

**PARTICIPATORY ACTIVITIES ON  
SEXUAL AND REPRODUCTIVE  
HEALTH WITH ADOLESCENTS  
AND YOUNG PEOPLE**

# About READY

READY is a movement of youth led and youth serving organisations, which aims to build resilient and empowered adolescents and young people. We know this is vital because HIV is the second largest cause of death of adolescents globally, and the first in Africa.

Young people all over the world can join the READY movement to demand their right to a healthy life, whatever their circumstances, sexual orientation, gender identity or expression. Young people helped create the READY movement in order to expand our READY portfolio. Today, they remain at its core.

The READY Movement is led by the Global Network of Young People living with HIV (Y+), with support from Frontline AIDS and its partners.

## About Frontline AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, almost 2 million people globally were infected with HIV in 2017 and almost 1 million died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

## Acknowledgements

The 2008 edition of this toolkit was the result of teamwork between sexual and reproductive health practitioners working with young people in Zambia, Malawi, Zimbabwe and Uganda.

The toolkit was initially developed with Frontline AIDS; Planned Parenthood Association of Zambia; Young, Happy, Healthy and Safe; Ministries of Health and Education; and peer educators and young people in rural Eastern Province, Zambia. The toolkit was tested by peer educators and revised based on their experience and the lessons learnt in monitoring.

The toolkit was further developed with Alliance Regional Youth Programme partners in Zimbabwe, Malawi and

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We wish to acknowledge the ideas and creativity of all the practitioners who have developed the original and revised versions of the toolkit and those who have been developing participatory activities over many years and in many countries. We do not know the source of many of these activities but would like to acknowledge three resources in particular:

Family Health Trust Zambia (1998) *Happy, healthy and safe: youth-to-youth learning activities on growing up, relationships, sexual health, HIV/AIDS and STD life-skills*, Lusaka, Zambia.

Gill Gordon (2007) *Choices: a guide for young people*, Macmillan Education, Oxford, UK.

Alice Welbourn (1995) *Stepping Stones: a training package on HIV/AIDS, communication and relationship skills*, Action Aid's *Strategies for Hope training series*, London, UK.

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### READY Movement



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# CONTENTS

## INTRODUCTION

Users and aims of the toolkit

Why do adolescents and young people need to learn about sexuality and life-skills?

Guide to using the toolkit

How to use the activities

Activity record sheet

Course planner

8

8

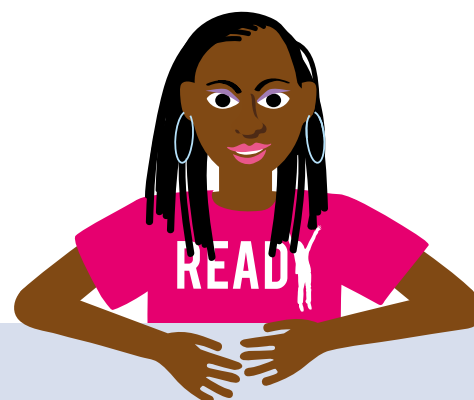
9

10

13

17

18



### Key for session icons in table of contents





Length of session



Age group/participant description

## SESSIONS

WORKING TOGETHER	19		
1. Introduction to sexuality and life-skills	20	2 hours	Community members and young people
2. Introductions, our hopes and fears	22	20 minutes	All ages
3. Trust	23	45 minutes	All ages
4. Supporting each other	24	30 minutes	All groups
5. Ground rules	25	30 minutes	All groups
6. Listening pairs	26	30 minutes	All groups
7. Body language	27	30 minutes	All groups
8. Feeling good about ourselves	28	30 minutes	All groups
9. How we are the same, how we are different	30	30 minutes	All groups
10. Respecting ourselves and each other	31	1 hour	All groups

## SESSIONS (continued)



GROWTH AND DEVELOPMENT		33	
11. Puberty – physical changes	34	1 hour 30 minutes for all activities	8–15 years. Separate males and females at first and then bring them together to share.
12. Menstruation	36	1 hour	8–15 years plus parents/caregivers. Separate male and female groups at first and then bring them together to share.
13. Wet dreams	39	30 minutes	All ages. Separate and then mixed sex groups.
14. Developing from a child to an adult	41	1 hour	All ages and mixed groups
15. Helping ourselves	43	1 hour	All groups
GENDER AND IDENTITY		46	
16. Growing up as a girl and as a boy	47	45 minutes	All ages (also see guidance in the session activity description).
17. What we think is right for girls and boys	49	1 hour	All groups. Adapt the statements to make appropriate for different age groups.
18. Where do we get our ideas from?	51	45 minutes	All groups
19. What do girls and boys think and feel?	54	1 hour	All groups
20. Heads, hearts, bodies, actions	56	1 hour 30 minutes	All ages, including parents and caregivers (also see guidance in the session activity description).



## SESSIONS (continued)



SEX AND HEALTHY RELATIONSHIPS	59		
21. Friendship	60	1 hour 30 minutes	All age groups including older people. Mixed males and females.
22. Relationships in the digital age	62	1 hour for each activity	All ages, including parents and care givers.
23. Sexuality throughout our lives	64	1 hour 20 minutes	9 years and above. Separate groups by age (9–12, 12–15, 15+) and sex.
24. Understanding our bodies and feelings	66	2 hours	Age groups as you feel appropriate. Separate male and female groups.
25. Talking with trusted adults about sex	70	30 minutes for each activity	All groups
26. Shall we have sex or not?	73	1 hour	Separate groups by age (also see session activity description).
27. Saying 'no' to sex until I am ready	75	1 hour	Separate groups by age (also see session activity description).
28. Talking about our feelings and sexuality	78	2 hours	Separate groups by age (also see session activity description).
29. Having a happy sex life	79	1 hour	15 years and above. Separate and then mixed male and female groups.
30. Let's use a condom	81	1 hour	Age groups: 12–15 and 15+. Separate groups of males and females.
31. Having sex only with each other	89	1 hour	All groups

## SESSIONS (continued)



<b>OUR BODIES, OUR RIGHTS</b>	<b>91</b>		
<b>32. Sexual and reproductive rights</b>	<b>92</b>	1 hour	All ages. Mixed males and females.
<b>33. Consent</b>	<b>94</b>	1 hour/1 hour 30 minutes for different activities	All ages
<b>34. Violence</b>	<b>98</b>	1 hour 30 minutes	All ages
<b>35. Child marriage</b>	<b>101</b>	1 hour for each activity	All groups
<b>36. What to do if someone is abused or raped</b>	<b>103</b>	1 hour	All ages, including parents and caregivers.
<b>CHILDREN BY CHOICE, NOT CHANCE</b>	<b>104</b>		
<b>37. Children by choice, not chance</b>	<b>105</b>	30 minutes for each activity	All ages as appropriate. Separate groups of females and males.
<b>38. Coping with unplanned pregnancy</b>	<b>110</b>	1 hour	All ages
<b>SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV</b>	<b>113</b>		
<b>39. Sexually transmitted infections</b>	<b>114</b>	1 hour	From age 12 upwards
<b>40. Getting proper treatment for STIs</b>	<b>117</b>	1 hour for each activity	All ages
<b>41. Protecting ourselves and each other</b>	<b>118</b>	1 hour	All ages. Separate groups, then mixed groups of males and females.
<b>42. Journey of hope and future islands</b>	<b>123</b>	1 hour 30 minutes	All ages. Separate groups of males and females.
<b>43. Prevention of parent-to-child transmission</b>	<b>126</b>	1 hour 30 minutes	All ages
<b>44. HIV stigma and discrimination</b>	<b>128</b>	1 hour for each activity	All groups
<b>45. Living well with HIV</b>	<b>132</b>	1 hour	All ages from 12-years-old, including parents and caregivers.
<b>46. Telling people about our HIV status</b>	<b>134</b>	1 hour	All ages from 12-years-old, including parents and caregivers.

## SESSIONS (continued)



<b>LIFE-SKILLS</b>	<b>136</b>		
47. Standing up for ourselves	137	1 hour	All groups
48. Making decisions	139	1 hour	All groups
49. Keeping to our decisions	141	30 minutes for each activity	All groups
50. Earning income	143	1 hour	All groups
51. Solving problems	145	1 hour	All groups
52. Taking responsibility	148	1 hour	All ages, including adults. Mixed groups of males and females.
53. Our feelings and responses to criticisms	150	30 minutes for each activity	All groups
54. Dealing with conflict	152	1 hour	All ages, including adults. Mixed groups of males and females.
55. Drugs and alcohol	154	Debate: 1 hour 45 minutes Mapping: 1 hour	All groups, mixed.
<b>ANNEXES</b>	<b>156</b>		
Annex I: The international framework for sexuality and life-skills education	156		
Annex II: Making our sessions inclusive for people with disabilities	157		
Annex III: Useful resources	158		
Annex IV: Useful tools	162		

# INTRODUCTION



## Users and aims of the toolkit

This toolkit is written for anyone who wants to facilitate participatory learning activities with adolescents and young people to equip them with the knowledge, positive attitudes and skills to grow up and enjoy sexual and reproductive health and well-being. This includes peer educators and leaders, outreach workers, teachers, community workers and others.

### It aims to assist facilitators to:

- Provide accurate and complete factual information to adolescents and young people in a non-judgemental atmosphere
- Plan appropriate educational activities for groups of adolescents and young people that enable them to:
  - Analyse their own situations, resources and needs
  - Apply new knowledge to their own lives
  - Increase awareness of their own values and attitudes
  - Develop their self-esteem and confidence
  - Develop life-skills, for example, communication and assertiveness skills, problem-solving and decision-making
  - Build trust and take collective action
- Follow up and evaluate their work

## The educational approach to behaviour change used in the toolkit

Experience has shown that education that has a positive impact on attitudes and behaviour has a number of characteristics.

Education is effective when it is a two-way learning process between equals that starts from what participants already know and feel. People should be respected and valued in all their diversity, whatever their age, gender, sexual orientation, HIV status, disability or other aspect of their identity.

People actively learn through participatory problem-solving activities related to their own lives. They experience a new way of doing things or how it feels to be in someone else's shoes and this changes them.

People develop positive values and behaviour through exploring options, understanding the different influences on their lives and coming to their own views and decisions, rather than being told what to do.

In order to adopt healthy sexual behaviour, young people need to have accurate information (key facts), opportunities to reflect on what this means for themselves, their lives and those around them (values and attitudes), and to feel good enough about themselves to think that they are worth looking after (self-esteem). Then they need the skills to act on their new understanding.

Adolescents and young people are more likely to adopt healthy behaviours if they see that this will have a positive effect on their lives than if they are asked to give up something to avoid a bad consequence.

For example, they are more likely to avoid smoking if they believe that this will make them play football better or be more attractive than if they are told to stop because they might die of lung cancer at some time in the future.

Effective education is based on the reality of adolescents' and young people's lives, their opportunities and difficulties and the choices open to them.

Effective education is also based on internationally and nationally agreed rights relating to children, women and human beings in areas of sexual and reproductive health. (Annex I provides a brief summary of the current international framework for sexuality and life-skills education.)

## Why do adolescents and young people need to learn about sexuality and life-skills?

Some adults may worry that if we teach young people about sexuality, it will encourage them to start having sex early. The evidence strongly shows that sex education does not hasten sexual activity, but has a positive impact on safer sexual behaviours.<sup>1</sup> In fact, adolescents and young people who have received sex education may delay sex for longer, and when they start having sex they are more likely to protect themselves from pregnancy, sexually transmitted infections (STIs) and HIV.

Abstinence before marriage, and lifelong fidelity within it, are the moral ideal of many religions. However, we recognise that this does not reflect the realities of life for many of us. Whether we are members of a faith community or not, we may decide not to marry and instead create other forms of loving, committed relationships. We may choose not to have children, or we may be unable to have them. We may be born with HIV or acquire it during later life. Choices we make during one stage of our lives may change later with changing circumstances or new understanding.

Although we may try our best to have good and safe sexual relationships, our lives are complex and we do not always achieve our goals. This, along with social stigma around young people's sexuality, often leads to people hiding what is going on and feeling unable to take actions such as going for HIV testing or using condoms. This toolkit aims to reduce damaging behaviours and feelings such as blame, shame, guilt, stigma and discrimination caused by judging and labelling sexual behaviours.

In this toolkit we recognise that adolescents and young people will grow up and at some point become sexually active. Up-to-date, non-

judgemental information on sexual and reproductive health needs to become a part of the culture of our societies, taught through school and community teachers.

Sexuality is a sensitive issue for all of us. New and controversial issues are being talked about in our communities and in this toolkit. Sometimes we may find it difficult to face the reality. We may be afraid that our culture will be destroyed by outside influences or reluctant to acknowledge realities within our culture that have previously been hidden. However, our culture is always changing – things are different for young people now than they were for past generations. An important life-skill is critical thinking, which involves analysing the things that influence our behaviour. Then we can strengthen the helpful parts of our culture, change or remove harmful ones and add some new ideas.

Our ultimate aim is to help adolescents and young people to grow up happy, healthy and safe. This means seeing the reality and working together for positive change.

## Working with parents, caregivers and community members

Adolescents and young people cannot improve sexual and reproductive health alone. They need the support of friends, families, service providers and wider society. If they meet in groups, they can support each other in positive ways and take actions together to improve things. If they make strong partnerships with others, they can get support to make the community a safer place for everyone.

Parents and caregivers would often like to teach their children more about sexual and reproductive issues but they may need more information themselves, more confidence and approval from society.

Adults will also learn a lot from the topics and activities in this toolkit. If they learn alongside adolescents and young people, it will bring many benefits to both generations in terms of increased knowledge, helpful attitudes and life-skills. This will encourage good relationships and safer sexual behaviour.

1. See, for example, UNESCO (2018) *International Technical Guidance on Sexuality Education*. Available at: <http://unesdoc.unesco.org/images/0026/002607/260770e.pdf>

If parents and caregivers learn to praise more and criticise less, to be good role models to their children, to teach with love and to think critically about their changing cultural norms, they can strengthen the essential role they already play in bringing up the next generation.

As facilitators, you might want to use this toolkit in the same way as the Stepping Stones process (see Resources at the back of this toolkit). In this process older men and women, young men and women, and boys and girls meet in separate peer groups and learn each topic at the same time. They sometimes come together to share what they have learned and discuss how they want to change. At the end of a series of meetings, the peer groups make a request to the whole community to change.

## Guide to using the toolkit

### Planning your sessions

The toolkit contains topic sessions with aims, key ideas and a number of different activities. You need to plan each session carefully before you start. If you are an experienced facilitator we also strongly encourage you to consider working with, and mentoring, a young person to help build their skills in working effectively with peers.

When meeting a new group, always begin with introductions, followed by some activities on trust, working together, ground rules and listening. This will help people to stay safe and feel comfortable.

In some topics in the toolkit you will find a 'Take care!' note for the facilitator, this is to help you avoid offending the group.

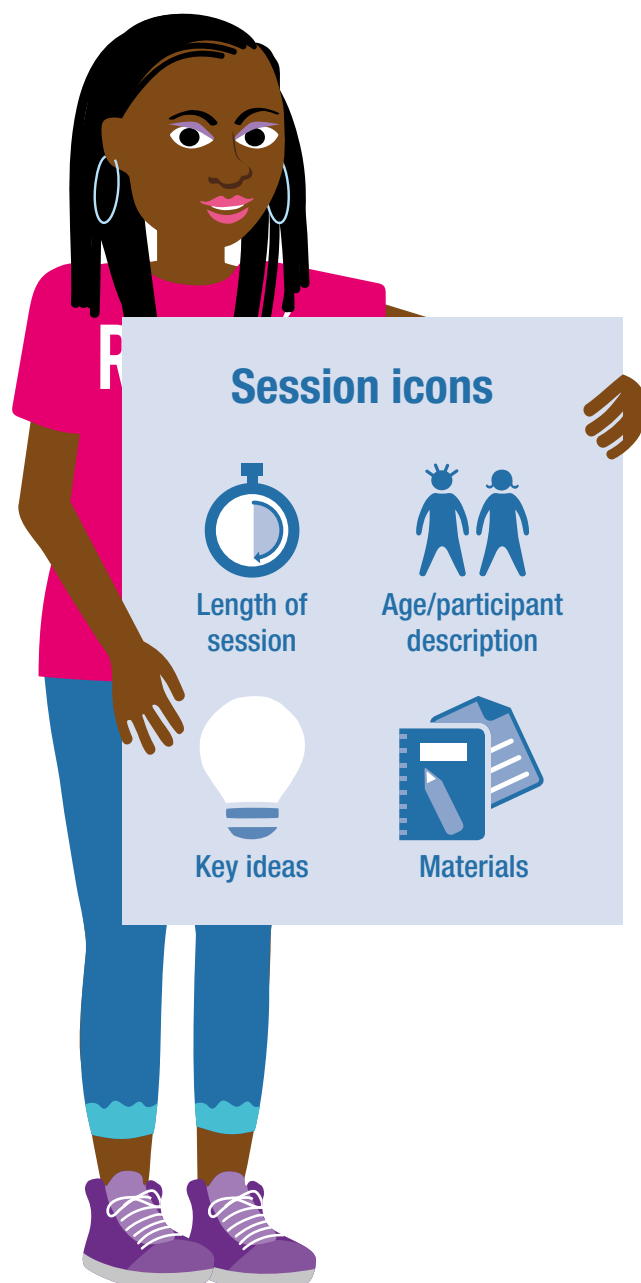
Decide on the age and sex of your group and the amount of time that you have for the session. For example, in our programme peer educators hold regular sessions of about 90 minutes with single-sex groups in different age bands, such as 9–12, 12–15, 15–18 and 18–24 years. Also think about what materials you need and have available; for example, paper and pens or beads. Select topics and activities that meet the interests and needs of your different age and sex groups. Spend time in the first session finding out from the group what they would like to learn about. What questions do they have? If people are shy to ask their questions, ask them to write them on slips of paper and put

them in a bag or box anonymously. Those who can write can help those who cannot.

People in the different age groups have different needs because of their stage of development.

**Please note, even where an activity is marked 'all ages' it does not necessarily mean working with all ages together at the same time.**

Depending on the focus of the activity – and the needs, interests and experience of group members (for example, if some are already sexually active) – you may need to have separate sessions so that the activity can be adjusted in appropriate ways for each age group.





Females of different ages also have different needs to males. For example, girls of 9–14 years will need detailed information on how to manage menstruation, while boys of the same age may be worried about wet dreams. Many young people aged 15+ will already be sexually active; some participants may be married and/or have children. They may be concerned about child-spacing or sexual pleasure and satisfaction.

Select activities that a particular age and sex group will enjoy. Ask them how they like to learn, and evaluate their participation and interest in different activities.

## Preparing for the session

Read the key ideas before you start a session to get them clear in your mind. Keep your toolkit with you in case you need to refer to it. Provide information as people need it throughout the session. Use the facts to answer questions, to help people understand an activity and to add to their knowledge after the activity. If an activity is new to you, try it out with a friend. If necessary, adapt the story or role-play to suit your group. If you are going to use a resource person, meet with her or him beforehand, go through the

session and the key ideas, and agree on who will do what and how long it will take.

## What resources will you need?

You and the young people that you work with are the best resources for learning. You can talk, discuss, debate, perform role-plays and practise new ways of saying things. All these methods help people to learn actively rather than just memorising facts.

In most of the sessions you will only need yourselves, your toolkit and a notebook to record the evaluation of the session. Prepare for the session beforehand so you have everything you need.

If you are using activities with pictures, make sure you have the right picture with you.

If you are doing mapping or diagrams, such as the 'But Why?' tree, you need a smooth floor or area of ground to draw on, something to draw with and some objects to use as markers.

Make yourself a plan for each session (see the Course Planner at the end of this section).

## Timing

You need to select aims, key ideas and activities that you can realistically cover thoroughly in your agreed time. Do not try to cover too much. Everyone in the group needs to understand the topic well and have a chance to explore their feelings about it and develop skills. Group activities take longer than giving facts in a lecture. People work at different speeds, so we cannot say exactly how long an activity may take.

**However, as a rough guide, a session will have:**

- Introductions and warm-up game (15 minutes)
- Activity (45 minutes)
- Summarising learning and key facts (20 minutes)
- Evaluation (10 minutes)

In some sessions, you may want to provide some information first and then do the activity. Most of the activities involving role-play, stories, pictures and debates will take 30 to 45 minutes to do. A few activities may take longer. You will learn with experience what works best and how long is needed.





## Evaluating your sessions

### Evaluation can tell us:

- How well we facilitated the session and how we can improve
- What people have learned from the session
- Whether the topic and activity was appropriate for the group
- What more they would like to learn
- How they have used what they learned in their lives

### We can evaluate the session in three ways:

#### 1 Self-assessment

**Ask yourself:** What went well? What was difficult? What did I achieve? How will I do it differently next time?



#### 2 Observation

If you are working with another person, you can take it in turns to observe how the group is working together and responding to the activities and discussion. If you are alone, you can still observe how the group is responding and working together. Watch out for the following:

- How many people have come to the meeting?
- Who is actively participating and who is keeping quiet?
- Who talks most and who talks least? Are people listening to each other?
- Are people working together or splitting off into smaller groups?
- What is the mood of the group? Are people bored or interested? Is anyone upset or embarrassed?
- How do people respond when the peer educator does different things?

Give feedback to each other after the session.

#### 3 Feedback from group members

Invite participants to tell you their views on the session. You could go around the group and ask everyone to say something, or you can invite people to call out if they want to say something.

## Feedback questions

- What is the most important thing you have learned in this session?
- How will you use what you have learned in your own life? (if appropriate)
- What did you enjoy most about this session?
- What did you find difficult?
- What suggestions do you have for improving the next session?

- What questions or issues would you like to cover in the next session?
- If appropriate, you could ask people at the next session how they were able to use what they learned in the previous session.
- You could ask them to respond to questions with body language. For example:  
Ask people how interesting they found the session. If they found it very interesting:

put their hand up and wave. If they found it interesting: put their hand up. Neither interesting nor boring: put hands in lap. Boring: put thumb down. Very boring: put thumb down and waggle it.

Or make an imaginary line on the ground with one end 'very interesting' and the other 'boring'. Ask people to stand along the line according to how they feel about the session.

## Following up issues

Issues may arise in the sessions that require follow-up. For example, a participant may need counselling or referral. They may want you to involve their family or friends. The group may bring up an issue that requires the involvement of other community members or service providers. **Try to collaborate with resource people and service providers in the community so you can work with them to solve any problems identified by the group.** It is best to find out what is available in your community and make contact before you start the sessions so you are well prepared when issues arise.

## How to use the activities

The following suggestions aim to help you to facilitate the activities in the toolkit in a safe, enjoyable and effective way.

### Working with groups

Try not to have more than 15 people in one group. Divide into smaller groups or pairs to discuss sensitive topics.

Start with groups of the same sex, especially for sensitive topics. When people have gained confidence, mix boys and girls together to share their ideas and get used to talking to each other on these issues. Find ways that young and older people can share their ideas.

Do the activities in a place where people feel comfortable, which is private and free from interruptions.

Always be aware that within the group there are likely to be those who have first-hand experience of the issues under discussion. Use language that is non-judgemental and includes everyone. For example, say 'those of us with HIV' or 'those of us who have experienced violence', instead of 'people with HIV' or 'people who have experienced violence'. It is also helpful to refer to adolescents and young people 'in all our diversity', which may cover a range of characteristics and qualities depending on your local context. This creates a more welcoming and inclusive atmosphere in which everyone can feel comfortable and valued.

Agree on how much time you will spend together. You want to ensure that the time is long enough to explore issues thoroughly, but not so long that people become bored or restless. The timing will also depend on the age group you are working with and what is possible within your own context.

You will find many creative activities in this toolkit, such as role-play, drawing and singing. These opportunities for self-expression and movement work well with all age groups, but are especially important when working with younger adolescents.

Arrange the seating so that everyone feels part of the group, is able to make eye contact with everyone else and can talk and hear easily. For example, sitting in a circle without desks (including the facilitator) helps us all to feel equally important and included.

Remember to consider the needs of any young people with disabilities in your group, and discuss with them in advance what would make them feel comfortable and able to take part freely in the activities. (See Annex II for tips on how to make sessions inclusive for people with disabilities.)

### Working with a younger audience (9–12 years)

- **Give concrete examples and ask if they have heard the terms used in the activity, especially if these are abstract concepts such as consent, confidentiality and gender.**
- If they ask questions that might seem 'too advanced for their age' one useful tip is to ask, 'Where did you hear that?' or 'What interests you about that?' before answering. These introductory questions will help you understand exactly what they want to know, and also give you an idea about where they are getting their information about sexuality and sexual activity.

### Working with an older audience (15+)

- Don't assume they already know what terms mean. Double check with the group by asking questions like 'What do we understand by this term?' Find common ground and develop the activity accordingly.

- This audience might be sexually active already, but not everyone. They might have some questions and doubts related to sexual pleasure and performance. These topics can be a good entry point to talk about consent and ways to prevent gender-based and intimate partner violence.

Explain that in this book people learn through discussions and activities, rather than lectures. Each person has valuable insights and experiences to contribute, and people should feel free to express their ideas and feelings.

Say we all feel embarrassed at times when talking about sexual matters. But it is essential to talk so we can explore the issues and enjoy safe and happy lives.

Use games such as singing and dancing to help people to relax at the start of an activity or after a difficult topic.

Agree on some guiding rules with the group. The group could make pictures of these which could then be displayed during each session as a reminder. Or the peer educator could write them down and remind people if they forget.

The illustration below shows some guiding rules agreed by a group in Zambia.

## No question is stupid; all questions are worth asking

Use open-ended, probing and clarifying questions to encourage people to talk more fully.

- Put a box nearby so that people can write their own questions anonymously.
- Focus the discussion and summarise so that people can see what they have covered and where to go next.
- If you use a picture, make sure that everyone can see it. Pass it around the group. Ask people to give the characters names and tell a story about them.

## Role-plays

In a role-play, people act out a particular situation. They may act as themselves or play the role of another person. There is no written script in role-play and the focus is on what happens in the interaction, not how well people 'perform' or act.

## Our ground rules



Role-play is used as a basis for discussion, to increase communication skills and self-esteem, to explore different situations and ways of dealing with them, to express feelings openly and see how others feel, to step inside other people's shoes to see how things feel from their side, and to rehearse for the future.

In role-play, males can role-play females and vice versa. This experience helps males and females to understand each other better.

### How to use role-play

Involve everyone, either as participants with a role or as observers. Ask people to volunteer for roles. Start in pairs or small groups with a few observers to build confidence. Encourage people to get into the role they are playing. If they are playing a new character, have people ask them questions about themselves to help them get into that person's shoes. If they are playing themselves in a new situation, they should respond as honestly as possible to that situation.

Help the role-players to stay focused and explore the situation fully. Most role-plays come to a natural pause. The best role-plays are fairly short,

not more than ten minutes at the most. Guide the observers on what to look for in the role-play by giving them some questions.

For example:

- What happened?
- Why did it happen?
- What did the characters feel?
- How did others react?

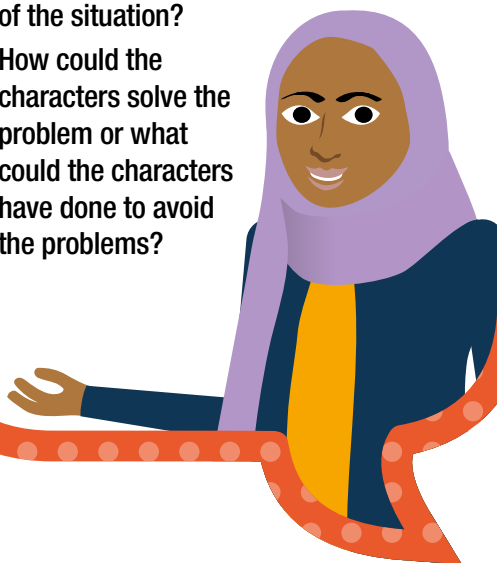
After the role-play, give each of the players an opportunity to express their feelings about the characters and situations they portrayed. Then ask them to 'shed' their characters and return to themselves by removing any props.

Discuss what everyone learned from the experience, analyse the role-play and discuss its relevance to their lives. Talk about the role-play positively in ways that increase the self-esteem of the players, especially if they have been brave enough to practise new skills and deal with a difficult situation. Give praise first, before suggestions for improvement. Help with information and skills as necessary.



**If you are using a story, 'agony aunt' letter, role-play or picture to start a discussion, you can encourage people with these questions:**

- What is happening in the story or picture?
- Does this happen to people like us?
- What are the causes and consequences of the situation?
- How could the characters solve the problem or what could the characters have done to avoid the problems?



## Hot-seating

In hot-seating, the players stay in role after the play. The observers ask them questions to deepen understanding of the motives, feelings and situation of the characters. The observers can challenge them by asking why they behaved as they did, but not judge them.

## Forum theatre

In forum theatre, the role-play is shown once. It is then replayed from the beginning. The observers can clap and say 'freeze' to stop the play at any point. They then 'go into the shoes' of one of the characters and change what they say and/or do so that the situation goes better. The observers then discuss whether the new way worked well and whether it is realistic. The play then continues from where it was before the freeze.

## Stories

You might use the stories in the toolkit in different ways. For example, read the story aloud and then

discuss or role-play the story, or draw pictures of the different scenes. You might tell the story in the way it is written then retell it so the characters avoid the problems and have a happier life.

## Drawings and diagrams

Try drawing and making some of the diagrams shown in the toolkit such as the flow charts, maps and seasonal calendars. These methods are called participatory learning and action (PLA) because they help people to share and add to their knowledge, to analyse their situation, to plan and to act.

Everyone can draw on the ground with a stick or on the blackboard or walls with chalk. The drawing does not have to be professional because the person who created it can explain what it means. Help everyone in the group to pick up the stick and add their ideas. Use leaves, seeds, stones or other handy objects to mark different places or to score.

## Visits to health and other services

It can be very helpful for young people to visit local health services and talk with the nurses and family planning workers. It gives them an opportunity to ask questions and express their concerns, so that they feel more confident to use the services. Involve the whole community in the use of the toolkit so that you get the support you need.

Link sessions and activities with services, by mentioning or referring to them when relevant. For example, during a session about gender-based violence you can talk about the local hotline, or during a session on HIV prevention you can mention the community centres or clinics that offer youth-friendly HIV testing and services.

## Talking with people in the community

Some activities suggest that you talk with people in the community. For example, talk with parents and grandparents about how gender relations have changed since their day. You can help this go well by involving the community at an early stage before you start running the sessions, and by helping them to reach agreement on what young people need in relation to sexual and reproductive health education in order to lead happy and healthy lives.

# ACTIVITY RECORD SHEET: GROUP MEETING ON SEXUALITY AND LIFE-SKILLS

## 1. Details of group meeting

Date of meeting:

Number of participants:

Location of meeting:

Type of participants  
(e.g. age and sex):

## 2. Topic and activities covered during the meeting

Topic(s) covered:

Activities used:

.....	.....
.....	.....
.....	.....
.....	.....

## 3. What went well and what was difficult?

What went well?

What was difficult and how can we address this?

.....	.....
.....	.....
.....	.....
.....	.....

## 4. What did we learn and how will we use this learning?

## 5. Action points

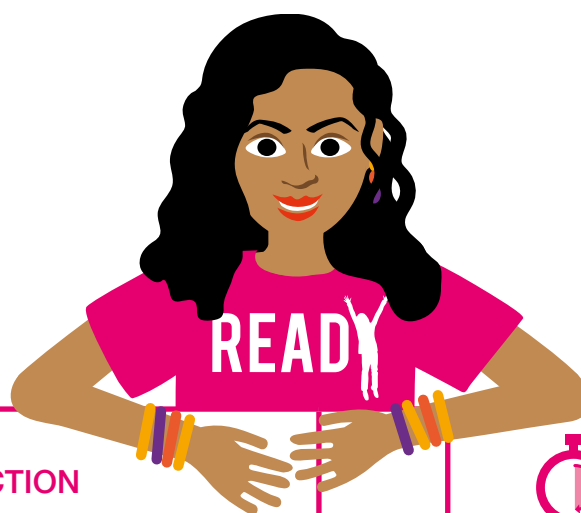
## 6. Date and time of next meeting and topics we will cover at the next meeting

## COURSE PLANNER

Why?	What?	How?	When?	Where?	Who?	What effect?
Objectives and group	Session title and key ideas	Activity and resources needed	Date and time	Location	Peer motivators and resource people	Evaluation



# WORKING TOGETHER



SESSIONS IN THIS SECTION			
1. Introduction to sexuality and life-skills	p20	2 hours	Community members and young people.
2. Introductions, our hopes and fears	p22	20 minutes	All ages
3. Trust	p23	45 minutes	All ages
4. Supporting each other	p24	30 minutes	All groups
5. Ground rules	p25	30 minutes	All groups
6. Listening pairs	p26	30 minutes	All groups
7. Body language	p27	30 minutes	All groups
8. Feeling good about ourselves	p28	30 minutes	All groups
9. How we are the same, how we are different	p30	30 minutes	All groups
10. Respecting ourselves and each other	p31	1 hour	All groups



# INTRODUCTION TO SEXUALITY AND LIFE-SKILLS

## AIMS

- To introduce ourselves to the community
- To explain the sexuality and life-skills programme
- To find people who want to attend the meetings
- To organise the next meeting



## KEY IDEAS

### Why have we organised this meeting?

Introduce yourselves. Explain that you would like to talk with the community about holding some meetings where people learn more about sexual and reproductive health and how they can enjoy happy, healthy and safe sexual lives as they grow up and as adults.

We are all sexual beings from birth to death, even at times when we are not having a sexual relationship. We are born and brought up to behave as females and males. Later, we may form loving relationships and care for children of our own. Sexual relationships are often difficult to talk about and make us feel shy. Yet this is an area of life that is very important for all of us.

We may learn about sexuality from our elders, friends, families, school, books, magazines and films. We learn about growing up, relationships, being a woman or a man, pregnancy, and how to avoid sexually transmitted infections (STIs).

These days we also face an epidemic of HIV, the Human Immunodeficiency Virus, which causes Acquired Immune Deficiency Syndrome or AIDS. HIV weakens the immune system, which protects our bodies. When the immune system

is very weak, we may suffer from a number of diseases. Without treatment many of us get very ill and die of AIDS. However, with proper treatment we can live healthily with HIV and lead happy, productive and satisfying lives.

In many countries, sexual intercourse is one of the main ways that HIV is passed from one person to another. We may also have been born with HIV. For this reason, young people need to know how to protect themselves from HIV from an early age, or how to grow up healthily with HIV by using effective treatment and how to prevent their partners from acquiring infection from them.

There are many reasons why we behave as we do and we need to work together to find ways that enable us to express our sexuality safely.

### What will we learn about in sexuality and life-skills meetings?

In these meetings, we will learn about growing up, friendship, love, being a female or a male, how to say no to sex until we are ready, and how to express our sexual feelings safely. We will also learn about STIs, HIV and AIDS, pregnancy and ways to avoid it, our rights, and how to protect ourselves from sexual abuse.



## KEY IDEAS (continued)

We will discuss our joys and problems, our most pressing needs, why we behave as we do and what we can do as individuals, families and groups to improve our lives.

Sexuality is about our bodies, feelings, thoughts, behaviour and desires. It is about ourselves and our relations with others as sexual beings. It is about the way we dress, walk, talk, dance and express our sexual feelings. We can enjoy feeling and expressing our sexuality in different ways throughout our lives.

Life-skills are skills that can help us to live a healthy and happy life, to respond to life's needs and meet its daily demands and challenges. They include attitudes and skills for appreciating and supporting ourselves, relating to other people, and relating to the environment around us. Key skills include the ability to communicate well, make good decisions, solve problems and act responsibly.

In these meetings we will practise life-skills to keep us safe and happy and to build a good future in all areas of our lives, including our sexual and reproductive lives.

