them, the next step is to designate your spokespersons. Not everyone involved in your advocacy campaign should speak for your effort. Choose people who;

- are articulate and personable.
- know your issue thoroughly.
- can communicate your message as succinctly and clearly as possible.

Well-known people, those with public credibility, and/or people who are energetic and enthusiastic about your cause and can "reach" others through their personality or stature are usually the best spokespersons.

Data gathering

The most effective messages emerge from a solid foundation of facts about your issue and your group. Collecting substantive data about specific sexual and reproductive health issues, including family planning, can be critical to any public education or media effort you pursue. But substantial, reliable data collection is expensive and time-consuming so try first to tap into all the existing relevant research because the more facts you have to substantiate your case, the more informed and trustworthy you will appear to the public, to policy makers, and to others you are trying to reach.

Research

- Review your own service statistics and other activities, to ensure you make good use of them in support of your cause. Visit libraries or universities to see if there are up-to-date statistics on your issue and see what research and information are available on the Internet.
- You might also go to meet experts in the field who conduct their own research on these issues to find out what they know.
- Do they have data or statistics that can help your case?
- Can you quote them when you talk about your issues? (This is especially
- effective if the researcher or their organisation is well-known.)
- Contact other organisations to see if they have relevant data that you can use. Don't forget to credit them if you use it.
- Be careful to always use the data accurately. Don't try to make it sound more dramatic than it is. If your use of statistics is reliable people will come to trust your message. If you distort the facts people will tend to distrust everything you say and you lay yourself open to attack.

Surveys

Surveys are one way to find out information about a particular issue but be careful how you use the results. Again, do not overstate the results you gather – be honest about the sample who take part, how they were selected and the numbers of responses you receive. And seek advice from a professional on how to frame the questions.

Going public

You have now:

- Defined your mission.
- Decided on your goals and objectives.
- Outlined what activities you will undertake to meet your goals.
- Identified potential supporters.
- Created lists and other systems to maintain contact with your supporters and potential supporters.
- Examined the pros and cons of forming or participating in a coalition

You have also:

- Decided who your target audience/s are and what your goals are in reaching that audience.
- Decided what your message will be and how you will frame your issue.

So now, you need to attract public support.

Reaching the general public

The media and making the most of it

'Media' refers to channels of communication, whether printed or broadcast, including the Internet, newspapers, journals and magazines, radio and television. All these are useful in order to convey your message to the public. You should use the media wherever possible to:

- Inform the public about your issues.
- Help change public attitudes.
- Influence government policy and legislation.
- Raise money for your cause.
- Recruit members or supporters to your cause.

Each of these media is different and needs a different kind of approach. Before embarking on any media effort, however, you must decide what you really want to achieve and who you are trying to reach with your message. And find out which outlets might be interested in what. Then;

- Who are the reporters/journalists who might cover SRH issues in a wide range of contexts?
- Don't only try for health/women's issues outlets – SRH is 'news' or should be if we 'sell' our issues well because it impacts on every aspect of people's lives.
- Avoid newspapers or broadcast stations which have a strong bias against your issues unless they agree to allow you fair space and they undertake not to edit what you have said after you have finished an interview or left the studio/office.

- Do you and/or your campaign have something to contribute to debates that are different or new – if they do make sure the media know. Journalists are always looking for new stories – don't be shy in approaching them.

Planning media strategies

If you want to get coverage, you must plan for it. Knowing when to "make news" or respond to news is critical to obtaining coverage.

- Keep up-to-date of current developments in the field so you can decide what is newsworthy and whether it is of interest to people. Track public opinion on SRH and family planning issues. How do people feel about them? About contraception? Has something recently happened that will make people feel more positive/negative toward your issue?
- Chart past media coverage of SRH and family planning issues. Find out how the major media seems to views your issues and how they cover it. Who is quoted? How are the issues described? What are the key points stressed?
- Apart from keeping press clippings, make a record of every inquiry from the media, which includes the subject of the inquiry. Go over these records every three or six months and see what topics were most popular and which new ones have emerged.
- Find out what events are coming up that you can respond to through a media campaign, for example the anniversary.
- Don't forget major international events too: journalists are sometimes anxious for items around an International Year or International flag days. Whether it is the Year of the Family, of Children – or anything else – you should be able to bring the theme into your story. A range of International flag days, including World Population Day, International Women's Day, World AIDS Day, Human Rights Day, provide annual opportunities to focus media work on.

Making contacts

The media often contacts the same people again and again because they know that these people are available, reliable and have developed a personal relationship with them. Therefore, if you want to gain media exposure, it is very important that you build a relationship with media representatives. It may take you a while to do this, but the end result is worth the effort.

To develop contacts:

- Monitor reporters/journalists who cover your issues and note their names, organisations and contact details.
- If you can, list all the media outlets in your community and country. Organise the information according to the type of media it is, e.g. radio, newspapers, television, magazines, an Internet news site etc. Include the name of the organisation, telephone number, e-mail, office hours, and key personnel.
- Put all this information, along with the name and telephone number of any contact person you have, on cards or in a database. Update this periodically. One way to do this is to send a postcard with your next press release to reporters asking if they want to continue receiving your materials. Include space for them to fill in telephone/fax numbers and address changes.

- Invite contacts or potential contacts to your conferences or special events and make sure you have time to greet and meet them.
- Put these contacts on your mailing list so that they will receive your newsletters, publications, and other materials you regularly send to your constituency.
- Remember that contact is a two way process. Journalists have to work in a hurry. If they call you they need the material now. A media spokesperson must be immediately available and so must the information the media is seeking.

Media tools

The final step is to select the specific ways you will get publicity. Among the most common tools are:

- Events the media will want to cover – e.g. conferences or 'fun' events.
- Press releases.
- Press conferences.
- Television and radio appearances.
- Television, radio or printed interviews.
- Taking part in phone-ins or audience participation programmes.
- Media websites.
- Letters to the editor.
- Editorials.
- Articles in newspapers and magazines

Press releases.

Press releases are concise and attention-getting "news stories" describing an event or issue of significance. Usually they are the first and easiest way to get in touch with the media. Once you know the media scene well, target your releases – don't send everything to everyone unless the story is genuinely 'big' and of universal interest.

Write press releases when something newsworthy happens to your campaign or involves your issue or a spokesperson. If your releases are not newsworthy, journalists will soon begin to ignore them, and your media efforts will suffer. You may want to issue a press release to:

- Announce the results of a research effort or campaign.
- Announce the formation of a new project or organisation.
- Publicise your reactions to a new ruling or law.
- Celebrate important anniversaries and/or historical events
.

Press conferences

You should hold press conferences when you have a "key" news item or must respond quickly to a fast-breaking news story. Call a press conference if:

- You are releasing a major report.
- A national news-maker or celebrity comes to town in support of your campaign and has something new to say.
- You are making a truly major announcement.

Letters to the Editor

Policy makers, public officials, and the public frequently take notice when constituents' letters are published in newspapers and magazines. Letters to the editor can be written in response to a recent article or feature published by the newspaper. State your agreement or disagreement with the piece, as well as providing supporting or substantiating information.

Letters to the editor have the greatest chance of being published if they are well written, clear and short. They also need to be sent quickly if you are responding to a particular article/feature. There is little chance of a letter being printed if it arrives a week after the article you are addressing. Alternatively, you may be able to persuade a newspaper to take up an issue itself, with its own journalist writing articles based on information provided by you.

Radio and television

Appearing on radio and television programmes is one of the most effective ways to get your message across. But you must select spokespersons who will come across well. Some people, no matter how knowledgeable, will always appear inhibited or unnatural, while others will appear overconfident and strident. Try to use spokespersons who are both knowledgeable and articulate.

Before you agree to any interviews, make sure you know:

- What the programme is and who is the audience.
- What information they have, the reasons they want the interview, and whether or not they have your press release or other relevant materials.
- What you are likely to be asked and how long you will be given to talk.
- Whether it is a live or pre-recorded show. If pre-recorded, are they going to come to your office?
- Who is going to do the interview?

Doing the interview

- Don't try to get too many facts and figures into an interview. Listeners can't take them all in and tend to recall only one thing that you said - the overall impression counts for more. Decide which two or three points are the key ones and concentrate on those.
- Make the points you want to make. You can try responding to questions you.
- don't like with, "That's an interesting issue but the important point is really...." but don't be thrown if the interviewer comes back and repeats the same question.
- Reiteration is essential. Repeat your main points as often as possible in as many ways as you can without sounding monotonous.
- Use your everyday speech and words such as "the Pill", "choice", etc. If the interviewer uses words you are unhappy about (e.g. "the population bomb") don't use them yourself. Explain –

preferably before the interview begins – why they are inaccurate or inappropriate.

- If you are asked something you don't know, reply with something you do know. For example, if you are asked what percentage of women nationally are using a particular contraceptive and you don't know, say "I don't have the exact figure with me but I do know that the numbers asking for it at our clinics have doubled in the past eighteen months"...etc.

The Internet

Internet technology is a tool that can be used to strategically enhance organisational outreach efforts. It is most effective as a complement and supplement to traditional advocacy efforts – rather than a substitute.

The Internet is seen as a key medium for NGOs to get their message out because it is;

- Fast.
- Easy to update.
- Relatively low cost.
- Worldwide.
- Two-way.
- Flexible and adaptable.