### We will learn together in the following ways:

- Begin by getting to know each other and agreeing how we want to work together safely and happily.
- Share our ideas, learn new ones and participate in interesting activities together.
- For some topics and activities, divide into peer groups by age and sex so that we can talk freely about things that matter to us. We can then come together to share ideas.
- Talk about and create stories and role-plays about our own situations and lives so the information and skills we discuss are useful to us.
- Hold the meetings in a comfortable, private and acceptable place.
- Meet at convenient times, for instance when we are free and it is safe to move to and from the meeting.

## ACTIVITY



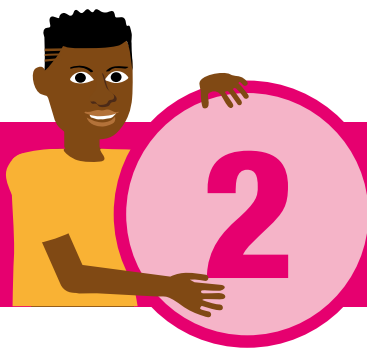
2 hours



Community members and young people who want to know more about the sexuality and life-skills programme.

### Talking together

1. Talk in small groups about the following questions:
  - What is sexuality and life-skills education?
  - Why do we need this education now?
  - What do we think about attending the meetings?
2. Ask groups to share some of the points they have discussed. Give them some ideas to start them off if they feel shy.
3. Give people pieces of paper and pens and ask them to put their responses in the suggestion box you have brought with you (a box with a slot in the top).
4. Ask who would like to attend the meetings, and who would like to get together in peer groups and organise the first meetings.



## INTRODUCTIONS, OUR HOPES AND FEARS

### AIM

- To introduce people to each other, explain what you will be doing and to make participants feel comfortable



### ACTIVITY



20 minutes



All ages

1. Divide the group into pairs and ask them to find out the answers to the following questions from their partners:
  - The name they want to be called
  - Something that is special about them, that can help others to remember them (for example, they are good at storytelling or have big feet)
  - Where they live
  - Why they decided to come to this group
2. Invite each pair to introduce each other to the group.
3. In pairs, ask people to talk about what they hope to get from coming to the meetings. Ask each pair to call out one of their hopes without repeating what others have said.
4. Explain that the group will learn and talk about topics that are important to young people and which will help them to be happy, healthy and safe.
5. In pairs, ask people to talk about their fears about attending the meetings. Ask each pair to tell the group about one fear.
6. Talk about how we can work together to reduce our fears. Think about these fears when you do the 'Ground Rules' activity in Session 5.



# TRUST

## AIMS

- To understand the meaning of trust
- To understand the benefits of trust
- To build trust
- To find ways to talk about sexuality together safely



## KEY IDEAS

- Trust is believing in someone or something and having confidence that there is some good in everything that happens.
- Trusting others leaves you free to do the things that you need to do.
- Trusting yourself helps you to stop worrying and trying to control everything.
- Trustworthiness is being worthy of trust. People can count on you to do your best, to keep your promises and to be a reliable friend.
- Trustworthiness is being able to keep secrets if people have asked you not to tell anyone.

## ACTIVITY



45 minutes



All ages

1. Ask: *What do we think is meant by the word 'trust'? Why is trust important?*
2. Put participants into small, single-sex groups. Tell them to imagine that they have an embarrassing problem to do with growing up.  
*Ask them to talk together about:*
  - Who they would talk to about this situation – for example, body changes or being attracted to someone
  - What qualities they would look for in this person before they talk to her or him about the embarrassing problem
3. In the big group, ask participants to tell each other which qualities are important.
4. Ask the group to think about their own qualities and to ask themselves:
  - Do I behave in a way that helps people to trust me?
5. Tell the group that they are going to be talking about their feelings, friendship and sexuality and that they need to think carefully about what to tell the group.

*Tell them to ask themselves:*

- What are the good things about telling our own stories?

*This helps us to understand our lives, to solve problems, to feel better and to gain strength from each other.*

- What are the risks of telling our own stories? Someone might tell others about our stories. Then someone might be angry or hurt, or we might be punished.
- **How can we work together so that we enjoy the good things about sharing our stories and reduce the risks?**

*Tell them:*

- We could tell our stories as if they happened to another person (using no names) or 'to people like us'.
- We could care for each other and not tell private stories outside the group. Some of us may have experience of the situations that we learn about (for example, living with HIV).
- We should always talk about experiences, situations and problems in a caring way without judging or joking.

*Ask:*

- What have we learned from this activity?
- How will we use it in our own lives before the next meeting?



## SUPPORTING EACH OTHER



### AIMS

- **To understand the benefits of helping each other using listening, words and touch**



### KEY IDEAS

- Members of a peer group or the community can work together and support each other to grow up happy, healthy and safe. For example, by doing a community clean-up or putting on a drama about sexual abuse to bring attention to the issue.

### MATERIALS



- Blindfold, cloth or scarf

### ACTIVITY<sup>2</sup>



30 minutes



All groups

1. In plenary (the full group together), ask members for examples of how their community works together and how people support each other.
2. Ask one person to walk in a straight line across the meeting area. Then blindfold the person and turn them around several times. Ask them to walk back to the point where they started. Instruct the rest of the group to keep silent and give no help at all and to observe how near the person was to their target. Ask the person how they felt.
3. Repeat the exercise. This time the group can give encouragement and guidance with words, but not touch or physically guide them.  
**Ask:**
  - Did the person get nearer this time?
  - How did the person feel?
4. The group can now use both hands and words to guide the person.  
**Ask:**
  - Did the person get nearer this time?
  - How did the person feel?
5. Put the group into pairs and tell them to take turns to blindfold each other and guide each other around – first with only words, then with words and hands.  
**Ask:**
  - What have we learned from this activity?
  - How can we use it in our own lives before the next meeting?

2. Welbourn Alice (1995) *Stepping Stones: a training package on HIV/AIDS, communication and relationship skills*, Action Aid's Strategies for Hope training series, London, UK.



# 5

## GROUND RULES



### AIMS

- **To agree on how we want to work together comfortably and safely**



### AN EXAMPLE OF GROUND RULES FROM A GROUP

- Respect other people's views
- Be punctual
- No mini-meetings
- No unnecessary movements
- Speak through the facilitator in plenary
- Use appropriate language
- Be sober in the group
- No smoking
- All should participate
- Keep to the point
- **Maintain trust and confidentiality**
- Do not put pressure on others if they are not ready to speak
- Challenge others to think again, but do not criticise personally
- All questions are worth asking
- Show appreciation for effort
- Be non-judgemental
- Laugh and have fun

### ACTIVITY



30 minutes



All groups

1. Tell the group that we all have a responsibility to make the meetings go well. We need to agree on how to work together so that the meetings are helpful to us and everyone feels included, comfortable and safe. For example, we should respect and listen to each other.
2. Put people into groups and ask them to talk about how they want to work together and how they can show this in mime (acting without words).  
  
For example, a group could show listening by having one person mime talking while the others show that they are listening.
3. Ask each group to mime one of their rules. If everyone else agrees, make a note of it so that you can remind people at each meeting.
4. Continue until everyone has mimed all their rules. Add any of your own.
5. Summarise the rules. Refer to the 'Introductions, our hopes and fears' session. Encourage people to follow their rules and remind each other when they forget. Add new rules if you need to. Put the summary up on a paper that you can refer to throughout the meetings.

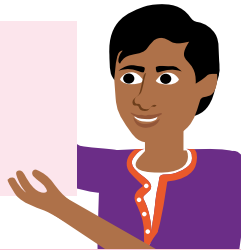




## LISTENING PAIRS

### AIMS

- To understand the importance of listening in our lives



### KEY IDEAS

Listening makes people feel valued. Listening is also hard work. We need to control our love to talk and instead focus our attention on what the speaker is saying.

We think we listen, but often we only hear part of what is said, or we shut out things we don't want to hear, or we become so focused on what we want to say in reply that we don't hear what is being said.

### Signs of listening

- Pay attention to the person's facial expression and body language, their words and actions.

- Show that you are paying attention and listening carefully.
- Show appropriate facial expressions; for example, concern at a problem or pleasure at a happy event.
- Look at the person and make appropriate eye contact.
- Smile and show friendship.
- Nod your head and encourage the person to continue.
- Praise the person who is speaking.
- Ask questions to find out more.

### ACTIVITY



30 minutes

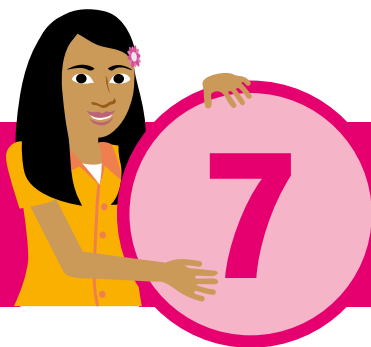


All groups

1. In pairs, ask one person to talk about something that made them very happy. Tell the other person to listen carefully to the story, without speaking, for two minutes.
2. Now ask the listeners to stop listening. The speakers continue to talk about their happy event for two minutes.
3. Call 'stop'. Ask the pairs to change roles and repeat the activity.
4. In the big group, ask:
  - How did it feel when your partner listened to you?
  - How did you know they were listening?
  - How did it feel when your partner did not listen to you?
5. Ask people to call out the ways that show a person is listening.

Ask:

  - Why is it important for us to be good listeners?
  - How will we practise listening before the next meeting?



# BODY LANGUAGE



## AIMS

- **To look at the importance of body language in our interactions with others**



## KEY IDEAS

We give each other messages through our body language as well as our words. Body language includes our facial expressions, how we are standing or sitting and how we are placed in relation to other people.

We express our feelings through body language without thinking about it. We also read each other's body language and this affects how we respond to a situation.

A mime is a play which people act with their bodies but without words. The audience understands what is happening through what the actors do with their bodies.

People believe our body language more than our words. If we say one thing but our body language says another, people will not believe us.

## ACTIVITY



30 minutes



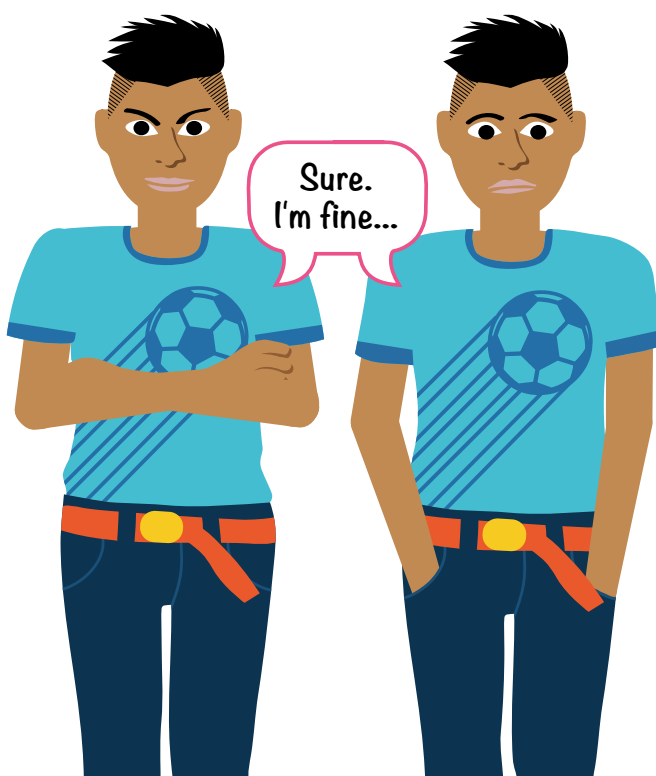
All groups

1. Explain that, as we saw in the previous activity, we tell each other things through our body language as well as our words.
2. Put people into pairs and ask them to think of an interaction that one of them had recently with another person. Ask them to act this out without words (mime).
3. Show some of the mimes to the whole group.

Ask:

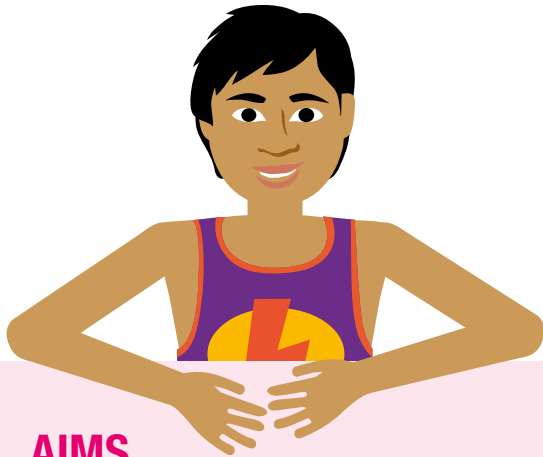
- What is happening?
- What feelings are the two people showing?
- What does the body language tell us about their status and power?

4. Ask people to call out some other feelings and show them with their bodies; for example, sadness, pleasure, anger and boredom.





# FEELING GOOD ABOUT OURSELVES



## AIMS

- To help us to feel happy with who we are
- To build our self-esteem so that we believe we are worthy of respect and care and have pride in ourselves



## KEY IDEAS

- Self-esteem is the way we feel about ourselves.
- If we have high self-esteem we feel good about ourselves, we respect ourselves, we are confident to say clearly what we think and feel, and we expect people to treat us well.

## Ways to develop high self-esteem

- Praise each other when we do well and say what we like about each other.
- If someone does something that we don't like, tell them how we would like them to change in a helpful way as a friend. Don't tease or mock people in ways that make them feel sad.
- Find things we are good at and remember them when we feel bad about ourselves.

## ACTIVITY



30 minutes



All groups

### Praising ourselves

We all have things that people like about us. This might be to do with our behaviour or the things we do well; for example, our smile, our kindness or our skill in gardening.

1. Put people into pairs and ask them to tell each other three things that they like about each other. One each about:
  - Their looks
  - Their behaviour
  - Things they do well

2. Ask them to tell each other something they like about their own looks, behaviour and skills.

## ACTIVITY (continued)

### Changing ourselves

We all have things that we would like to improve. This helps us to do better. But sometimes we worry too much and make ourselves feel bad. No one is 100% good!

1. In pairs again, ask people to tell their partners one thing they would like to improve about:

- Their looks
- Their behaviour
- Their skills

2. For each point, ask them to discuss:

- Can they improve it? If yes, how?
- If not, can they learn to stop worrying about it?

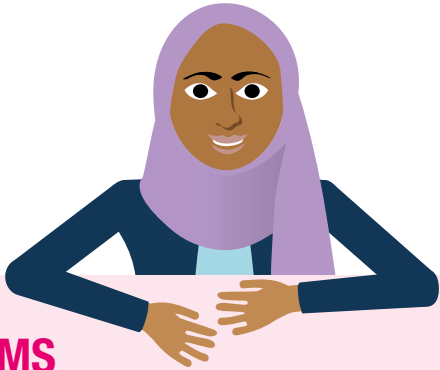
Encourage them to help their partner to accept the way they are or encourage them to change.

- Listen to each other and accept each other as we are.
- Don't be too hard on ourselves. We all make mistakes and we can learn from them.
- Believe in ourselves because we can achieve a lot, one step at a time. Think about our achievements so far in our lives.





# HOW WE ARE THE SAME, HOW WE ARE DIFFERENT



## AIMS

- To have empathy for people who are treated badly because they are different and to enjoy the differences between people
- To play our part in reducing stigma and discrimination



## KEY IDEAS

- Sometimes we feel bad because people don't value us based on our looks, how we behave, our religion, tribe or family, or some other characteristic. This is called stigma. We are not chosen for the team, people ignore our ideas or violate our rights. This unfair treatment is called discrimination.
- It helps to understand that we have all suffered stigma and discrimination in some way. We are not alone.
- When we discriminate against others, we may be acting out of ignorance, or we may have low self-esteem ourselves. We may be 'going along with the crowd' to avoid being picked on. We need to take responsibility for our actions and support each other.

## ACTIVITY



30 minutes



All groups

1. Ask people to stand in a circle.  
Say:  
'Go into the middle anyone who feels they have been treated unfairly because of their age.'
2. People who have experienced this go into the middle of the circle. They give an example of when this happened.
3. Ask people to go back to the big circle.
4. Repeat the activity with different reasons why people may have been discriminated against. Ask participants to call out examples of how they have been discriminated against (see the box to the right).
5. Ask:
  - What have we learned from this game?
  - How does it feel to be discriminated against? What effect did it have on you?

Ask them to think of a time when they discriminated against someone.

- How did you feel? What effect did it have on the person?
- Think of one thing you will do to stop discrimination before the next meeting.

### Some examples of reasons for discrimination

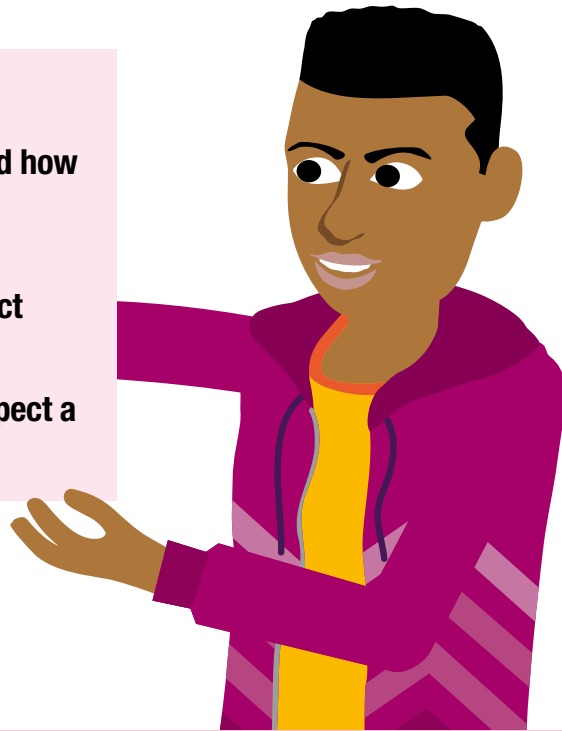
- |                           |                                    |
|---------------------------|------------------------------------|
| ■ The colour of your skin | ■ Being short or tall, fat or thin |
| ■ Being a woman or a man  | ■ Wearing glasses                  |
| ■ Your age                | ■ Being disabled                   |
| ■ Poverty                 | ■ Not being able to read or write  |
| ■ Your religion           | ■ Being bad at sport               |
| ■ Your tribe              | ■ Having an illness                |



# RESPECTING OURSELVES AND EACH OTHER

## AIMS

- To understand the meaning of respect and how to practise it in our lives
- To understand that the need to respect ourselves is as important as it is to respect others
- To understand that we do not have to respect a person who is harming us



## KEY IDEAS

- Respect is an attitude of caring about each other in all our diversity and treating each other with dignity.
- Respect is valuing ourselves and others. We show respect by speaking and acting with courtesy and including others as equals. When we are respectful, we treat others as we want to be treated.
- Self-respect is making sure that no one hurts or abuses us or treats us unfairly, even if they are elders or important people. We do not have to respect people who are doing bad things. People have to earn respect.
- Respect helps us all to feel valued and included.
- Elders may deserve special respect because they have lived longer and learned many of life's lessons. However, we do not have to respect them if they are harming us.
- Respect includes honouring the rules of our family or school to make life more orderly and peaceful. However, this does not mean accepting every rule or anything that an older person asks us to do without question. Respect is not the same as unthinking obedience.
- Culture and rules change with changing times and we can help to change them in a respectful way.

## ACTIVITIES



1 hour



All groups

### ACTIVITY 1

#### What would respect look like if...?

1. Divide into pairs or small groups. Give each group one of the situations below. Ask them to discuss the situation and describe what they would do to show self-respect, while also treating others with respect. If they prefer, the groups can also come up with their own examples of situations where people are not showing each other respect and decide what a mutually respectful interaction would look like.
  - Your teacher beats participants harshly and you know that there is a new law against beating children in school.
  - Your older brother comes home drunk and asks you to buy him some more beer.
  - You attend a community meeting to agree what to do to deal with a problem in the village. As a young woman, you are expected to sit silently unless a man asks you to speak. You know that the men are not giving correct information.
2. Ask each group to present their situation and talk about how the person showed respect and to whom.

Ask:

  - How would you have done it differently?
3. In pairs, ask people to:
  - Name three ways that they show respect to others in their lives.
  - Name three ways that they could show more respect.
4. Ask:
  - How do you feel when people treat you disrespectfully?
  - How do you feel when they treat you respectfully?

### ACTIVITY 2

#### Picturing respect

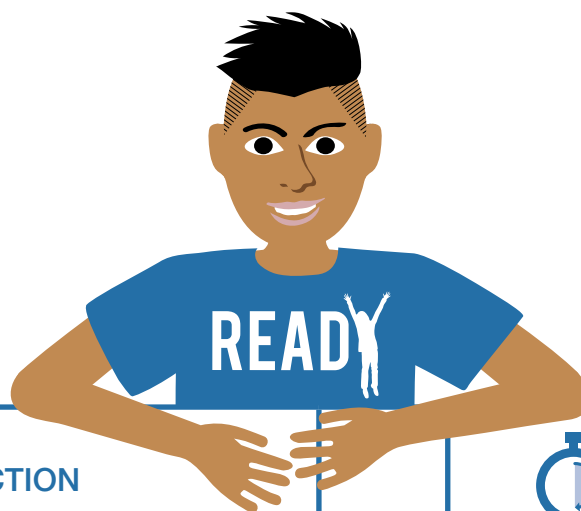
Ask participants in small groups to prepare pairs of pictures, one showing disrespect and another showing the same situation with people treating each other with respect.



Ask:

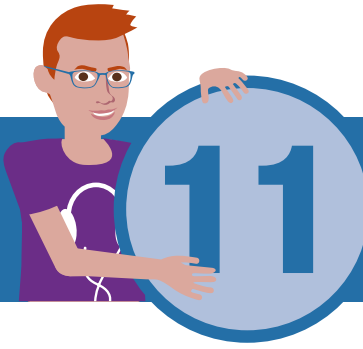
- What do you see happening in the pictures?
- Does it happen in your community?
- Which picture shows more respect?
- How do you think the participants feel in each picture?
- Which person do you feel most respect for? Why?
- What can we do to encourage adults to treat young people with more respect and vice versa?



# GROWTH AND DEVELOPMENT



SESSIONS IN THIS SECTION			
11. Puberty – physical changes	p34	1 hour 30 minutes for all activities	8–15 years. Separate males and females at first. Then bring them together to share.
12. Menstruation	p36	1 hour	8–15 years plus parents/caregivers. Separate male and female groups at first and then bring them together to share.
13. Wet dreams	p39	30 minutes	All ages. Separate and then mixed sex groups.
14. Developing from a child to an adult	p41	1 hour	All ages and mixed groups
15. Helping ourselves	p43	1 hour	All groups



# PUBERTY – PHYSICAL CHANGES

## AIMS

- To learn about the physical changes that happen to us during puberty
- To learn how we can get help for any worries



## MATERIALS



- Pictures to show changes in puberty and the reproductive organs of boys and girls



## KEY IDEAS

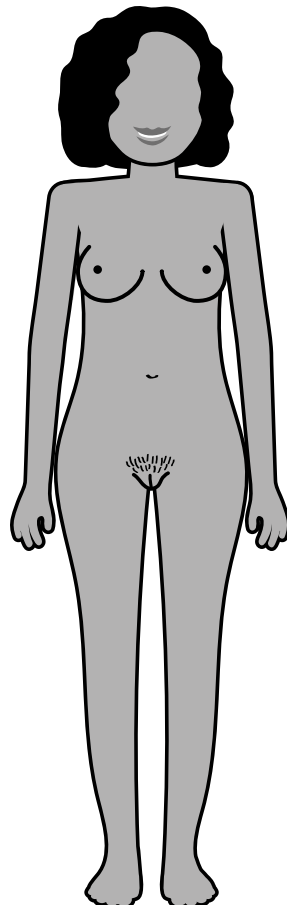
- Puberty is the physical, social, mental, emotional and behavioural changes that happen to young people as they move from being children to being adults. In this session we focus on the physical changes.
- Puberty happens to most people between the ages of around 9 to 18 years.

## Physical changes

### Girls

Development of breasts, pubic hair, broad hips, small waist, growing faster, pimples, menstruation.

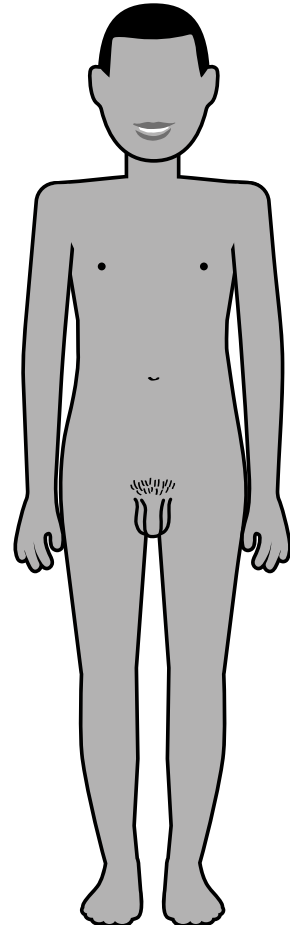
Sexual feelings – excitement when touching our private parts.



### Boys

Broken voice, broad chest, development of sex organs, wet dreams, pubic hairs, flat stomach, growing faster, pimples.

Sexual feelings – excitement when touching our private parts.



## ACTIVITIES



1 hour 30 minutes for all activities



8-15 years. Separate males and females at first and then bring them together to share.

### Body mapping

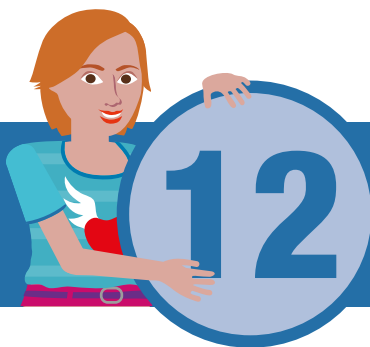
1. Put group into single-sex groups. Ask one person to lie on the ground or stand against a wall and draw around them with a stick or chalk. (Or just draw the outline of a body on the ground.)
2. Ask them to mark on the body all the changes that happen to people of their sex (male or female) during puberty.
3. Ask them to discuss:
  - What are the good things about growing up?
  - What are the bad things about growing up?
  - Why do those changes happen?
  - How do we feel about them?
  - What questions do we have about growing up?
  - What problems do we have with the changes?Collect the questions to answer later.
4. Bring the group together and invite them to share their body maps, if they are happy to do so. Share ideas about the good and bad things about growing up, the changes and why they happen.
5. Add any additional information, using pictures if you have them.
6. Read out the questions that people gave one by one. Invite members of the group to answer them and share the ideas. Correct or add information, as it is needed. If you don't know the answer to the question, say so and tell the group that you will find out.

### Getting help during puberty

1. Divide into pairs and ask people to suggest who they would talk to if they had a problem about puberty or sexuality. Ask them to tell each other why they chose that person.

Ask:

  - Do we have some worries that we do not get good help for? What is the reason for this?
  - Who might help us with this worry?
2. Ask the group to do some role-plays to practise asking these people for help with different puberty problems.
3. Suggest that, when they go home, they should practise talking to a parent or close relative about puberty or a sexuality issue.
4. At the next meeting, discuss how it went.



# MENSTRUATION

## AIMS

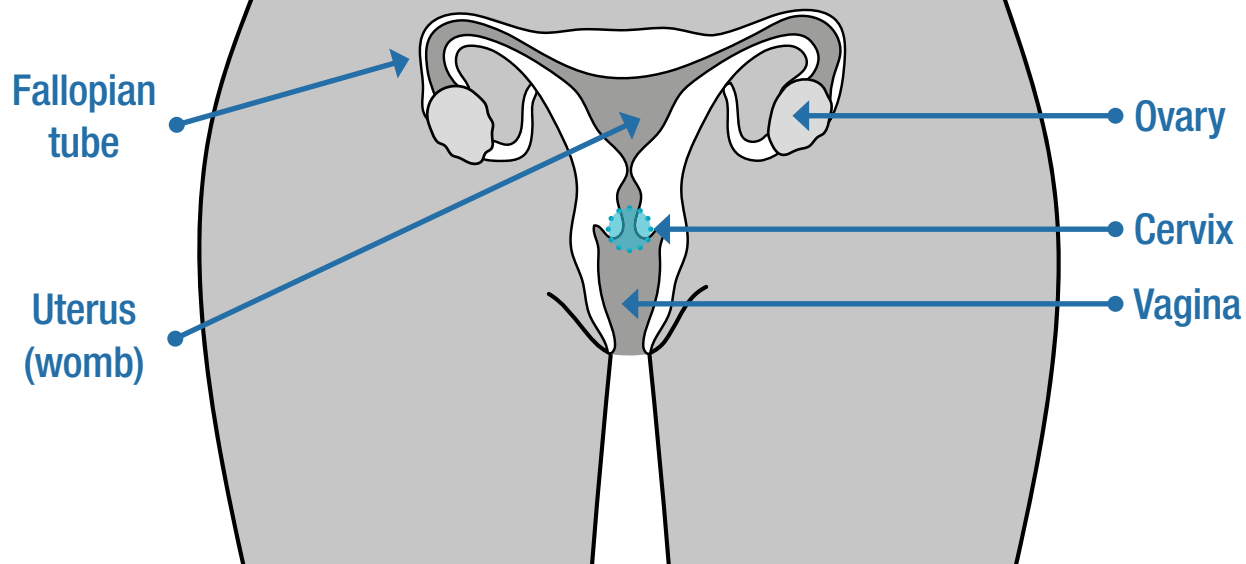
- To learn about menstruation
- To help girls to manage menstruation well, at home and at school



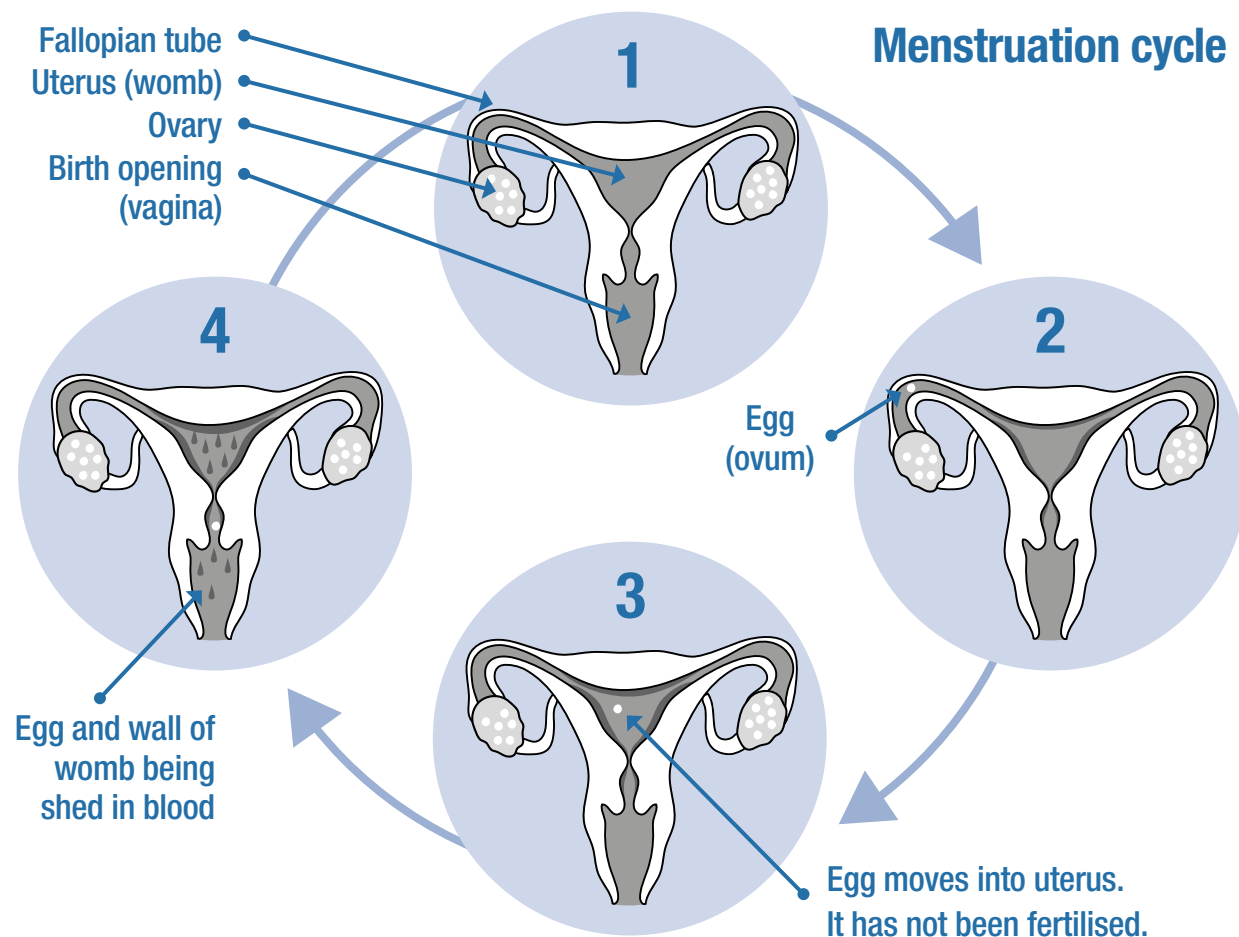
## KEY IDEAS

- Menstruation is normal monthly bleeding from the vagina that happens to all women. Menstruation is also called periods because it happens every 21–35 days.
- Menstruation is a normal, healthy part of a woman's life. It is not an illness, dirty or shameful. It means that her body is able to have babies.
- Girls are born with thousands of tiny eggs in their two ovaries. Each month one egg becomes ready and leaves the ovary. This is called ovulation.
- The egg goes down the fallopian tube to the womb. The womb makes its inside wall thick, like a nest ready to house a baby.
- If the woman has sex and the egg meets a sperm from a male, it can be fertilised. The fertilised egg beds into the wall of the womb where it grows into a baby.
- If there is no fertilisation, the inside lining of the womb breaks down. It leaves the body through the vagina as menstrual blood. This happens about 14 days after ovulation. This is the monthly period or menstruation.
- Periods usually last 4–6 days.
- Periods often do not come on time at first, but they usually settle down to a regular pattern.
- Menstruation continues every month from puberty to menopause when periods stop permanently. This happens between 40 and 55 years.
- Menstruation stops temporarily when a woman is pregnant. It starts again some time afterwards.
- If a young woman has not started her periods by the age of 19 she should see a doctor.
- There is no need to keep menstruation a secret, although it is a private matter.
- Women can do everything during menstruation that they normally do.
- Menstruation shows that a girl can become pregnant, but only if she has sex. Going near a boy during menstruation cannot cause pregnancy.
- A girl can get pregnant before she starts her periods, because she has her first ovulation before her first period.
- It is normal for periods to be heavy at first and then get lighter. If periods go on for longer than eight days or are very heavy with thick blood, a girl should see a doctor.
- Worry, sickness, weight loss or pregnancy can cause periods not to come. A young woman who is sexually active and does not have her period at the usual time should have a pregnancy test.
- Some girls have pain during menstruation as the muscles of the womb push out the blood. This is normal. Exercises, resting and painkillers can help to stop the pain.

## Female reproductive organs



## Menstruation cycle

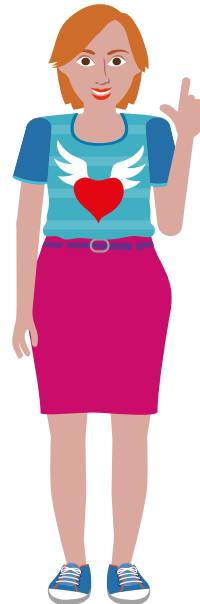




## KEY IDEAS (continued)

- Girls keep themselves clean during menstruation by using something to catch the blood. For example:
  - Cloths: any clean materials that easily soak up liquid can be used, such as old t-shirts. Girls should change these frequently, wash them with unperfumed soap, and dry them as much as possible. If possible, iron them to kill germs.
  - If girls use white toilet roll they should take care that bits are not left in the vagina because they can cause infection.
  - Sanitary towels: these are special towels made out of cotton wool on sale in shops. These may be single-use (disposable) or reusable. Girls may also use cotton wool wrapped in thin cloth, or a reusable menstrual cup.
  - Tampons: these are tubes of cotton wool which can be inserted into the vagina to catch the blood. They should be used only one at a time and changed regularly to avoid infection. At the end of the period, girls should make sure the last tampon has been removed.