The Internet offers distinct advantages over other communication media. It has the potential to reach literally millions of people from every corner of the globe. On-line publishing of information is a fraction of the cost of print, radio or television equivalents.

There are a variety of tools associated with the Internet, the key ones being e-mail, listservs and the world-wide-web (www). And there are a wide variety of strategies for using them to advocate and build support.

Email

Email is the most common use of the Internet and is an efficient way to share information with one or a group of individuals. It is an effective on-line advocacy tool because it is active, immediate and widely used, as well as relatively inexpensive and low-tech compared to other Internet tools such as websites.

With great speed, emails can for example;

- Send an alert to a select group of advocates/partners.
- Share plans for a campaign with key collaborators.
- Contact a legislative staff member with information on recent developments.
- Provide tailored information to media.

Listservs

Listservs are essentially bulk e-mail – lists of e-mail addresses maintained on a computer that distributes messages among a group of recipients. People can subscribe to the list, although the owner of the listserv may restrict the participants or the messages.

You can use listservs to:

- Encourage networking among individuals working on different aspects of the same issue.
- Share information on legislative developments, new research, strategies or press coverage.
- Identify a community of like minded people who can be mobilized for further action.
- Send an alert to a network to encourage action, such as contacting legislators or attending an event.

Websites

Websites provide a unique and expanding opportunity to deliver, gather and exchange information to an unprecedented audience, both in terms of size and scope. Currently the world wide web (www) is the most sophisticated Internet tool. Its strength as a tool for advocacy lies in its powerful ways of presenting, collecting, sharing and coordinating information.

When planning a website, you need to clearly define your audiences, objectives and the costs for achieving those objectives:

- Consider that some of the target audiences you want to reach will not have easy access to the world wide web because of the cost of modern, graphic capable computers.
- Identify your organisation's core competency and build your web site around that so visitors will have fewer things to choose from.
- Consider which staff will be responsible for responding to e-mails generated by the website, who will keep the content up-to-date, etc.
- Provide value for time. The general public, as a large part of the target audience of websites (and those often hardest to reach and win over) have millions of sites at their fingertips. When surfing the Internet what they require from your website is value for their time and ease of finding the information they are interested in.
- Set up mechanisms for feedback on your website which are monitored and, most importantly, acted upon. Fortunately it is very cheap to tweak the text and the contents of web pages until you get the response you want.
- Work with other websites to help publicise your on-line advocacy efforts.
- Surfing the web can be useful to find other sites likely to work with and link to.

There are a whole range of features you can include on websites to promote your issue or cause including:

Recruiting volunteers and members through websites

With many NGOs relying on volunteers and members to support their work, websites can be a useful place to recruit and encourage visitors to either become a volunteer or join your organisation. And remember, websites have the capacity to reach people you have not, nor would not, usually reach. Using the Internet for constituency building and advocacy you can construct a virtual place where anyone who cares about your issue can get involved in a real way.

Privacy and data responsibility

The protection of personal information on-line has become a significant concern to many Internet

users and increasingly the legal issues surrounding privacy and the collection of data on-line are being addressed.

Printed materials

How you decide to reach the people you want to influence will depend on a number of factors. First and foremost, will be what resources you can tap – both funds and expertise. Second will be how successful the differing ways of putting your message across are likely to be in your target groups. For instance, well produced educational booklets will have success with teachers and educators – and the investment may well be worth it if one of your main objectives is to persuade them that sexual and reproductive health should be included in the school curriculum.

Publications can be used;

- for outreach and mobilising the public.
- as ways to catch the attention of the media and others on your issue and campaign.
- to report progress or findings.

Flyers

Flyers are the most inexpensive way to get your message out to the public. Flyers are generally one small page and give the what/why/who/where/when of your issues, activities and/or events.

Flyers are best used when you want to notify the public about an upcoming meeting or event and/or to carry information you want to convey quickly. They are also good to use when you need to mail something to large numbers of people as postage costs are lower.

Pamphlets

Pamphlets can be cost-efficient and effective if you have access to desk top publishing software. Pamphlets need to be;

- Eye-catching.
- Easy to read.
- Free of jargon.

They should summarise the main points of your campaign and organisation as briefly, yet as comprehensively, as possible. The wordier a pamphlet is, the less likely it will be read.

Pamphlets are often used because they can be an excellent way to summarise your campaign and/or issues in a brief, eye-catching format. They can also be used as "handouts" when you are canvassing.

Booklets

Booklets provide much more detail about an issue or position and require extensive planning, research, and writing. They are, as a result, much more expensive to produce. Because booklets usually contain more substantive documentation and research, they can be used to establish greater credibility and visibility with the media, scholars, educators, and other advocates.

To make sure that your booklet is read and used include a summary page or cover letter summarising the main points when distributing it. Booklets also can be sold to the public, if the information contained in them is valuable and in demand.

Newsletters

Newsletters are excellent publications that keep supporters up-to-date on your activities, as well as other news related to your organisation or issues. They can be widely distributed at a relatively low cost, making them an important public information and constituency-building tool. They are also a valuable way of publicly acknowledging and thanking organisations and people who are contributing to your campaign.

A newsletter will include:

- • Details of your group's latest activities.
- • General news pertaining to the issues you are working on.
- • Interviews with relevant people who have something interesting to say.
- • Upcoming events or dates.
- • In-depth articles on specific topics.

Fact sheets/Fact cards

Fact sheets or fact-cards list facts about your issue or a particular topic. They can be extremely efficient ways to impart information to the public, the media, or policy makers because they sum up the issues succinctly. They can also use data that are of interest to the public.

Canvassing

Canvassing involves going from door-to-door, or approaching people in the street to tell them about your issue and recruit their support. The key to successful canvassing is to appeal to people's self-interest; people are interested in hearing more about organisations working on issues that personally affect them.

- • Talk about how the issue relates to them, their family and/or their community.
- • Also, if you are recruiting them to volunteer for your cause, ask them to participate in a specific activity you may undertake in the near future.

Petitions

Petitions involve the gathering of names and addresses of people who support a particular campaign, piece of legislation, or other initiatives. In some countries, a public petition has to follow certain defined rules in its presentation, if it is to be presented to a public authority or to parliament. Always check for such rules before you start to organise a petition.

By themselves, petitions are not the most effective means for influencing elected leaders or others you may wish to target. However, petitions which gain, perhaps unexpectedly, large numbers of signatures may also make a good story about your campaign for the media – so don't forget to tell them about it.

Also, petitions can be an extremely effective way of collecting the names and addresses of supporters and potential new volunteers, and for documenting the power of your support constituency.

Enhancing your Public information efforts

Involving even more people and having some fun too

Not everyone who agrees with you about your issue and fully supports you will be either willing, or able, to be a long-term member of your team. But they may well be keen to be involved on a short-term basis for a particular event. What follows are a few ideas to help you begin thinking - it is not exhaustive and there are many more events which will work for you in your community.

- Street parties, opened by a local celebrity, to mark suitable and relevant international days during which you can also publicise your issue.
- Discos and nightclub events organised and run by young people led by a popular DJ who also puts your message across.
- Public meetings, with refreshments and celebrity speakers at a range of venues to attract different groups.

Conducting Polls

Polls are a systematic, quantitative and impartial way of gathering information from a sample of voters and generalising about the larger group or population from which the sample is drawn.

Conducting focus groups

Focus groups involve a small group (a sample) of people who freely discuss your issue and your organisation in response to questions designed by you to find out what people think about your efforts. Groups are comprised of 10 to 12 individuals, are usually randomly selected, and are representative of the population being consulted.

You can use focus groups to:

- Learn more about what the public or another group of individuals thinks about your organisation, how effective it is, and/or what it might be doing better.
- Learn more about what individuals think about family planning or other reproductive health issues so that you can design better messages, educational materials and campaigns.
- Learn what individuals think about the opposition so that you can use this information to help devise your future strategies and activities.

Hotlines

Many groups use telephone hotlines to tell colleagues and their members about important issues, legislative activity, or grassroots efforts going on in their community, state or country. Hotlines can be efficient ways to let your members know what is happening and how they can get involved.

Hotlines either feature a taped message which is updated regularly or a person at the other end who

can answer questions, send materials, or provide information for the caller.

Reaching Policy makers

The lobbying process: How it works

If you are seeking political or legislative change, you need to make contact with policy makers and "lobby" them to see the issue the way you see it. Lobbying is most effective when you are in need of something specific from the legislative system, e.g. a bill that permits more funding for SRH and family planning services, a law that will legalise abortion, etc.

Before you approach policy makers:

- Familiarise yourself with the system or legislative process itself – the written and unwritten "rules" of how it works.
- Also familiarise yourself with the individuals you are trying to reach. Because different policy makers have different priorities, you should tailor your presentation to their interests when you contact them.
- Do they support SRH and family planning but not abortion?
- Do they support birth control but want it limited to adults?
- What are their voting records on your issue?
- Who voted for them?
- Are they amenable to your issue or position? If not, is there an indication that they might be in the near future?

You should also familiarise yourself with the staff members of the policy makers you are targeting. A positive relationship with the staff will help ensure that you and your issue are taken seriously. If you want to lobby for a particular bill, law or issue with a policy maker, you can communicate with them either through a letter, or even better, a personal meeting or a phone call.