### Tips for menstrual hygiene



- Change towels every 4–6 hours, depending on flow (more frequently for tampons).
- Wash yourself with water, cleaning away from the vagina; don't use soap or vaginal hygiene products.
- Dispose of used towels, tampons or cotton wool properly – don't flush them down a toilet as this can cause blockages.

## ACTIVITY



1 hour



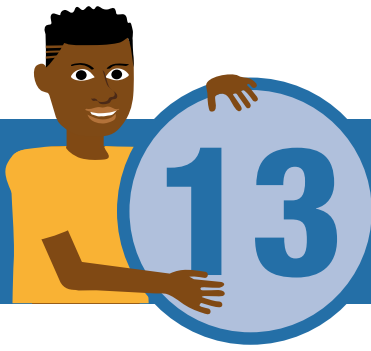
8-15 years plus parents/caregivers. Separate male and female groups at first and then bring them together to share.

1. Ask:
  - What do you think is happening in the body during girls' monthly cycle?

Ask them to draw a picture to explain it if this makes it easier.
2. Summarise the correct information using a picture, or make a circle on the ground and use different leaves or coloured beads to explain what is happening. Ask people if they have any questions.
3. Divide into small groups, to talk about:
  - What are the good and bad things about menstruating?
4. In the big group, say all the good points and bad points. Make a note of the bad points. Ask if people have any other worries to add.
5. Take each worry or bad point one by one and talk about ways to make it better.
 

Ask:

  - How can we help each other to manage menstruation happily?
  - How can boys help us? How can we help girls?
  - How can our families, teachers and elders help us? For example, build separate latrines for boys and girls. Ensure a safe and private space at school where girls can change their towels, cloths or tampons and wash their hands so they do not have to miss school during their periods.



# WET DREAMS

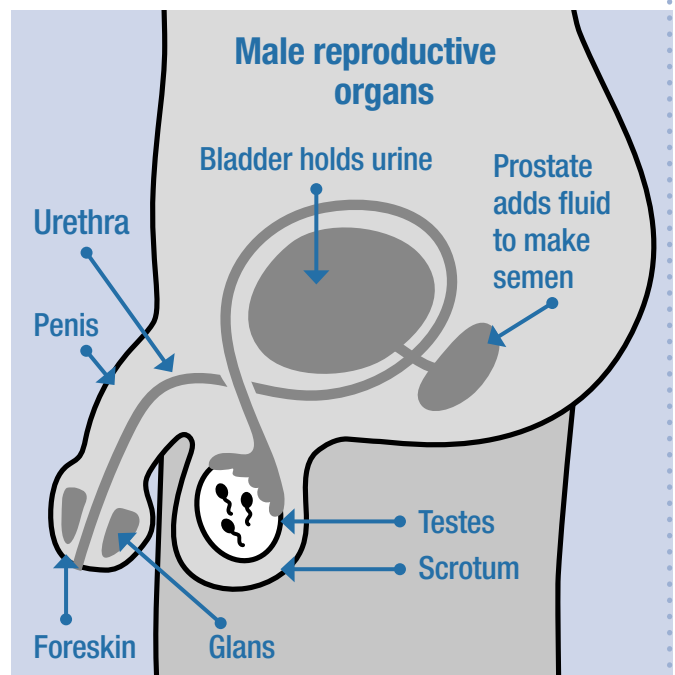
## AIMS

- To understand why boys and girls have wet dreams
- To feel happy about having wet dreams
- To know that wet dreams do not mean that boys and girls should have sex



## KEY IDEAS

- When a boy reaches the age of about 12, the male sex hormone or 'messenger' is produced and tells the testes to start producing sperm.
- The sperm pass through a long tube to the prostate where they are mixed with a liquid, like milk, to become semen. This is stored until it comes out through the penis.
- Semen comes out in quick, short bursts. This is called ejaculation.
- Sometimes, a boy's first ejaculation happens at night when he is asleep. This is called a wet dream and the boy may have a sexy dream when it happens.
- Some boys have regular wet dreams and others hardly ever have them. Both are normal.
- Wet dreams can continue into young adulthood.
- Wet dreams are the body's way of practising for making a baby. They are normal and not a disease. A boy should not feel shy or worried about wet dreams. They are a sign that he has reached puberty and his reproductive organs are working well.
- Wet dreams do not mean that a boy should start to have sexual intercourse. It is safer to let wet dreams take care of sperm production until boys are mature enough to have a safe, caring sexual relationship.
- Ejaculation means that a boy is capable of making a girl pregnant. It does not mean that he is ready to become a father.
- Girls can also have sexy dreams and some might find that they are wet between their legs at these times. This wetness is made in the vagina. When the girl is grown up, it will protect her vagina during sex. This is normal.





## ACTIVITY



30 minutes



All ages. Separate and then mixed sex groups.



When working with groups aged 15+, you may wish to introduce some content about consent (which will be covered in more detail

in a separate session) and discuss the fact that having physical signs of sexual arousal doesn't automatically equate to consenting to sexual activity. We need to be aware of the body language of our partner, but also make sure that both people involved agree on what they will or will not do.

### Agony aunt letter

1. Read the letter. Choose a boy's name from your area.
2. In pairs, discuss and agree on a reply.
3. In the whole group, share and discuss some of these replies.

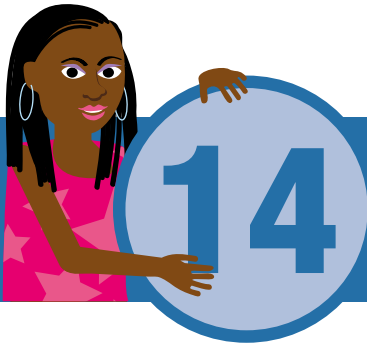
Dear Aunty

I am a 13-year-old boy. Last week I woke up with a wet patch on my bed. It smelled funny and I noticed that it was on my penis too. I remembered that I had a sexy dream about a girl in my class. I wanted to touch her body!

My older brother noticed the wet patch and laughed at me. He said that the only way I can stop this happening is to get the girl to agree to have sex with me. Now I am afraid. Can you help me?

Chipili





# DEVELOPING FROM A CHILD TO AN ADULT

## AIMS

- To understand the mental, social, emotional and behavioural development that happens during adolescence and its affect on our lives
- To make good use of these new skills and feelings to help ourselves and others



## KEY IDEAS

### Mental development

As we grow up, we gain new mental tools. We learn to analyse situations, think about cause and effect and imagine possibilities. We can compare options, make good decisions and plan for the future.

We also develop a social conscience, values and ethical behaviour, and take on increased responsibilities.

### Emotional development

As we grow up we gain a sense of who we are and what makes us special. We develop a set of beliefs about our qualities, gender, ethnic identity, roles, goals, interests and values. Self-esteem is how we feel about ourselves. We develop skills such as empathy, recognising and managing feelings and relating to others so that we can make friends and co-operate with others.

### Social development

Our social development is about our relationships. Our peers become important because, by identifying with them, we become more independent from our families. We may argue more with our parents as we reach for independence. This is normal, but we should still

show respect and listen to our parents' ideas and wishes.

We start to have closer one-to-one friendships with people of the same or opposite sex. We may feel sexually attracted to others and form sexual relationships. We become less influenced by our peers and more able to accept difference in ourselves and others.

### Behavioural development

As we grow up, we use our new skills to experiment with new behaviours. This is normal and helps us to shape our identities, assess ourselves and gain peer acceptance.

However, experimenting does mean taking risks. These risks can work out well or badly. We need to weigh up the benefits and dangers of different situations, know our own strengths and weaknesses and make good decisions. We can find positive ways to satisfy our need to take risks rather than harmful ways. For example, we might learn a new challenging sport rather than take drugs.

As adolescents, we are a great resource for our communities. We have new skills, energy and creativity that we can put to good use. For example, we can help our families and communities.

## ACTIVITIES



1 hour



All ages and mixed groups

### Helping others

1. In small groups, make a list of all the different ways that young people help others in their schools, homes and communities. Compare your lists with other groups.
2. In your groups, make a plan for one or more actions that you want to take to help others in your community. Share the ideas in the big group.
3. Make a practical action plan:
  - What will you do?
  - When will you do it?
  - Who in your group will do what?
  - How will you do it?
  - What materials and other help do you need? How will you gather these?
4. Be realistic in your action plan. Make sure it is practical.

### Thinking about our risk-taking behaviour

1. In pairs, think of a time when you experimented with a new behaviour and took a risk.

Ask:

- Why did you take the risk?
  - Did it turn out well or badly?
  - Could you have done anything to make the risk smaller?
  - What other choices did you have?
  - Do you think you take a lot of risks or a few?
  - What do you think about friends who take risks?
2. Role-play a situation where you and your friend are about to take a risk that could harm you. Show how you could change this dangerous risk to a positive one (such as trying a new and challenging skill or sport).





## HELPING OURSELVES

### AIMS

- To talk about one way that people have found to cope safely with their sexual feelings
- To talk about our feelings and beliefs about masturbation
- To learn correct information about masturbation
- To feel OK about masturbation as a way to stay safe from pregnancy and STIs, including HIV and HIV reinfection, and as a way to express and enjoy our sexuality



### KEY IDEAS

- As our bodies change, we may start to have sexual feelings towards other people and in our own bodies. Certain parts of our bodies can become very exciting to touch, especially the private parts. For boys, this area is the penis and testicles. For girls, it is the area around the opening to the vagina, especially the clitoris.
- Some people enjoy rubbing these areas in a certain way. If they do this for a while, they may reach a moment when the excitement comes to a peak and they have an orgasm.
- The penis and vagina often produce fluids during masturbation. Semen comes out of the penis and vaginal fluid comes out of the vagina. This is normal.
- Masturbation is a natural way of coping with sexual feelings. There is nothing wrong with it. It causes no harm to your private parts or to your mind. It does not make you less interested in boyfriends or girlfriends, or stop you having relationships when you are older. Most young people and adults masturbate at some time or other.
- Sometimes parents, teachers or religious leaders may say that masturbation is wrong, and this can make you feel guilty. There is no need to feel guilty about it. It is a private matter and a personal choice.
- Masturbation is a very safe way of coping with sexual feelings. It is much safer than having sex with another person – you cannot catch any diseases or get pregnant from masturbating.

### How to masturbate safely

- Always make sure that your hands are clean when masturbating, as dirty fingers can carry germs. Keep your fingernails short and clean.
- It is safest to use your fingers, but if you do use an object make sure it is very clean and cannot break. If it does break, use your fingers carefully to remove the pieces. Do not use any object that could cut or bruise you.
- Rub yourself gently to avoid soreness. Stop if you feel any soreness and do not masturbate again until it is cleared up.

## ACTIVITIES



1 hour



All groups

### Warm up

Go around the circle asking people to finish the two sentences below, one at a time:

- The thing I like most about my body is...
- The thing that makes me happiest about growing up is...

### Ways to cope with sexy feelings

#### 1. Show the picture below.

Ask:

- What is happening in the picture?
- Why do you think it is happening? What is the girl feeling?
- What do you think the girl will do about her feelings?
- What are the good and bad points about that?

- What else might she do? What are the good and bad points about these ways of coping with her feelings?

#### 2. Ask:

- Do boys also feel sexy when they think about someone they are attracted to?
- How do they know they are feeling sexy?
- What ways do boys have of coping with their sexual feelings?
- What are the good and bad points about these ways?

#### 3. Summarise the ways that boys and girls have found to cope with sexual feelings without having sex.

#### 4. Explain that in this session we are going to talk more about masturbation.

#### 5. Ask:

- What local words do we have for masturbation? Do we like these words? Which words do we want to use?





## Quiz


1. Label one corner of the room with 'True', another corner with 'False' and a third with 'Don't know'.
2. Explain that you are going to read a sentence and you want people to go and stand by the label that they think is the correct answer to the question.
3. Ask people in each corner to explain why they think that is the correct answer.
4. Invite people to change corners after hearing all the ideas, if they wish.
5. Give people the correct answer to the sentence.
6. Use the sentences below. Add any ideas that the group talked about in the picture activity.
7. Ask people what they have learned in the session and how they will share what they have learned with their friends.

### Sentences

- People who don't masturbate are not normal.
- It is OK to choose not to masturbate or to choose to masturbate. Both are very normal.
- Masturbation weakens the private parts and stops people being able to have sex later in life.
- People used to think that masturbation can harm you. This is not true as long as your hands and nails are clean. Dirty hands can make you ill.
- Both females and males can enjoy masturbation.
- Masturbation is a safer way of releasing sexual feelings than having sex.
- This is true. You cannot catch STIs, including HIV or HIV reinfection, or get pregnant by masturbating.
- Masturbation is only done by immature people.
- It is mature to be responsible about coping with your sexual feelings in a way that does not harm anyone. This is better than having unsafe sex or using someone you don't care about to meet your sexual needs.
- Masturbation helps people to enjoy sex more.
- Masturbation can teach people about how their bodies work and what gives them pleasure. When they have sex, they can use this understanding to help them to enjoy sex more.
- Masturbation is a sin.
- Some churches say that masturbation is a sin; others say it is not. The Bible is not clear about it.
- If masturbation is so common we would see people doing it.
- People usually masturbate in private. This is important because it shows respect for others and it is against the law to do it in public.

# GENDER AND IDENTITY



SESSIONS IN THIS SECTION			
16. Growing up as a girl and as a boy	p47	45 minutes	All ages (also see guidance in the session activity description).
17. What we think is right for girls and boys	p49	1 hour	All groups. Adapt the statements to make appropriate for different age groups.
18. Where do we get our ideas from?	p51	45 minutes	All groups
19. What do girls and boys think and feel?	p54	1 hour	All groups
20. Heads, hearts, bodies, actions	p56	1 hour 30 minutes	All ages, including parents and caregivers (also see guidance in the session activity description).





# GROWING UP AS A GIRL AND AS A BOY

## AIMS

- To remember how we learned about being female or male
- To understand the roles that we are expected to play as females and males and how they are changing
- To learn how gender roles affect our choices in life and our health and well-being
- To think about whether we would like to see some changes in gender roles



## KEY IDEAS

- Our sex describes the biological differences between males and females.
- Men have a penis and testicles and produce sperm to make babies.
- Women have breasts, a womb and a vagina and produce eggs to make babies.
- Gender describes the norms, roles and responsibilities given to females and males by society. Older people teach girls and boys how they should behave to become 'ideal' women and men, according to the culture.
- Gender norms can change because people, not biology, make them – and therefore people can change them.
- Some gender norms are harmful and need to change. For example, girls may be taught always to obey men, even if men are violating their rights. We may suffer violence or unfair treatment if we look or behave in ways that are 'outside the norm'.
- It is good to understand our own values and opinions about gender roles and how they affect our lives and our sexuality. Then we can change those which are harmful.
- Empowerment means we understand and are able to exercise our rights to enjoy information, services, skills, money and time equally. We have equal say in decision-making and equal respect and together bring about development.
- We can improve sexual health by achieving equality for all members of society.

## ACTIVITY



45 minutes



All ages. For this activity you might want to separate groups by age (9–12, 12–15, 15+) as their needs may differ. Mixed females and males.

### 1. Ask:

- What is the difference between gender and sex?
- What are some gender roles we see around us? For example, do we see women and men doing different jobs inside and outside of the home?

Add to their ideas.

### 2. Tell the group to shut their eyes and think back to the time when they were growing up. They should imagine themselves when they were 5 years old.

Ask:

- What were you doing?
- How were you dressed?
- Who were you playing with?

### 3. Now ask them:

- What is your earliest, most important memory of something that happened to make you discover you were male or female and for this reason treated differently from the opposite sex?

### 4. When everyone has had time to think into their past, ask them to go into small groups of four or five people, choosing people that they feel free and comfortable with. This may be people of the same sex and of a similar age to them.

### 5. Ask everyone to share only what they wish of their memories in the group. Then work together to make a five-minute role-play that shows the memories shared within the group. Ask them to prepare to present it to the larger group.

### 6. Ask each group to make its presentation.

Ask:

- How did you feel sharing this memory with your group?
- What did the memory tell you about being female or being male?
- How did your family expect you to behave, to talk, to be?
- What did you like and not like about this?

### 7. Ask:

- What did you learn from this activity?





# WHAT WE THINK IS RIGHT FOR GIRLS AND BOYS

## AIMS

- To find out how we think girls and boys should behave
- To learn which of these ideas protect us from STIs, including HIV and HIV reinfection, and which ones may put us at risk
- This activity is also good practise for listening skills



## KEY IDEAS

- Harmful gender norms for females and males can put us in danger of STIs, HIV, HIV reinfection, unwanted pregnancy, abuse and rape.
- It is good to think about our own ideas on gender norms and how we express these in our lives, and see whether we need to change any.



## ACTIVITY



1 hour



All groups. Adapt the statements to make them appropriate for different age groups.

1. Make one sign with a happy face, meaning 'agree', one with a cross face for 'disagree', and one with a puzzled face for 'not sure'. Put them in three corners of your space.
2. Prepare some sentences like the examples in the box on the next page.
3. Explain that you are going to read out some sentences one by one and people should go to the corner that best shows what they think about the idea in the sentence.
4. If they agree with the sentence, they go to the corner with the smiling face. If they disagree, they go to the corner with the cross face. If they are not sure, they go to the corner with the puzzled face.
5. To begin, everyone should stand in the middle of the room.
6. Read out the first sentence. Repeat it and make sure that everyone has understood it.
7. Ask people to think about the sentence and then go to their corner.
8. When everyone has gone to their corner, give them a few minutes to talk together about why they chose that corner.

## ACTIVITY (continued)

9. Then let each group explain to the other groups why they have chosen that corner. Ask the other groups to listen carefully and try to understand each group's views well. Maybe they have some good ideas.

Ask:

- Did the boys choose different corners from the girls? Why?
- Which of these ideas protect us from unwanted sex, pregnancy, STIs (including HIV and HIV reinfection), and which ones may put us at risk?
- Does anyone want to change groups now they have heard other people's reasons for agreeing or disagreeing? If yes, ask them to explain why they are changing.

**Provide information and challenge harmful ideas as needed.**

10. Read out another sentence and repeat the activity until people understand how it works.

11. Invite participants to think of new sentences and continue.

12. When the sentences are finished, sit down and ask what people have learned from the activity.

Ask:

- Where do we get our ideas from about these topics?
- Are our ideas changing?
- Is that good or bad?

13. Summarise the learning.

### Sentences

- Girls have to say 'no' to sex, but they really mean 'yes'.
- Boys need to practise sex with different girls so they can please their wives later.
- Condoms are only for people with many sexual partners.
- Boys with no money can never get a girlfriend.
- Girls are lucky because they can get money and gifts from men.
- A family or a couple needs a boss and this should be the man because he is stronger.
- A girl should always do what her boyfriend tells her.
- Beating is a good way to make children or women behave properly.
- If a boy gives a girl a gift she has to have sex with him.
- Women should only speak when the men have finished and if they are invited to do so.
- When boys or girls grow up and start to feel sexy they should marry quickly to avoid disgrace.
- It's hard to be a boy because they have to find a way of getting dowry before they can marry.



# WHERE DO WE GET OUR IDEAS FROM?

## AIMS

- To find out where we get our ideas from about sexuality and gender
- To find out how we can decide which ideas to believe in
- To find out how we can decide which ideas are good for us



## KEY IDEAS

- As young people, we get many different and changing messages from different people about growing up, sexuality, gender, HIV, etc.
- This makes it difficult for us to know which information to trust and to make good decisions.
- Learning to judge the validity of different messages is an important life-skill, otherwise we may get confused and make bad decisions.

## ACTIVITY



45 minutes



All groups

### Role-play

1. Tell the group you are going to think back to the activity in the last session. Remind them they looked at sentences about boys and girls that they agreed or disagreed with.

Ask:

→ Who can remember some of the sentences?

2. Choose one of the sentences. (For example, 'Boys need to practise sex with different girls so they can please their wives later.')

Ask:

→ Where do we get our ideas from about this sentence?

Ask people to call out their different ideas; for example, parents, friends, elders and traditional teachers, church, teachers, radio, video, etc.

3. Remind people that this is a role-play and we have already seen that some of these ideas are good and some harmful. Ask for volunteers to play the role of each of these people. For example, one person plays a father, one a friend, one a preacher and so on. Ask each person to role-play what advice their character would give to either a boy or a girl on the topic.

4. Ask the rest of the group to play themselves, listening to the advice from different people.

5. At the end, ask the people listening to the advice how they feel.

Ask:

→ How will you decide which advice is good to follow among all these different ideas?

→ What different things will you think about when you are deciding?

→ How correct is the information from each person likely to be? What other information do you need?

→ Do you have the same beliefs and values as this person?

→ Why is the person telling you this? Do they want to help or harm you? Do you trust them?

→ What would be the good and bad consequences of this option for you?

6. Ask:

→ What have people learned from this activity?

→ How will they use what they have learned before the next meeting?

### Example of role-play on condoms

- **Preacher:** Condoms are sinful and not allowed by our church.
- **Condom seller:** Buy condoms here and enjoy your sex life without fear.
- **Initiation adviser:** Condoms don't work because they break.
- **Elder:** Giving condoms to young people causes promiscuity.
- **Parent:** If I ever found any of my children with condoms, I would beat them.
- **Friend 1:** Condoms are not good; it's like eating a sweet with the wrapper on.
- **Friend 2:** Hey man, condoms are great. You can practise for future perfection without worrying about 'damages' and AIDS.
- **Radio:** Condoms are made to make sex less enjoyable.
- **Rural health worker:** Condoms are not 100% safe, but they give around 90% protection if used correctly every time you have sex. They will protect against STIs, including HIV and HIV reinfection, and pregnancy, which is a lot better than nothing. I can give you some for free. But first let's talk about your life and whether condoms are the best choice for you at this time.

### ACTIVITY



45 minutes



All groups

### Picture activity

1. Show the picture on page 53 (boy with priest, girl and herbalist) or prepare a similar picture with characters relevant to your own context.  
**Ask:**
  - What do you think is happening here?
  - What do you think the people are saying?
  - How is the boy feeling?
  - Does this happen to young people in our community?
  - What would you do if you were the boy?
  - What should the different characters in the picture do to help the boy protect his health?
2. Prepare a picture to show a girl getting different messages about sex from different people. Go through the same questions as above, this time in relation to the girl.









# WHAT DO GIRLS AND BOYS THINK AND FEEL?

## AIMS

- To help girls and boys talk more freely with each other about their thoughts and feelings
- To let girls and boys find out what each other think and feel



## KEY IDEAS

- Friendships and love would be happier and safer if we were able to talk to each other more freely about our feelings and thoughts and what we would like.
- We all feel particularly shy to talk about our feelings to do with our sexuality.



## ACTIVITY



1 hour



All groups

### What questions do we have for each other?

1. In this activity, tell the boys they are going to answer questions from the girls and the girls from the boys. The facilitators will ask the questions and only they will know who asked each question.
2. Ask everyone to think of two questions they would like to ask the other group.
3. Tell them to think of things they want to understand better about each other and the way others feel, think and act. Say that these things might make them feel happy, curious, confused, worried or angry.
4. The boys and girls will answer the questions as a group, so tell them not to ask questions to one person or make the question about one person, or to choose insulting questions because they will not be answered.
5. If people can read and write, give everyone a small piece of paper and a pen and ask them to write their two questions and bring them to you.
6. If people can't write, ask people to come and tell you their questions one by one privately, so you can write them down. People could also tell their questions to a friend who tells you, if they prefer.
7. When you have all the questions select the best ones, taking out insulting or personal ones and any duplicates.
8. It is important that girls and boys are not pushed into telling the group personal stories about sexuality, which may put them at risk of harassment or punishment. In separate groups, give the boys the girls' questions and the girls the boys' questions. (Give each person one question to remember if they cannot read.) Give the groups time to discuss the questions and decide how to answer.

## ACTIVITY (continued)

9. Put the mats or chairs in two circles, both facing inwards, with one circle inside the other. Have enough mats or chairs for boys and girls in both circles.

The girls sit in the inside circle and the boys on the outside.

10. Read the boys' questions one by one. Ask the girls to talk about each question, giving their answers.

Ask the girls to:

- Speak clearly so that the boys can hear them talking
- Feel free and say what they think
- Not answer questions that offend them
- Not talk about their personal experiences; instead talk about 'girls like us' but don't use names

11. Ask the boys to sit and listen quietly while the girls talk. They should not talk or make noise. They will have a chance to talk about the exercise later.

12. Give the girls 20 minutes maximum. Stop even if some questions are not answered. If people want to do the rest of the questions, organise another session.

13. Repeat the same thing, this time with the boys in the middle answering the girls' questions. Talk about it.

14. Make one large circle.

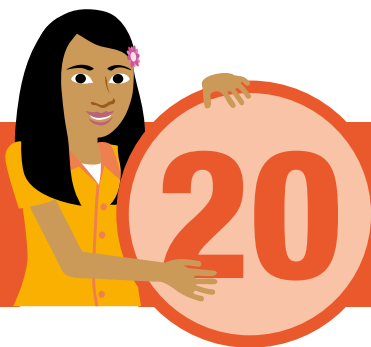
Ask the following questions:

- How did you feel about this exercise? What were the good and bad points about it?
- Was anyone surprised by what they heard?
- Girls, has it changed your ideas about boys? And boys, has it changed your ideas about girls? In what ways? How?
- What are the good things about girls and boys understanding each other better?
- Are there any bad things about girls and boys understanding each other better? If so, what are they?

15. Put girls and boys in pairs to discuss:

- What more can girls and boys in this group do to understand each other better?
- What have you learned from this meeting? How will you use what you have learned before the next meeting?

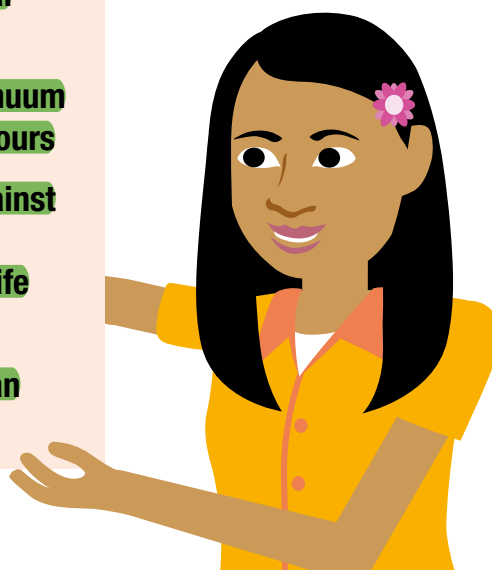
Encourage girls and boys to continue talking to each other.



# HEADS, HEARTS, BODIES, ACTIONS

## AIMS

- To understand the difference between our biological sex, gender identity, gender expression and sexual orientation
- To understand that human sexuality is on a continuum that includes a wide range of feelings and behaviours
- To recognise that unfair treatment or violence against any of us who are seen as 'outside the norm' is a violation of the rights of every human being to a life of dignity
- To support each other in all our diversity so we can all lead happy, healthy and fulfilling lives



## KEY IDEAS

- Biological sex refers to the organs, hormones and chromosomes we are born with. Based on these, we are assigned at birth as female or male or, in the case of babies born with a mixture of female and male characteristics, as intersex.
- Gender identity refers to how we feel inside our heads about ourselves and who we are. This may or may not be the same as the sex we were assigned at birth. If it is not the same, we may identify as transgender or another term of our choice. A range of identities exists in all cultures and societies.
- Gender expression refers to how we show our gender in the way we dress, behave, talk and relate to others, based on how we are taught as children. As we grow up, we develop our own ideas of what is right for us; this may or may not be the same as how we were taught or expected to act.
- Sexual orientation refers to who we are physically and romantically attracted to; for example, people of a different sex/gender as us (heterosexual, straight), people of the same sex/gender as us (homosexual, lesbian, gay), or both (bisexual). A range of orientations exists in all cultures and societies.
- What is seen as acceptable by society changes over time, often led by the efforts of people who are seen as 'outside the norm'.
- As current or future young leaders in our communities, we can help to create a more inclusive society in which everyone's rights are respected and upheld.

### Take care!

This topic may be seen as sensitive or controversial in your local context. Some forms of appearance that don't fit local gender norms may be considered socially unacceptable and treated harshly. Some sexual behaviours among consenting adults may even be punished as crimes. We have a duty of care to ourselves and our participants to deal with this topic in a responsible way that does not put anyone at risk. Equally, we have a responsibility to provide accurate information, and to be as inclusive and supportive as possible to all members.



### ACTIVITY



1 hour 30 minutes



All ages, including parents and caregivers. The appropriate level of information and detail (more basic or more advanced) will vary depending on the group's age, abilities and experiences.

1. Ask groups to draw the outline of a person on a large sheet of paper or on the ground. They should add in and label the brain, the heart, the face, the genitals and the hands/feet. Explain that these are symbols of our thoughts, feelings, public appearance, biological sex and actions.
2. Ask them to discuss and agree on the following (they may choose more than one answer):
  - Which of these do we think most affects how we think about ourselves and who we are? Why?
  - Which of these do we think most affects who we fall in love with? Why?
  - Which of these do we think most affects who we are sexually attracted to? Why?
  - Which of these do we think we use to show other people who we are? Why?
  - Which of these do we think most affects how other people identify us? Why?
3. Ask the group:
  - What do we think may happen if our thoughts, feelings, public appearance, biological sex and actions do not 'line up' in the way society expects of us? Can we think of any examples of this in our community? How might this make us feel? What might be the consequences?
4. Draw a long line and label one end 'Same', one end 'Different' and the middle 'Both'. Explain this represents the range of human sexuality and attraction, and that all of us are included somewhere along this line. Some of us may feel strongly attracted to people of a different sex/gender than us (heterosexual, straight); some of us may feel strongly attracted to people of the same sex/gender as us (homosexual, gay, lesbian); some of us may feel attracted to both (bisexual). Our position on the line may stay unchanged throughout our lives, or it may change.

## ACTIVITY (continued)

Ask the group:



- If two young people at the 'Different' end of the line (i.e. one female and one male) fall in love with each other, what are some possible futures for them? What does society expect and allow?
- What about two young people at the 'Same' end of the line (i.e. two females or two males)? What are some possible futures for them? What does society expect and allow? Why do we think this is?
- How can we all support each other, wherever we may be along that line?



**5. Closing circle:** this is likely to have been a challenging session for some members of the group, and/or to have brought up feelings and questions that some members have not felt able to express openly. Emphasise that everyone is welcome in this group, and we are all here to support each other. Using a box and slips of paper, invite people to submit anonymous questions if there are any areas they would like more information on or would like to discuss further. Go around the circle and ask each person to mention one interesting or positive thing they have learned from this session.

# SEX AND HEALTHY RELATIONSHIPS



SESSIONS IN THIS SECTION			
21. Friendship	p60	1 hour 30 minutes	All age groups including older people. Mixed males and females.
22. Relationships in the digital age	p62	1 hour for each activity	All ages, including parents and care givers
23. Sexuality throughout our lives	p64	1 hour 20 minutes	9 years and above. Separate groups by age (9–12; 12–15; 15+) and sex.
24. Understanding our bodies and feelings	p66	2 hours	Age groups as you feel appropriate. Separate male and female groups.
25. Talking with trusted adults about sex	p70	30 minutes for each activity	All groups
26. Shall we have sex or not?	p73	1 hour	Separate groups by age (also see session activity description)
27. Saying 'no' to sex until I am ready	p75	1 hour	Separate groups by age (also see session activity description)
28. Talking about our feelings and sexuality	p78	2 hours	Separate groups by age (also see session activity description)
29. Having a happy sex life	p79	1 hour	15 years and above. Separate and then mixed male and female groups.
30. Let's use a condom	p81	1 hour	Age groups: 12–15 and 15+. Separate groups of males and females.
31. Having sex only with each other	p89	1 hour	All groups



# FRIENDSHIP

## AIMS

- To learn about the different kinds of friendships between girls and boys at different ages
- To help young people make and keep happy and safe friendships with each other



## KEY IDEAS

- Girls and boys can just be good friends without having sex.
- Friendships are good; they help us to understand each other better and get new ideas from each other.
- If two people are sexually attracted to each other, spending a lot of time alone may lead to a sexual friendship.
- If two people just want to be friends, it is best that they spend time with other friends as well. It may be best to refuse gifts, in case this leads to pressure to have sex.
- In many cultures, traditionally boys and girls were not allowed to spend time together before marriage because people thought they would have sex. But they still met in secret.
- We need to encourage older people to accept new kinds of friendships between young people. Times have changed. Boys and girls may marry later or not marry at all, and we need to get to know each other as friends. This helps to improve gender relations.

## Preparation

Ask young people, before they come to the meeting, to talk to their grandparents about how relationships before marriage have changed since their time. Ask what the grandparents think are the good and bad points about the changes.





## ACTIVITIES



1 hour 30 minutes



All age groups including older people. Mixed males and females.

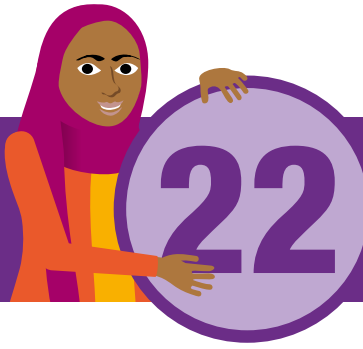
### Mapping where girls and boys meet

1. Divide into groups. Ask each group to make a map on the ground and mark on it the places where girls and boys of their age meet (this can be done with chalk or with a stick, and leaves and stones can be used to mark places on the map).
2. Ask:
  - What activities do girls and boys do together in these places?
  - What are the good and bad points about these activities?
  - How can girls and boys spend time together without the bad points?
3. If the groups do not mention pregnancy, STIs or HIV as possibilities, suggest these to encourage discussion.

### Friendship between boys and girls

1. Divide into mixed-sex groups of about ten people.
2. Ask each group to prepare a role-play about the following situation:

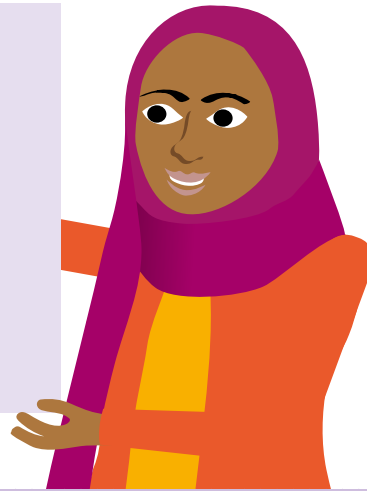
A boy and a girl are good friends. They have the same interests; they both enjoy studying and feel happy together. They do not have sexual feelings for each other. The boy and girl spend a lot of time together.
3. Imagine what different friends, family and other community members might say about this friendship. Show different characters in the role-play treating the boy and girl in these different ways.
4. Show the role-plays to the whole group. Ask those watching to come up and defend the boy and girl when they feel they are not being properly treated.



# RELATIONSHIPS IN THE DIGITAL AGE

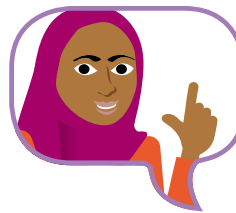
## AIMS

- To understand the good and bad points of technology and social media
- To identify safer or riskier behaviours in online activity
- To learn how to protect ourselves in online environments



## KEY IDEAS

- Although not every adolescent has access to the internet or a smartphone, use of both are becoming increasingly common. A group of young people might also share a smartphone or computer with internet access.
- The internet can be useful when it comes to learning about many topics, including our bodies and sexuality, but not all information is equally trustworthy or reliable. The internet also gives easy access to other things that might not be suitable for all ages, such as pornography and explicit sexual messages.
- The internet and social media give us the opportunity to connect with people from different parts of the country or the world outside of our community. This is great because it breaks down barriers, and can help us to link up with others who share our interests, but it can also be dangerous because not everyone has good intentions.
- Sharing our information with strangers over the internet can put ourselves and even our family and friends at risk. It is important to remember never to do this.
- Don't believe everything you read or see! Use your critical thinking skills or ask a trusted adult.
- Never agree to go alone to meet someone in person who you only know online!