When writing letters:

- Be brief and to the point. State why you are writing in the first sentence.
- Be personal in making your case. Include anecdotes or stories about your issue.
- Provide a convincing rationale for why the policy maker should support your issue and why it is important for you, your community and your country that s/he supports it.
- Include your mission statement or position on the issue and mention how many members belong to your group and what your wider support is.
- Tailor your arguments and points to the policy maker's personal background and/or interests.
- Don't shy away from controversial topics. Provide reasonable arguments for your position without apologies.
- Provide examples of how the policy you want the policy maker to support has already worked previously or elsewhere.
- Offer to provide the policy maker with additional information or materials.

When making personal visits:

- Thank the policy maker for past support and tell s/he how important it is to you.
- Keep comments brief and to the point since you will probably have limited time to make your case. Provide strong arguments for your position.
- Be personal, when possible. For example, "I know that when you travelled to
- Brazil last year you visited a clinic..."
- Be prepared to provide clear and comprehensive answers to questions. Don't dodge tough questions; it will hurt your presentation. If you don't know the answer, say: "I'm not sure about the exact figures on that, but I can call you later this afternoon and give them to you."
- Try to get a commitment from them. If you are asking them to sponsor a particular bill or oppose a piece of legislation, try to get a commitment that they will do what you want them to do.
- Leave information on your campaign with the policy maker. Local items or examples affecting their constituency are especially helpful.
- Treat staff members as you would the policy maker. Meet with them as well.
- They are your link to the policy maker and can help you present your case. Leave information with them.
- Send thank you notes to both the policy maker and/or staff members after meetings.
- Telephone calls are best used when there is an emergency situation that needs "quick" lobbying: a bill is being voted on that day, a court decision is being announced, etc.

When phoning:

- Identify yourself and give your address.
- Make your message short and direct.
- Be precise about what you want the policy maker to do.
- If unable to reach them, talk to one of their staff members.

The lobbying process: GENERAL TIPS

You will be a successful "lobbyist" when you are viewed as credible, dependable and knowledgeable. You can help achieve this by:

- Establishing yourself as a resource for policy makers working on this issue by providing them with your position papers, your publications, and other solid information you have about your issues.
- Making it clear that you are ready to help them by providing additional data or other materials promptly on request.
- Keeping your issue in front of the policy maker as much as possible. Don't make the mistake of approaching policy makers only when you want something. Take your time and develop contacts and personal relationships with policy makers by thanking them when they vote positively on your issue or by publicly supporting them. Put them on your mailing lists and invite them to events.
- Remembering that there are no permanent friends or enemies; last year's "villain" on a particular issue may be this year's "hero" on a different issue that is of interest to you. For example, a policy maker may have voted against legalised abortion, but may be supportive of subsidised SRH and family planning services.

- Network with policy makers and their staff whenever possible.
- Count the supportive policy makers at the beginning of and throughout the lobbying campaign. Make sure you know exactly how many policy makers you need on your side to implement your bill or law before starting a lobbying campaign. By doing this, you can be more strategic about whom you approach and when.

Letter-writing campaigns

Letter-writing campaigns are coordinated efforts to deliver hand-written, personal letters urging support of a particular issue to elected or public officials, as well as other public figures.

Never use a form letter. Each separate letter, while emphasising the same issue, should be individually expressed. Personal letters are taken very seriously by elected officials, especially when they are accompanied by petitions of signatures you have collected.

If you have set up a meeting with an elected official:

- Get your volunteers and supporters to start sending letters stating your position to him or her a few weeks before the meeting.
- When you attend the meeting: bring your petitions to substantiate your level of support; be brief and wellorganised in your presentation. Tell him/her how much their support would mean for your issue.

Letter-writing campaigns also can be used to bring pressure on other individuals and groups to support or oppose a particular activity.

Briefings

A good way to get policy makers interested in your issue and to learn more about it is to hold periodic briefings for them and/or members of their staff. Briefings usually feature experts from your group and/or from others affiliated with your efforts talking about the issue, the latest data about the issue, and the importance of it. If appropriate ask them to invite others who may be interested.

Dealing with the Opposition

You have now:

- Defined your mission.
- Decided on your goals and objectives.
- Dutlined what activities you will undertake to meet your goals.
- Identified potential supporters and detractors.
- Created lists and other systems to maintain contact with your supporters and potential supporters.
- Examined the pros and cons of forming or participating in a coalition.

You have also:

- Decided who your target audience is and what your goals are in reaching that audience.
- Decided what your message will be and how you will frame your issue.

- Thought about and determined ways to reach the public with your message.
- Decided how to approach policy makers with your issues.
- Considered and decided on which tools are available to you to enhance your education, outreach, and organising efforts.

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So, you are well on your way to establishing a strong advocacy campaign. The more powerful and successful your campaign is, however, the more likely it is to be attacked by the opposition. Unrelenting attacks by the opposition can lead to demoralisation for you and your team. This next section aims to help you to prevent the opposition from destroying your morale and, perhaps, your campaign and ways to use them to your advantage.

Knowing the opposition

It's a good idea to know as much as you can about your opponents – brief yourself on their;

- Activities.
- Public statements.
- News coverage.
- Background of the organisation and their base of support.

With this information, you can bring public attention to show your issue is being actively opposed, how these efforts will have a negative effect on your community and individuals, and how the public can get involved in fighting back. Use the results of your research to expose misinformation campaigns if they occur – but be cautious about doing so. 'Answering back' can sometimes serve to give the opposition more publicity and credibility. Some attacks on you might be better ignored or even treated humorously – in other words you make the attack look trivial rather than serious!

Addressing the opposition

Whether the opposition is mild or strong, you should be prepared to address it in a way that is most beneficial to your own efforts. Try to meet hardcore opposition head-on otherwise you may confuse the public and weaken hard-won support.

To lessen the influence of (and potential influence of) the opposition:

- Take clear positions on major and controversial issues right at the start of a campaign after undertaking careful research that will substantiate your position.
- Prepare for the questions and criticisms you will most likely receive. The more knowledgeable and professional you appear, the more confident you are, the more trust and support you will engender and the less damage the opposition will inflict.
- Gather information about opponents. The more you know about the opposition
- itself – who they are, what they do, who they are affiliated with – the better you can anticipate and respond to their actions. For example, if you know that the leadership of the opposition is affiliated with an extremist organisation that is viewed unfavourably by the public, you can use this information in your public statements and materials. But, please, be very careful to triple check such information before using it. Libel cases are expensive and do everyone involved

damage.

- Prepare a media strategy to use in response to negative campaigns against you. Even though the press and the public may be aware that negative campaigns are being instituted solely to discredit your efforts, it is still important to publicise this and to respond, when appropriate.

- Weigh the benefits and disadvantages of responding, especially to just one attack in a little-read newspaper, since doing so can attract more media coverage for the other side because your fight becomes "the news" rather than the issue.

- If you decide to respond, clarify your position and identify any inaccuracies that have been stated by the other side. If your campaign efforts are being distorted, provide a calm point by point refutation of inaccuracies backed up with documentation.

- Avoid hostility and never resort to name-calling when speaking about the opposition, whatever the provocation.

- Try to anticipate negative campaigns by the opposition and take whatever action you can before they occur. When the attacks come be sure reporters and the public have basic information about the opposition, their tactics, and their ultimate goals. Prepare a one-page explanation of your position for use with the press.

- Handle attacks by the religious community with great sensitivity. Attacks on your campaign by the religious community may include sermons denouncing you or your position, letters to the editor, or editorials in religious publications. In your response never attack, or be thought to be attacking, their religion – simply respond factually to the points being made.

- Don't directly challenge or criticise the religious group that attacks you. In most cases, it is best not to respond at all. Instead, try and reach out to religious groups. Explain your position and focus on areas where you and they are in agreement.

- Disseminate your materials on the issue to other organisations who are supportive of your efforts. Educate other organisations on the issues and your positions so that they can join you standing up to the opposition.

It's all gone wrong!

Over time, oppositional confrontation, public denunciation and a seeming lack of perceptible progress can result in the seeming demoralisation of you and your team. This happens when caring, committed people can no longer find the motivation to continue and feel that their work is meaningless and a waste of time. Unrealistic expectations about the pace of change - which is often very slow - also contributes greatly to this not uncommon situation.

Ways to help

- Set clear, realistic, and incremental goals for your organisation and each member of it. Whenever a success, however small, is achieved ensure the person/people responsible is/are thanked and the achievement is acknowledged and shared by the whole team.

- People will feel more commitment to a campaign when expectations are realistic and clearly defined, as well as when their work is recognised.

- Be clear about what constitutes "success". Small victories are just as important as big ones. Create an environment where your group can learn to recognise and enjoy small victories, as well as appreciate their role in moving toward larger goals.

- Stress the positive and avoid focusing on the negative. Continually pointing out what was done wrong or what was left undone will not motivate anyone; instead, it will fuel feelings of resentment, anger, and/or depression and lead to demoralisation.

- When conflict occurs, don't ignore it. Address it immediately in a way that is sensitive to the individuals involved and listen to all sides with an open mind. Try to establish an atmosphere where conflict is less likely – that is an open, friendly and co-operative one where there are no hidden agendas and everyone who has something to say is able to say it and where grievances therefore cannot fester. The occasional purely social gathering with the team can help people find common ground outside the office.

- Give members of your team a realistic, but inspiring/encouraging perspective on your issues and how they will affect social change.

- Provide insight into the history both of the organisation and of the larger movement to which it is committed. Remind people occasionally of past successes which took a long time to achieve – it can be helpful for people to recognise their frustrations, their difficulties and problems are not unique or insurmountable.

- Visit the places or communities where you want to affect change. Making personal contact with the people you want to help serves to remind your group why you are doing this work and add a personal connection to abstract policy debates.

- Keep your sense of humour and perspective. When things go wrong, take a minute to assess how important a mistake is in the larger scheme of your organisation's work – the chances are it really isn't important at all.

- Recognise that a commitment to social change is a long-term commitment and that you and your colleagues contribution matters.

- From time to time try and get an influential/important outsider to send a note of appreciation to the team for their efforts. This could be equally from someone who will benefit from your efforts as from a government minister or another NGO. Such acknowledgements will help you demonstrate to the team that however frustrating, difficult and long the campaign is turning out to be, it is not only you who says it is worth the effort!

CONCLUSION OF MODULE

Module 8 addressed advocacy for adolescent sexual and reproductive health services and rights. It discussed some of the benefits of advocacy, and noted that, advocacy helps to influence adolescent reproductive health policies, secure funding and resources for the implementation of adolescent SRH. Advocacy also mobilises public support, safeguard and protect previous gains made in adolescent SRH. It is envisaged that lessons from the module will help empower young individuals to create change wherever they find themselves.

How Do I Find Help For Matters On My Sexuality

Basic Counselling Skills And Referrals

INTRODUCTION

Adolescents experience enormous emotional, psychological, physical and environmental problems. These problems call for support to deal with the issues that emanate. Human interaction is an in-built and extremely important component of any programme that addresses young people's needs. The concept of counselling young people recognises them as an important group having sexual, reproductive and other health needs, and the right to access services. Appropriate referral and maximum use of available resources are key components in any successful counselling exercise with young people.

This module is developed for the training of young peer counsellors to provide basic counselling services to their peers and also expand the reach of young people with counselling services. As part of this, the young peer counsellors will also provide referral services, ensuring that their peers, who may require further professional support in the areas of treatment, care and support, violence or abuse and legal services, are able to access these services.

MODULE OBJECTIVES

- Explain how counselling is different from advice and education and appreciate the qualities and roles of a peer counsellor.

- Discuss the challenges that emerge in counselling and how to address these and explain how counselling helps young people in living healthy sexual lives.

- Understanding that counselling is an important service for young people, practice counselling skills and describe how counselling helps young people to change behaviour.

DEFINITION OF TERMS

1. **Counsellor** - Someone, usually a professional, who helps others deal with personal, social or psychological problems.

2. **Counselee** - An individual who receives counselling.

3. **Client** - A person or organisation to whom goods are sold or services are rendered or in this context, a person who receives counselling.

4. **Feedback** - Comments in the form of opinions about and reactions to something, intended to provide useful information for future decisions and development.

5. **Follow-up** - Further action or investigation or a subsequent event that results from and is intended to supplement something done before

SESSION 1: THE CONCEPT AND PRINCIPLES OF COUNSELLING

Introduction

Counselling is a one-on-one communication in which one person helps another to make informed decisions and to act upon them. Young people often go to their peers first for help. Peer Educators/ Counsellors may be the major, or even the only, resource that a youth has for counselling. Often, counselling is confused with advice or education. However, counselling is not telling people what to do. It is a means of helping them define their problems, look for possible solutions, choose a course of action, and act upon it.

Session Objectives

- To introduce participants to the concept of counselling.
- To help participants learn and appreciate the principles of counselling.

Notes for the Facilitator

Understanding the concept of Counselling (Diagram showing a counsellor and a client). The goal of adolescent and youth counselling is to facilitate client growth and improved mental health. This means counsellors must be willing to work in their capacity as helpers/facilitators. The counsellor accepts the young person's right to make his/her own informed decisions, believes in and trusts their ability to do so responsibly.

During counselling, a person with a need and a person who provides support and encouragement meet and discuss in such a way that the person with a need gains confidence in his or her ability to find solutions to his/her problem(s). Counselling is an important aspect of sexual and reproductive health and rights because it helps young people to understand what they can do through their own efforts to avoid infections, access treatment, care and support and to improve their general sexual and reproductive well-being. Through counselling, individuals are encouraged to think through their problems and thus come to a greater understanding of the causes or contributory factors.

The focus of sexual and reproductive health services for young people is delaying early initiation of sexual activities, promoting safe sex including introduction and use of contraceptives, prevention of and treatment of STIs, prevention and management of HIV and AIDS, unwanted pregnancy, reducing unsafe abortion, prevention of substance use, sex and gender based violence etc. The main strategies to be used are increasing access to youth-friendly health services, including reproductive health, improving self-care, life skills and capacities, improving policy, media and the environment.

Basic Counselling

There are many definitions of counselling. Most of these highlight the fact that it is an interaction, involves helping others, and also concerned with choices and change. The following are some definitions of counselling:

- Counselling is a process by which a counsellor assists the counselee in making choices, plans, adjustments or decisions with regard to his/her situation.

- It is a relationship in which one person endeavours to help another to understand and solve or deal with his/her problems or concerns.

It is an interaction which occurs:

- Between two individuals called counsellor and client.

- Takes place in a professional setting and

- Is initiated and maintained as a means of facilitating changes in the behaviour of the client.

Counselling is also a process by which a troubled person (client) is helped to feel and behave in a more personally satisfying manner, through interaction with an uninvolved person (the counsellor) who sometimes provides information and interactions which stimulate the client to develop behaviours which enable him/her to deal more effectively with himself/herself and his/her environment.

The counselling relationship assists the individual to:

- Understand and accept himself/herself as an individual, thereby making it possible for him to express and develop awareness of his/her own ideas, feelings, values, needs and concerns.

- It furnishes personal and environmental information to the client as regards his/her plans, choices and concerns.

It seeks to develop in the individual a greater ability to cope with and solve problems and an increased competence in dealing with future concerns, in making meaningful decisions and plans for which he/she is responsible.

What Counselling Is Not

Counselling is not about the following:

- Giving of information – even though information can be given when necessary.

- Giving advice – since clients are responsible for the consequences of their actions, they must make their own decisions.

- Giving of suggestions and recommendations.

- It is not admonishing, warning, threatening, forcing or disciplining.

- Just interviewing – even though interviewing may be used at times it is not synonymous with counselling. It is used when the counsellor wants personal information about a client.

Steps to Facilitate the Session

Step 1: Facilitator asks participants to share their understanding of what counselling is.

Step 2: Facilitator should clarify issues where necessary and present who a counsellor is.

Step 3: Participants should be placed into two different groups.

    Group one will come out with the "dos" of counselling.

    Group two will come out with the "don'ts" of counselling.

Step 4: Participants present their work in a plenary session.

Step 5: Facilitator uses information in facilitator's notes to make clarifications.

Step 6: Facilitator summaries discussions by highlighting the key points for participants

Key Points for Participants

- Counselling helps young people to make informed decisions about their sexual and reproductive health.

- It is a means of helping young people to define their problems, look for possible solutions, choose a course of action, and act upon it.

- Counselling is not giving information, suggestions, recommendation or education to a client who has come to you for assistance.

- A counsellor works in the capacity of a helper or facilitator.

Handout

Same as Notes for Facilitator.

Materials Needed

- Flip chart.
- Markers.
- Cardboard.
- Pencils/Pens.
- Notepads.
- Video CDs (Gather).
- Laptop and Projector.

Time: 60 minutes

SESSION 2: WHO IS A COUNSELLOR? QUALITIES OF A PEER COUNSELLOR

Introduction

This session is to introduce participants to the nature and personality of a counsellor. It also engages participants to discuss the qualities of a counsellor and helps them to appreciate the need to imbibe these characteristics as peer counsellors. Facilitators have the responsibility to ensure that participants do not only participate in the session but also develop deeper understanding, appreciate the qualities and develop with them these personality characteristics and qualities to enhance their work as peer counsellors.

Session Objectives

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

- Identify and appreciate the qualities of a counsellor.
- To understand dos and dont's of a counsellor.

Notes for the Facilitator

The counsellor is the professionally trained person who uses his/her skills to assist the individual (young person) in need.

Qualities of a good Counsellor

A good counsellor should be:

- Knowledgeable.
- Respectful of the counselee.
- Resourceful.
- Courteous.
- Trustworthy.
- Empathetic.
- Tolerant.
- Honest.
- Human.e
- Genuine/Sincere.
- Warm and open.
- Objective.
- Responsible.
- Observant.
- Tactful.
- Flexible.
- Self - controlled.
- Compassionate.
- Appreciative.

What a Counsellor is not

The counsellor is not and must not be:

- A disciplinarian.
- An investigator.
- A solver of problems.
- A unique person.
- Above the rules and regulations.
- A champion of adolescent causes of problems.
- A "Mr/Mrs know all", who can do everything.

Who is the Client?

The client is the individual who needs help in his/her worried state and believes the helper (counsellor) can offer or give such assistance.