When working with older adolescents and young people, it is important to have a frank conversation about 'sexting' or sharing sexually explicit content with others.

- Sharing sexually explicit content with, or about, a person who has not consented can be considered a form of sexual violence. Depending on the ages involved, it may also count as child pornography, which is a crime.
- Every time we upload something on the internet it stops being only ours. It is possible that anyone can see it and even take it and share it further without our permission, so we have to be particularly careful about who we share information and photos with.

## ACTIVITIES



1 hour for each activity



All ages, including parents and caregivers.

### Activity 1: Being smart about smartphones

1. Divide participants into groups of four or five and ask them to draw a picture of a mobile phone and computer in the middle of a large piece of paper.
2. Around the top half of the picture, ask them to add words or images to show all the positive aspects or opportunities they can think of that come from using a mobile or computer.
3. Around the bottom half of the picture, ask them to add words or images to show the negative aspects or risks that may come from using a mobile or computer.
4. When all groups have finished, discuss together both the positive and negative aspects. Are there any others we can think of, especially any that are about our relationships and our health? Add any that people may have missed (for example, apps that help us remember to take our HIV medication; online support groups; communicating to organise activities to promote our rights). How can we make the most of the positive aspects? How can we reduce or avoid the negative ones?

### Activity 2: Traffic light

1. Explain that we are going to talk about how to keep ourselves safe when we do activities online, either on computers or through apps on phones.

Draw three large circles on the ground or floor using the colours of a traffic light, and explain what each one stands for: green = safe; yellow/orange = take care; red = alert!

Ask the group to stand up. If they have been sitting for a while, you can ask them to stretch first, and be prepared to move!

2. Ask the group to pay attention as you read out each of the following actions. They should move to the circle they consider appropriate. Younger participants may enjoy it if they have to jump or run between circles.

- a. Open a profile on social media (e.g. Facebook, Snapchat, Instagram)
- b. Chat with a friend we know from our community
- c. Post a picture of someone without their consent and make jokes about him/her
- d. Send text messages to a parent to let them know we have arrived at a friend's house
- e. Give our phone number to a stranger
- f. Spend more time on a computer or phone than with our family or friends
- g. Share sexual content with or about another person without their consent
- h. Check another person's phone or computer without their consent
- i. Give information about our family, school, address or phone number to people we've only met online
- j. Play online games

When people have placed themselves in their chosen circles ask the following questions:

- Why did you pick this circle?
  - Does everyone agree? If not, why not?
3. Remind the group that online activity has real consequences, just like face-to-face interaction. Online interaction has good and bad aspects. We can learn a lot, but we also need to be aware of our own safety. If we become victims of abuse or violence through online media this should be reported. Again, this is as real and harmful as face-to-face interaction.



# 23

## SEXUALITY THROUGHOUT OUR LIVES



### AIMS

- To learn about the difference between sexuality and sexual activity
- To learn that we can enjoy our sexuality safely throughout our lives



### KEY IDEAS

- Sexuality is part of being human, from birth to death.
- Sexuality is part of what we enjoy and feel as human beings, and can be expressed through our bodies, our clothes, the way we look, walk, talk, dance, feel attracted to each other, and express our sexual feelings.
- Sexual activity, or having sex, means when two people use their bodies (for example, mouths, hands and genitals) to give pleasure to each other and themselves.
- We all have our sexuality from the time we are born to the time we die. We can enjoy feeling and expressing it in different ways over our lives. We do not need to have sex to enjoy our sexuality.

### ACTIVITY



1 hour 20 minutes



9 years and above. Separate groups by age (9–12, 12–15, 15+) and sex.

#### 1. Ask:

- What is sexuality?
- What is the difference between sexuality and sexual intercourse?

#### 2. Divide people into six small groups and give each group one of the following to discuss:

- A baby girl and baby boy
- A boy and girl aged 6 years
- A boy and girl aged 15 years
- A married man and woman aged 22 years
- A woman and a man with a baby
- An elderly man and woman

Ask each pair to talk about how the people they have been given might feel and express his or her sexuality. Some examples are given on the page opposite.

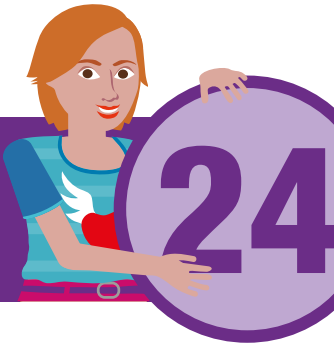
#### 3. Ask each group to tell the big group their ideas about sexuality in the age group they talked about. Add to the conversation if needed.

## ACTIVITY (continued)

4. Ask people what they learned from the activity and how they will use it in their lives before the next meeting.
5. Point out that we can enjoy our sexuality at all ages even without sexual intercourse. We should not be in a hurry to have sexual intercourse, but wait until our minds and bodies are mature. We should trust ourselves that, when the time comes, we shall do it well.

### Examples

- **Baby:** Boy has erections, boys and girls enjoy being touched, cleaned, sucking the breast.
- **Child of 6 years:** Plays mummies and daddies, enjoys dressing as a girl or boy, learning how to dance, may imitate sexual intercourse if they have seen others doing it.
- **Child of 15 years:** Wet dreams, feeling sexy near others, interested in being a girl or boy, touching their own private parts.
- **Young couple:** Learn to express their needs and please each other sexually.
- **Couple with baby:** Mother enjoys giving breast milk and cuddling baby; feels tender love for baby, man may feel frustrated if woman shows more love to the baby than to him.
- **Elderly couple:** Don't have to worry about pregnancy, free from hard work (maybe), enjoy each other, enjoy dancing, singing, caressing each other, having sex.



# UNDERSTANDING OUR BODIES AND FEELINGS

## AIMS

- To understand our bodies and how they work in sexual activity
- To know which words to use to describe sexual organs and activities
- To understand that women and men both have a right to sexual pleasure
- To understand what women and men enjoy sexually and how to be good lovers



## Take care!



Talking about sexual pleasure can result in disapproval from the community. Explain that this information can help to prepare young people so that they enjoy their sexual lives together, and this can help them to stay with their partner.

This information can also help younger girls and boys to abstain from sex because they know what is happening, and what might increase their sexual feelings and make it difficult to stop. This may stop people tricking them into having unwanted sex.

Adapt the session to the age and experience of the group. Some younger group members may not know what sexual intercourse is, while others might already be sexually active.



## KEY IDEAS

- Women and men both have a right to sexual pleasure and satisfaction.
- The best sex is when both partners enjoy it.
- Partners enjoy sex more if they care about each other's pleasure and can show or talk about what pleases them.
- A private, comfortable place and a caring and considerate lover both help to make sex enjoyable.
- Men and women have parts of their bodies that make them feel sexually happy when they are touched.
- In women, the clitoris, breasts and a spot inside the front of the vagina are very sensitive to touch.
- In men, the head of the penis and nipples are very sensitive.
- Any part of the body can become sensitive to touch with loving caresses; for example, the thighs, buttocks, feet, hands, face, ears, hair and neck.



## KEY IDEAS (continued)

- When women become sexually excited, the vagina becomes wet. This is good because it makes sex comfortable and prevents sores, which would make it easy for HIV to enter the body.
- The clitoris, lips of the vagina and nipples become harder and more sensitive when a woman is excited.
- In men, the penis becomes erect and the nipples harden.
- Women tend to get sexual feelings more slowly than men.
- Women may need more touching and kissing beforehand to enjoy sexual intercourse.
- If the sexual activity continues, heart and breathing rates get faster and sexual feelings increase. Blood goes into the lower belly area. If sex is stopped at this point, the partners may feel a little pain, but it is not harmful. (For example, the testicles will not burst.) Things will return to normal quite soon.
- If sexual activity continues, the partners may reach orgasm. Sexual feelings reach a peak and there is a feeling of great pleasure. Men release (ejaculate) when they reach orgasm and semen (liquid containing sperm) shoots out of the penis. Women can also ejaculate and the vagina moves and sends sperm to the womb.
- Most women reach orgasm more easily if they spend time romancing before sex, if the clitoris, breasts and buttocks are touched during intercourse, and if the sexual activity can continue for sufficient time.
- After orgasm, people relax and return to normal. This can take an hour or more. The penis becomes soft and the blood leaves the lower belly. The partners may feel weak and enjoy being together quietly at this time.

## ACTIVITIES



2 hours



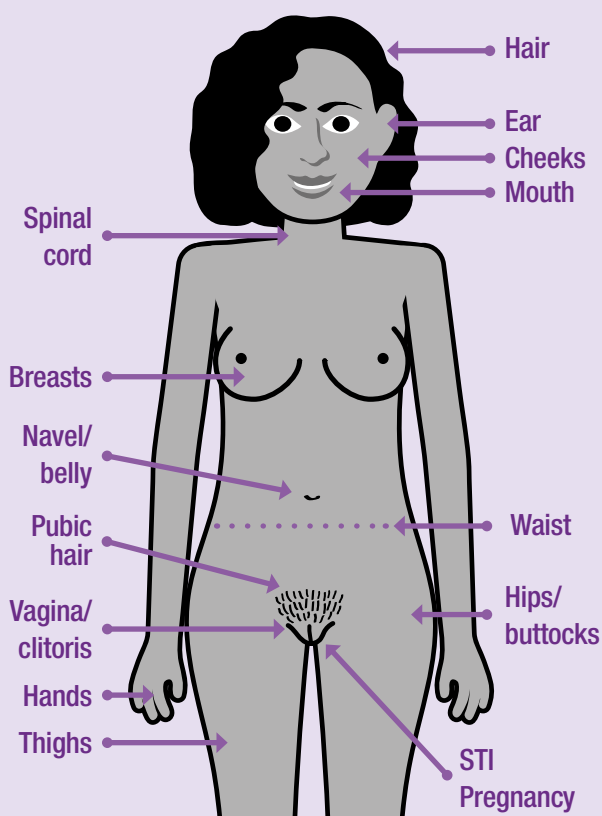
Age groups as you feel appropriate. Separate male and female groups.

### Activity 1: What shall we call it?

1. Divide into single-sex groups. Ask each group to draw around a person on the ground or against a wall to make a body map. Each group should do a map of a man and a woman.
2. Ask groups to begin working on the body map of their own sex first.
3. Ask groups to draw or mark the sexual organs and answer:
  - What name would we like to call this organ?

Explain the correct term, but invite them to agree on the term they feel most comfortable with.

### Example of a body map





## ACTIVITIES (continued)



2 hours



Age groups as you feel appropriate. Separate male and female groups.

### Activity 2:

#### How do people show their love sexually?

1. Explain that people can show their sexual feelings in many different ways, from a tender touch on the cheek to sexual intercourse. It is good to understand how people make love and have sexual intercourse because this helps us to make good decisions about what we want to do sexually.
2. Explain this activity does not mean we are teaching young people how to 'do' sex so they rush out and practise. This information is useful for helping young people make good decisions about sex, and to prepare them for having sex when they are mature enough and in a relationship.
3. Use the body map to discuss these questions:
  - What happens when two people make love?
  - Where are the places that people of your sex like to be touched to make them feel sexy (hot spots)? Mark them on the body map.
- Mark on the map, starting from 1, the steps that people of your sex would like to enjoy before having sexual intercourse.
4. Ask each group to show their body map and ideas on the questions. Tell people they do not have to tell the whole group if they feel too shy or think they might be harassed. If they do not feel happy to show and tell, you can talk to each group and present their main points for them.
5. Correct or add to their ideas as needed. Use pictures and the body map to explain how sexual activity and intercourse take place. Talk about it as a loving and pleasurable thing to do, but explain that it is best when two people are caring, loving friends in a committed relationship who can talk about what they like, and want each other to be safe and happy.
6. Ask what they have learned and how they will use what they have learned.

#### Examples of rules for having sex without intercourse

- Don't do it when you are under the influence of alcohol or drugs.
- Only do it when you know each other well, trust and respect each other.



## ACTIVITIES (continued)



2 hours



Age groups as you feel appropriate. Separate male and female groups.

### Activity 3:

#### Enjoying sexual feelings without intercourse

1. Explain that many young people are trying to delay having sexual intercourse until they are older because of the dangers of STIs, including HIV and HIV reinfection, and pregnancy. These can be avoided by using a condom correctly but condoms are sometimes too big for younger boys.
2. In this activity, we are going to talk about the good and bad points of pleasing each other sexually without having sexual intercourse. We are also going to look at whether and how we can manage to do this and stop before intercourse.

3. Divide the group into separate male and female groups. Tell them to imagine that they want to have a nice time with their boyfriend or girlfriend and show their love, but they want to stop before having sexual intercourse. Tell them to talk about all the different ways that they could please each other without having sexual intercourse.

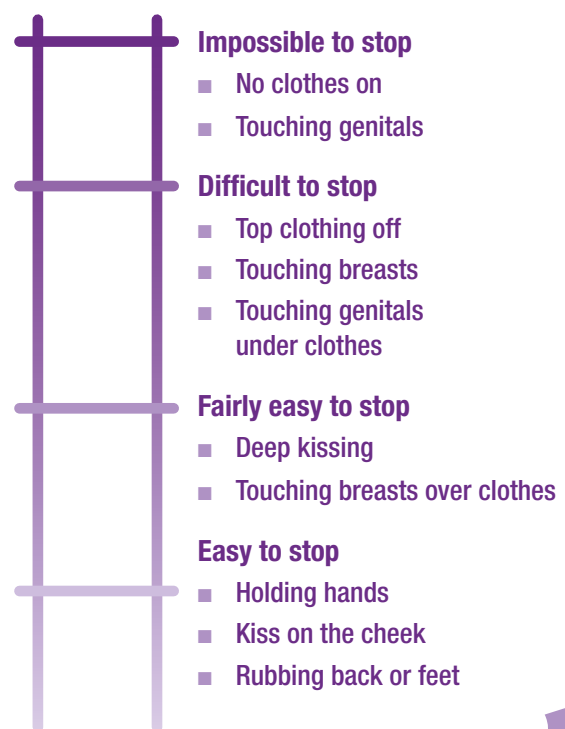
Encourage them to talk about:

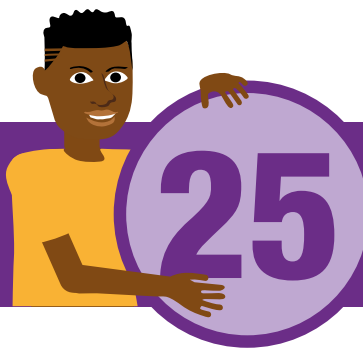
- What things could you do where it would be easy to stop?
- What things could you do where it would be more difficult to stop?
- What things could you do where it might be impossible to?

4. Ask the groups to make a picture of a ladder on the ground, maybe using some sticks. Tell them to think of the steps of the ladder as the level of sexual feelings as two people make love in different ways.
5. Put the ideas on the ladder with words or images. Ask the groups to share their ideas on the ladder. **Ask:**
  - Did boys and girls have the same or different ideas about where to put activities on the ladder?
  - Did girls or boys disagree within their own groups?

- What can we learn from this activity?
  - How can we use it to delay sexual intercourse?
  - What are the good and bad points about enjoying sexual activities without sexual intercourse?
  - What would make it safe and what would make it unsafe?
6. Explain that with different sexual activities the level of feelings and the ability to stop before having intercourse varies a lot.
  7. Explain that it depends on how strong people's sexual feelings are, how determined they both are to avoid intercourse, how much they care about each other, and whether they are sober. Sexual feelings can be so strong they make it impossible to stop, even at the bottom step.
  8. Ask the groups to make some rules for having sex without intercourse.

#### An example of a sexual ladder Sexual intercourse

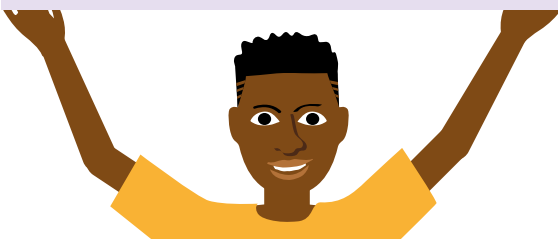




# TALKING WITH TRUSTED ADULTS ABOUT SEX

## AIMS

- To find out who we can talk to easily about friendships and sex
- To think about who we cannot talk to easily about sex and why
- To understand why parents/caregivers worry about their children and sex
- To help us to talk more easily to trusted adults about sex, even when it is difficult



## KEY IDEAS

- In most societies, parents and caregivers find it difficult to talk to their children about sex. Traditionally, other members of the family – for example, aunts and uncles or community counsellors – are given the job of teaching children about sexuality, growing up and how to become women and men.
- If we can help our parents and caregivers to talk to us about sexuality, they can answer questions as they arise and meet our needs for information, counselling and advice.
- This lack of communication makes it difficult for people to enjoy their sexuality safely and express their love and care for each other fully.
- If we prefer to learn about sexuality from people other than our parents and caregivers, let's look at who could teach them new ideas so they can teach us well.

## ACTIVITIES



30 minutes for each activity



All groups

### Activity 1: Stories and role-plays

1. Divide the group into single-sex groups of four.
2. Ask people to think of a situation to do with sex and growing up, when they wanted to talk to someone about it and get help.

The stories on the opposite page are given as examples, but you can use the situations given by the groups.

3. Ask each group to choose one common situation for people like them.

Ask:

- Who would you turn to for help with this situation?

4. Ask two people in each group to role-play, showing the person with the problem and

the person they chose to help them talking together. The helper should talk and act in a caring and supportive way.

5. In the big group, take it in turns to role-play while others look out for the things that show that the helper is understanding and good.

Ask:

- What did you think of the role-play?
- Does such a thing happen?
- How did the person with the problem behave?
- How did the helper behave?
- Can you think of ways the helper could improve the way they helped?

## ACTIVITIES (continued)

### Story 1

The friend of a girl's father tells her that she is becoming beautiful and he wants to take her out for a nice time. She doesn't want to be rude to an older man so she politely agrees. He says he will clear it with her father, but her father says nothing to her about it. She is worried because she has heard people saying that the man has a lot of girlfriends and he will soon have HIV. The day comes around and she wonders what to do.

### Story 2

One morning a boy has a nice dream about a beautiful woman who is loving him. He feels so good and then wakes up and finds that his bed is wet and sticky. What could have happened? He feels very guilty because of the dream and worries that God has punished him. Who can he talk to?

### Activity 2: Picture activity

1. Show the picture on page 72.

Ask:

- What do you see happening in the picture?
- Who are the boy and the older man?
- What do you think the boy is thinking and feeling?
- What do you think the man is thinking and feeling?

2. Ask the group to suggest or show what might happen next.

Ask:

- What will the boy say? What will the man say?
- What is the worst thing that might happen?
- What is the best thing that might happen?

3. Ask the girls to role-play what might happen if a girl showed the condom to her mother.

4. After the role-plays.

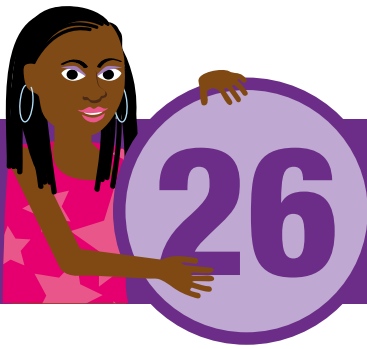
Ask:

- Why do you think some parents or caregivers get angry if their children ask them about sex?
- Why do parents or caregivers and children find it difficult to talk about sexual things with each other?
- Do you think we should try to change the way parents and caregivers talk to their children about sexuality?
- Is it better to talk with other people we feel comfortable with and help them to talk with us in the best possible way?

5. Ask people to make a plan to help young people and parents or other adults communicate better about growing up and sexuality.

6. Ask the group to create a drama to show in the community which will help parents or caregivers and children talk more easily with each other about growing up and sexuality.





## SHALL WE HAVE SEX OR NOT?

### AIMS

- To think about the good and bad things about having sex at this time in our lives
- To make good decisions about our sexual lives



### KEY IDEAS

- Many young people have sex without thinking carefully about the results.
- Young people often do not actively decide to have sex. It just 'happens' to them in an unplanned way.
- Sexual attraction is a very powerful feeling and can overcome people's common sense.
- Some young people are forced into sex against their will.
- It is very important that young people learn to make strong decisions about whether to have sex or not; to say the real 'no' and the real 'yes' when it is right for them.
- Young people may decide to have sex for many reasons including love, desire, power, money or to be part of a group.

### ACTIVITY



1 hour



For this activity you might want to separate groups by age (i.e. 9–12, 12–15, 15+) as their needs, stage of development and sexual activity will differ. Separate boys and girls first then bring them together to share their ideas. Make sure that both boys and girls think carefully about their answers to the questions. Remember that both boys and girls can get STIs, including HIV, or be reinfected with HIV.

1. Ask for volunteers to play the role of two young people who are thinking about whether to have sex or not. Make one of them the same age and sex as the group members.
2. Give the pair names. Ask them to leave the group and get into their roles. They should agree on their past, how long they have known each other, how and where they are together, and how they feel about each other.
3. Put the rest of the group into pairs and tell them to imagine they are thinking about having sex with someone. Tell them to talk about what questions you would need to answer to make a good decision.
4. Tell them to remember their questions so they can ask them to the boy and girl who are making the decision.
5. Invite the couple to join the group. Explain that the group members are going to help them to make a decision on whether to have sex or not by asking them some questions.
6. Ask the couple to introduce themselves, giving only their names.
7. Then 'hot-seat' them, asking them to stay in role while the questions are asked.
8. Tell people to make sure they ask questions to both members of the couple because they should make the decision together.



## ACTIVITY (continued)

9. Tell people to make sure they ask open questions that do not tell the couple the answers they want to hear. Tell them not to ask moral questions.

For example, don't ask: 'Don't you think it is wrong to have sex before marriage?' instead ask: 'What do you think about having sex before marriage?'

Tell them to try to ask questions that follow on from the question the person before them asked. For example: 'Do you want to have a child with this person?' If the answer is no, ask: 'What are you going to do to prevent pregnancy if you have sex?'

10. When people have asked all the questions they can think of, ask any of the following questions that they have left out (or give them to members of the group to ask):
- Why are you thinking of having sex with this person?
  - If you do have sex, what will be your reasons for doing it?
  - Do you want to have sex with this person? Does he or she make you feel sexy? How do you know this?
  - Have you talked with this person about having sex?
  - Will you be able to have sex in a private place and have enough time to enjoy it?
  - Are you high from drinking alcohol or using drugs?
  - If so, would you still want to have sex with this person if you were sober?

→ Do you want to have a child with this person? Does he or she want to have a child with you?

→ If you don't want a child, what will you do to avoid pregnancy? Methods of avoiding pregnancy can fail. If this happens, what will you do?

→ How would your life change if you have to bring up a child at this time?

→ Will you share the responsibility?

→ Could you have a safe abortion if you wanted it?

→ Could either of you have HIV or another STI?

→ What will you do to protect yourself from this possibility?

11. When they have answered all the questions, ask the couple to go away for five minutes and decide whether to have sex or not. Ask them to weigh up the good points about having sex and the bad points.
12. Ask the group to vote on whether they think the couple should have sex or not.
13. Invite the couple back to give the decision and the reasons for it. Tell them how the group voted. Are the results the same? Why or why not?
14. Ask:
- What are the good and bad points about the decision?
15. Ask people what they learned from the activity and summarise.





# SAYING 'NO' TO SEX UNTIL I AM READY

## AIMS

- To look at ways to keep to our decision to say 'no' to sex if that is what we have chosen as the right thing for us at this point in our lives
- To practise saying strongly that we do not want to have sex



## KEY IDEAS



It is still important for those who are not yet sexually active to know how to protect themselves and to practise the communication and negotiation skills they will need in the future.

### Good points about saying 'no' to sex

- We can wait to have sex in a loving relationship with someone we trust.
- If we wait until we are ready, our first sex will be better because we will be prepared and can enjoy it in a good way.
- We will not be in danger of being forced, badly treated or used.
- Saying 'no' to sex is the only 100% safe way of protecting ourselves from pregnancy and STIs, including HIV and HIV reinfection. Condoms are around 90% safe if used correctly and every time you have sex. They can sometimes break and no contraceptive is 100% safe. If we say 'no' to sex we will not have any worries about these problems.
- If we value sex as something to be done only in a long-term, committed relationship we will feel happy with ourselves for keeping to our values.
- We may have more time and energy for education and skills training.

### Possible bad points

- We miss the enjoyment of sex.
- We may miss chances to get close to a young man or woman who will make a good future partner.
- We may feel sad and left out if all our friends are having sex and we are not.
- We may feel that we are not giving enough love to our boyfriend or girlfriend and we are hurting their feelings.
- Our peers may insult us.
- We may feel bad because our body wants to have sex and we are not allowing it.
- We may feel that we are not yet grown up.

### Ways to avoid having sex

- Saying 'no' to sex requires motivation, strength and skills. We can practise these skills through role-play.
- People have sex for different reasons, so they need different ways to avoid sex.
- Find a safe place to talk, where you won't feel like getting romantic.
- Say, 'I want to talk to you now, before we go too far.'

## ACTIVITIES



1 hour



For this activity you might want to separate groups by age (i.e. 9–12, 12–15, 15+) as their needs, stage of development and sexual activity will differ. Mixed males and females.

### Activity 1: Saying 'no' to sex assertively

1. Tell the group to imagine they have decided they want to say 'no' to sex. Tell them to think of some places and situations where they might be in danger of having sex.
2. Divide the group into pairs. Give each pair two of the situations to role-play. Start with the first situation. One person should try to persuade the other one to have sex, using any ways they wish. The person who wants to say 'no' should use strong ways to keep to his or her decision.
3. The pairs now change over and role-play the second situation, with the characters reversed. This allows them both to practise being strong in saying no.

#### Examples of saying 'I do not want to have sex yet'

- I have made a decision to abstain from sex until I am older and ready.
- I'd like you to respect my views.
- Abstinence is the only 100% effective way to avoid pregnancy, STI and sexually transmitted HIV infection and reinfection. What would happen if we got pregnant or an STI or HIV?
- I want to protect my fertility and life until I am ready to have a baby.
- I want to stay alive and help my parents and community, not die of AIDS.
- I think sex before we are living together or married is wrong. I would feel bad if I went against my beliefs.
- Let me tell you what I want in my life and where I want to be in three years' time. Having a baby, paying damages or getting sick would stop me from getting to where I want to be.
- Let me tell you about what my parents hope for me and how they would feel if I had a child or got very sick.

4. Bring everyone together and watch some of the role-plays, choosing different situations. For example, people of different ages; the pair love each other; they have just met; money is offered.
5. Ask:
  - What helped you to keep to your decision about delaying sex?
  - Which arguments were difficult to resist?
  - Which were the best ways to resist them?
6. Ask what people have learned from the activity and summarise.



## ACTIVITIES (continued)

### Activity 2: How are boys and girls expected to behave?

1. Divide people into single-sex groups. Ask them to talk about how people of their group are expected by society to behave about having sex. For example:
  - Should girls ask boys for sex?
  - Should they say 'yes' when a boy proposes sex to them?
  - What about when an older man proposes sex to them?
  - Should boys ask girls for sex?
  - What do people think of boys who do not ask girls for sex?
  - What do boys feel, think and do when a girl refuses to have sex with them?
  - What do girls feel, think and do when a boy refuses to have sex with them?
2. Ask:
  - What are the consequences for us of these ideas or expectations about 'ideal' boys and girls?
  - How would we like to change things?
  - How can we communicate more clearly with each other about what we truly want?

**In some cultures a girl is expected to say 'no' to a proposal of love or sex, even if she later intends to say 'yes'. She is expected to be polite to a man, even if she really means no.**

**A young man may be expected to keep trying to get the girl to have sex. He may think she is playing hard to get when she says 'no'. This makes it difficult for men and women to communicate clearly about what they want (see Consent, page 94).**

**The roles may be reversed as girls may also pressure boys into having sex.**

### Activity 3: Ways to be happy together without having sexual intercourse

1. Ask small groups to think of all the ways two young people could express their love and be happy together without having sex.
2. Ask:
  - What would be good about enjoying being together without having sex at this time?
3. Ask them to share their ideas with the group.
4. Together, find and agree on ways to avoid having sexual intercourse.

#### Examples of some ideas

- Say that you can love each other without having sexual intercourse.
- Say that you want to enjoy spending time together, having fun and building trust before you begin to have sex.
- It is good to talk and really learn about each other deeply before deciding to have sex.
- Studying, reading, doing community activities, working, dancing, singing – there are many things that boys and girls can do together without having sexual intercourse.

### Activity 4: Avoiding having sex

1. Make a map of the local community on the ground and ask people to mark on it all the places where they might find it difficult to avoid sex.
2. Divide into small groups and give one place to each group. Ask them to discuss what makes it difficult to avoid sex in that place and ways that could make it easier. Ask them to prepare a story or song to share the ideas with the big group.
3. In the big group, discuss each situation and ways to avoid that situation.

#### Examples of some ideas

- Go out with friends. Try to avoid being alone together.
- Agree to stay away from alcohol and drugs because these make it harder to abstain.
- If you feel very sexy go for a run, dance, do some physical work or meet a group of friends. You can also masturbate (see Session 15).



# TALKING ABOUT OUR FEELINGS AND SEXUALITY

## AIMS

- To learn how to talk about sexuality and safer sex in a good way



## KEY IDEAS

- Many of us are shy to talk about our feelings, particularly about sexuality.
- In many cultures it is a taboo to talk about sexuality.
- This lack of communication makes it difficult for people to enjoy their sexuality safely and express their love and care for each other fully.
- We can all learn how to communicate more about our dreams, needs and desires for friendship, love, sexual pleasure and safety.



## ACTIVITY



2 hours



For this activity you might want to separate groups by age (i.e. 9–12, 12–15, 15+) as their needs, stage of development and sexual activity will differ. Separate male and female groups.

1. In small groups, ask people to think of situations where people like them find it difficult to talk about sexuality with a friend in a safe and positive way.
2. Ask people to role-play these situations in the small groups and take it in turns to practise how they might talk about their feelings and sexuality in a good way.
3. In the big group show some or all of the role-plays.
4. Ask:
  - What can help us to talk more openly about our feelings and sexuality with our boyfriends or girlfriends, husbands or wives?



## HAVING A HAPPY SEX LIFE

### AIMS

- To learn about what makes sexual life good or bad
- To learn how partners can continue to please and satisfy each other over time so that neither of them feels the need to have another girlfriend or boyfriend



### KEY IDEAS

- Both partners should be able to say what they enjoy and what helps them to reach orgasm or that they do not feel like having sex today.
- If couples enjoy their sexual lives together, they will find it easier to stay with each other.
- Couples can try out new sexual activities, styles and ways of being together.
- Any sexual activity is good if both people enjoy it and it does not harm them.
- They can enjoy all sorts of sexual activities as well as, or instead of, sexual intercourse.
- Caring, love and friendship are important for a happy sexual life. If either partner feels neglected, angry or abused, they will not be happy sexually.
- Couples should have an HIV test and practise low or no-risk sex if either of them has HIV. Recent evidence strongly shows that being on effective treatment and having an undetectable viral load (when the level of virus in our blood is so low it cannot be measured) means that we cannot pass on HIV.

### ACTIVITIES



1 hour



15 years and above. Separate and then mixed male and female groups. Unmarried and married separately. Adapt topic for each group. For adolescents, emphasise that sex is best when they are older and in a loving relationship.

#### Activity 1: Enjoying a sexual experience

1. Divide the group into small single-sex groups.
2. Ask half the groups to make up a story, song, poem or role-play to describe their vision or dream of a wonderful sexual experience.
3. Ask the other half to make up a story, song, poem or role-play to show a negative sexual experience.
4. In two big, single-sex groups share the songs or stories with each other.  
Ask:
  - What things made the sexual experience good?
  - What things made the sexual experience bad?
5. Choose the best ones to share with the other group.
6. Bring the males and females together. Perform the songs, stories and role-plays.
7. Ask the audience to add any other things that make sexual experiences good or bad.  
Ask:
  - Which ideas do we seem to have in common? Which are different?
  - How can we help each other to enjoy our sex lives more?
  - What are the good things about both partners enjoying their sexual lives?

## ACTIVITIES (continued)

### Activity 2: Enjoying sex in long-term relationships

1. Ask people to imagine that they have been part of a couple for five years and they are both trying hard to be faithful to each other.
2. Divide into separate male and female groups.

Ask:

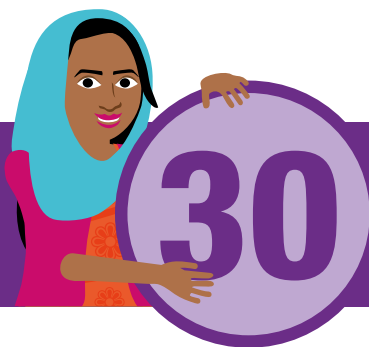
- What can you do to make your sex life with your partner so good that he or she does not want anyone else?
- What can your partner do to make your sex life so good that you don't want anyone else?

3. Ask groups to prepare a song or dance to show this.
4. Bring people back together in the big group and perform the dances or songs.

Ask:

- Which ideas seem to be the same for men and women?
- Which ideas seem to be different?
- How do you feel about the ideas of the other group?
- How important is sexual performance?
- How important is caring and love?
- What are the good and bad points of the traditional teachings in our community about sex?
- What would we like to change?

5. Ask what people have learned from this activity. Summarise.



## LET'S USE A CONDOM

### AIMS

- To look for the reasons why young people do not use condoms every time they have sex
- To find ways to make it easier to use condoms every time
- To practise persuading a sexual partner that we want to use a condom



### KEY IDEAS

- Even if we are not yet sexually active, it is important to know how we can protect ourselves in the future.
- Male and female condoms protect us against STIs, including HIV and HIV reinfection, and pregnancy when we have sex. They do not have any bad effects on the body. We can obtain them from a health worker without a prescription or cost or we can buy them.
- The male condom is a thin rubber tube that fits over the hard penis and catches the semen so that it cannot enter the vagina, anus or mouth.
- The female condom is made out of plastic and has a ring at each end. It is inserted into the vagina before intercourse. It lines the vagina and the ring keeps it in place.
- Male condoms may be too large for younger boys and fall off. This is a good reason for boys to wait until they are mature before having sex.
- Some men find the female condom more comfortable than the male condom because it fits all sizes of penis.
- Condoms provide around 90% protection if used correctly and every time you have sex.

### Take care!

Some people believe that young people should not learn about condoms because it will encourage them to have sex. In fact, the evidence strongly shows that young people who receive sex education may delay starting sex, and are more likely to adopt safer practices when they do start. You can make it clear that this survival information is aimed at preparing them for the future, when they have a sexual partner. Adapt the groups and activities for people's needs and comfort.







## KEY IDEAS (continued)

### How to use male condoms properly

- Obtain condoms from a place where they are covered and stored out of the sun. Keep your condoms in a cool place, not next to your body.
- Check the package to make sure that it is not open or torn. Check that there is pressure in the packet before opening.
- Check the date on the condom. If the date shown is the date of expiry and that date has already passed, the condom is no longer safe – get a new one. If it is the date of manufacture, add five years to it. If that date has already passed, the condom is no longer safe – get a new one.
- Do not rush, wait until the penis is hard and your partner is feeling sexy and wet inside before opening the condom package.
- Open the package carefully, taking care not to break the condom with your nails.
- If the condom is discoloured or sticks to your fingers like glue, it is not safe. Throw it away and get a new one.
- Do not unroll the condom and blow it up to check for holes. You will not be able to put it on correctly.
- Make sure the condom is the right way up, with the tip upwards and the roll on the outside, so that it goes down the penis properly.
- Hold the tip of the condom between finger and thumb to leave room for the semen.
- Use your other hand to unroll the condom all the way down to the base of the penis.
- The vagina or anus and the condom need to be wet to prevent the condom from breaking and to make sex comfortable.
- If the vagina or anus gets dry, use saliva to make it wetter and arouse your partner with touch.
- Do not use two condoms at the same time.
- Never use Vaseline or any other oil-like hand lotion because it will make the condom burst. Also, some of these products are heavily perfumed which can cause sores, leading to increased risk of HIV infection.
- You can now enjoy sex safely. The condom helps the man to go on for longer so that your partner has more time to reach orgasm.
- After sex, whilst the penis is still hard, take the penis out by holding the rim of the condom around the base of the penis so that the semen doesn't spill.
- Take the condom off, wrap it up and throw it away safely so that children can't play with it. Bury it, burn it or put it in the latrine.
- Always use a new condom every time you have sex. If you wash and grease them to use again, they will burst.
- Condoms rarely break if they are used properly and the couple avoids dry, rough sex.
- If you feel the condom break or come off, the man should pull out at once.
- If necessary, take the condom out with your fingers, trying not to spill any of the fluid that is inside the condom. The condom can't become lost in your partner's body. You can always get it out with your fingers.
- Go and see the family planning nurse. She or he can help you with emergency contraception if necessary.

## ACTIVITIES



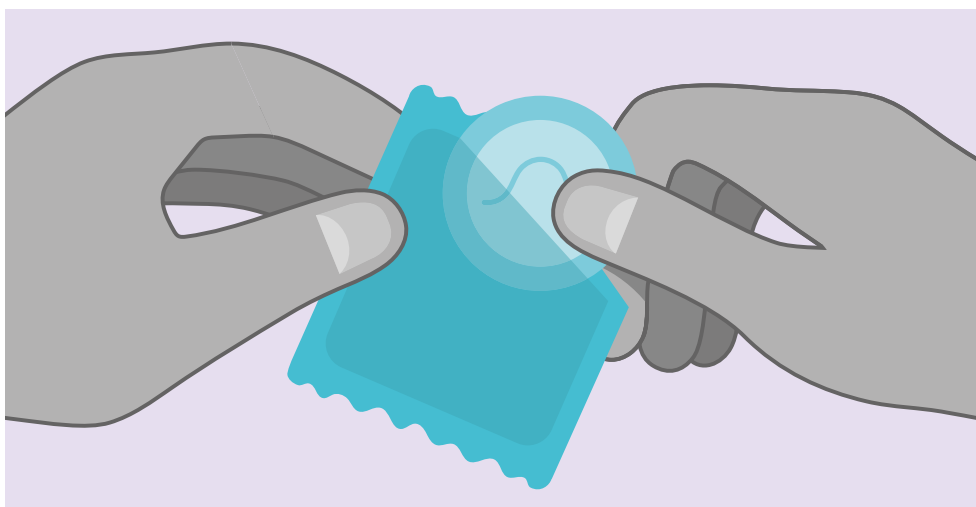
1 hour



Age groups: 12–15 and 15+. Separate groups of males and females initially; bring them together later to share ideas if both groups are comfortable to do so.

### Activity 1: How to use a male condom

1. Demonstrate how to put on a condom and how to remove it. Give everyone a condom and ask them to practise putting it on a penis-shaped object like a banana.
2. Make sure that everyone can do it well.



- Do not try to put the condom on until the penis is erect.



- Hold the air bubble on the end of the condom and pinch it so that no air gets in. Gently roll it down the length of the penis.



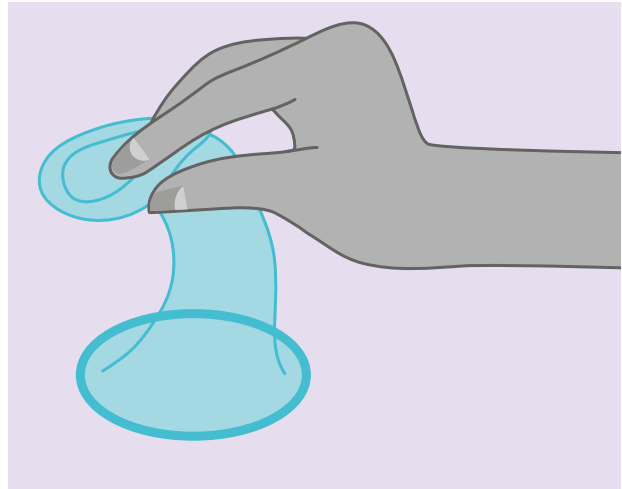
- Once the man has released sperm, he must hold on to the condom in case it slips off.



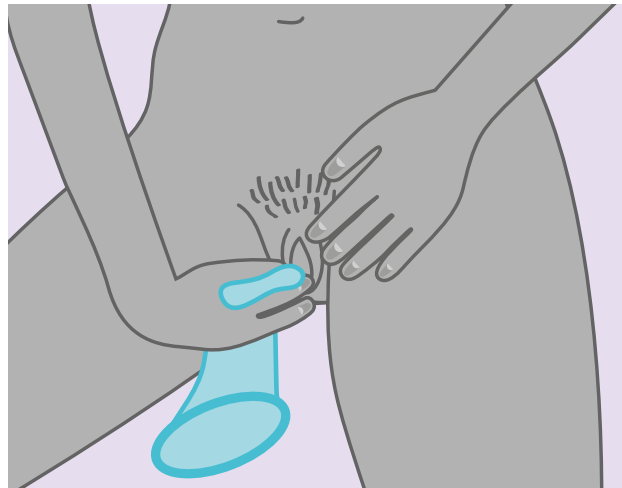
## KEY IDEAS (continued)

### How to use female condoms properly

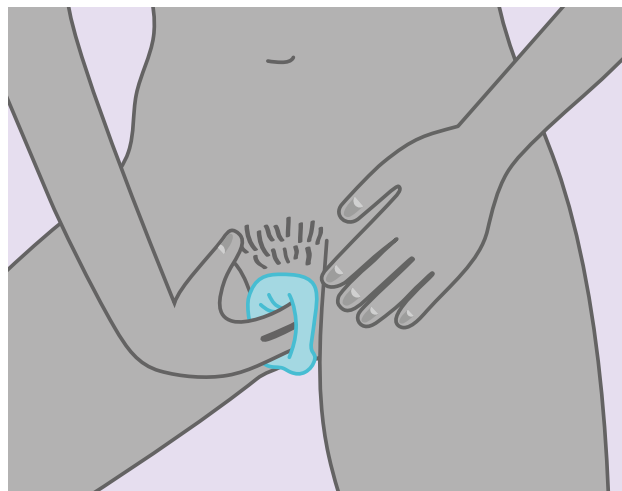
- Remove the condom from the package and rub the outsides of the bag together to spread the lubricant inside it. Make sure that the inner ring is at the closed end of the bag and hold the condom with the open end hanging down.
- Squeeze the inner ring with the thumb and middle finger and put it into the vaginal opening. Push the inner ring and the bag up into the vagina, as far as you can, with your first finger. The bag is slippery, so you need to do this slowly and carefully.
- Make sure that the condom is put in straight and not twisted in the vagina. The outer ring and about two centimetres of the bag will now lie outside the vagina.
- Guide the penis into the condom to make sure that it does not slip into the vagina outside the condom.
- You can now enjoy sex safely. Check to see that the condom is still in place and that the penis is still going into it. If the condom slips during sex, stop immediately and take the condom out. Put in a new one and add extra lubricant to the opening of the bag or penis. Female condoms are made of plastic; therefore oil-based lubricants such as Vaseline can be used.
- After sex, you can stay together a little because it does not matter if the penis goes soft. When both of you are ready for the man to pull out, squeeze and twist the outer ring gently, then pull the condom out, keeping the semen inside. Wrap the condom and throw it away or bury it.



- **Hold the condom with the open end hanging down.**



- **Push the inner ring and the bag into the vagina as far as it will go.**



- **Make sure the condom is in straight and not twisted.**

## ACTIVITIES (continued)

### Activity 2: How to use a female condom

1. You can make a clay model of a female pelvis with a hole for the vagina or use a box with a hole in it or any other improvised model. This will allow people to practise inserting the female condom correctly.

### Activity 3: Why don't we use condoms?

1. Ask people to go into pairs and discuss all the reasons why young people who are having sex do not use condoms even if they are concerned about HIV, STIs or pregnancy.
2. Go back into the big group and in turns ask people to call out the reasons why young people do not use condoms. List them in your notebook.
3. Explain that you will now look at all the reasons in turn to find out how we can make it easier to use condoms every time.  
Ask:  
→ Where can we obtain and keep our condoms?
4. Summarise all the reasons for not using condoms that are to do with obtaining them and having them to hand when they are needed.
5. Make a map on the ground and ask participants to show all the places where young people can obtain condoms. Mark the places with stones, leaves or other convenient objects.
6. Discuss the good points and problems with each place.  
Ask:  
→ Which places are best for young people?  
→ How could they be improved?  
→ What can we do to make getting condoms easier?
7. What can young people do and say if a person refuses to give them condoms?
8. Discuss the best places to keep condoms so they remain private and also do not get too hot. Explain that if condoms are kept somewhere that is too hot they may break during use.
9. Ask:  
→ What have we learned?
10. Ask people to obtain a condom before the next meeting. Suggest that they can go with another participant for mutual support if they prefer.

## ACTIVITIES (continued)

### Activity 4: How can we persuade our sexual partner to use a condom?

1. Summarise all the reasons given why a young man or woman might not want to use condoms.
2. Ask people to call out any other reasons that they can think of.
3. Put the group into pairs. Give each pair two of the reasons why someone might not want to use a condom. Ask them to practise persuading their partner to use a condom. Tell them to take it in turns to be the person who wants to use a condom and the person who does not.
4. Ask them to discuss what persuaded the person and what did not persuade him or her and the reasons for this.
5. Meet in the big group and perform some of the conversations showing how people tried to persuade their partner to use condoms. Choose some where the person was persuaded and some where they were not.

### 6. Ask:

- What are good ways to persuade your partner to use condoms?



Remember that some people may fear condoms or fear that they will not be able to perform well using a condom. It may be helpful to be sexy and help the person to enjoy using a condom in a gentle way.

- What can we all do to make it easier for everyone to accept condoms?
  - What tips do you have to help other people to talk about condoms?
7. Ask what people have learned from this session and how they will share it with others. Summarise.



## ACTIVITIES (continued)

### Activity 5: Keep using condoms!

1. Read the story.

Two young people have been sexual partners for a month now. They are in love. They decide to stop using condoms because they trust each other.

2. Ask:

- Does this happen with your peers?
- What are the good and bad points about their decision?
- What do they mean by 'trusting each other'?

3. Point out that the only behaviour we can control is our own. Also, unless we have both had a recent negative HIV test result, we cannot 'trust' each other not to have HIV because neither of us knows. It is not a matter of trust, it is about knowing the facts. Each of us has a responsibility to know our status so that we can protect our own and our partner's health.

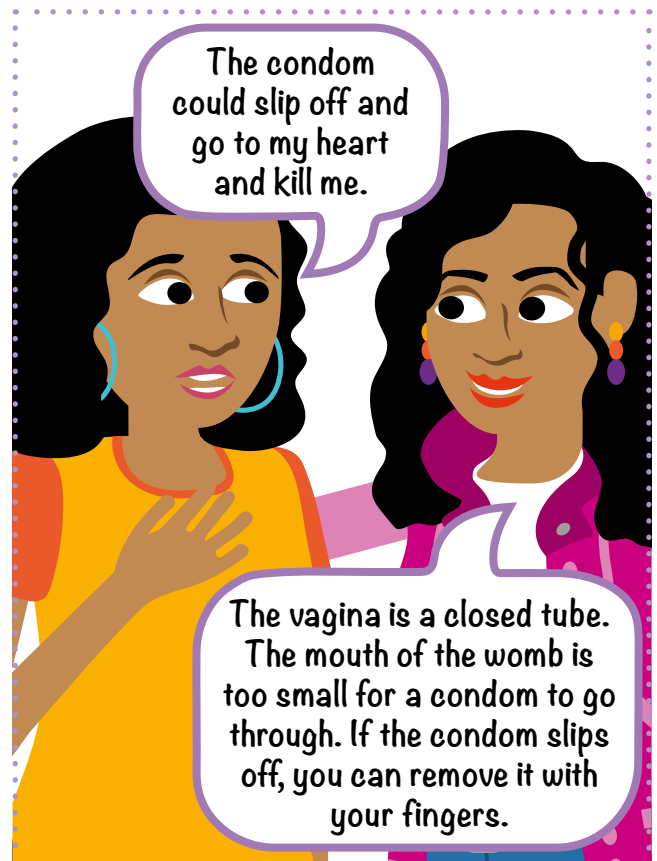
4. Divide people into pairs and ask them to suggest reasons why people might stop using condoms or not use them every time.

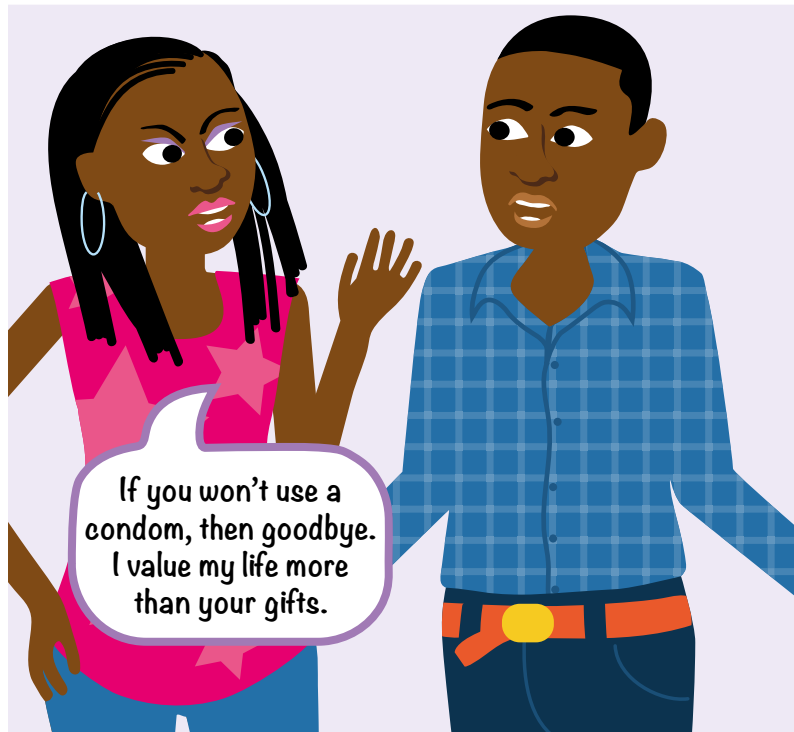
5. Make a note of all the reasons. Take them one by one and ask:

- Is this a good reason? Why or why not?
- What could help the couple to carry on using condoms?

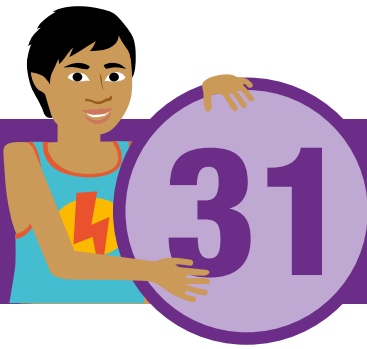
6. Ask:

- What have we learned?





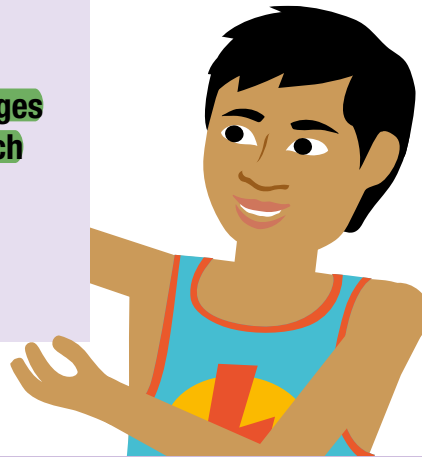




# HAVING SEX ONLY WITH EACH OTHER

## AIMS

- To understand the good points and challenges of sexual partners having sex only with each other
- To find ways to make it easier to stay only with each other



## KEY IDEAS

- The only way that we can find out whether we have STIs or HIV is to be tested for them, because many people do not show any signs or symptoms of these infections.
- If two people both test negative for STIs and HIV and have sex only with each other, they will not get STIs or HIV through sex, no matter what sexual activities they do together.
- If either or both of them have an STI or HIV, they should get treatment and abstain or use condoms correctly and consistently every time they have sex.
- People who have sex only with each other, but have not both had a recent HIV test would be wise to use condoms until they know their status.
- If either partner has unprotected sex outside the relationship both partners are at risk of HIV.
- The more people of unknown HIV status a person has unprotected sex with, the higher the risk of contracting HIV.
- Some people think that if they have unprotected sex only with each other and then break up and each find new, faithful partners, they are at low risk of HIV because they have only one partner at a time. This is true only if they all have an HIV test and use condoms if they are positive.
- If a couple in a long-term relationship also each have one other regular partner, who also has another regular partner and so on in a chain, they are all at high risk of HIV if anyone in the chain becomes infected. This is because there is a lot of HIV in bodily fluids when a person is newly infected, and they may more easily pass on the infection without knowing it.

Whether we are in short or long-term relationships, and whether we are living with HIV or not, it is important to use condoms consistently and correctly to protect our own and our partner's health. If we are living with HIV, being on effective treatment that controls the level of virus in our blood also supports our health. If the level is kept so low that it cannot be measured, it means we cannot pass on HIV through sex (vaginal, anal or oral). This is called U=U (undetectable = untransmittable).

## ACTIVITY



1 hour



All groups

### Role-play on helpers and barriers to keeping to one partner

1. Explain that in this session we want to find out how young men and women can manage to stay with one sexual partner.
2. Divide into four groups. Ask people to imagine that they and their boy/girlfriend or husband/wife have decided to have sex only with each other.

Ask them to discuss for a few minutes:

- What will help them to do this?
- What may make it difficult?

3. Give each group one of the following situations to role-play to show what happens to people like them, the reasons for having sex with one or more than one person and the consequences of this.
  - The couple have sex only with each other.
  - One of the partners has sex with another person but the other partner only has sex within the couple.
  - Both members of the couple have sex with other people.

4. In the big group, show each role-play one by one.

**The couple have sex only with each other.**

Ask:

- What might be the effects of this on their lives?
- What helped them to have sex only with each other?
- What else might help them?
- What might make it difficult for them?
- What can we do to make it easier for people to stay with one partner?
- What should they do if they are not able to have sex only with each other?

**One of the partners had sex with another person.**

Ask:

- What were the reasons that she or he had sex with another person?
- What are other reasons that young people do not stay with one partner?
- What might be the consequences for each member of the couple?
- What should they do next?

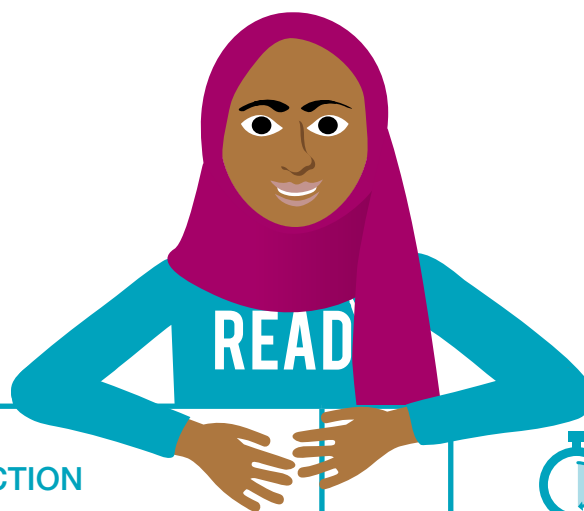
**Both members of the couple have sex with other people.**



Ask:

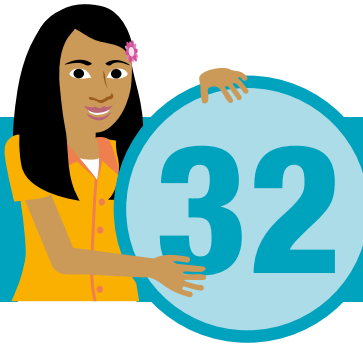
- What were the reasons that both partners had sex with other people?
- What might be the consequences for both?
- What should they do next?

Make up a song or create a drawing or poster to show the advantages of couples having sex only with each other and what can help people to do this.

# OUR BODIES, OUR RIGHTS



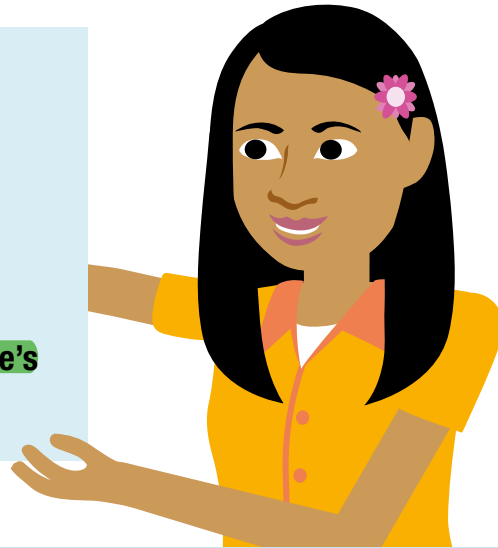
SESSIONS IN THIS SECTION			
32. Sexual and reproductive rights	p92	1 hour	All ages. Mixed males and females.
33. Consent	p94	1 hour/1 hour 30 minutes for different activities	All ages
34. Violence	p98	1 hour 30 minutes	All ages
35. Child marriage	p101	1 hour for each activity	All groups
36. What to do if someone is abused or raped	p103	1 hour	All ages, including parents and caregivers.



# SEXUAL AND REPRODUCTIVE RIGHTS

## AIMS

- To learn about our human rights, including our sexual and reproductive rights
- To learn about the consequences of denying people their rights
- To learn about what we can do to fulfil everyone's rights



## KEY IDEAS

- Human rights are what all people are entitled to, regardless of age, gender, ethnicity, wealth or any other characteristic, because they are human beings.
- Examples of human rights concerning sexual and reproductive health, based on information by the International Planned Parenthood Federation (IPPF), are listed in the chart below.

Human right	Example
The right to life	People should have the right to refuse unsafe sex.
The right to liberty and security of the person	All people have the right to enjoy and control their sexual and reproductive life; for example, not to be forced to have sex or become pregnant.
The right to equality and to be free of all forms of discrimination	Those of us living with HIV have the right to work, to live in our own homes and to go to school.
The right to privacy	Our HIV status or information about our sexuality should not be told to another person without our permission.
The right to freedom of thought, conscience and religion	Religion and culture should not force people to act against their wishes in their sexual and reproductive lives.
The right to information and education	Males and females of all ages should be able to obtain information and education about sexuality and HIV.



## KEY IDEAS (continued)

Human right	Example
The right to choose whether or not to marry and to found and plan a family	All people, whatever their HIV status or sexuality, should make their own decisions about marriage and not be forced into marriage by parents or others or stopped from marrying. People should have the right to marry who they want.
The right to decide whether or not to have children	All people, whatever their HIV status or sexuality, should be free to make their own decisions about when and how many children to have and how to space them, without partners, religion or culture forcing them to have a child against their wishes.
The right to healthcare and health protection	Everyone, including young people, should be given the services they need to attain and maintain their sexual and reproductive health.
The right to the benefits of scientific progress	People have the right to HIV treatment and emergency contraception.
The right to freedom of assembly and political participation	Young people have the right to form associations to campaign for their rights and demand services. People have the right to campaign for HIV treatment and condoms.
The right to be free from torture and ill treatment	Young people have the right to protection from sexual exploitation, rape, abuse, harassment and beating.

## ACTIVITY

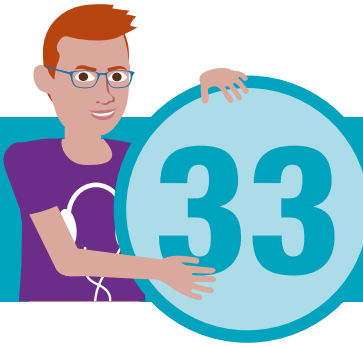


1 hour



All ages. Mixed males and females.

1. Explain that you are all going to talk about human rights and how they relate to our sexual and reproductive health.
2. Go through the 12 rights in the left-hand column one by one. In each case, ask the group (talking in pairs or threes) to come up with examples of what this means for us in practice. Encourage them to focus on examples to do with our relationships and sexuality.
3. After you have finished the list, ask:
  - How might we feel if one of our rights is not respected?
  - Can we think of any examples of this in our community?
  - Where can people go to for help?



## CONSENT

### AIMS

- To define consent in the context of relationships
- To understand the different elements of consent
- To identify ways to express and ask for consent



### KEY IDEAS



#### Take care!

It is very likely that one or more members of the group will have experienced some form of non-consensual activity, potentially on-going,

and may need support. Be ready with information about local services that can help them.

**If you're working with younger adolescents, make sure to emphasise the following:**

- Unwanted sexual attention is a form of violence and, as such, it needs to be stopped.
- Children's and young adolescents' need for privacy increases as they grow up and develop in new spaces like school and community groups.
- Communicating assertively helps to maintain privacy and counter unwanted sexual attention and is key to keeping us safe. However, sometimes we can't act on this because we're in violent or abusive relationships. In these cases, it's essential to ask for help from trusted adults.
- For younger adolescents, it's always useful to highlight a message of respect for our own and other people's bodies and personal space. Even when working with parents and

caregivers, it's important to mention they should not oblige their children to hug or kiss other older people.

- Different countries have different legal ages of consent for sexual activity. Sex between a person above the age of consent and someone below the age of consent may be considered rape in the eyes of the law, regardless of whether the younger individual consented or not.

**If you're working with older adolescents and young people it's good to raise the following ideas in the discussion, given that some of them could be sexually active already:**

- Everyone, regardless of their gender or age, has the right to privacy and to the safety of their own body.
- Everyone has the right to be aware and in control of their sexual and romantic boundaries and to decide what they're actively willing to engage with, and under what circumstances.
- Consent is not only about expressing assertively what we ourselves are willing and able to do, it is also about paying attention to the other person's needs, body language and messages.



## KEY IDEAS (continued)

- Consent is part of healthy and pleasurable sexual behaviour with a partner. However, things such as alcohol and drugs, intimate partner violence, poverty, disability and power dynamics (e.g. older partners; the offer of money or expensive gifts) can affect our ability to give genuine consent on the basis of equality.

The list below is adapted from 'The importance of sexual consent' by Rights For Education<sup>3</sup>

- Sexual consent means an explicit agreement between people to have sex or take part in sexual or romantic activity. This means that, more than the absence of a 'no', it is the presence of an enthusiastic 'yes!'
- Subtle forms of pressure that lead to sex, such as emotional blackmail or bribery with gifts or favours, do not equal consent.
- Consent is not only for people who are dating. Even if they're in a long-term, committed relationship there should be an agreement between the partners.
- Without sexual consent, sex becomes sexual violence.
- Both women and men have the right to refuse sex whenever they want, as well as the right to engage in sexual activity if they want – as long as the other person consents.
- Sexual violence is a negative and traumatic experience that can have long-term physical and psychological consequences.

## ACTIVITIES



1 hour for 'Let's talk about consent', 1 hour 30 minutes for 'What does consent look like anyway?'



All ages

### Activity 1: Let's talk about consent

1. Tell the group that we are going to talk about how other people might touch you or talk to you in ways that you do not like. This could be another boy or girl, an older peer, a man or a woman.



#### Key message:

No one has a right to touch parts of your body in ways that you do not like. No one has a right to approach you or talk to you in ways

that make you feel uncomfortable. Let's find ways to identify unwanted sexual attention and what we can do about it.

- Divide into two groups, either mixed or separated by gender.
- Ask each group to draw a body map: one group draws a feminine figure; the other group draws a masculine figure.
- Ask both groups to mark on the map:
  - Parts of our body (if any) that are OK for anyone to touch.
  - Parts of our body that are OK for certain trusted people to touch. (Who?)
  - Parts of our body that are private, which no one should touch unless we want them to and unless we give our consent for them to do it.
- Bring the two groups back together and share the maps.

3. Accessed 2018. Available at <https://rightforeducation.org/2016/04/the-importance-of-sexual-consent/>



## ACTIVITIES (continued)

### □ Ask the group:

- Why did you mark these parts as private? What does this mean? Did everyone agree? (Emphasise that everyone has the right to decide her or his own boundaries.)
- Why do we think that a sense of privacy about our bodies and personal space becomes more important for both girls and boys as we grow up?
- How do we feel when our privacy isn't respected? What are the possible results?

### 2. Write the word 'consent' on a board or a flipchart.

- Ask the group: what is the first thing that comes to your mind when you hear the word 'consent'?
- Write some of the answers on the board or flipchart. This activity will give you a sense of what the group knows already about this subject.
- Present this definition of consent:  
**"Consent means actively agreeing to engage in romantic or sexual interaction with someone. Consent means letting someone know that their touch, sexual or romantic attention and interactions are wanted."<sup>4</sup>**
- Go over each key part of this definition and ask the group to explain what it means in their own words (for example, what does 'actively agreeing' mean? What is 'romantic or sexual interaction'?)

### 3. Ask the group the following questions:

- Is consent only for sexual interactions?
- What other situations need consent?
- Can you think of ways to express consent?
- Can you think of ways to ask for consent?

### Talk about the following:

- Consent is not only for sexual activities. If someone is forcing us to do something we don't want to do (for example, cheat on a test, be rude to someone, disclose HIV status) we can always say no and ask for help if we don't know how to handle it.
- Consent is for specific things. Go back to the body maps and make it clear that if someone says it's ok to touch their arm, it doesn't mean they're letting you touch other parts of their body such as their private parts.
- Consent can be expressed verbally when the other person says 'yes', but it also shows in their body language and in their enthusiasm.
- Likewise, non-consent can be expressed both verbally and through body language.
- An important way to check for consent is by asking, for example, 'Is it ok if I do this? Do you like this? Do you want me to continue?'

### Activity 2: What does consent look like anyway?

1. We are going to talk about what consent looks like. We already know consent means actively agreeing to participate in romantic or sexual approaches, but how can we know we're offering free and informed consent, and how can we identify when someone is consenting or not to our approaches? To do this, let's first define some elements of consent.

4. Adapted from Planned Parenthood 'Sexual consent' (accessed November 2018).  
Available at: <https://www.plannedparenthood.org/learn/sex-and-relationships/sexual-consent>

## ACTIVITIES (continued)

Present the following ideas<sup>5</sup> to the group (you can write them on the board or just discuss them with the group):

### Consent is:

- **Freely given:** it's a choice you make without pressure, manipulation, threats or under the effects of drugs or alcohol.
- **Always reversible:** you can change your mind about what you want to do at any time, even if you've done it before.
- **Fully informed:** your consent only counts if the information you are basing it on is correct and complete. For example, if someone says they'll use a condom and then they don't, there isn't full consent.
- **Enthusiastic:** this means the people involved are actively enjoying what they're doing such as kissing, holding hands, cuddling or having intercourse.
- **Specific:** it applies only to one thing. If you agree to kiss it doesn't mean you're consenting to have sex, for example.

2. Divide into five groups. Give each group one of the following cases and ask them to prepare a short role-play representing the situation.

- **A:** Two young people have been seeing each other after school for some weeks now. They are getting to know each other slowly. One asks, "May I kiss you?" and the other says yes.
- **B:** A couple have been together for a few months and are sexually active. One is not feeling like having sex that night and the other complains, "You don't love me!" The first person feels guilty and says yes to sex.
- **C:** A girl is 15 and she's dating a man who is 28. He is married but she doesn't know this. He always buys her presents and sometimes gives her money. Although she wants to spend more time with her friends, she's afraid he will get upset with her if she doesn't meet him when he wants to.

→ **D:** A boy is 16 and has been living with HIV for a year. He hasn't told his parents because he's afraid of their reaction, but has told his older brother and asked him to keep it a secret. One day his older brother tells their mother.

→ **E:** Two young people are at a party and they've both had a lot to drink. One starts kissing the other, who is not responsive and seems to be feeling dizzy. The first person keeps touching and caressing the other without permission

### After each presentation, ask the following:

- How are the characters feeling?
- Is this an example of free and informed consent? Yes? No? How do we know?

### After all the presentations are finished, ask the participants:

- Why do you think consent is important?
- What can we do to promote healthy relationships and consent?

Try to promote a space where everyone can feel safe expressing their own opinions about the subject.

## 3. Conclusion

Close the session by reminding the group that there are different elements to consent. Ask participants if they can name them.



4. Be sure to mention in an open way that, if they are in a situation where they're not feeling comfortable about the way their friends, peers, partners, parents, relatives, teachers or other

people are treating them, they can always talk to an adult they trust. Be prepared; when you raise these topics, group members may approach you individually to discuss concerns or problems they may be having. Be ready with information about local services that can help them.

5. Adapted from Planned Parenthood 'Sexual consent' (accessed November 2018). Available at: <https://www.plannedparenthood.org/learn/sex-and-relationships/sexual-consent>



# VIOLENCE

## AIMS

- To define violence
- To understand different ways in which violence can be expressed



## KEY IDEAS

- Violence is a big problem in our communities, and it can take many forms. No form of violence or abuse should be tolerated; it needs to be immediately called out or reported if necessary.
- Violence is often rooted in, and an expression of, unequal power (for example, between males and females). It is an extreme way to treat unfairly those of us seen as different in some way.
- All forms of violence are wrong, whether the person using violence against us is a stranger or someone known to us. In fact, if the person using violence is a family member, friend or sexual/romantic partner, it is worse because it is also an abuse of our trust.
- Witnessing violence (especially in the home) can be harmful in itself and can have some of the same long-term effects as direct experiences of violence.
- We or others who have experienced violence need support and understanding from each other. These issues are complex, so we may also need help from organisations or groups with skills and experience in preventing or addressing violence and abuse within the family, relationships or community.

## Take care!

Violence in all its forms is very common, and it is likely members of the group and/or we ourselves may have experienced it. It may also be the case that some of us have used it against others and may feel ashamed of this. Be prepared with information about local sources of support (for example, counselling, shelters and online resources).





## KEY IDEAS (continued)

### A definition of gender-based violence<sup>6</sup>:

#### Gender-based violence includes:

- **Physical violence:** when someone uses their physical power on others. This includes hitting, kicking, choking, pushing, grabbing you too hard or other actions that hurt or frighten you. It's violence even if it doesn't leave a bruise or mark.
- **Verbal violence:** using words to hurt the other person. This includes yelling at you, insulting you or calling you names. This type of violence should be taken as seriously as other types of violence. It's also verbal abuse if someone starts threatening you or making hurtful jokes about you.
- **Sexual violence:** forcing you to have sex (rape) or to do sexual things when you don't want to, including things like forcing you to kiss or hug them. **This type of violence also includes when someone stops you or tries to stop you from using birth control or condoms when you want to.** Sexual violence can happen to boys and men as well as girls and women. It can lead to consequences such as HIV, STIs and unwanted pregnancy.
- **Economic violence:** denying and controlling another person's access to resources, such as money, time, transport, food, clothing, medicines or other material goods, which they need to live a healthy and dignified life.
- **Fear of violence:** when someone uses threats and other types of violence and causes fear in a person to gain control. It may also include making you doubt yourself or cutting you off from contact with friends, family or other sources of support.



6. Adapted from WAVE and UNFPA (2014) 'Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia: A resource package'. Available at: <https://eeca.unfpa.org/sites/default/files/pub-pdf/WAVE-UNFPA-Report-EN.pdf>

## ACTIVITY



1 hour 30 minutes



All ages

### 1. Introduction

- ☐ We are going to talk about violence, the different ways it is shown and how it may affect us in our relationships.
- ☐ This can be a difficult topic for many of us. We need to listen to each other carefully, supportively and without judging.

### 2. Discussion

- ☐ Write the word 'violence' on a flipchart, board or piece of paper and show it to the group.