Steps to Facilitate the Session

> **Step 1**: Introduce the session to participants and in buzz groups, let them brainstorm on their understanding of the term counsellor.
>
> **Step 2**: Participants present responses at plenary.
>
> **Step 3**: Facilitator provides clarification using information in the Facilitator's Notes.
>
> **Step 4**: Facilitator takes participants through the **Qualities of a Counsellor** using the facilitator's notes.
>
> **Step 5**: Facilitator summarises the whole discussion.
>
> **Step 6**: Facilitator conducts evaluation.

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Key Points for Participants

- Counselling is a continuous practice based on trust, confidentiality and privacy.
- Everyone that provides peer counselling must learn to develop the qualities of a counsellor and demonstrate this in their normal life.
- Peer counsellors are not professional counsellors and so may not have all the answers and be in the position to help all peers in resolving their challenges.
- What is important is to know who you are as a counsellor, the qualities and characteristics of a counsellor and make efforts to develop these qualities.

Handout

Same as Notes for Facilitator.

Materials Needed

- Flip charts.
- Markers.
- Video CDs (Gather).
- Laptop and Projector.

Time: 60 minutes

SESSION 3: COUNSELLING SKILLS/TECHNIQUES

Introduction

In counselling, there are some basic skills that the counsellor uses. There is the need to practice these skills regularly in order to become very comfortable in using them. These skills can be used with immediate family members or friends in order to perfect them. As beginners, do not crowd your sessions with all nine skills listed. Use a few at a time and add more as you become more comfortable in their use.

Session Objectives

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

- To identify skills/techniques a counsellor should possess.
- Demonstrate these characteristics and qualities through counselling practicum.

Notes for the Facilitator

Basic Counselling Skills

1. **Establishing rapport**

It is the way in which a counsellor welcomes and makes a client comfortable or put him/her at ease. This encourages the client to trust the counsellor and express him/herself freely. Rapport can be established using non-verbal communication.

Non-verbal communication includes

a. Nodding – nod in agreement to what client says.

b. Facial expressions – smile and look friendly.

c. Eye contact – look client in the face as he/she speaks without staring.

d. Posture – lean towards client to show acceptance and attentiveness. Be relaxed.

e. Tone of voice – avoid a monotone or a low voice that is difficult to hear or shrill aggressive tone.

f. Touch – touch client to show acceptance and concern as and when appropriate. Use touch sparingly. Touching the opposite sex can be misinterpreted.

Verbal communication includes

a. Greeting and self-introduction-brief opening conversation on matters other than counselling concerns e.g. name, the weather, commenting positively on client's appearance puts clients at ease.

b. Indicating one's willingness to help. Use continuation responses e.g. 'Go on', 'I see', 'Is that so', 'I am listening', 'I am with you', etc.

Exercise on "Establishing Rapport"

Health workers and other counsellors should practice receiving two types of clients:

1. A well-known person who comes for counselling.

2. An unknown person who walks in for counselling.

In a teaching session, stop participant just when he asks about the problem. Let participant identify first the positive things that the counsellor did then the negative ones. Encourage as many as possible to attempt receiving a client. Refer to, 'Initial Counselling Session'.

2.   **Paraphrasing/ Reflection of Conflict**

As the title suggests, the counsellor restates what the client says in his/her own words.

In order to ascertain whether he/she understand what the client meant. Reflect contact only to verify what the client says in order to understand his/her situation better.

Steps to Facilitate the Session

> **Step 1**: Facilitator introduces topic and asks participants to identify the skills a counsellor should possess.
>
> **Step 2:** Facilitator provides clarification on the response of participants and highlights the essence of knowing the basic skills a counsellor should possess using *facilitator's notes.*
>
> **Step 3:** Facilitator asks participants to work in groups to come up with various techniques needed during the counselling process.
>
> **Step 4:** Participants presents group work in plenary for further discussion.
>
> **Step 5:** Facilitator summarises discussions by highlighting the key points for participants
>
> **Step 6:** Facilitator conducts evaluation.

Key Points for Participants

- Effective counselling requires the acquisition of some basic counselling skills.

- Some of the key skills required for effective counselling include how to establish rapport with client, paraphrasing, and the use of verbal and non-verbal cues.

- A counsellor can develop these skills through regular practice with family members and other close associates.

Handout

Refer to Notes for Facilitator.

Materials Needed

- Flip chart
- Markers.
- Cardboard.
- Pencils/Pen.s
- Notepads.

Time: 60 minutes

SESSION 4: STAGES IN COUNSELLING

Introduction

Counselling is a process with three main stages. It has a beginning, goes through various stages, and then proceeds to an end. This session discusses the various stages in counselling and what happens at each stage.

Session Objectives

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

- Know the various stages in counselling and understand what goes into each stage.

Notes for the Facilitator

The Beginning Stage – Establishing a relationship with the client and obtaining a clear definition of the client's concern. It is about doing the following:

- Greet client and welcome him/her.
- Use body language to express warmth and acceptance.
- Explain who you are.
- Find out what client's expectations are.
- Discuss the duration of each interview, the times and days you will be available and limits to confidentiality.

The Middle Stage – The emphasis is on understanding. The counsellor uses his/her skills to gain a better understanding of the client and helps him gain a better understanding of himself and his situation to enable him to make plans of action.

This stage involves:

- Learning more about the client: use open-ended questions and active listening skills to learn more about client especially in specified areas like personal, family, marital and sexual history.
- Focusing: mutually identify client's most pressing need and work on priority issues that need to be resolved. Use internal and external resources to help in decision making and resolving issues.

The middle stage is also a stage of self-exploration and self-understanding of the client. Use open-ended questions and listening skills to learn more about your client in specific areas e.g. personal, family, marital and sexual history, support system available to him/her, adjustment and coping skills.

Use reflection of feelings and content/facts to help explore client's feelings and experiences as they relate to his/her problem. Help client to identify the resources he/ she has which will assist him/her to solve problems. Identify what client has used to solve problems successfully in the past, e.g. external support systems used in decision making and in resolving issues.

The Ending stage - The end stage is the stage of action. This stage consists of making action plans and terminating counselling session or the process.

1. Action plans – Help client develop programmes that will help him/her solve her/his problem once he/she has gained insight into his/her problems. Assist client to generate alternative action plans and assess consequences of plans. Help client decide on the best alternatives and implement his/her plans.

2. With support and encouragement from counsellor, decisions are made and implemented; appropriate actions are taken and problems are resolved or coped with. The counsellor then gradually reduces his/her role as the client becomes able to think through and deal with his/her own problems/concerns.

3. Ending – Counsellor gradually weans client from the relationship. The client is able to plan, implement actions, and makes sure concerns have been or are being resolved. Client can now function adequately and is capable of coping with any future situations. Assure client of willingness to help when it is needed. Both the client and the counsellor should be aware that the session is closing and this should be brief. Do not introduce any new ideas or issues.

Steps to Facilitate the Session:

> **Step 1:** Facilitator puts participants in groups and assigns each to discuss their ideas on the stages involved in counselling.
>
> **Step 2:** Participants present group work in plenary for discussions.
>
> **Steps 3:** Facilitator provides clarification using the *facilitator's notes* on **Stages of Counselling**
>
> **Step 4:** Facilitator puts participants into two groups and assigns them to try to apply what they have learnt.
>
> **Step 5:** Each group performs a role play to demonstrate the steps involved in counselling a client.
>
> **Step 6:** Facilitator provides clarification and takes participants through the importance of each step in the counselling process using the *facilitator's notes*.
>
> **Step 7:** Facilitator does an assessment of the knowledge of participants gained.

Key Points for Participants

- Counselling involves three main stages. These are the beginning, middle and end stages.

- The emphasis at the beginning stage is on the establishment of rapport with the client and clearly defining the client's problem(s).

- The emphasis at the middle stage is on helping the client to obtain a clear understanding of him/herself and her issues.

- The emphasis at the end stage is on agreeing on a plan of action, which will be implemented by the client to remedy his/her situation.

Handout

It is important to make the client feel accepted upon meeting him/her. Otherwise, it will be difficult for the client to open up and have a fruitful interaction with the counsellor.

Although the counsellor may support the client in thinking problems through in order for a decision to be taken, in no case should the counsellor make the decision for the client.

Counselling should not go on indefinitely. The counsellor should aid the client in going through problem but the client should not be made to be dependent on the counsellor.

Materials Needed

- Flip chart.
- Markers.
- Cardboard.
- Pencils/Pens.
- Notepads.

Time: 1 hour 10 minutes

SESSION 5: CHALLENGES IN COUNSELLING

Introduction

Counselling sessions are fraught with several challenges. Challenging moments in counselling are those special moments when reactions or responses from clients suggest discomfort or when the counsellor finds it extremely difficult to continue with the counselling session.

Session Objectives

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

- Know the challenging moments in counselling.
- Come out with practical steps in dealing with these challenges.

Notes for the Facilitator

Difficult Moments in Counselling: A number of different, but rather difficult moments are experienced by counsellors who work with adolescents. Below are some typical examples of such moments and suggested strategies to deal with them.

Silence

This is when a client is unwilling or unable to speak for some time. It is a common thing in adolescents who are very anxious or angry, usually because they have been forced against their will. Silence can occur at the beginning or middle of a session. When this happens, the counsellor should respect the feelings of the client. The counsellor should show understanding of the situation. It is best to wait as the young person makes an effort to express his/her feelings or thoughts. Do not become uncomfortable with the silence and break it just so there is talk. If time constraints make it impossible to reflect, wait and indicate so and fix another appointment.