- ☐ Ask the group: what do you think violence is?
- ☐ Write down the answers and summarise them with the group.
- ☐ Present a definition of violence. For example:

**"Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, which either results in, or has a high likelihood of resulting in, injury, death or psychological harm."**

(Adapted from the World Health Organization's definition.<sup>7</sup>)

7. WHO 'Definition and typology of violence' (accessed November 2018). Available at: <http://www.who.int/violenceprevention/approach/definition/en/>

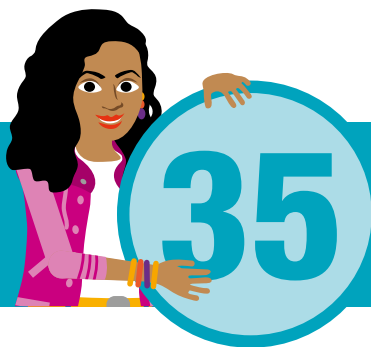
## ACTIVITY (continued)

Discuss the key parts of the definition in turn with the group. For example, what does 'intentional' mean? What do we mean by 'threatened or actual'?

Ask:

- What do you think is interesting in this definition?
  - Would you add anything?
- Place four to five large sheets of paper around the room or activity space. Describe these sheets as 'stations' and assign one of the following topics to each: physical violence, verbal violence, sexual violence, economic violence, fear of violence.
  - Divide participants into four smaller groups and assign each of them to a station.
  - Give five minutes for each group to draw or write down their ideas around the given topic.
  - When the time is up, ask each group to move to the next station.
  - Again, give five minutes for each group to draw or write down their ideas around the concept. This means they will be adding their pictures or words to the ones that were put there previously.
  - The groups will continue rotating in this way until everyone is back to their original station.

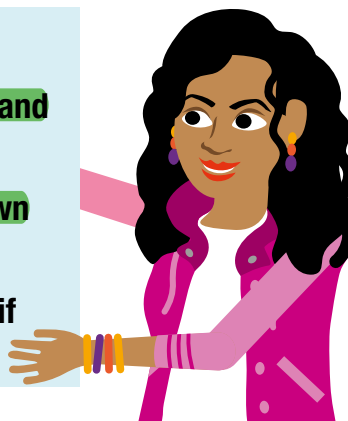
- Give the groups five minutes to discuss:
  - What's new on the sheet that was not there when we first started defining this type of violence?
  - How can we pull together the ideas to make a definition of this type of violence?
  - After they are finished, bring the whole group together and walk around the different stations so they can see the integrated work at each one.
- Open the group to a plenary (whole-group) discussion. Make sure that:
  - The group reaches an agreed definition of each type of violence.
  - The group understands that all violence, no matter what type, is also linked to a fear of violence because violence causes alarm, distress and hurt feelings.
  - The group knows it is important to seek help from trusted adults in cases of violence or abuse. However, we must remember that sometimes it is the very people we trust (for example, family members) who commit the violence or abuse. In these cases we need to find help from someone else, such as a different relative or a teacher.
- To conclude, ask:
  - What can we do to prevent and/or put an end to violence in our communities and families?



# CHILD MARRIAGE

## AIMS

- To look at the good and bad points of child marriage and young people having sex with older people
- To find ways to enable young people to make their own decisions about sex
- To find ways for young people to protect themselves if they do have a relationship with an older person



## KEY IDEAS

- If an older person has sex with a young person under the legal age of consent it is rape/sexual abuse whether the young person agreed or not.
- It is common in some countries for girls to have sex with men between five and ten years older than themselves, either in or outside marriage.
- Girls are at high risk of HIV because their vagina is not yet fully grown, their cervix is immature and HIV can easily get through into their bodies. Their bodies may also not be mature enough to cope with pregnancy or to give birth safely.
- Older men (who are likely to have had more sexual partners) having sex with girls increases the risk of HIV for everyone.
- These sexual relationships may have good points and bad points for the young and older people and their families. It is important for everyone concerned to weigh up the good and bad points and make decisions that prevent HIV transmission and enable young people to grow up happy, healthy and safe.
- Some girls are pushed by their parents into child marriage because they cannot support the girl themselves, or they fear that the girl will get pregnant before marriage.
- The consequences of child marriage for girls include high risk of STIs including HIV and HIV reinfection, leaving school, risky teenage pregnancy, and very unequal power relations between husband and wife.

## Some ideas

- Educate adults on girls' rights, the law on marriage, and the bad effects of early marriage compared to the good effects.
- Peer educators, teachers and community workers should keep their eyes open for girls at risk of early marriage and take action to stop it.
- Community members should advocate for an end to early marriage.
- Create a community drama from this session to educate people.
- Take actions that increase the benefits and reduce the costs of later marriage for everyone – for example, promote condom use; organise income generating activities for young people.





## ACTIVITIES



1 hour for each activity



All groups

### Picture activity

1. Ask the group to prepare a large picture of a young girl marrying a much older man.

Ask:

- How do you think the different people are feeling?
- Does it happen in our community?
- Why does it happen?
- What are the consequences for the girl, the man and the family?
- What does the law here say about child marriage?

2. Divide into groups and ask each group to prepare a role-play showing one of the following:

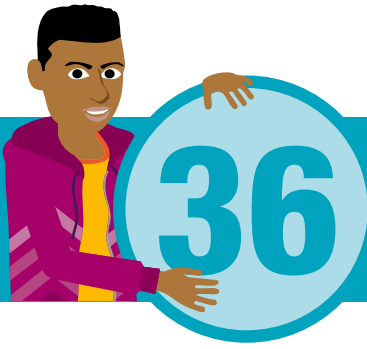
- The situation leading up to a marriage to an older man
- The consequences of the marriage for the girl, older man and families
- What strategies we can use to prevent child marriage
- What the girl, her friends, teachers and other people on her side can do to persuade the family to stop the marriage

Ask:

- Are there other customs or traditions here that put the health and happiness of young people like us (either girls or boys) at risk? What are they? What can we do about them?







# WHAT TO DO IF SOMEONE IS ABUSED OR RAPED

## AIMS

- To know what to do after abuse or rape to reduce bad consequences
- To help and support people who have suffered from sexual abuse or rape



## KEY IDEAS

- Go to a safe place. Tell a friend or relative who you trust and who will believe you. If they do not, tell another person.
- Do not wash yourself or change your clothes because the police will want to have evidence of the rape. If you go to the clinic or police, take some other clothes with you in case they want to keep your clothes as proof.
- Report the rape to the clinic or a health worker who you trust. They may be able to help you prevent pregnancy, give you treatment for STIs and treat you to prevent HIV infection. They can record any injuries you have and treat them. You may also want to have an HIV test after three months
- Follow the steps for handling rape in your community. This may be first reporting it to the family or community leaders, who should then report it to the police. The police should arrest and charge the rapist and he should be punished according to the law. He should not just pay a fine to the family or community. The police will take a written statement about what happened.
- If you are raped by someone you know – a boyfriend, family member or neighbour – do not keep it secret. Remember you are not to blame and you can stop him from hurting someone else.
- Talk to someone you trust about your feelings. Many girls and boys may feel unloved, dirty or angry after being raped. Talking about these feelings can help you feel better. Remember that it was not your fault. Even if the rape happened a long time ago, it can help you to talk about it.

## ACTIVITY



1 hour

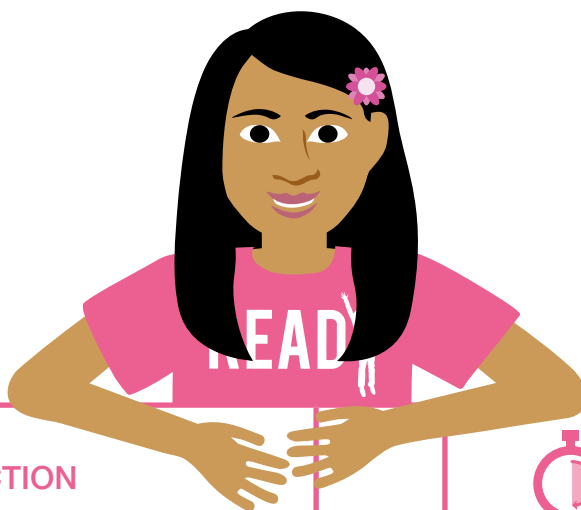


All ages, including parents and caregivers.

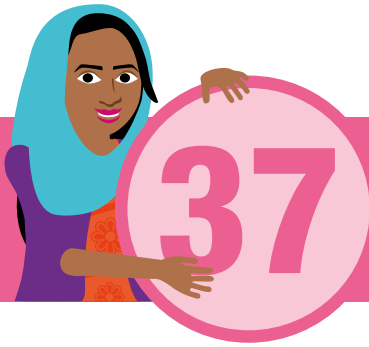
### Helping a person who has been raped

1. Imagine that your friend has been raped and needs help. In small groups, talk about what you would do to help your friend.
2. In the large group, identify the steps and put them in the right order.
3. Discuss what challenges you might face and how you could overcome them.

# CHILDREN BY CHOICE, NOT CHANCE



SESSIONS IN THIS SECTION			
37. Children by choice, not chance	p105	30 minutes for each activity.	All ages as appropriate. Separate groups of females and males.
38. Coping with unplanned pregnancy	p110	1 hour	All ages



# CHILDREN BY CHOICE, NOT CHANCE

## AIMS

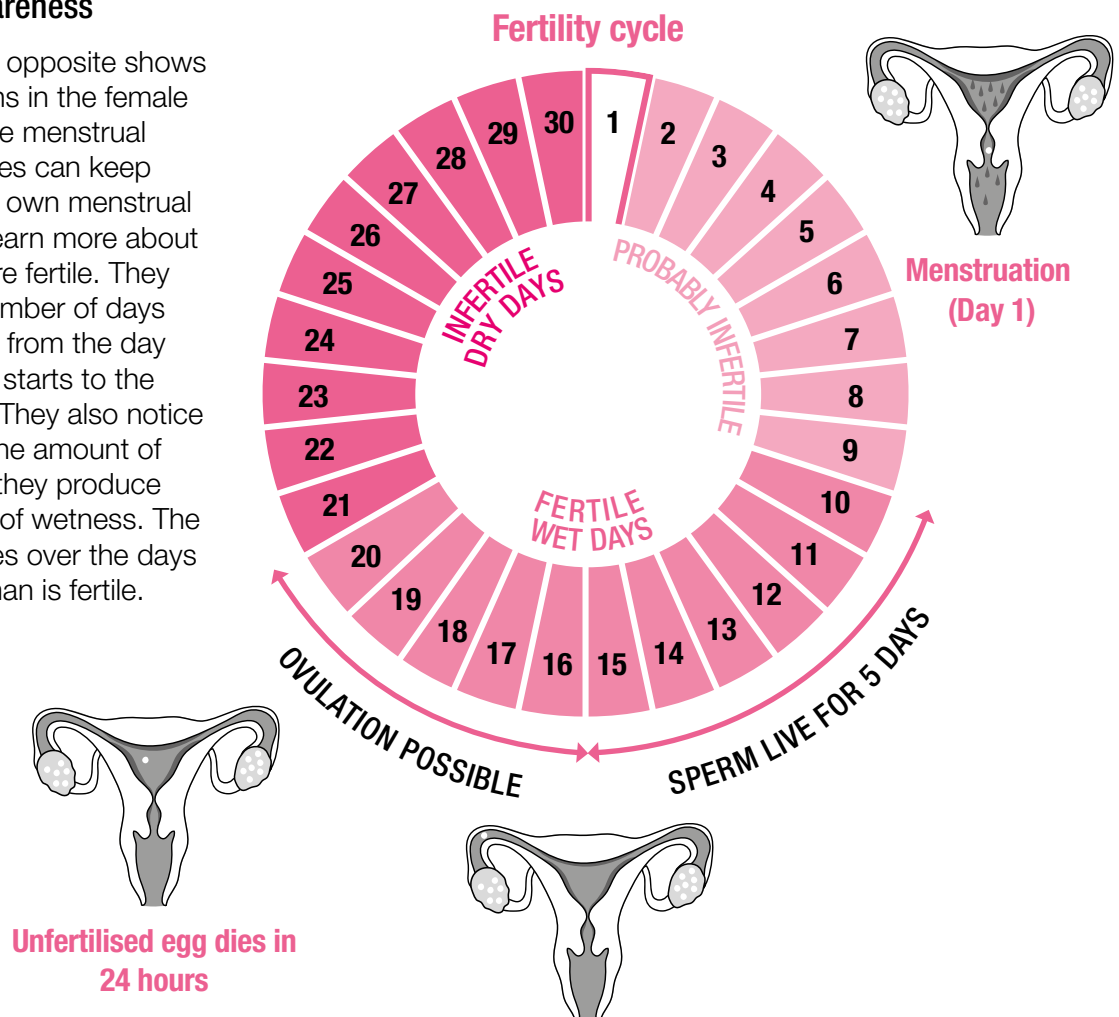
- To understand female and male fertility
- To know safe ways to avoid pregnancy
- To understand that this is a shared responsibility for both members of a couple
- To find ways to make it easier for people who have sex to use contraceptives



## KEY IDEAS

### Fertility awareness

The diagram opposite shows what happens in the female body over the menstrual cycle. Females can keep track of their own menstrual cycles and learn more about when they are fertile. They count the number of days each month, from the day the bleeding starts to the next period. They also notice changes in the amount of vaginal fluid they produce and feelings of wetness. The fluid increases over the days when a woman is fertile.





## KEY IDEAS: FERTILITY AWARENESS (continued)

- About 14 days before her period starts, a female releases a tiny egg from one of her ovaries. This is called ovulation. The egg remains fertile for up to 24 hours after ovulation. Sometimes a woman releases two eggs and is fertile for two days.
- If a female has sexual intercourse over this time, a sperm can fertilise the egg and make a baby.
- Sperm can survive in the Fallopian tube for up to six days. This means that it is possible to get pregnant if a couple has sexual intercourse up to six days before ovulation. It is not possible to tell exactly when a woman ovulates so we can say that a woman is potentially fertile for 11 days of her cycle.
- Girls ovulate 14 days before their first period. This means that they can get pregnant before they menstruate for the first time.
- Girls with short menstrual cycles may become pregnant if they have sex during menstruation.
- All young women should learn to understand their monthly fertility cycle because this helps them to avoid pregnancy and to conceive when they are ready.



## KEY IDEAS: NATURAL FAMILY PLANNING (NFP)

- In NFP the woman learns to recognise when she is fertile and avoids sex at this time if she does not want to become pregnant.
- Teenage girls often have irregular menstrual cycles. This makes it impossible for them to know when they are fertile. NFP is not a good method for teenage girls for this reason.
- NFP works best when there is a high level of co-operation between the man and woman.
- NFP is not very good at preventing pregnancy and is best for people who would not mind very much if they had a child.
- NFP does not protect against STIs, including HIV and HIV reinfection.

### Withdrawal

- Withdrawal is when the man takes his penis out of the vagina before he ejaculates. This is not a reliable method for preventing pregnancy. Sperm can leak out of the penis before he ejaculates and he may not pull out in time.

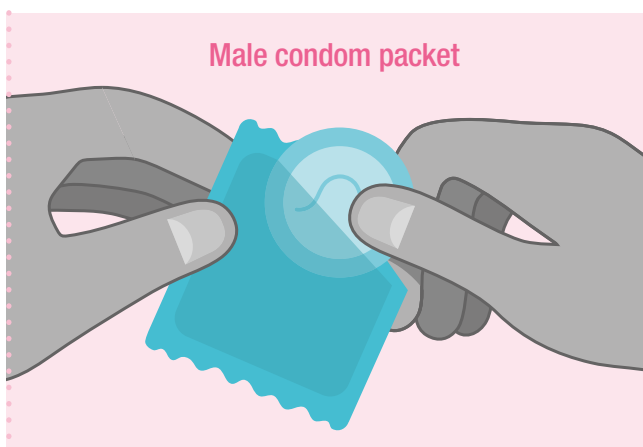


## KEY IDEAS: USING CONTRACEPTIVES TO AVOID PREGNANCY

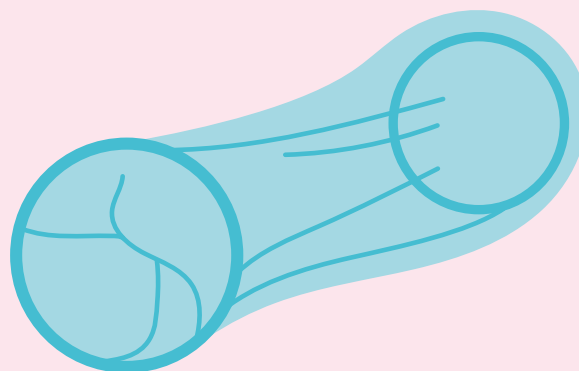
- Abstinence is the safest way to avoid pregnancy, STIs and HIV, but it is not always possible or realistic.
- People may try different ways of avoiding pregnancy if they do have sex but many of these do not work and may be dangerous. For example, women may try to remove the sperm from the vagina after sex by jumping up and down or urinating. These efforts are ineffective as there are millions of sperm and they quickly swim into the womb.
- Young people can get safe methods of contraception that work well from family planning service providers.
- The condom gives about 90% protection against pregnancy and STIs, including HIV and HIV reinfection, has no chemical effect on the body and is available in the community for free or at a low cost.
- If a woman has had sex without using contraception, or a condom has broken, she can go to the nearest clinic within 72 hours for emergency contraception (if it is available). These special pills will prevent conception. The quicker the woman takes the medication, preferably with 24 hours, the more effective it will be. Emergency contraception should not be used as a daily contraception method.

### Condoms

Condoms are a good method for young people because they protect against pregnancy and STIs, including HIV (see Session 30 for more information on condoms).



### Female condom



### Spermicides

Spermicides are creams, foams or jellies containing a chemical that kills sperm. Spermicides are put inside the vagina as foam with a special applicator, or as tablets that are pushed high up inside the vagina. Spermicides are about 70% reliable by themselves. It is best to use them with condoms.

### The pill

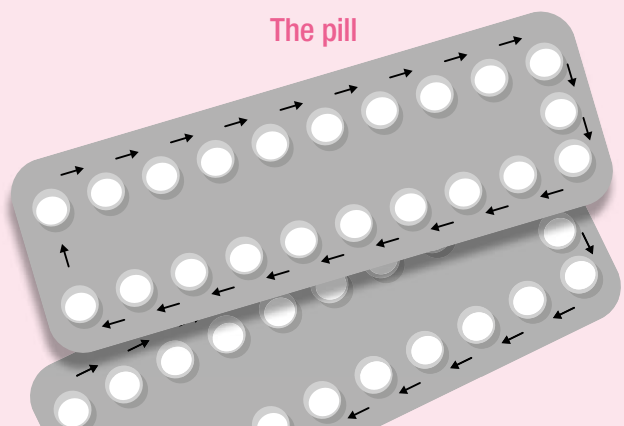
The chemical or hormone in the pill stops the woman from releasing an egg each month so that she cannot get pregnant. The hormone also changes the lining of the cervix and uterus so that babies cannot develop there. The pill should be taken at the same time every day. It is about 99% safe.

- The pill is very reliable.
- It makes periods lighter, more regular and less painful.
- The pill does not protect against STIs and HIV.
- Women should have their blood pressure checked if they take the pill.
- The pill does not suit everyone. Some women get headaches, sore breasts, depression and weight gain. They may also feel like vomiting and may bleed lightly through the month.



## KEY IDEAS: USING CONTRACEPTIVES TO AVOID PREGNANCY (continued)

### The pill

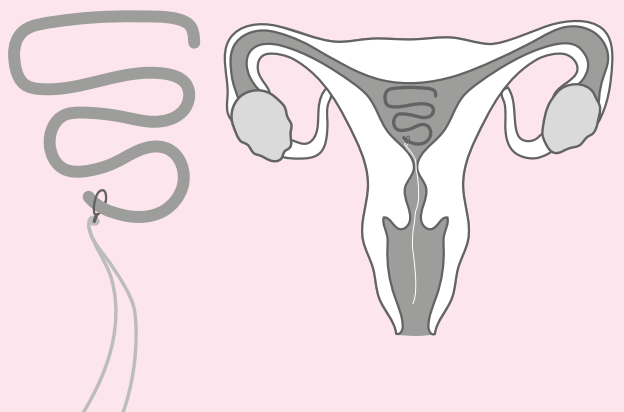


### The loop or intrauterine device (IUD)

The loop is a small plastic object with a copper wire that is inserted into the womb by a doctor or nurse. It disturbs fertilisation and the implantation of the egg.

- The loop is a reliable contraceptive (99%) and the woman can keep it inside the womb for five years.
- The woman can check the thread that hangs into the vagina to make sure that the loop is still there.
- The loop does not interfere with sex.
- The loop can cause cramps and heavy or painful periods.
- The loop is not good for young women who have never had children.
- The loop does not protect against STIs or HIV. If the woman is at risk of STIs, the loop increases her chance of getting a serious infection that could stop her from having children.

### The loop



### The injection

- The injection contains hormones that prevent a woman from releasing an egg. The hormones are strong chemicals that affect the body for some months but then stop. Some types may be better for younger women, while others are better for older women who have already had several children.
- The injection does not protect against STIs and HIV.
- It is very reliable (99%).
- The woman only has to go to the clinic every two, three or six months and can do it without anyone knowing.
- The injection changes the pattern of menstrual bleeding. Women may not bleed at all for many months. Some women like this.
- Women may take a year or more to get pregnant after stopping the injection.

### Implants

- Implants are tiny silicon rods, which have female hormones inside them. They are inserted under the skin of a woman's upper arm through a small cut during the first five days of the menstrual cycle. They are effective for five years and can be removed at any time. They work like the pill.
- The implants work for a long time and are 99% effective.
- Women lose less menstrual blood. Irregular menstrual bleeding is common, while other women may stop bleeding completely.
- They do not give protection against STIs and HIV.

### Sterilisation

- Sterilisation is an operation carried out on a woman or man that stops them ever having children. The tubes that carry the egg to the womb or the sperm to the penis are cut. This is normally done when a person has had children and is sure about not wanting any more.

## ACTIVITIES



30 minutes for each activity. However, depending on the participants' ages and level of understanding, you may need to take more time or split the information into more than one session.



All ages as appropriate.  
Separate groups of females and males.

### Activity 1: Why not use contraceptives?

1. Ask the group why young people who have sex might not use contraceptives. Make a note of the reasons given.
2. Divide into small groups.
3. Ask each group to write a story or perform a role-play to show one of the reasons. (Do not show why young people have sex, only why they don't use contraceptives.)
4. Read out the stories or show the role-plays one by one.

For each one, ask:

- What are the reasons for this boy (man) and girl (woman) not using condoms or another contraceptive?
  - What can help them to use a contraceptive in future?
5. Provide additional information as needed. Make a plan of action with the group to help young people to use condoms or another contraceptive if they decide to have sex. For example, work with the health providers to make services friendly to young people. Ask what people have learned and summarise.

### Activity 2: Avoiding pregnancy

1. Explain that you are going to talk about how young people who have decided to have sex can avoid pregnancy. The safest way to avoid pregnancy is to abstain from sex, but once people have decided to have sex they can avoid pregnancy by using a contraceptive.

#### 2. Ask:

- What ways do you know that people can avoid pregnancy if they have sex? (Keep to those that prevent pregnancy if people are having sex. We talk about abstinence in another meeting.)

**Note down all the ways.**

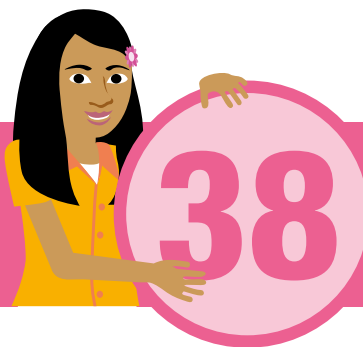
3. Discuss, one by one, each of the ways the group suggest to avoid pregnancy.
  - Is this true?
  - Why is it true or not true?
  - Is it a good way for young people who are having sex to avoid pregnancy?



**Help people to share ideas and give them correct information if you need to.**

4. Show them the different contraceptives, if you have them. Suggest that condoms are best for young people because they protect against pregnancy and STIs, including HIV.





# COPING WITH UNPLANNED PREGNANCY

## AIMS

- To learn correct information about the choices for young people with an unplanned pregnancy
- To think about the advantages and disadvantages of all the choices, taking into account values, health and future life plans
- To learn how to reduce the bad effects of teenage pregnancy on young women's and men's health and lives
- Organise drama and community activities on unwanted pregnancy to raise awareness of community responsibility for its prevention and for providing support to girls with unwanted pregnancies



## KEY IDEAS

- The choices for coping with unplanned pregnancy are to end the pregnancy by having an abortion, to have the baby and look after it, to give it to a relative to take care of or to give up the baby for adoption. These options will depend on local laws, norms and practices.
- Young women and men facing unplanned pregnancies need to think carefully about the advantages and disadvantages of these choices from the point of view of their own lives, health and future and those of the baby, and their own values.
- Many girls and women would not seek an abortion if they were better supported by their family, health workers and communities. This includes:
  - Having trusted relatives or friends to talk with about their pregnancy
  - Having information, services and

supportive environments for young people to help them to make good choices about sexual life

- A reduction in stigma and discrimination against pregnant girls
- Opportunities to return to school after delivery or to find work

### Take care!

This is a sensitive topic, but young people need to have accurate information about abortion and about the choices that are available to them in their local context.





## KEY IDEAS (continued)

### Abortion

- People may feel very strongly about abortion, based on their religion or personal values. However, women will find ways to end a pregnancy even if they cannot do it safely and legally, and many girls and women globally die or are injured every year because of unsafe abortion.
- Women use different methods to cause unsafe abortion, including drugs, herbs or objects inserted into the mouth of the womb. These methods are ineffective and/or dangerous and may cause death, infertility or serious injury.
- Whether an abortion has been legal or illegal, safe or unsafe, post-abortion care is essential. Young women should go to a health worker at once if they have continuous bleeding, smelly liquid coming out of the vagina, pain in the lower belly or fever and shaking after an abortion. They may need further treatment, counselling and information on sexual and reproductive health and contraception.
- In some countries, women can have a legal abortion if continuing with the pregnancy will harm the mental or physical health of the woman or child. This usually requires doctors to give permission. The abortion is safe if done by a qualified practitioner in a health facility.

### Having a baby

- Pregnant teenagers may decide to have the baby. If the couple love each other, they may decide to stay together or to get married. If not, the girl's family should see the man and his family and ask him to support his partner and child.
- Counsellors, peer educators and parents/caregivers can help teenagers to see that it is not the end of the world to have an unplanned child, although it will be difficult at first.
- Girls should be encouraged to continue with their schooling.
- Encourage the girl's parents and the baby's father to care for the girl, ensure she has loose clothing, good food and not too much work.
- Help her to attend the antenatal clinic to keep herself and the baby healthy.
- Help her to deliver her baby in a health centre or hospital in case there are any problems, for example obstructed labour.
- Help her to care for herself and her baby after the birth.
- Suggest positive choices and try to build her self-esteem. Do not blame her.

## ACTIVITY



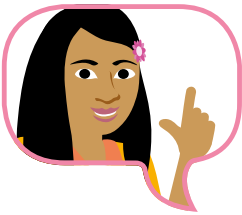
1 hour



All ages

### Drama

1. Divide into four single-sex groups. Ask each group to act a short role-play to show a situation where someone like them has an unplanned pregnancy or gets a girl pregnant. Try to make up different situations.
2. Ask the group:
  - What choices do the girl, the boy and the families have now?
3. Get into four single-sex groups and give each group one of the following choices: abortion or having the baby.



**Ask one group to prepare a role-play to show the choice working out well and one to show it working out badly.**

4. Perform the role-plays. Perform the good and bad role-plays for one choice first and discuss them. Then perform the other choice and discuss.

#### Ask:

- What are the good and bad points about this choice?
- If a person makes this choice, what can everyone do to make sure that it works out as well as possible?



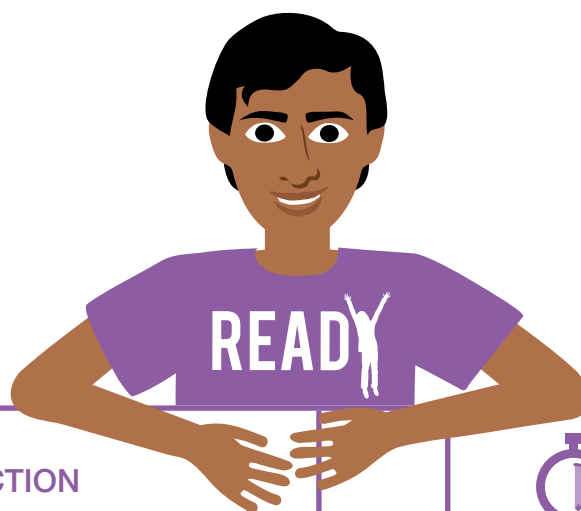
#### For example



**If abortion is the choice, the girl, boy and families would have to find enough money to get a safe abortion. Proper post-abortion care is also extremely important.**

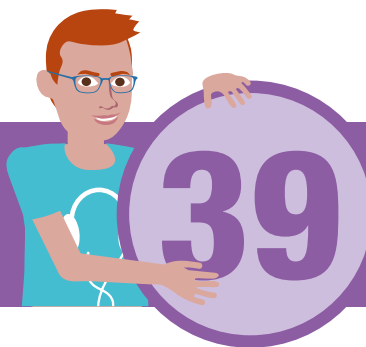
**If the girl has the baby, she should be able to go back to school, the father of the baby and their families should be able to support the girl and raise her self-esteem.**

5. Ask what people learned from the session. Summarise the main learning point.

# SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HIV



SESSIONS IN THIS SECTION			
39. Sexually transmitted infections	p114	1 hour	From age 12 upwards.
40. Getting proper treatment for STIs	p117	1 hour for each activity	All ages
41. Protecting ourselves and each other	p118	1 hour	All ages. Separate groups, then mixed groups of males and females.
42. Journey of hope and future islands	p123	1 hour 30 minutes	All ages. Separate groups of males and females.
43. Prevention of parent-to-child transmission	p126	1 hour 30 minutes	All ages
44. HIV stigma and discrimination	p128	1 hour for each activity	All groups
45. Living well with HIV	p132	1 hour	All ages from 12-years-old, including parents and caregivers.
46. Telling people about our HIV status	p134	1 hour	All ages from 12-years-old, including parents and caregivers.



# SEXUALLY TRANSMITTED INFECTIONS

## AIMS

- To know the signs and symptoms of infections spread through sex
- To understand the bad things that STIs can do to us and others if they are not quickly treated
- To find out where we can get good treatment for an STI and to help our friends to go there



## KEY IDEAS

### The signs of STIs in men and women are:

- Unusual or bad-smelling liquid coming from the penis or vagina
- Pain and burning on passing urine
- Blood in the urine (that is not bilharzia)
- Wanting to urinate often
- Sores, rashes, blisters, warts or any other sort of irritation on or around the penis, vagina or anus; they may be painful or painless, one sore or many
- Itching, burning or pain in the genitals
- Swellings in the groin, which may burst
- Pain during sex
- Lower belly pains above the sex organs
- In women, headaches, fever and shaking with any of the symptoms, but especially lower belly pains, are very serious and may be a sign of an illness or infection that can make the woman unable to have babies. Women should go straight to the clinic if they get this problem.

- Infections caused by germs can go from person to person during sexual intercourse. These are called sexually transmitted infections or STIs.
- Gonorrhoea, syphilis and chlamydia are common STIs, but there may be others frequently found in our communities.
- Men often get signs of STIs earlier than women, because their organs are outside their bodies and easier to see. Men and women need to tell their partners if they have an STI so that they can also get treatment. If not, they can get very sick and become infertile.
- Many people have no signs of STIs at first, especially women. But the germs are inside their organs causing harm. People can pass on an infection to others without knowing it even though they look healthy.
- It is normal for girls to have some whitish, nice-smelling fluid in the vagina. This is normal and changes through the menstrual cycle.
- When girls have sexual feelings, the vagina becomes wet. This is normal and protects them if they have sex. It is not a disease.



## KEY IDEAS (continued)

- Some infections in girls are not sexually transmitted. For example, girls often have a white itchy discharge called thrush.
- Sometimes they have painful urination called cystitis. Girls should always wipe themselves with clean materials after using the toilet, wiping from the vagina to the anus to prevent germs going into the tube they urinate from and the vagina.
- **Anyone who has sex without a condom can get an STI. The more sexual partners we and/or our partners have, the higher our chances of getting an STI.**
- Most STIs are curable with the correct course of antibiotics, a medicine that kills germs.
- It is important to take all the medicine the health worker gives us or asks us to buy, otherwise it may not work.
- It is important to tell all the people we have had sex with to seek treatment. Otherwise they can become infertile or very sick, and pass the infection to others without knowing. Herbs and other local treatments can relieve symptoms but not kill all the germs.
- If STIs are not treated early and properly, they can cause serious health problems, such as:
  - Being unable to have babies (both males and females)
  - Problems with urinating in males
  - Losing the baby or going into early labour, baby born dead or pregnancy outside the womb in women
  - Pregnant women can pass the STI on to her baby in the womb and this can make it blind or disabled or die young
  - STIs make it easier for HIV to get into the body through sores and broken skin

## ACTIVITIES



1 hour



From age 12 upwards

### Activity 1: What diseases do people get through sex?

1. Ask people to call out all the STI names they know.

Ask:

- What diseases do you know that are passed through sex?
- What signs and symptoms do people see when they have an STI?

**Ask them to use local language and slang.**

2. Ask:

- What are the causes of STIs?

All STIs are caused by a germ going from one person to another during sex.

3. It is very important to know the signs and symptoms of STIs. If we know the signs, we can go to the clinic as soon as possible to get treatment.

4. However, some STIs (including HIV) have no signs and symptoms at first, and while there is treatment for HIV, there is not yet a cure. So it's always best to avoid STIs.
5. Give each person one STI symptom to remember.
6. The group can make up any song with a chorus and the symptoms can be fitted in.
7. Ask some people to go into the middle while the rest make a circle around them. Ask the people on the outside to start dancing and clapping in time to a beat as they sing.
8. When you have the beat, ask the people in the middle to think of how they can sing or chant their symptom to fit in with the beat. Others can help them.
9. Now do the song again, and this time leave a gap for one person to add their symptom. Do the chorus again and let the next person do their symptom, and so on until everyone has had a go.

## ACTIVITIES (continued)

### Activity 2: A story about STIs

1. Ask the group to choose names for the characters in the story (two girls and two boys).
2. Read out the story.
3. Ask the audience who had some responsibility for the lead girl's problems.
4. For each character, including the parents and the medical staff, ask in turn these questions:
  - What responsibility did he or she have for the problem?
  - How could he or she have prevented the problem?
  - How could the character help the situation now?
  - How can they avoid this problem in future?

Discuss the replies with the group.

#### My story

When I was 14 years old, I really loved a boy from school called X and I had sex with him. One day, he refused to talk to me. He said bad things about me to his friend Y, who called me a prostitute. I tried to forget X and work hard at my books. Some time later, I started to have a pain at the bottom of my belly and some bad-smelling fluid came from my private parts.

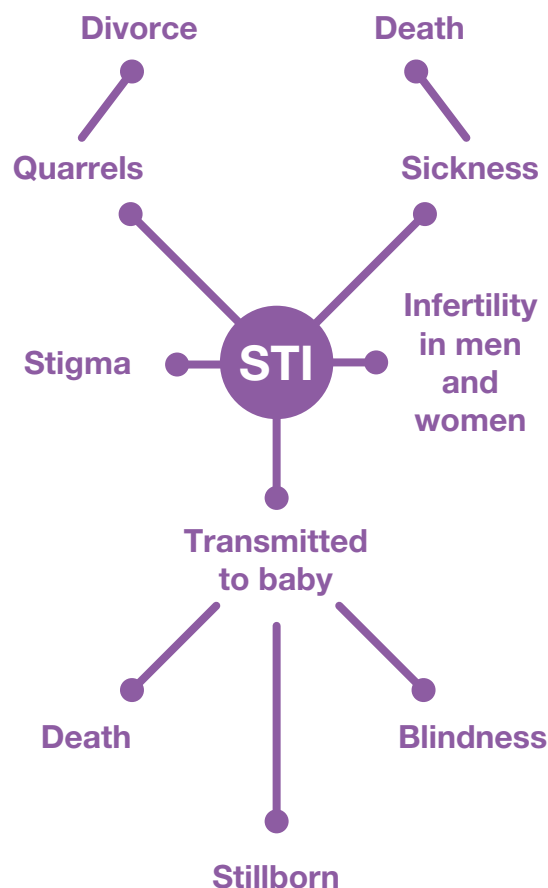
I told my friend Z and she gave me some herbs. I was too frightened to tell my mother or to go to the clinic, where they are unfriendly to people my age and don't always keep our personal information private. Then one day I had fever and a terrible pain in my belly. My father took me to hospital. They gave me antibiotics. The doctor told me that I had a disease you get from sex, and I might never be able to have children because of my bad behaviour. My father was so upset and angry and I cried and cried. I only had sex with that one boy – why was I so unlucky?