The Client Cries

A client who starts to cry or sob may make the counsellor uncomfortable but the counsellor should allow the client to cry. Sometimes clients may use crying to elicit sympathy, favour or stop counsellor from asking further questions. Identify feelings involved and reflect on them appropriately. After a while the client should be encouraged to talk.

Client tries to manipulate counsellor

Some adolescents are good at getting what they want from other people by subtly controlling them. For example, an adolescent may ask for help with a problem but what they really want is the counsellor's attention or time or to be on their side in some family conflict.

When a counsellor suspects a client is doing this he/she must raise this with the client. He/she should point out that such tactics do not help in learning more responsible ways of relating to others. In order not to be manipulated in this way a counsellor must periodically be asking himself/herself the following questions:

- What does this client really want?
- Am I going beyond my responsibilities as a counsellor?
- Am I being manipulated?

The counsellor cannot establish good rapport

It is difficult sometimes to establish a positive/good relationship. Do not end the relationship if the adolescent is willing to continue it. If he/she is not willing, consider a referral to another counsellor. Review sessions and find out why or where the fault lies.

Try to continue counselling/helping client so that he/she feels better and learns more about him/her. If the adolescent is not willing to continue with the relationship, explore with him/her a referral to another counsellor.

The Client threatens Suicide (killing himself/herself)

Do not take a threat of suicide lightly, it could happen. Though some young people who threaten to take their own lives are just crying for attention. People who take their lives often feel hopeless and helpless. They believe they have no one who cares for them. The counsellor should show concern and give reassurance. The counsellor signs a contract that he cares. At times some adolescents threaten in order to get their own way or get what they want. It is better for the counsellor to comment on positive feelings noted in him/her; this is encouraging enough to show interest. The lay counsellor should refer the adolescent to the appropriate support system in the community. It may be necessary to break confidentiality.

Counsellor is embarrassed by the subject matter

Adolescent may ask or tell the counsellor something that may make him/her very uncomfortable and difficult to answer. It is best for the counsellor to be honest with the adolescent if he/she showed any sign of feeling uncomfortable. He/she should acknowledge having had such feeling by talking about it and going back to the topic they were dealing with.

Client refuses help

Sometimes an adolescent may refuse help. If this happens during the counselling session, the counsellor should find out the reasons in a caring way. If the client was sent to the counsellor without the parents not telling him/her what they wanted to do, reassure him if he/she is unwilling to talk and angry about the whole issue. Offer him/her the chance to come when he/she feels he/she needs your services. Do not force him/her (client).

Self-disclosure

This technique involves a counsellor sharing his/her own pertinent life experiences with a client. A counsellor can use this technique when he/she knows the client well. Since the technique involves revealing the counsellor's own feeling, life experiences and emotional concerns, the counsellor should use his/her discretions. There is a risk of shifting the focus from the adolescent to the counsellor. The counsellor should ensure that this does not happen.

Client flirts with counsellor

The adolescent may attempt to flirt with the counsellor using smiles, eye contact or exposing part of his/her body. Sometimes the adolescent's body language may be accompanied by praise or sexy words. It is important for the counsellor to show maturity by ignoring the advances being made by the client. If the client continues then the counsellor may comment on the behaviour of the client. For example, Julie, several times now you've asked me if I'm married and if I ever go out with my clients. I am becoming uncomfortable with this. I might be wrong but I sense that you are interested in me. My discomfort about this is that if this kind of relationship/conversation continues, I will be unable to address your concerns properly. If it persists the counsellor should refer the client to another counsellor.

The counsellor and client know each other socially

In small communities, the adolescent client will know who the counsellor is and may know him/her quite well. If the relationship is a casual one, it may be possible to serve as a counsellor, but it must be made clear early on that confidentiality will be totally respected and that the way you will relate to your client is quite different from the way you will relate to a friend or acquaintance. If, however, you are well known to each other, it is not possible to serve as a counsellor. It will be necessary to explain that to client and rearrange for someone else to help. The counsellor must indicate that in his/her experience, it is not helpful to work with someone he/she knows socially because it is a different kind of relationship. While a friend might want to be comforting or one might get angry or be embarrassed by something he does not like, the role of a counsellor is a different one. It is not possible to change roles when meeting outside the counselling session, and this will inevitably give rise to confusion and hurt feelings.

Steps to Facilitate the Session

Step 1: Introduce the session to participants and in buzz groups, let them brainstorm on their understanding challenges involved in counselling.

Step 2: Participants present responses at plenary.

Step 3: Facilitator provides clarification using information in the *facilitator's notes.*

Step 4: Facilitator takes participants through the way of handling outbursts from clients using the *facilitator's notes.*

Step 5: Facilitator invites two volunteers among the participants to demonstrate how they. would handle uncomfortable situations with the client during a counselling session.

Step 6: Facilitator asks participants to assess the performance of the two volunteers.

Step 7: Facilitator summaries discussions by highlighting the key points for participants.

Step 8: Facilitator conducts evaluation.

Key Points for Participants

- Counselling may be fraught with challenges moments at some points.

- During such moments, the counsellor is expected to maintain a calm disposition and ensure that appropriate support is given to the client.

- Some of the challenging moments in counselling may involve actions of the client which may include, but not limited to occasions when the client decides to; be silent, cry, manipulate the counsellor, threaten suicide, refuse help or attempts to flirt with the counsellor.

- It is important, therefore, that a counsellor obtains adequate knowledge on how to handle these difficult moments in counselling to ensure that clients receive the support they need to help them address their problems.

Handout for Participants

Story:

Ama enters Dr. Nimo's office for her third counselling session. He invites her to have a seat, asks about her general welfare then begins the session. About fifteen minutes into the session, Ama repositions herself such that her inner thighs are now exposed to Dr. Nimo. He prompts Ama to sit up but she ignores him. Dr. Nimo becomes uncomfortable because all female clients who behaved this way in the past turned out to be sexually attracted to him. He abruptly ends the session and asks Ama to come the following week.

- Was it right for Dr. Nimo to cut the session short?
- Should Dr. Nimo continue to be Ama's counsellor?
- What should Dr. Nimo do if Ama behaves the same way during the following session?

Materials Needed

- Flip chart.
- Markers.
- Cardboard.
- Pencils/Pens.
- Notepads.

Time: 1 hour 25 minutes

CONCLUSION OF MODULE

This Module has discussed counselling and some basic counselling skills needed by young peer counsellors in their work. The module has also discussed difficult moments in counselling and how a counsellor should react during such moments. Counselling, when well conducted, can help young clients to understand their own problems and adopt appropriate remedial measures to improve their situation.

Making it Work

Influencing My Peer-Peer Education

INTRODUCTION

This session deals with peer education and basic counseling and seeks to equip participants with some basic skills needed for peer education and counseling.

MODULE OBJECTIVES

• To help young people understand the terminologies, concept and benefit of peer education.

• To train young people to be able to provide quality sexual and reproductive health information and basic services to their peers to promote safer sex practices.

• To provide relevant support for peer education.

• Explain how counselling is different from advice and education, and appreciate the qualities and roles of a peer counsellor.

DEFINITION OF TERMS

1. **Peer** - A person of equal standing with another. This could be due to age or social class.

2. **Education** - The process of imparting and acquiring knowledge through teaching and learning.

3. **Peer Education** - The process of passing knowledge on to people within one's age group or passing knowledge on to people one has the same social standing with.

4. **Adolescent** - An individual who has reached puberty but is not yet an adult.

5. **Youth** - The period of human life between childhood and maturity.

6. **Young people** - People between the ages of 10 and 24.

7. **Young Adults** - People who fall between the age range of 20 and 24.

8. **Sexual and Reproductive Health-Sexual and Reproductive Health -** is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

9. **Sexual and Reproductive Health Rights** -

Sexual and reproductive health rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people.

10. **HIV and AIDS** - HIV stands for Human Immunodeficiency Virus and it is the virus that causes AIDS. A person can live a healthy life if they are diagnosed with HIV, they are said to have AIDS when they develop HIV related illnesses.

11. **Sexually Transmitted Infections** - Sexually transmitted infections are group of infections that spread from one person to another mostly through sexual contact (this can include vaginal, oral or anal sex).

12. **Behaviour Change Communication** - Behaviour change communication is a process of working with individuals, communities and societies to develop communication strategies to promote a desired change in behaviour of the target group.

13. **Role Model** - A person who is a good example for other people.

14. **Mentor** - Someone who is usually older and more experienced who advices and guides

a younger, less experienced person.

15. **Supervision** - The process of watching over an activity or task to ensure it is performed correctly.

16. **Sustainability** - The capacity of something to be maintained in a particular state.

17. **Information Education and Communication** – A public health approach aimed at changing or reinforcing health-related behaviours in a target audience.

18. **In-school** - State of currently being in a formal institution, something that is done within the confines of a formal institution.

19. **Out-of-school** - The state of being outside the boundaries of a formal institution.

20. **Peer Educator Data Sheets** - These are forms used by peer educators in collecting information on activities they have conducted.

21. **Motivation** - The act of giving somebody a reason or incentive to do something.

22. **Volunteerism** - The practice of using volunteer workers, that is, individuals who do charitable help without receiving pay.

23. **Group dynamics** - The relationships of power between people within a group.

24. **Team work** - To work productively with a group to achieve a common goal.

25. **Skill** - The ability to do something well, usually gained through training or experience.

SESSION 1: UNDERSTANDING PEER EDUCATION

Introduction

Peer education is a process of having young people from 10-24 years equipped with relevant skills to support their peers with requisite skills, knowledge and the capacity to make informed choices regarding their sexual and reproductive health. It is a purely voluntary activity though peer educators are compensated for the time spent. The session takes a look at the planning and organisation of peer education activities, understanding group dynamics, sharing roles and responsibilities among Peer Educators as well as providing them support and supervision. We will also highlight the essence of monitoring the work of peer educators and the provision of motivation and encouragement.

Session Objectives

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

- Understand the concept of peer education.
- Know the qualities needed to be a good peer educator.
- Know the roles and responsibilities of the peer educator.
- Know how to plan and organise peer education activities.
- Know the resources available to peer educators in their communities/schools.

Notes for Facilitator

The basic requirement for becoming a peer educator is to be willing to reach out to your peers in the group or community you belong to. For example, a sex worker peer educator is one who is willing to work with sex workers, a migrant worker peer educator works with migrants, and so on. If you are a peer, you speak the same language, and are familiar with the socio- cultural norms and values of the group/community you belong to.

A peer educator should be sensitive, open minded, a good listener and a good communicator. S/he should be acceptable to the community and be trust worthy. In brief, s/he should possess good interpersonal skills. A peer educator should also develop leadership and motivation skills. People often tend to judge others. Peer educators need to be non-judgmental and open minded. Being non-judgmental means not criticising someone or a group of people based on their personal conduct or behaviour either loud or in one's mind.

A peer educator should be aware of where more information and support can be accessed. Updating knowledge and skills in group facilitation continuously, increases a peer educator's value for the group. These six helpers are necessary when organising a programme as a peer educator:

- Who are the participants?
- Why is the programme/session being organised; (define specific objectives)
- What are the needs of the participants and the content of the programme/session?
- Where will the programme/session be held (venue)?
- When will the programme/session be held (time)?
- How will the programme/session be conducted (methodology)?

Steps to Facilitate the Session

Step 1: Introduce the session to participants, including definition of terminologies and in buzz groups, let them brainstorm on their understanding of **Peer Education.**

Step 2: Participants present responses at plenary.

Step 3: Facilitator provides clarification using information in the *Facilitator's Notes.*

Step 4: Using the *Facilitator's Notes* and *Handout 2*, the facilitator takes participants through the essence of the **pre and post-test questionnaire** for Peer Educators.

Icebreaker

Step 5: Facilitator takes participants through the importance of the **Code of Conduct** for Peer Educators using the *Facilitator's Notes.*

Step 6: In groups of five (5), participants discuss the **Qualities of Peer Educators.**

Step 7: Participants present group work for further discussions in plenary.

Steps 8: Facilitator provides clarification using the *Facilitator's Notes.*

Step 9: Facilitator explains the importance of the **Roles and Responsibilities of Peer Educators** using the *facilitator's notes.*

Step 10: Facilitator introduces topic on **Planning/Organising Peer Education Activities** to participants.

Step 11: Participants present group discussion in plenary for further discussions.

Step 12: Facilitator provides clarifications using the *facilitator's notes.*

Step 13: Facilitator invites two volunteer among the participants to demonstrate their facilitation skills using Peer Education as a topic.

Step 14: Facilitator asks participants to assess the performance of the two volunteers and seeks their opinion on the qualities of a facilitator.

Step 15: Facilitator provides clarification and highlights some **basic Facilitation/Presentation Skills** Peer Educators should have.

Step 16: In a group work, participants will use drawings to identify the **economic, social and cultural resources** of importance in their communities and which of them are within their reach or available to them.

Step 17: Participants present group work in plenary for discussions.

Step 18: Facilitator provides clarifications on each groups work and how Peer Educators can harness the **resources** available in their communities.

Step 19: Facilitator summarises discussions by highlighting the key points for participants and conducts evaluation.

Key Points for Participants

- Peer Education is a means of equipping young people with the requisite skills, knowledge and the capacity to make informed choices regarding their sexual and reproductive health.

- It is a voluntary activity: however, peer educators may be compensated for the time spent.

- For the work of peer educators to be effective, there is the need to undertake supportive supervision of their activities.

Handouts for Participants

Story:

Sonia is a 22-year old seamstress. One day as she is busily sewing a client's dress, she notices a young man and young woman approaching. After they greet her, she offers them a seat. They identify themselves as volunteers of a local NGO that deals with sexual reproductive health.

They inquire if she could spare them five minutes of her time. When she replies in the affirmative, they proceed to briefly discuss contraceptive methods with her. Sonia asks a number of questions which are answered to her satisfaction. She has so many questions because she feels comfortable talking to her visitors about these issues since she can tell that the three of them are not far apart in age. After a fruitful interaction, the visitors leave, promising to visit Sonia again in a months' time.

Questions:

- Is it difficult to discuss sexual reproductive health issues with people significantly older than you?
- If yes, why is this so?
- Would Sonia have asked more questions if the visitors were judgemental?
- What can be learnt from this?

Materials Needed

- Flip chart.
- Markers.

- Cardboard.
- Pencils/Pens.

- Notepads.

Time: 4 hours 5 minutes

SESSION 2: WORKING WITH OTHERS

Introduction

Working with others is a strategic obligation of peer education since it rallies key stakeholders, specifically parents, the health system, the education system and the community. It is essential that all these stakeholders are sensitised on the benefits of peer education to enable them commit themselves to make the concept work effectively.

Session Objectives

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

- Understand the benefits of team work.
- Strengthen relevant leadership skills to facilitate team work.
- Enhance skills in documentation, monitoring and evaluation.

Notes for the Facilitator

Teamwork skills: The activities conducted by peer educators are often done in pairs or by the entire team, therefore, it is important that the coordinator encourages the cultivation of skills for working as a team. Participants should come to know that:

- One cannot choose your team members in real life, and especially at work.
- Diversity in team membership is a positive thing.
- Team members must have mutual goals and shared commitment.
- Everyone is accountable for achieving the task and managing the process.
- There needs to be a workable balance between the task and the process.
- There are deadlines that have to be met.
- It is the group's responsibility (not just the leader's) to organise the team process (e.g., setting and attending meetings; recording minutes; monitoring performance; preparing presentations; submitting assessment items).
- There must be concrete outcomes from teamwork.

The facilitator can help in the evaluation process by asking team members to report at one-third and two-thirds through the course on:

- What is going well.

- What isn't going well – and why and

- What needs to be improved in the team processes and performance.

Participants can also be taught how to do peer evaluation using predetermined criteria. Students in a group can individually evaluate each other's contribution using a predetermined list of criteria. This has the advantage of encouraging a sense of involvement and responsibility on part of students.

Steps to Facilitate the Session

Step 1: Facilitator puts participants in three (3) groups and assigns each to discuss one of the following

Define a Group and three characteristics of a Group:

1. Define Leadership and three characteristics of a good and a bad leader.

2. Define Team and three characteristics of a Team.

Steps 2: Participants present group work in plenary for discussions.

Steps 3: Facilitator provides clarification using the *Facilitator's Notes* on **Understanding Group Dynamics** and **Leaderships Skills.**

Step 4: In groups of five (5), facilitator lets participants identify an issue in their school/community and each member of the group is assigned a role in addressing the issue.

Step 5: Each group performs a role play to demonstrate group dynamics.

Step 6: Facilitator asks participants to share their experiences working together.

Step 7: Facilitator provides clarifications and highlights the essence of **planning and working together** and **sharing roles and responsibilities** to ensure efficiency and effectiveness in the work of Peer Educators.

Step 8: Facilitator asks participants to give a brief report of the Session in a paragraph.

Step 9: Facilitator asks participants to exchange their reports with others and randomly calls about three participants to read out the reports they have.

Step 10: Facilitator provides clarification and takes participants through the **importance of timely and accurate reporting** using the *Facilitator's Notes*.

Step 11: Facilitator summarises discussions by highlighting the key points for participants and conducts evaluation.

- Peer education involves working with other individuals, groups and institutions.

- Peer education may be, but not always conducted in pairs or in groups.

- It is important for peer educators to cultivate skills which can help them work in a team.

- Teamwork is essential for peer educators since a number of people need to play their roles in order for the goals of peer education to be achieved.

- Each member in the group should commit to carry out their delegated roles and responsibilities for the benefit of the whole group. Otherwise, it becomes difficult for peer educators to achieve their goals.

- It is necessary to evaluate work done from time to time to ensure that one's purpose is achieved and the necessary peer education is carried out.

Materials Needed

- Flip chart.

- Markers.

- Cardboard.

- Pencils/Pens.

- Notepads.

- Pictures.

Time: 1 hour 50 minutes

SESSION 3: SUPPORT AND SUPERVISION

Introduction

Support and supervision is critical for the effective planning, implementation, monitoring and evaluation of all activities of a peer educator. It provides opportunities for the continuous improvement of the process of peer education by addressing gaps identified during implementation and monitoring of the peer educator's work.