### Activity 3: A flow chart on the bad effects of STIs

1. Help participants to make a flow chart on the dangers of untreated STIs. You could do it with chalk on the blackboard or on the floor, or outside by drawing on the ground with a stick.

Each time a person adds a point, ask:

- What might happen then?
2. Add any dangers that the young people have not mentioned.
  3. Explain that most STIs are curable if the person goes to the clinic at once and takes all their treatment correctly.
  4. Ask people to suggest reasons why a person like them might get an STI and not go for treatment.
  5. Use what the group learned from the discussions for the next session.







# 40

## GETTING PROPER TREATMENT FOR STIs

### AIMS

- To encourage young people to go for treatment if they get signs and symptoms of an STI without feeling shy or embarrassed
- To know where to go if they have any symptoms of STIs and what to expect at the clinic



### ACTIVITIES



1 hour for each activity



All ages

#### Story 1

Two friends meet after football. One complains that he has some yellow stuff leaking from his penis and it burns when he urinates. He is on his way to the herbalist for treatment. The other says, 'I had that problem once and herbs didn't cure it. You caught it through sex. You have to go to the clinic for treatment and tell your girlfriend to go too.' The first one is angry. 'It's a sign that I'm a man and I know that our herbs work! And why should I tell that girl, she gave it to me in the first place!'

#### Story 2

Two friends are fetching water together. One seems unhappy. 'What's the matter? You seem worried', says her friend. 'I have this bad smelling liquid coming from my private parts and I feel sore. I think someone is jealous and has bewitched me.' The friend laughs. 'My sister is a nurse and she told me those signs are of a disease passed through sex, not witchcraft. You should go to the clinic and get treatment. And tell your boyfriend too.' 'How dare you say that I am having sex!'

#### Activity 1: Where can we get treatment?

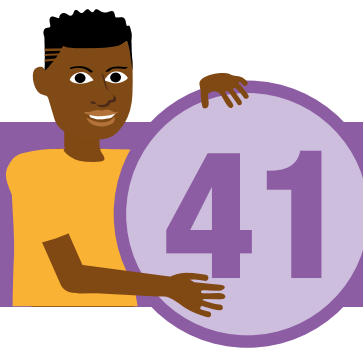
1. Make a map and ask people to mark on it places where young people can get treatment for STIs.
2. For each place marked, talk about the good and bad points of that service. Think about quality and availability of treatment, cost, distance, whether they are treated with

respect, confidentiality, preventive advice and condoms.

3. Invite a youth-friendly health worker to talk to the group about common local STIs and what happens when people go for treatment. Make sure he/she talks about who they will see at the clinic, what will happen, the cost, and that there is no need to feel shy – they will not be judged.
4. Ask the participants to prepare questions about STI treatment and any related things that worry them (anonymously if they prefer).
5. Ask them to suggest to the health worker any improvements they would like to see and ask the health worker for feedback on their suggestions.
6. Make sure people understand that STIs are caused by germs just like other infections and illnesses and need correct treatment.

#### Activity 2: Persuading your friend to get treatment

1. Ask for volunteers to read out the stories.
2. Invite other participants to suggest ways to persuade the main characters to go for treatment. Why might they resist?
3. Ask people to take it in turns to come up with persuasive reasons.
4. Now ask them to role-play the main character telling the girlfriend/boyfriend about the STI. Try different ways until you find a good way.



# PROTECTING OURSELVES AND EACH OTHER

## AIMS

- To understand how HIV goes from the body of one person into another person
- To understand which activities put us at high or low risk of HIV and which activities are safe



## KEY IDEAS

### No-risk sexual behaviour

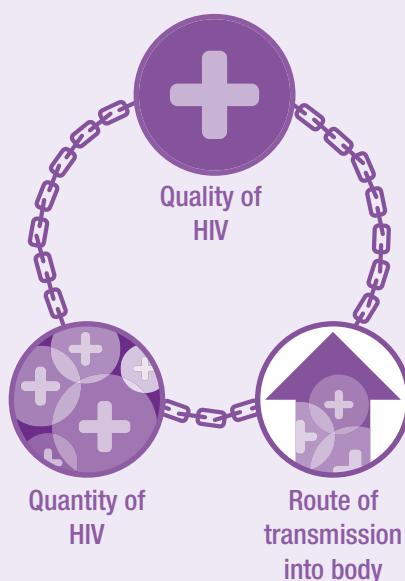
- Abstinence, that is not having anal or vaginal sexual intercourse, is the way to achieve 100% protection against sexually transmitted HIV. However, this is not always possible or realistic for us.
- We don't have to be virgins to practice abstinence. A person who has been having sex can choose to abstain because they are not in a loving relationship or they want to protect themselves from pregnancy, STIs, HIV and HIV reinfection.
- Masturbation by ourselves is 100% safe. Massage, caressing, cuddling, dancing, holding hands, touching breasts and hot spots other than the genitals is safe as long as we can both stop before touching the genitals or having sex.

### If either person has HIV, it may be transmitted through:

- Sexual intercourse, when the penis goes into the vagina or anus
- Oral sex, when a person takes the penis in their mouth or licks or sucks the woman's private parts
- Blood transfusion (blood from one person put into another) when the blood contains HIV
- Injections with dirty needles or cutting with instruments not cleaned properly to kill HIV; using the same razor one after the other if there is blood on it
- 'Vertical transmission', which means from mother to child in the womb, when giving birth or breastfeeding

### Chain of transmission

We can stop transmission by breaking the chain



### HIV is not spread through:

- Shaking hands
- Kissing if there is no bleeding in the mouth
- Touching the body
- Embracing
- Masturbation
- Visiting or caring for a person with HIV
- Talking to a person with HIV
- Eating or drinking together from the same plate or cup
- Sharing toilets and bathrooms
- Being bitten by mosquitoes or other insects
- Feeding or washing a person with HIV



## KEY IDEAS (continued)

### Low-risk sexual behaviour

Masturbation with a partner is a low-risk activity if we prevent semen, vaginal fluids or blood going from one of us onto the genitals or breaks in the skin of the other person.

Oral sex where people suck or kiss the genitals is low risk because HIV could be transmitted if either person had broken skin or bleeding in the mouth or on the genitals. It is safest to use a condom or cover the woman's genitals with a plastic sheet.

Using condoms correctly every time we have vaginal or anal sexual intercourse is about 90% safe, so they give low-risk sex but not no-risk sex.

### High-risk sexual behaviour

Vaginal or anal sexual intercourse without a condom is very risky because HIV in the semen, vaginal fluid or blood can go from one person to the other.

Withdrawal is risky because some fluid, which may contain HIV, comes out before ejaculation. We cannot protect ourselves by choosing a healthy-looking partner because people can have HIV for many years without any signs or symptoms.

We cannot tell whether we or other people have HIV by looking. Many of us have had sex; some of us were born with HIV.

Having sex with one partner who only has sex with us is only safe if both of us have had an HIV test and use condoms if we are positive.

### Taking an HIV test

The only way to know we are both free from HIV is to both go for an HIV test. Until we know our HIV status, we need to abstain from sex or use condoms and continue using them after the test if either or both of us have HIV.

We both need to have an HIV test before we have sex with a new partner and when either of us has sex outside the relationship. This is true whether we are married, living together, having a one-night stand or having one or more than one partner.

Knowing our HIV status helps us to plan our lives so we stay healthy for as long as possible, go on with our lives, and protect our partners and unborn children from infection.

Many of us fear stigma and discrimination if we have an HIV test, but good counselling and community education can help to reduce this. If many of us have the test and talk about it, this will reduce stigma.

We may be offered an HIV test routinely when we go to the clinic for other reasons. We have the right to decide not to have the test, but we have to tell staff that we do not want it. Some clinics offer tests to people who come voluntarily to ask for counselling and testing.

Self-test kits are now becoming available in some countries, but it is important to ensure we know where the nearest clinic is for counselling and follow-up if the test is positive.

When someone becomes infected with HIV, it can take up to three months for their immune system to produce enough antibodies to show up on an HIV test. This time is called the 'window period'.

During this time the HIV test may show negative, but the person is infected. They will have enough of the virus in their blood, semen or vaginal fluids and breast milk to pass it on to another person. In fact the amount of virus in their blood at this time can be very high.

This means a person with a negative test result should wait for three months and not expose themselves and others to the risk of HIV during this time, then take a second test.



## KEY IDEAS (continued)

### What do the results of the test tell us?

The HIV test shows whether we have HIV antibodies in our blood – it is not a test for AIDS.

### A positive result

If the result is positive we have HIV, but if we are well we do not have AIDS. We may live for some years with untreated HIV before we get sick and perhaps develop AIDS. If we take drugs called antiretrovirals (ARVs) we can stay well for much longer.

### A negative result

This may be because we are in the ‘window period’ and we should take a repeat test. If we are negative we may think that we are immune to HIV because we have had sex and escaped it. However, any of us can get infected at any time, so we should use the negative result to make a plan to stay negative.

HIV is not very easily transmitted, so some people do not get infected even when they have sexual relations with a person with HIV for some time. Couples where one person is negative and one positive are called discordant couples. They still need to protect themselves because a person can be infected at any time.

### Protecting ourselves after the test

If we have both tested HIV negative and have sex only with each other, we can enjoy any kind of sexual activity and will not be at risk of HIV.

If either of us have sex outside the relationship without using a condom correctly every time we have sex, we should start to use condoms and go for an HIV test after three months.

If either of us have HIV we should practice the no- and low-risk sexual options listed on the next page: abstain, use condoms or enjoy sex without intercourse to avoid infecting each other.

Even if we both have HIV, we still need to protect ourselves from getting more HIV in our bodies from each other (known as HIV reinfection) because this can make us get sick more quickly and the ARVs will not work as well.

STIs must be treated because the associated sores and discharges make it easy for HIV to enter the body. Also STIs lower the immune system and cause HIV to multiply fast.

If we are positive we should take ARVs to reduce the level of HIV in the blood when the health worker tells us it is time. ARVs should be taken regularly, as instructed by a doctor, and shouldn’t be shared with others. We should also have our viral load tested regularly.

If we take our treatment consistently and correctly, so the level of virus in our blood is kept too low to be measured, we cannot pass on HIV through sex (vaginal, anal or oral). This is known as U=U (undetectable = untransmittable).

In some places we can get post exposure prophylaxis (PrEP) if we have been exposed to HIV, for example through rape or an injury. To be effective PrEP must be taken as soon as possible after exposure. In some places we can get pre exposure prophylaxis (PrEP) if we think we may be at high risk of HIV.



## THE LEVEL OF RISK OF HIV TRANSMISSION FROM DIFFERENT SEXUAL ACTIVITIES

NO RISK OF HIV	LOW RISK OF HIV	HIGH RISK OF HIV
<p><b>Description</b></p> <p>These are sexual activities with no risk of HIV transmission because the activities do not involve semen, vaginal fluid and blood in any way.</p>	<p><b>Description</b></p> <p>These are sexual activities that involve semen, vaginal fluids or blood but people take care to prevent any of these fluids getting from one person onto the thin, wet skin or broken skin of the other person. These activities are not 100% risk free because condoms can break, there may be breaks in the skin and people may not manage to completely avoid fluids getting onto the genitals</p>	<p><b>Description</b></p> <p>These are sexual activities where semen, vaginal fluids or blood from one person go onto the thin, wet skin in the vagina, penis, anus or broken skin of another person.</p>
<p><b>Examples include:</b></p> <ul style="list-style-type: none"><li>■ Massage</li><li>■ Hugging</li><li>■ Masturbating yourself</li><li>■ Body-to-body rubbing (not involving the genitals)</li><li>■ Talking sexy</li><li>■ Sexy dancing</li><li>■ Sharing sexual fantasies</li><li>■ Body kissing</li><li>■ Washing together</li><li>■ Using sex toys without sharing them</li><li>■ Using clean needles and syringes every time we inject drugs</li></ul>	<p><b>Examples include:</b></p> <ul style="list-style-type: none"><li>■ Masturbating each other (cover cuts on the hands and wash after playing before you touch your own genitals)</li><li>■ Open mouth kissing (do not do this if either of you have bleeding gums or sores in the mouth)</li><li>■ Vaginal intercourse with a condom</li><li>■ Anal intercourse with a condom and water-based lubricant</li><li>■ Oral sex is kissing or licking each other's genitals. The risk is greater for the person doing this, especially if they have mouth sores or either has untreated STIs. These are also easily transmitted through oral sex. Using a condom or piece of plastic over the vulva and avoiding ejaculation of semen into the mouth reduces the risk.</li></ul>	<p><b>Examples include:</b></p> <ul style="list-style-type: none"><li>■ Any contact between blood, semen or vaginal fluid and the thin wet skin of the genitals or anus or breaks in the skin on the body or mouth</li><li>■ Vaginal intercourse without using a condom</li><li>■ Anal intercourse without using a condom</li><li>■ Sharing sex toys without cleaning them between partners</li><li>■ Sex that damages the thin, wet skin in the vagina, head of penis or rectum increases the risk of HIV infection further. Examples include dry sex, rough sex or sex using harsh substances in the vagina.</li><li>■ Sharing needles and syringes when we inject drugs</li></ul>

## ACTIVITY



1 hour



All ages. Separate groups, then mixed groups of males and females.

### High risk, low risk, no risk

1. Put participants into separate groups of girls and boys.
2. Ask them to think about all the different sexual activities that males and females might do together to enjoy themselves. Give some examples to help them understand.
3. Either ask each group to call out their activities and give each person one activity, or ask them to write each activity on a separate piece of paper.
4. Make a line on the ground. At one end, put an object or picture to indicate 'high risk' of HIV infection. In the middle of the line put an object to show 'low risk' of HIV infection and at the other end, an object to show 'no risk' of HIV infection.
5. Ask everyone to think about the sexual activity they have been given and ask themselves:
  - Is there high, low or no danger of HIV infection?
  - What are the reasons I think this?
6. Ask people in turn to stand on the line in the place that shows the danger level of their sexual activity or put their piece of paper there.

Ask:

  - Why are you standing there?
7. Ask if other people agree and, if not, the reason for their disagreement. Add any information and agree on where the person should stand. Ask the person to move if they were standing in the wrong place. They can then sit down at that place.
8. Continue until everyone is on the line. Add any sexual activities they have not thought of.
9. Ask:
  - What activities can we enjoy that do not put us in danger of HIV infection?
  - What level of danger are we willing to live with?
10. Ask what lessons people have learned from the activity and how they will share them. Add any information as needed.







# JOURNEY OF HOPE AND FUTURE ISLANDS

## AIMS

- To learn that we have different choices for protecting ourselves from pregnancy and STIs including HIV and HIV reinfection, which may be good for different times of our lives
- To think about the reasons why we might decide to make a particular choice at this time
- To learn what makes it difficult to practise safer sex and how we can help each other to do this
- To learn how safer sex can help us to reach the future we want for ourselves



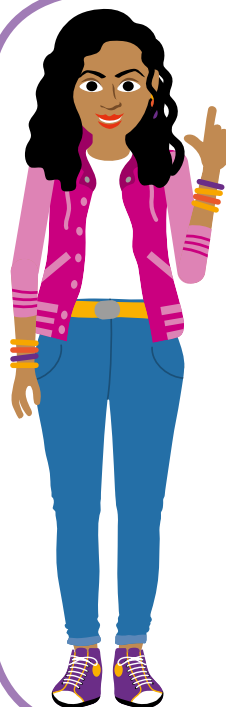
## KEY IDEAS

- We can protect ourselves from HIV or HIV reinfection through sex by not having sex, or having sex only with an HIV-free partner who also has sex only with us, or use condoms correctly every time.
- We both need to have an HIV test and use condoms initially if either of us is positive. If we are living with HIV and using effective treatment, the level of virus in our bodies will be extremely low. If we take our treatment consistently and correctly, so the level of virus in our blood is kept too low to be measured, we cannot pass on HIV through sex (vaginal, anal or oral). This is known as U=U (undetectable = untransmittable). This means we are looking after our own health as well as helping to protect our partners.
- We may change our choices for safer sex as we go through our lives. What is important is that we practise one of them.
- We can help each other to practise safer sex.
- Safer sex can help us to reach our future dreams.

## MATERIALS



Use locally available materials to make the boats, for example, sticks, stones and leaves.



### Take care!

Unless people in the group really trust each other, it is best to ask people to play roles in this game when they choose which boat to go in. They could be playing themselves, but no one will know this because you will emphasise they are playing roles. Otherwise, some people, especially girls, will be afraid to go in anything but the abstinence boat in case they are judged or people tell others about them. This could put them in danger. Look after young people living with HIV.



## ACTIVITY



1 hour 30  
minutes



All ages. Separate groups of males and females, but try it again with people acting roles rather than being themselves to see if girls and boys could do it together.

1. Explain that you are all crossing the 'river of life' to your 'future islands'. In the water there are dangers that can stop you from getting across safely.

Ask:

→ What are some of these dangers?

Make a note of the dangers, and add HIV if no one says it.

2. Explain that there are 'boats' which can help you to cross the water safely to your future islands.

Ask:

→ What are some of these boats? What can help us to protect ourselves against STIs, HIV, pregnancy and abortion? Add any protective actions not mentioned, such as

abstinence, staying faithful to one uninfected partner who is also faithful, using condoms, HIV testing and effective HIV treatment.

3. Explain the idea of the boats for protection, the crocodiles for danger and the future islands. Mark out the ground to show where the water and the future islands will be.

4. Divide into pairs or threes and give each group a boat, crocodile or future island to make on a spot on the ground. Put the future island at one end and the boats spread out on the water with crocodiles in between. People can use whatever local materials they can find to make the boats, crocodiles and islands.

People should make:

- An abstinence boat
- A condom boat
- A faithfulness boat
- An HIV test and treatment boat
- An HIV crocodile
- An STI crocodile
- A pregnancy crocodile
- A crocodile with any other dangers they know

→ Two or three future islands showing their dreams of a good future which they hope to reach

5. Explain that different safer sex choices suit us at different times, depending on our age, friendships, values, feelings and current situation, for example, whether we are married or in a committed relationship or whether we have had children. The important thing is that we practise one or more of the choices.

6. Ask each person to think of a person who they want to role-play in this game. They will be asked to go into one of the boats or stay in the water. They should think of a person of their age who might go into one of the boats or stay in the water.

Emphasise that people are not playing themselves. (Some people might choose to play themselves but no one will know.)

7. Now ask everyone to go in their boat or stay in the water.

8. Ask people one by one to explain:

→ Why did you choose to go in that boat?

Other people can ask them questions.

9. After the explanations and questions ask:

→ Does anyone want to change boats?

10. Ask the people in the water:

→ Why are you in the water?

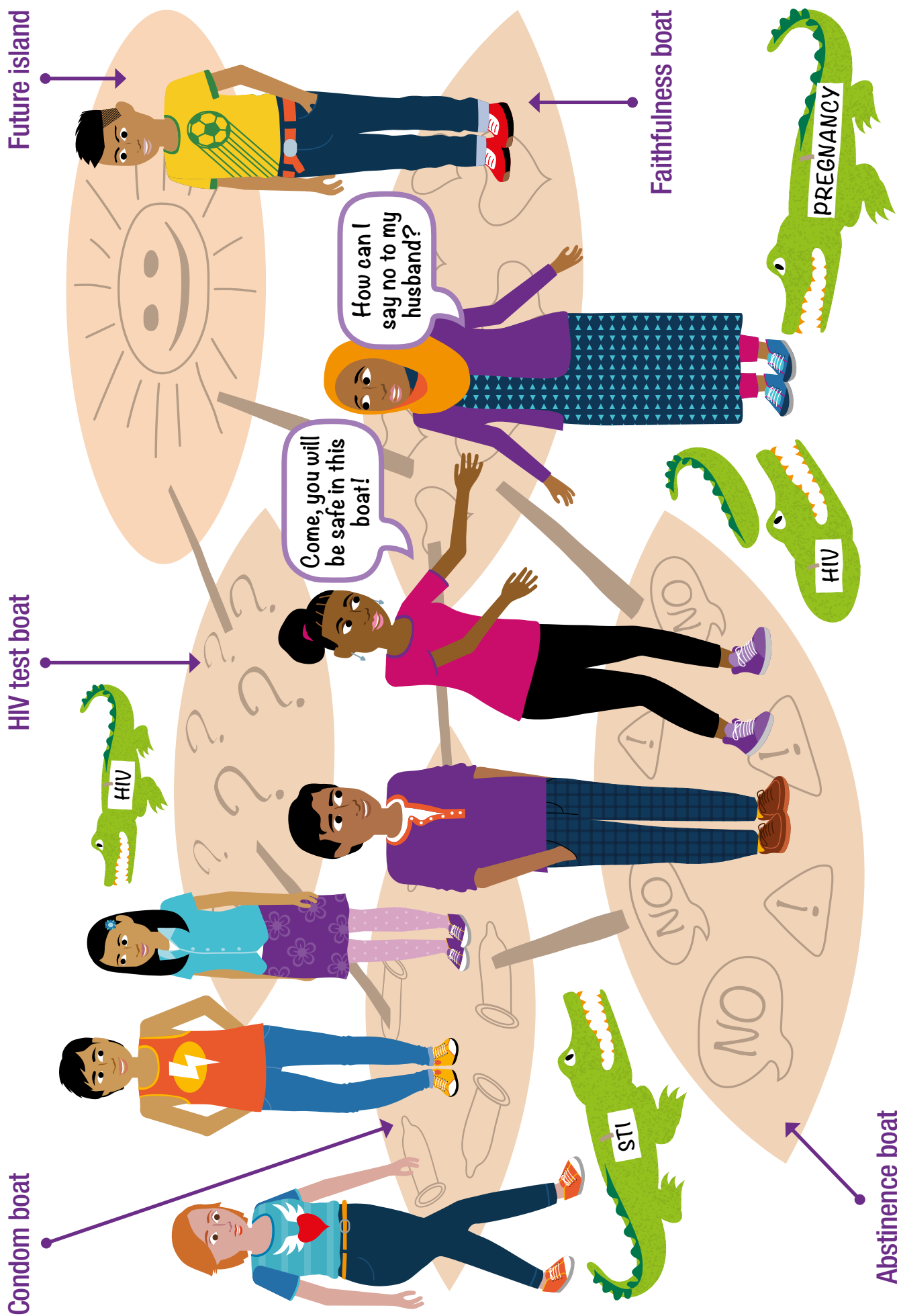
For example, a girl who loves a boy and likes having sex with him but he refuses to use condoms and she doesn't know if he is faithful.

11. The people in the boats try to help the people in the water to get into a boat. For example, they can call the boyfriend and try to persuade him to use condoms.

12. Ask people what they learned from this activity and summarise the key points.

13. Ask:

→ Which boat would you go in now?





# PREVENTION OF PARENT-TO-CHILD TRANSMISSION

## AIMS

- To motivate young men and women to take steps to protect themselves from STIs and HIV as they are growing up, in order to have healthy babies
- To motivate potential parents to have an HIV and STI test before attempting to conceive and after conception
- To equip young men and women with the knowledge, positive attitudes and skills to reduce the risk of HIV transmission to their child if either of them is HIV positive



## KEY IDEAS

Sexually transmitted infections, including HIV, can be transmitted 'vertically' from mothers to babies during pregnancy, delivery or breastfeeding.

There is a one in three chance of HIV being transmitted from a mother living with HIV to her baby in the above three ways. People who are parents now, and who want to be parents in the future, can take steps to protect their baby to greatly reduce the chance of HIV transmission.

**The steps we can take to reduce HIV infection in our children are:**

### Before pregnancy

- Both parents protect themselves from HIV when they are growing up.
- Both parents take an HIV test before conceiving.
- If either or both of them is HIV positive, they abstain or use condoms initially. They take HIV treatment consistently to keep the level of virus in their blood as low as possible. Remember: if the level of virus is so low

it cannot be measured ('undetectable'), it cannot be passed on during sex ('untransmittable').

- They get a check-up for other STIs and have them treated.

### During pregnancy

- Both parents take an HIV test. They take ARVs if necessary.
- If either partner knows they are HIV positive, or the HIV status of either partner is not known, or either is having sex outside the relationship, they practise safer sex by abstaining or using condoms.
- The mother attends the antenatal clinic regularly. If the mother is HIV negative, she has an HIV test at 34 weeks.
- They disclose if they have HIV so they can be referred to the correct facility.
- If both parents or the mother is positive, it is important that they adhere to their ARVs at all times.



## KEY IDEAS

### During delivery

- An HIV positive mother who is not on ARVs will take a drug called AZT from week 28. During labour she will take drugs, called nevirapine and septrin, and her newborn will take them after delivery.
- To protect her own health, the mother should also have access to long-term HIV treatment and drugs for other infections.
- Some mothers have an operation called a caesarean section to take out the baby quickly if the labour is long.
- The baby is washed and birth fluids removed from the eyes, nose and mouth immediately after delivery.

### After delivery

- Do not breastfeed at all or breastfeed exclusively (give the baby no other foods or drinks) for the first six months then stop completely at one time and give other foods to the baby. If you are on ART, an undetectable viral load reduces the risk from breastfeeding, but it does not reduce the risk to zero.
- Take the baby quickly to the health clinic if there are any problems or poor growth.
- Continue to take ARVs and abstain or practise safer sex.

## ACTIVITY



1 hour and 30 minutes



All ages

### Drawing a cartoon

1. Put people into pairs and ask them to think of a situation where a woman and a man are planning for a pregnancy. They decide to have an HIV test and STI check-up in order to have healthy children.
2. In pairs, ask them to draw a series of cartoon pictures to tell the same story. They should include speech bubbles to show what the man and woman are saying.



3. Ask the pairs to exchange their cartoon pictures with other pairs and discuss them.
4. Ask them to summarise the main messages from the cartoons using the key ideas from this session. For example:
  - They will both have HIV and STI tests.
  - If either of them is HIV positive, they will use condoms initially.
  - They will get help from a qualified health worker, deliver at a health facility, take ARVs and act on other health advice.
  - They will take their treatment consistently and correctly and have regular viral load tests, to ensure the level of virus in their blood remains too low to be measured. This means they cannot pass on HIV through sex.
  - The mother will feed the baby only with breast milk for six months and then change to weaning foods.



# HIV STIGMA AND DISCRIMINATION

## AIMS

- To understand the meaning and causes of HIV stigma and discrimination
- To understand the consequences of stigma and discrimination for preventing HIV infection, caring for people living with HIV and ensuring equal rights
- To find ways we can prevent HIV stigma, challenge discrimination and fulfil everyone's human rights



## KEY IDEAS



### Take care!

The topic of HIV stigma and discrimination can be very heavy and painful, especially for those of us living with HIV or affected by it in our families. Keep an eye on the group members and use your judgement about when to take a break. People may need quiet time to reflect and recover. A group song/activity can be a good way to close the session on a united and positive note.

- HIV stigma is when people think that a person or group associated with HIV is worth less than others.
- HIV discrimination is when a stigmatised person is treated unfairly or unjustly because they have HIV or they belong to a group seen as being at high risk of HIV.

- HIV stigma builds on inequalities and injustice that already exist in relation to gender, age, poverty, race or sexual behaviour.
- Institutions may also discriminate against people.

## Causes of HIV stigma

- Stigma towards people with HIV may result from: a lack of understanding and fear of the disease and how it spreads; prejudice; poverty; fear of illness and death; social fears about sexuality; messages about HIV and AIDS that increase fear.

## Consequences of stigma

- Stigma and discrimination lead to denying those of us living with HIV our human rights. For example, we may be denied the right to work, to stay at school, to get health care, to marry, to have children, to travel or return to our own country, or to live in our community.
- Stigma, discrimination and the violation of rights worsen the results of the epidemic.



## KEY IDEAS (continued)

- Those of us living with HIV or who think we are at risk may feel shame, guilt and fear – we stigmatise ourselves. This may cause us to hide our worries and avoid going for a test or practising safer sex in case people suspect us of having HIV. It prevents us from obtaining good care for ourselves and family members if they have HIV.
- Stigma and discrimination cause more anxiety and distress, which can damage our health and well-being.
- Empower people with the knowledge, skills and self-confidence they need to cope with the epidemic.
- Join those of us with HIV to challenge stigma and take charge of coping with HIV in our communities.
- Speak out against all forms of stigma and discrimination, for example, against women, young people and sex workers.
- Learn and teach others about:
  - How HIV is spread and not spread to reduce the fear of being with people with HIV
  - How any one of us could be infected with HIV or become infected if we have sexual relationships or have injections, cuts or blood for any reason, or were born and breastfed during the epidemic
  - How those of us living with HIV can live a happy, healthy and long life with effective treatment
  - How we all lose when people with HIV are treated badly because HIV spreads more quickly and has a worse effect
  - How we should all work to fulfil the human rights of people with HIV
  - How, with loving care, we can all contribute to preventing HIV; caring for those of us infected and affected and stopping the worst consequences of the epidemic

### Prevention of stigma

- We can all help to prevent HIV stigma and discrimination in our daily lives in many different ways.
- Those of us with HIV are the same as any other person. We do not expect to be treated differently – better or worse than anyone else. We need to share our worries and feelings about our illness with friends and family, and for them to provide practical help sometimes.
- We have faced the reality of HIV and can take the lead in supporting each other and helping others to take the actions they need to take to protect themselves. We can promote changes in our culture, gender norms and environment that make it easier for people to have happy and safe sexual lives.

I'm worried about people finding out because they don't understand about HIV.





## ACTIVITIES



1 hour for each activity



All groups

### Activity 1: Sharing experiences of living with HIV

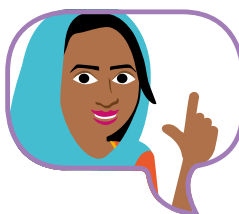
1. If there are people in the group who are open about living with HIV, invite them to talk about their experiences and answer questions. Make a rule that the person living with HIV can refuse to answer any questions he or she does not want to answer. Ask people to think about how they would feel about a question before they ask it. All questions should respect the person answering them.
2. Talk together about how the group can help each other to live positively with HIV, including prevention, care, supporting those of us whose lives it has affected most and ensuring equal rights for all.

Ask:

- What strengths and lessons can we learn from each other in coping with HIV? What makes us respect ourselves?
- What problems do children and young people living with HIV face? How can we work together to solve these problems?
- What can each of us do individually and as a group to cope with the epidemic?

### Activity 2: Role-plays

1. Divide into three groups. If there are people who are open about HIV status in the group, try to have at least one positive person in each group.
2. Ask each group to prepare two role-plays to show one of the following situations:
  - A young person who is living with HIV
  - A young person whose family member or members are living with HIV
  - An orphan who is living with a new family



The first role-play should show what may go wrong for a young person in this situation. The second role-play should show positive ways to cope with the situation.

The role-plays can show what the young person can do themselves, what their family and friends can do, and what community leaders, health workers, teachers etc. can do to cope well with the situation.

The people openly living with HIV can teach other people to act their part, so that people can get into the shoes of a person with HIV.

3. Ask each group to show their role-plays and bring out what different people can do to help each other cope with HIV.



## ACTIVITIES (continued)

### Activity 3: Labels

1. Explain that in a certain community there are nine people living with HIV who need ARV treatment. Unfortunately, the government only has enough ARVs for three people in each community. They ask community leaders and service providers to decide who should have the treatment. The people living with HIV are listed below.
  - A girl of 16 who is top of her group at school and gets her fees and helps her family by selling sex
  - A boy of 20 who has a good farm, uses drugs and has two girlfriends
  - An orphan who was sexually abused by her uncle
  - A divorced woman living with HIV who works as a teacher and cannot have children
  - A married man with two wives living with HIV
  - A young man who is famous at football and has many girlfriends
  - A woman with eight children who had an abortion when she became pregnant again
  - A grandfather who suggests sex to young girls
  - A priest who has sex secretly with a young man
2. Participants are the community members who must decide on who will be treated. Ask each person to think individually which three people they would choose and why. They then go into pairs and share their chosen people, with reasons. The pairs should then find another pair and try to agree on the three people who should have treatment and justify their choices.
3. Ask the groups to present their lists and make a master list, which ranks the number of times each person was chosen.

4. Ask people to look at the ranked list.

Ask:

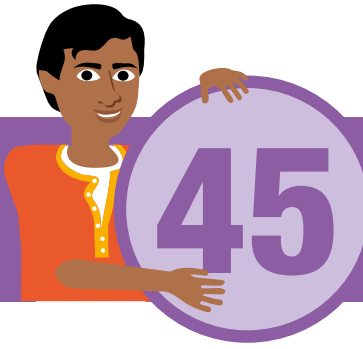
- What did we learn about ourselves and others from this activity?
  - What reasons did we use to decide who should have treatment?
  - What does this teach us about stigma?
  - How did it feel to decide who should have a chance to stay healthy and live longer and who should not?
  - Is it right that people should choose who gets ARVs and who does not?
  - What else could we do in this situation?
5. Point out that people could also advocate for more ARVs to be available for everyone.
  6. What have we learned about stigma? How will we use what we have learned before the next meeting?

### Activity 4: What we have lost, what we could gain

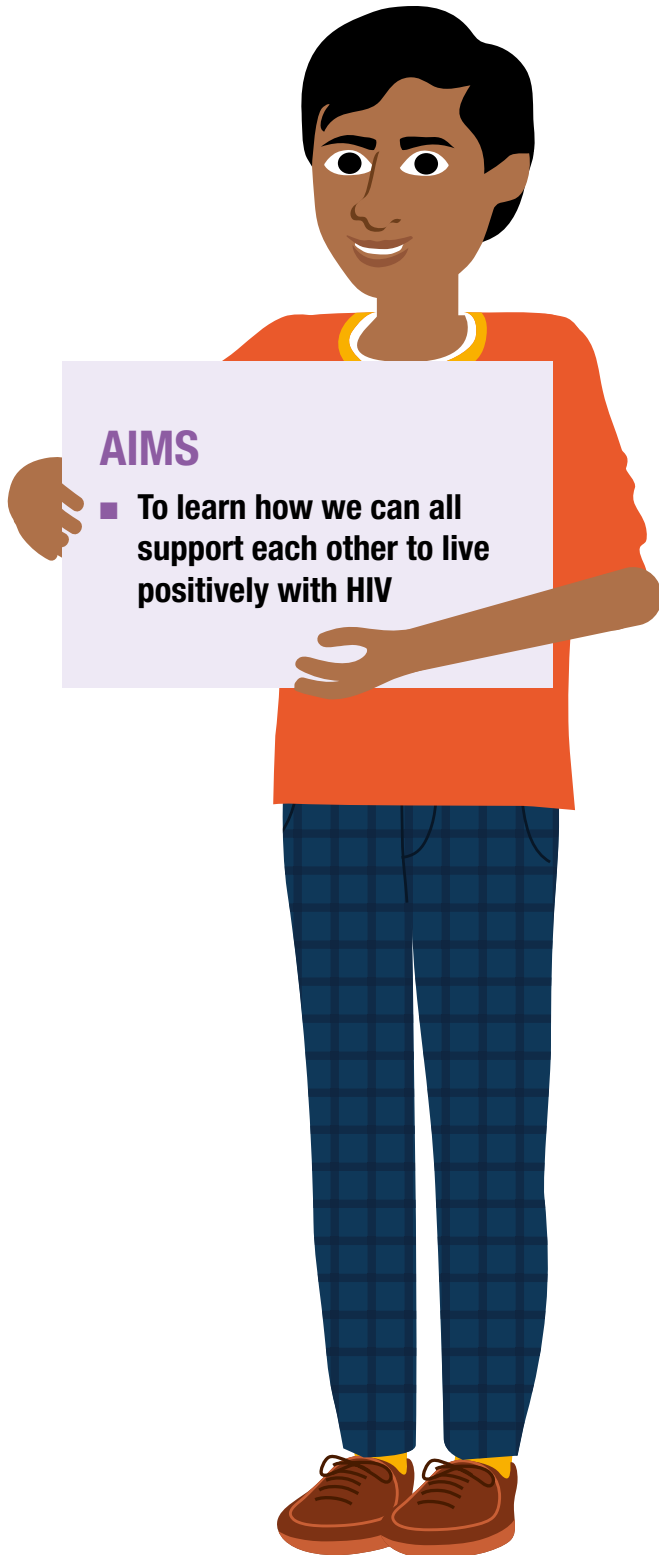
1. Divide into two or three groups.