Session Objectives:

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

- Understand the benefits of effective supervision in peer education.
- Know the relevant and appropriate tools for documentation.
- Understand the full meaning of motivation and encouragement to Peer Educators.

Notes for the Facilitator

Consider whether to hold one-on-one supervisory meetings, group meetings, or a combination of both. In conducting supervisory meetings, maintain an atmosphere of fun and teamwork, and provide constructive feedback in a positive manner. Develop criteria by which supervisors should evaluate peer educators. Emphasise the need for consistency and fairness in supervision. If possible, begin supervising peer educators before they lead their first session to make sure that they are adequately prepared. A supervisor should observe at least one entire session within the first month or two after the peer educator starts holding sessions.

Occasionally observe peer educators as they lead sessions. Develop a checklist to assess performance in a standardised manner. After the session, a supervisor should meet with the peer educator to provide feedback and agree on actions for improvement.

Support and supervision help peer educators deal with stress, burnout and other psychological aspects and create a forum for sharing successes and ideas. It also prepares them to deal with resistance and public criticism, should it arise. Motivating peer educators helps build commitment, reduce turnover and improve sustainability. To increase self-confidence and motivation, peer educators can be publicly acknowledged during community mobilisation activities and public meetings through certificates, public tribute, and other forms of appreciation from top officials and community leaders. This recognition can greatly help to increase their participation in programmes. Participants should be encouraged to use a system of documentation easiest for them and also provides a means of accurate reporting. Possible examples include photography, maintaining journals, or submitting calendars with daily or weekly

status notes. The aim is to encourage reflection and analysis on the part of all parties involved, as part of strengthening their ability to sustain youth sexual and reproductive health activities.

Steps to Facilitate the Session

Step 1: Facilitator introduces topic and asks participants to identify the **roles and responsibilities of Supervisors.**

Step 2: Facilitator provides clarification on the response of participants and highlights the essence of **Support and Supervision** for Peer Educators using the *Facilitator's Notes.*

Step 3*:* Facilitator refers participants to previous Session on report writing and in a group work asks them to come up with various ways of gathering information for report writing

Step 4: Participants presents group work in plenary for further discussion.

Step 5: Using the *Facilitator's Notes* on **report writing***,* the facilitator provides clarification and takes participants through the need for having a reporting tool and formatting to ensure consistency and effective monitoring of the work of Peer Educators (using qualitative and quantitative tools).

Step 6: In plenary, facilitator asks participants to explain why they choose to be Peer Educators.

Step 7: In buzz groups, facilitator asks participants to explain their understanding of motivation/encouragement to Peer Educators.

Step 8: Facilitator provides clarification and explains the complete meaning of **motivation/ encouragement to Peer Educators** using the *Facilitator's Notes.*

Step 9: Facilitator summarises discussions by highlighting the key points for participants.

Step 10: Facilitator conducts evaluation of the session.

Key Points for Participants

- Support and supervision are important aspect of peer education.
- It helps with the effective planning, implementation, monitoring and evaluation of all activities of the peer educator.
- Support and supervision also provides opportunities for the continuous improvement of the process of peer education by addressing gaps identified during implementation and monitoring of the peer educator's work.

Handouts

Images of simple tools that can be used for reporting

Materials Needed

- Flip Chart.
- Markers.
- Cardboard.
- Pencils/Pens.
- Notepads.

Time: 1 hour 45 minutes

CONCLUSION OF MODULE

Peer education has over the years been one of the foremost approaches to reaching young people with information on their sexual and reproductive health and rights. This session has discussed peer education, and the essential skills one needs to develop to enable him/her to function effectively as a peer educator. The session has also discussed the role of support supervision and monitoring in an effective peer education programme.

Views From Technical Working Group

CSE is quite relevant for us at PPAG because it is one of the strategies under Outcome Two of our new strategic plan. Hence, this manual will aid us achieve our goals in relation to that outcome. This CSE manual does not only talks about seemingly technical issues such as HIV and family planning; it equally highlights issues such as relationships; advocacy, gender roles and gender norms among other topics. Congratulations to the team that worked on this manual. The fact that the process of development of this manual was multi-sectorial is good; it will be easy for all the organisations and institutions to own and work with it. --- **Dr. Joseph Amuzu, Executive Director, PPAG.**

Comprehensive Sexuality Education for young people in Ghana is as important as their access to quality health care. Young people need comprehensive knowledge about themselves, their development and health care, including contraceptives to ensure they live healthy reproductive lives. Where they are not taught and well educated, we risk having to do a lot of damage control as many of these young people will get themselves involved in risky sexual activities resulting all kinds of complications. This manual therefore becomes an important national asset. It is my hope that once completed, we will all work hard to reach Ghana's youth with the education and empower them adequately for their lives. --- **Dr. Yaa Asante – WAHO Programme Coordinator – Ghana.**

CSE is a programme that helps young people avoid negative sexual outcomes and also enables them to fulfilling their dreams, aspirations and ambitions. CSE is a socially and scientifically informed process that ensures general human development. It is an age-appropriate and a culturally relevant approach discussions in teaching SRHR. CSE is recommended for all young people --- **Albert Wuddah-Martey, Director of Programmes, PPAG.**

*The manual is very central to the advocacy work of MSI Ghana. Moving forward, we shall collaborate with partners to ensure that CSE is rolled out in schools because it will provide the opportunity for young people to have access to comprehensive information which among others, will enlighten them on the right place to go for services, or get adequate counseling and information they require to express their sexuality in positive ways. ---***Godfred Bonnah-Nkansah, Marie-Stopes International-Ghana.**

*This manual is important because it will empower young people to make informed decisions in the area of SRHR. With the realisation of the importance of comprehensive sexual education,. GES-SHEP has reviewed its manual to reflect this. This manual will serve as a reference material to strengthen what we have already developed. ---***Marvi Colerangle-Ashun, Ghana Education Service (SHEP)**

There are numerous misconceptions on various aspects of sexuality and sex among young people; hence, I believe this manual will put things into perspective for these young people. It will enhance their understanding of the changes in their physique, anatomy and cognitive functions and how they affect their sexuality. --- **Dr. Fred Nana Poku, Ghana AIDS Commission.**

CSE is critical for young people because, it is a means of obtaining the necessary information to make informed choices about their sexual health. This manual, which will reach out to both in-school and out-of-school young people is very important to the work UNFPA does. This is because our work is geared towards ensuring both in-and-out-of-school young people receive standardised information to enable them to make informed decisions. --- **Adjoa Yenyi, UNFPA.**

This manual will provide young people with accurate information about their sexuality. I believe young people have a right to this information. This manual will go a long way to bridge the existing information gap. --- **Mercy Amokwandoh, Hope for Future Generations.**

*This manual was developed with key partners who invest immensely in the sexual reproductive health of young people. The expertise of each one of them has been embraced and has culminated in a comprehensive manual that will surely provide young people with the education they need. ----***Nancy Thompson, PPAG Volunteer.**

*I believe this CSE Manual will be useful to the SRH Programmes of both CSOs and government agencies. The manual will serve as a guide for planning future projects. This manual will be valuable in our engagement with out-of-school youth. ---***Lauretta Kuadey, National Youth Authority**

This manual will provide young people with in-depth knowledge on their sexual and reproductive health. It will serve as a source of accurate and practical information that will help redefine their views on particular topics. Also, this manual will serve as a guide for the operations of the Youth Action Movement. --- **Irene Amponsah Siaw, Youth Action Movement, Ghana.**

CSE is the way forward for every young person in Ghana, whether the individual is in-school or out-of-school. It is very important that the Ghana SRHR Alliance for Young People is already championing an advocacy agenda to include CSE into GES' curriculum and so the importance of such a manual cannot be underestimated. The SRH community needs a common message and this manual is a step in that direction. --- **Kenneth Danuo, Ghana SRHR Alliance for Young People.**

This manual will be a useful tool for improving the SRHR of young people in Ghana. Its multi-sectorial approach will facilitate its adoption by our partners in SRHR. Hence, it will guide their planning and implementation of youth programmes.--- **Asamoah Boateng Kojo, PPAG.**

This manual addresses all aspects of young people's sexuality education. For us at Curious Minds, it will be a useful document for our operations with schools and communities as far as CSE is concerned. The manual will also be useful in ensuring that we meet the national SRHR goals. --- **Emmanuel Ashong, Curious Minds.**

This comprehensive manual emphasises an approach to sexuality education that encompasses the full range of information, skills and values needed to enable young people to exercise their sexual and reproductive rights and to make decisions about their health and sexuality. --- **Carl Ampah, UNESCO.**

*Comprehensive Sexuality Education for young people is a critical need that helps to prepare them to live a healthy, satisfying, responsible and rights-based life and helps them develop into responsible adults. Human sexuality is an interesting phenomena and as important as our very lives. Having information and learning about one's sexuality empowers, guides, protects and helps to address negative tendencies that otherwise, could become a dent in one's life. Throughout the process, the partners have demonstrated enthusiasm and out of that, a document has been generated that ascribes to itself, the power of positive influence on young people's lives. ---***Ishmael Kwasi Selassie, PPAG.**

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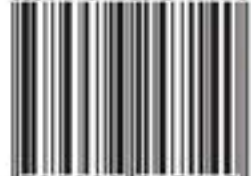
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