Ask each group to discuss:

  - What they, their family and community have lost because of discrimination against people living with HIV
  - What they, their family and community have gained by not discriminating against people living with HIV
2. Ask them to report back to the large group.
3. Ask them to develop a drama to perform in the community to show the key points.



## LIVING WELL WITH HIV



### KEY IDEAS

- Those of us living with HIV should not be discriminated against because of our HIV status.
- Those of us living with HIV have the right to:
  - Express and enjoy our sexuality
  - Timely, appropriate and high-quality health services that respect our independence, privacy and well-being
  - Reliable, continuous supplies of antiretroviral treatment, along with access to regular viral load testing, to ensure the virus is effectively controlled. U=U (undetectable = untransmittable) means that, if the level of virus in our blood is kept so low it cannot be measured, we CANNOT pass on HIV through sex (vaginal, anal or oral)
  - Decide whether to have children or not, when and with whom
  - Have access to the resources to prevent parent-to-children transmission
  - Get all the information and support we need to live a healthy life
  - Decide whether and when to disclose our HIV status, who we want to tell, and to do so only when we feel safe and understood
- Practising safer sex is not only the responsibility of people living with HIV and other STIs; all of us share that responsibility.
- A lot of young people living with HIV face different forms of discrimination and social stigma such as isolation from family, friends and community. This is an important barrier for us to live a healthy life.

## ACTIVITY



1 hour



All ages from 12-years-old, including parents and caregivers.

1. Explain that we are going to talk about living well with HIV.
  - Many of us do not know whether we have HIV or not.
  - Praise those among us who have had the courage to take an HIV test and are taking action to remain negative or to live positively with the virus. If anyone has already told the group that they are living with HIV, say we are all looking forward to learning a lot from their experiences, but remind them it is completely their choice to decide what they want to share and when.
2. Go into small groups to listen to a story. Ask the group to choose names for the two main characters. Read the story in steps and ask people to discuss some questions at each step.

**"An 18-year-old man has completed ten years in school and is now a hard-working farmer and also learning carpentry. He is a good dancer and the girls have always liked him. He is going out with a girl of the same age and they plan to marry after harvest. The young man attended an HIV prevention talk and he is worried that he might have HIV because he has had four girlfriends before. He is trying to decide whether to have an HIV test or not..."**

- What do you think he is feeling?
- Do you think he should discuss it with his girlfriend?

**"...After taking the test, he gets his results, which say he is HIV positive..."**

- How does he feel when he hears the news?
- What can he do now?

**"...He decides to tell his girlfriend the test results because it's important for both of them. She decides to have an HIV test. She is also HIV positive..."**

- How do you think she feels?
- How can they support each other?

**"...They decide to live as positively as they can. They both feel healthy and get on with their life and work. After one of their regular check-ups at the hospital, they are put on antiretroviral (ARV) drugs, which they have to take correctly every day. These drugs reduce the amount of virus in their blood and help people with HIV to live healthily for a long time."**

Ask and share people's ideas on these questions:

- How can they help each other to take their treatment consistently and correctly?
- What might make it difficult for them to take their treatment consistently and correctly?
- What other things can they do to keep themselves healthy?
- If they were your friends, how would you help them? How would you learn from them?

### 3. Gather the group together and ask:

- how will we use what we have learned before the next meeting?



# TELLING PEOPLE ABOUT OUR HIV STATUS

## AIMS

- To define what HIV disclosure means
- To identify ways to make this process safer for those of us living with HIV



## KEY IDEAS<sup>8</sup>

- The right to confidentiality and privacy is recognised as part of sexual and reproductive rights.
- HIV disclosure is the voluntary process of telling family members, friends, partners or other people our HIV status.
- A disclosure process has five key elements:
  - It's voluntary. No one should be forced to disclose their status to anyone.
  - Consider the overall development of the individual. Disclosing to any person (but particularly a child, about their own or their parent's status) will require consideration of their age, capacity and overall development. There are many ways to disclose, depending on who we are talking with.
  - It's a gradual process. HIV disclosure is not a simple action that is done all at once to everyone. Disclosure can begin with small pieces of information, gradually increasing the amount of detail given. It can start with the people we feel more comfortable with, so we can build up our support network.
  - It's supported by professionals and experienced people including those living with HIV. If HIV disclosure is done carelessly, the process can become harder and even expose the person to violent reactions.
  - It's planned. Before disclosing, think about the good but also the bad consequences you might face. If you are concerned about your personal security, you can do it in a public but quiet space where there are people around.
- Open communication and trust are important for healthy relationships. At the same time, it is also wise to take steps to protect ourselves from situations that might compromise our safety (for example, if we think someone might react violently if we tell them).
- It's a good idea to speak to other young people living with HIV about different ways to disclose and what worked for them, as you may be able to learn from their experiences.
- Test how people may react to your HIV status by asking them questions like, 'What do you think about HIV?' and 'Have you met anyone with HIV?' This will help you get a sense of what they think and how they might react.

8. Adapted from Organization for Social Services, Health and Development (OSSHD) (2016) *Living with HIV and Self-disclosure: A Manual for Young People Living with HIV who are Peer Facilitators*, and IPPF (2010) *Healthy, Happy and Hot: A young people's guide to their rights, sexuality and living with HIV*.

## ACTIVITY



1 hour



All ages from 12-years-old, including parents and caregivers.

### Giving and receiving important news

1. Start by talking about the importance of honesty and understanding in our relationships with others, whether they are family, friends or a partner.
2. Ask for examples of times when people have broken news (good or bad) to family members, close friends and others. What made it go well or not so well? What about times when they have received important news (good or bad) from others? What made it go well or not so well?
3. Introduce key concepts about HIV disclosure. Make sure you use non-stigmatising language and keep the messaging around the idea that, as part of keeping ourselves and others safe and healthy, it's important to disclose HIV status when we consider it right and timely to do so. At the same time, peers, family and friends also have a responsibility to act in a supportive and respectful way.

4. Write on a board the words 'good points' and 'bad points'.

Ask the group:

- What are some positive and negative aspects of HIV disclosure?

Brainstorm until there are a few suggestions on each side. Make a quick review of the points raised by the group, ask one or two people why they have mentioned them.

5. Ask participants to divide in three smaller groups.

#### One group will work on this scenario:

A 16-year-old girl knows she has HIV, she wants to tell her parents, but she's afraid of their reaction. How can she do this?

#### The second group will work on this scenario:

The parents of a 16-year-old girl have just found out from her that she has been living with HIV for a few months. How can they support her?

#### The third will work on this scenario:

The parents of a young child know she/he has been living with HIV since birth, but the child does not yet know their own status or that of their parents. How can the parents help their child as she/he grows up?

6. Give each group 10 or 15 minutes to think about the different scenarios.

At the end of this time, each group presents their case. After each presentation, ask members of the other group to comment and give additional suggestions.



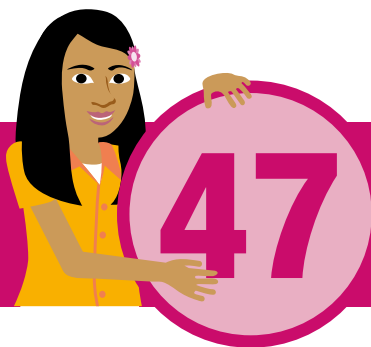
#### 7. Ask the group the following:

- How can we support someone who is sharing their HIV status with us?
- How can the disclosure process be made safer for those of us living with HIV?

# LIFE-SKILLS



SESSIONS IN THIS SECTION			
47. Standing up for ourselves	p137	1 hour	All groups.
48. Making decisions	p139	1 hour	All groups.
49. Keeping to our decisions	p141	30 minutes for each activity	All groups.
50. Earning income	p143	1 hour	All groups.
51. Solving problems	p145	1 hour	All groups.
52. Taking responsibility	p148	1 hour	All ages, including adults. Mixed groups of males and females.
53. Our feelings and responses to criticisms	p150	30 minutes for each activity	All groups.
54. Dealing with conflict	p152	1 hour	All ages, including adults. Mixed groups of males and females.
55. Drugs and alcohol	p154	Debate: 1 hour 45 minutes Mapping: 1 hour	All groups, mixed



# STANDING UP FOR OURSELVES

## AIM

- To practise ways of being strong and standing up for ourselves



## KEY IDEAS

People often try to stop others from being strong. They will find ways to make you back down, change your mind, or give up trying to get what you want. Some of these ways are listed here:

- They pretend that there is no problem  
*'Oh come on, you are imagining things. No one is teasing or rejecting you. Stop being so sensitive.'*
- They try to make you feel small  
*'What, you are weak to feel sad because a few of your group-mates tease you. Grow up!'*
- They argue with your point of view  
*'We don't have HIV because we only have sex with nice girls. You must have been with a prostitute.'*
- They try to scare you  
*'If you get near me I will report you to the headmaster and he will expel you from the school for misbehaving.'*
- They give you false information to persuade you to change your mind  
*'It's not true that you can't give us HIV. Supposing you fall in football and cut yourself and then the blood gets onto the skin of another boy. Or saliva from your mouth might get into someone's eye.'*
- They try to get you off the topic  
*'Anyway, let's forget about HIV. What grade did you get in Maths, everybody?'*

## Some ways of resisting pressure

- **Refuse:** Say 'no' clearly and strongly. Keep saying 'no'. If they don't take any notice, walk away.
- **Leave it until another time:** Let's meet tomorrow and talk about it some more. I am not ready yet.
- **Find something you can both agree on:** Let's do something that will make us both happy.





## ACTIVITIES



1 hour



All groups

### Activity 1: What to do when people try to stop you from being strong

1. Refer to the list in the Key ideas section.

Ask:

- Can we think of examples when other people have done this to us?
- How can we respond best to each of these?

### Activity 2: What to do if someone tries to persuade you to do something you don't want to do

1. Explain that sometimes people try to persuade you to do things you don't want to do and which may harm you. Then you need to find strong ways to keep refusing.

Ask the group to call out some examples of this kind of situation. Choose one situation.

2. Invite two people to role-play the situation. One is to try as hard as possible to persuade the other to do something they don't want to do.

Tell the rest of the group to watch and identify the different ways each of them is trying to get their point across.

3. When the person persuading has run out of ideas or the person refusing has given in, ask a new person to come from the group and try.

4. Continue changing the actors until everyone has run out of ideas.

5. Ask:

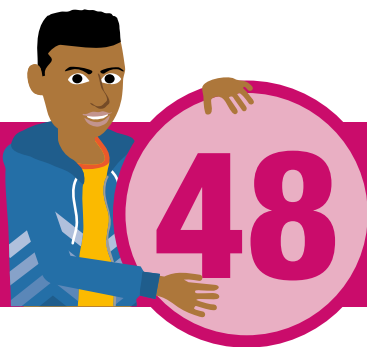
- Which ways did the persuaders use to make the other person agree? (Make a note of these.)
- Which ways did the refusers use to resist?
- Which ways worked well? (Make a note of them.)

Discuss the advantages and disadvantages of the decision that the person being persuaded finally made.

6. Divide into threes and ask the groups to think of a situation that might happen to someone like them, where someone is trying to force them to do something they don't want to do. Tell them to take it in turns to role-play, with one person saying 'no', another person trying hard to persuade them, and the third person looking at the ways they use and what works well. Take it in turns to play each of the roles with a different situation.

7. Ask:

- What did you learn from this activity and how will you use it before the next meeting?



# 48 MAKING DECISIONS



## AIM

- To learn that every decision has a consequence
- To learn that we make many decisions in our daily lives and some can change our lives for better or worse
- To learn the importance of keeping to a decision
- To learn how to make a decision



## KEY IDEAS

- Every day we make decisions, choosing to do one thing or another. Some are big decisions, others are smaller decisions.
- Decisions that we make about friendships and sexuality are important and can have a big effect on our lives.
- Sometimes we make decisions based on our feelings. We want to do something, so we go ahead and do it without thinking. This can work well, but it can also turn out badly. For example, many people have sex because their feelings are very strong, without thinking about the consequences. When the feelings lessen, they may realise they made a mistake.
- It is helpful to think about the good and bad points about each choice before we make a decision, so we can weigh up which choice is best for us and others.

## ACTIVITY



1 hour



All groups

### Decision points role-play

1. Explain that today we are going to talk about making good decisions about friendships between boys and girls.
2. Ask two people to act out the story. The group can choose a name for each character.
3. Explain that you will clap your hands at a point when the two people need to make a decision. The actors should stop when you clap so that the group can discuss the decision point.

### The story

There is a smart young man who is learning to be a carpenter. He meets his pretty neighbour, aged 16 years, on the way to market. She has just completed school and is selling vegetables.

He invites her to go to a night entertainment with him in the evening at the next village. He will borrow a bicycle and take her there and back.

At first she refuses, but then she agrees if he will promise her certain things.



Let the two actors stop at this point.

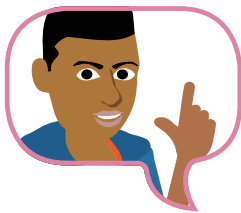
## ACTIVITY (continued)

### 4. Ask the group:

- What promises does she want him to make before she goes to the entertainment?
- If he makes the promises, should she agree to go? Why or why not?
- What might be the good or bad consequences of going?
- How can she keep safe if she does go with him?

### 5. Vote on whether you would go if you were the girl.

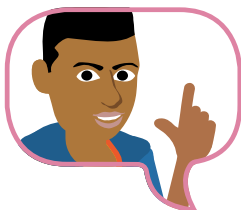
- Do boys and girls vote differently? Why?



**After the discussion, continue with the drama.**

**She agrees to go to the entertainment if he promises to bring her back by 10 o'clock in the evening and doesn't drink or smoke at the party. He promises.**

**They enjoy the party, they dance and begin to feel quite sexy. 10 o'clock comes and goes without either of them noticing. At 11 o'clock, she notices the time. He has drunk a few beers and the bicycle is nowhere to be found. The owner has taken it back to the village. He tells her that they will have to sleep at his brother's house.**



**Stop the actors at this point.**

### 6. Invite two people to show what happens next in the drama.

- What might the consequences be for them?

### 7. Now invite two more people to show a different ending.

- What might be the consequences of this ending?

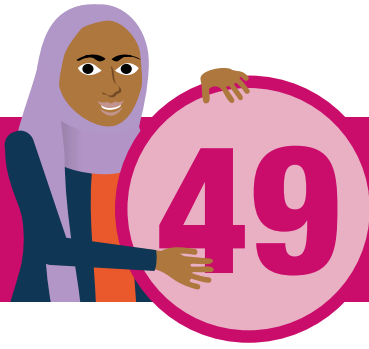
### 8. Ask:

- What did you see happening in the drama?
- Does this happen in our community?
- Why does it happen?
- Which were the 'decision points' in the story?
- What are the consequences for the girl and the boy?
- How could she have made sure that he kept his promises?
- Do you think he was being honest with her? Why, or why not?
- Why do boys or girls try to trick each other into having sex?
- Why do people allow themselves to be tricked into having sex?

### 9. Invite people to act a final ending showing how they manage to stay safe that night.

### 10. Ask:

- What did you learn from the activity? How will you use what you learned before the next meeting?



# KEEPING TO OUR DECISIONS

## AIMS

- To learn how to keep to good decisions or make new decisions



## KEY IDEAS

- There may be good reasons for changing our minds. A decision might have been good in the past but is not the best choice in a new situation. Changes and new information may tell us that it's best to make a new decision.
- It is not always easy to keep to a decision every time for a long time. We may get tired or bored with keeping to a good decision or find some consequences too difficult.
- Things outside our control may stop us from carrying out a good decision.



## Questions to ask when making a decision

- Where am I now?
- What are my goals? Where do I want to be?
- What are my choices for getting there? What are the advantages and disadvantages of each choice?
- What resources and support do I need for each choice? Who do I need to involve in the decision?
- What would help or hinder me in acting on this choice?
- What might the good and bad results of each choice be?
- What steps do I need to take to act on my decision?



### Activity 1: Reading a story

1. Read the following story about two school friends. Ask the group to choose a name for each of the characters.

A girl and a boy are school friends and go to the youth club together. They sign a pledge that they won't have sex before marriage, but it's not so easy for them to keep to their decision. Here's why.

The girl's family does not have enough money to pay school fees for all their children. They decide she is now big enough to leave school and earn some money or marry. She is very unhappy, and when a businessman says he will pay her school fees if she will be his 'friend' she wonders what to do.

The boy goes to stay with his uncle in another village. His uncle says that it is time for him to mature and have friendships with girls. He gives him some herbs to strengthen him and attract the girls. He says he will come back in a few days to see how he is doing.

2. Divide into groups and give the story of the girl to one group and the boy to another group.
3. Ask them to discuss these questions:
  - Why did the girl or the boy decide to sign the pledge?
  - What is making it difficult for the girl or the boy to keep to their decision?
  - What choices does the girl or the boy have?
4. Take the choices one by one and discuss the good and bad points of each choice.
 

Ask:

  - What would you do if you were the girl / the boy? Why?
5. Now ask the group to consider the lives of the girl and the boy five years later. What do they think has happened? What would be the good and bad long-term results of the different choices the two characters could make?
6. Ask:
  - What did we learn from this activity?
  - How will we use what we learned before the next meeting?

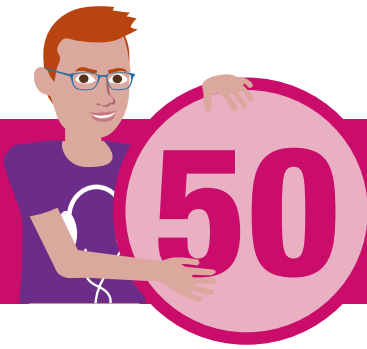
### Activity 2: Our own decisions

1. Divide the group into pairs. Tell them to think by themselves of a decision that they made and managed to stick to.

Tell the pairs to take it in turns to talk with their friend and answer these questions.

Ask:

- What helped you to stick to your decision?
  - What made it difficult for you to keep to your decision?
  - What more would you like to happen to help you to keep to your decision?
2. In the big group, ask people to call out their answers to the questions one by one.
  3. Ask:
    - What did you learn from the activity? How will you use it before the next meeting?



# EARNING INCOME

## AIMS

- To look at ways of earning, spending and saving money
- To learn how to use money appropriately to address our needs



## KEY IDEAS

- Young people face overwhelming demands for money to meet their needs (for example, buying food, clothes and paying school fees). Many factors may make it difficult for them to meet these needs, such as poverty or loss of parents. This can lead them into exchanging sex for money, gifts or favours.
- However, there are positive ways that young people can earn money. This is more possible when we form groups to organise an income-generating activity (IGA), such as bee-keeping, fish farming, pig-keeping or growing crops for sale. Other opportunities are becoming an apprentice, knitting, selling pancakes or other foods, performing music and drama, etc.
- As young people we can learn the skills needed to identify successful income-generating activities in our communities. We can learn how to carry out resource mobilisation, make a simple business plan, and set up an IGA management committee to ensure the smooth running of the project.
- We can use some of the funds raised to support other group members in their individual projects as revolving funds. We need to keep careful records of equipment, profits, spending and saving on a daily basis.
- If young people are empowered economically, this can build their self-esteem and ability to make choices, such as looking after their health. IGAs can help people who leave school early to access employment and even return to education.
- Above all, income-generating activities provide a forum for young people to discuss issues that affect them and come up with possible solutions to address them. These include helping their parents.
- The group builds trust and reduces uncertainty, since peers learn and share how to earn, spend, save and record from their own experience.
- Income-generating groups are an opportunity to teach young people about other life-skills, including ways to look after their health.



### Activity 1: Income and expenditure tree

1. In single-sex groups, draw a tree on the ground to show all the things that you spend money on (the leaves) and all the ways that you earn money (the roots).

Ask:

- What have you learned from drawing the tree?
- Are there ways you could reduce your spending or change it so you spend your money more wisely?
- Are there other ways you might earn money?

2. Come together and share your trees.

Ask:

- What have you learned from each other?
- Will you make any changes in your own way of earning and spending money?

### Activity 2: Visit

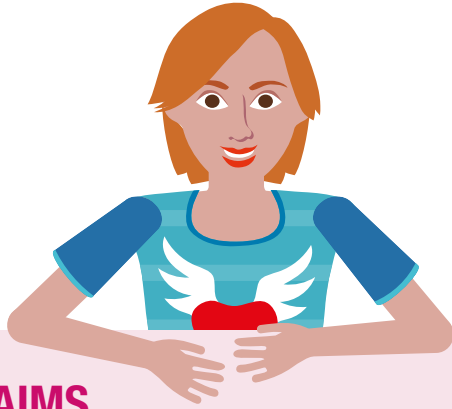
1. Organise a visit to a local income-generating group to learn how they set up and operate their business.
2. Help groups make a plan to set up their own IGA.
3. Refer them to organisations or people with skills and resources for income generation.







# SOLVING PROBLEMS



## AIMS

- To share ways that we have solved problems in our lives
- To practise solving a problem using these ways
- To find more ways to solve problems and try using them



## KEY IDEAS

- Everyone has worries and problems in their lives. Some are big problems and some are smaller ones. We can learn to solve problems as much as possible and to live positively with problems that we cannot solve.
- We learn and feel strong by looking at how we have solved problems in our lives before. We can use the same ways again for other problems.
- We can also imagine new ways to solve problems and put them into action.
- We can understand our problems better by looking at why they happen. We can then think of ways to avoid them.
- We can imagine how we would like our lives to be. Then we can look at what steps we can take to make our dreams come true.

## ACTIVITY



1 hour



All groups

### Activity 1: Steps for solving problems

1. Explain that we are going to learn some steps for solving problems and then use them to solve a problem. (Use the letter on the next page, or divide into small groups and ask each group to come up with a problem situation about your topic that happens to people like them.)
2. Explain the steps for solving a problem briefly, using a simple example and asking the group to answer the question at each step.
  - **Step 1** – What is my problem? (Explain it clearly and pick out the main problems. Choose one to start with.)
  - **Step 2** – What is causing my problem? (What are all the causes? Which ones are most important?)
  - **Step 3** – What can I do about it? (What are the realistic ways to solve it?)
  - **Step 4** – Which way is best? (For me and those I care about.)
  - **Step 5** – What steps should I take to solve it and when?
  - **Step 6** – Who do I need to support me?
  - **Step 7** – Have I solved it successfully? (Will I be happy if I look at it in the future?)
3. Read the letter on the next page or use group letters.
4. Ask each group to use the steps to help the letter-writer solve her problem. Read out each step one at a time and give people time to answer them in their groups.

## ACTIVITY (continued)

5. In the big group, share what you have learned about problem solving. If every group had the same problem, ask each group to talk about one of the steps and others to add.

6. Ask:

- What have we learned from this activity?
- How will we use it before our next meeting?

Dear Auntie Misozi,

I am really worried. I am 14 years old and in grade 7. My mother is alone and we don't have much money. She says that she can't afford to pay my fees next term. I often don't have time to do my homework because I have to help her and sell groundnuts after school. A boy in my group helps me with my homework and he is asking me to have sex with him.

My group teacher keeps telling me I am beautiful and he wants me to be his special friend. He says he will pay my fees for me and make sure that I get enough marks to go to grade 8. Yesterday he asked me to take some books to his house and started kissing me. I made an excuse and ran away but I know he will try again. My problems are worrying me too much.

What can I do?

Taonga

## Activity 2: Sharing experiences

1. Divide into groups of five or six people.

2. Ask everyone to think of a problem that they managed to solve in their lives. The problem could be big or small, and it does not have to be about sexuality.

3. Ask:

- What did you do to solve it?
- What helped you to succeed?

4. Ask each group to select one of the problems or put some together to make a common problem for people like them. Ask them to prepare a role-play to show how they solved the problem and why they were successful.

5. Ask them to act out the role-plays and summarise all the ways that helped people to successfully solve their problems.

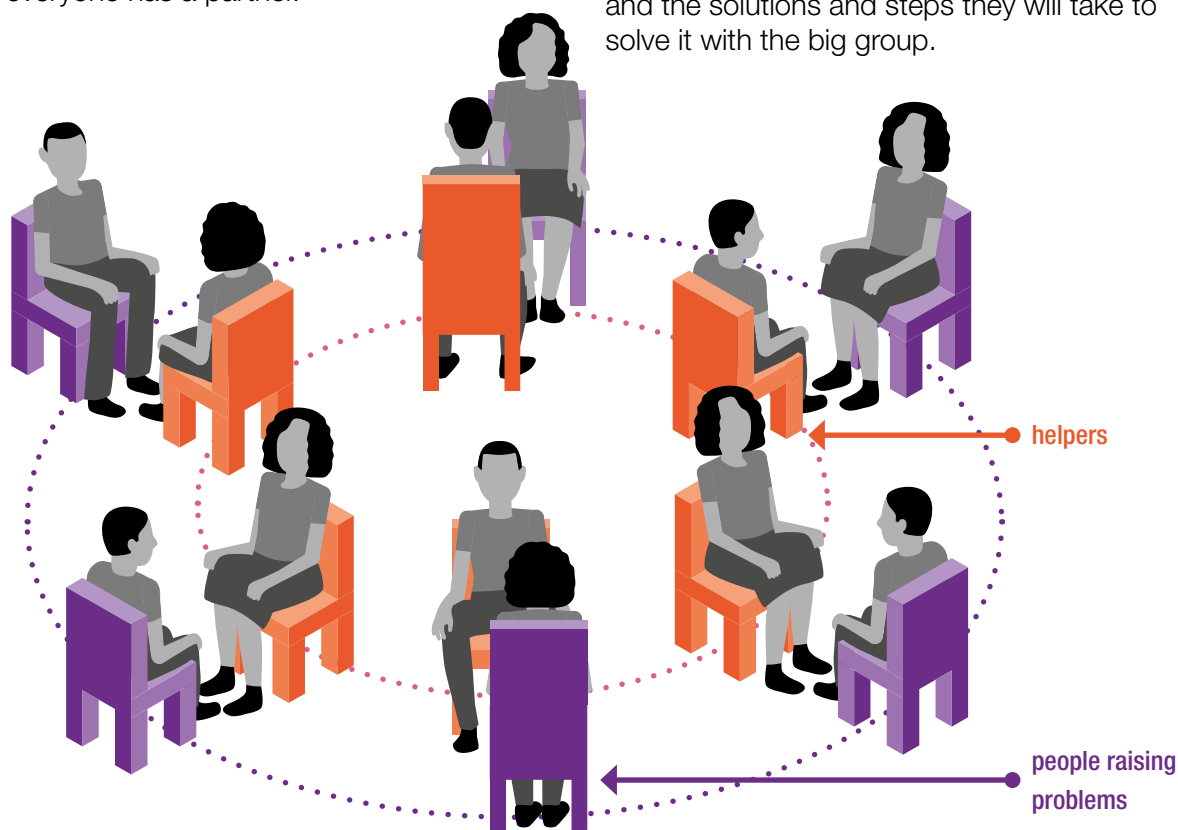
6. Ask:

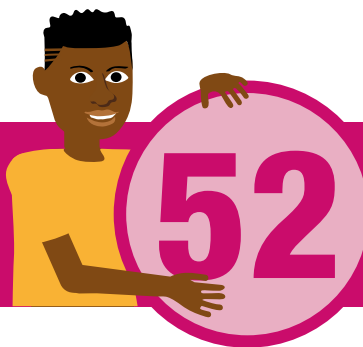
- How can we strengthen those ways to make it easier for people like us to solve problems in the future?

## ACTIVITY (continued)

### Activity 3: Margolis wheel – a way to solve problems together

1. In this activity, explain that people are going to help each other to find solutions to their problems. They are going to form a 'wheel' (known as a Margolis wheel), with some people being 'helpers' and others being 'people with a problem' to find solutions.
2. Ask everyone to think of a problem they need help with now. They should choose a problem that they are happy for others to know about and which will not take too long to explain and get help for.
3. Divide the group in two. Make one group the helpers and the other group the people with the problem. (Explain that everyone will have chance to change over later.)
4. Ask the helpers to take their chairs and make a circle in the middle facing outwards.
5. Ask the people raising problems to take their chairs and sit opposite the helpers so that everyone has a partner.
6. Explain that the people with problems now tell their helpers their problem and the helpers have three minutes to suggest solutions. The people with problems should try to remember all the solutions.
7. Clap your hands after three minutes and ask the people with problems to stand up and move one chair to the left. They now face a new helper and again get their suggestions for three minutes.
8. Repeat two more times.
9. Change places so that the helpers become people with problems and vice versa.
10. People with problems move one place to the right so that they meet a different helper. Repeat the activity.
11. Ask people to think about all the suggestions they received from the helpers and what steps they will now take to solve their problem.
12. Ask for volunteers to share their problem and the solutions and steps they will take to solve it with the big group.





## TAKING RESPONSIBILITY

### AIMS

- To learn about taking responsibility for our actions



### KEY IDEAS

- Being responsible means that others can depend on us and we are accountable for our actions. We keep to our agreements and give our best to any job.
- Taking responsibility means accepting our role in whether things go well or badly. It means taking control of a situation rather than letting things just happen to us.
- Responsibilities are linked to rights. For example, if we have the right to decide on whether to have sex or not, we also have the responsibility to make sure that, if we do decide to have sex, we do it with the full agreement of the other person and we do not harm ourselves or anyone else.
- When things go wrong, taking responsibility means acknowledging our mistakes and making amends to repair the damage, instead of making excuses or blaming others.
- We should not take responsibility for things that are not our fault. For example, when children are abused, they often blame themselves, but it is never their responsibility.
- We can encourage each other to act responsibly and also ask adults to take up their responsibilities for protecting and supporting young people.
- Men often expect women to take responsibility for preventing pregnancy and STIs including HIV and HIV reinfection, even though men tend to make the decisions about sex. These gender norms and expectations can limit our ability to protect our health and well-being.
- It is best if young men and women share responsibility for their behaviour and what happens in relationships.

## ACTIVITY



1 hour



All ages, including adults. Mixed groups of males and females.

### Community responsibility

1. Divide into two groups.
2. Ask one group to create a drama showing a typical situation where someone like them has a serious problem to do with relationships or sexual health. Bring different characters into the drama who have some responsibility for the situation (for example, a teacher, nurse, parent or friend) as well as the main characters concerned.
3. Perform the role-play to the rest of the group.
4. Ask the characters to stay in the middle and remain in their role.  
**Ask the audience:**  
→ Who has some responsibility for this problem?
5. For each character, ask the group:  
→ What responsibility did this person have?
6. Explain the four-point plan for taking responsibility.
7. Ask each of the characters in the play to stand up and say how they will follow the four-point plan.
8. Continue the drama to show how all the characters follow the four-point plan in making things turn out as well as possible and avoiding having the same problem again.
9. Ask people what they have learned from the activity. Summarise.

#### Four-point plan

1. **ACKNOWLEDGE** what we have done
2. **ACCEPT** our part of the responsibility for it
3. **ACT** to make things turn out as well as possible for everyone
4. **THINK** about how we can avoid doing it again

I am sorry I didn't take responsibility and come and ask for your advice.



I am sorry you couldn't come and talk to me about this. I should have asked if you knew about contraception.





# 53

## OUR FEELINGS AND RESPONSES TO CRITICISMS

### AIMS

- To understand how to give people good criticism or feedback in a positive way that helps them do better rather than makes them feel angry or small
- To recognise helpful criticism and see it as a gift intended to help us do better



### KEY IDEAS

- Criticism is when people tell us something they do not like about us or our behaviour or some way they think we could improve ourselves.
- Anger and violence are often the result of people feeling disrespected or criticised. It helps if people can learn to handle criticism in a calm and balanced way instead of getting angry or feeling bad.
- Understand that the criticism is about something you have done, not about you as a human being.
- Treat criticism as a gift that can help you to be stronger, more confident and able to grow and improve. Criticism can mean that someone cares about you rather than being an attack on you.
- Learn to tell the difference between true and untrue criticism.
- If you agree with a criticism, say so. Ask for suggestions on how you might change or how your behaviour affects the other person.
- If you disagree with a criticism, say so and explain why. Ask the person for an example of the behaviour they are criticising.

### ACTIVITIES



30 minutes for each activity



All groups

#### Activity 1: Receiving criticism

##### 1. Ask:

- How do we feel when we are criticised by someone?

##### 2. Divide into threes and role-play two situations:

- A person giving helpful criticism to someone
- A person giving unhelpful criticism to someone

Take it in turns to play the roles, and practise reacting to the criticism in an angry way, a sad way or a calm and balanced way.

In the big group, ask:

- What are the things that make criticism helpful or unhelpful?
- What is the best way to respond to criticism?

## ACTIVITIES (continued)

### 3. Ask people in threes to think about:

- A time when someone gave you some criticism that was true
- A time when someone gave you some criticism that was not true

Ask them to tell each other about the situations, how they reacted and how the situations turned out.

- How could they have changed their reaction to improve the outcome?

Finish by sharing one thing you like about yourself and one thing you like about the other members of your group.

### Activity 2: Giving helpful criticism

1. In small groups ask people to think of situations where they might want to give someone helpful criticism.
2. Ask them to choose someone to act the part of the person who you want to criticise. Role-play giving the criticism as helpfully as possible, so that the person sees it as a gift, not an attack.
3. The person being criticised and the rest of the group members give feedback and the person re-plays it until it is helpful.







# DEALING WITH CONFLICT

## AIMS

- To identify the causes of conflicts at individual, family, group and community level
- To understand the steps needed to solve conflicts
- To develop skills in conflict solving



## KEY IDEAS

- Conflict is when individuals or groups have different views on a situation and cannot reach agreement.
- Through disagreement and discussion, people can come to a better understanding and make good changes.
- Conflict can have bad results if it leads to harmful behaviour such as stress, fighting and a lack of cooperation, and takes energy away from trying to change things for the better.

The conflict may be mild or reach the level of violence. Violence may happen if people do not handle conflict well or do not take any notice of the reasons that have created the conflict in the first place.

- Community educators can help people to use conflict in a good way to bring about positive change.

- Causes of conflict include unfair treatment, needs not being met, not being able to talk to each other, disagreeing over what is important, and disagreeing about solutions to problems.
- Many conflicts are about the unfair distribution of resources, including money and land, or the violation of people's rights.

### Some examples of conflict

- Parents and children may have conflicts when parents cannot provide for their needs and the children think they are mean.
- Friends may have conflicts when they disagree over what to do, or when they feel they have been left out or treated unfairly.
- Sexual partners may have conflicts over use of household resources, sex, childcare and the extended family.



## KEY IDEAS (continued)

### Steps in resolving conflicts

- In some conflicts it is helpful to talk to each person or group alone at first.
- Make some ground rules. For example, people will speak one at a time, listen to each other, and not talk while the other is talking or call each other names.
- Identify the problem clearly as all people in the conflict see it. Make sure that everyone listens to the other people and understands their opinions. Summarise the problem clearly and get everyone's agreement on it.
- Agree on aims and what each person or group hopes to achieve. Give everyone a chance to speak and to bring out common aims.
- Summarise the agreed aims.
- Look for solutions to the problems that will achieve the aims.
- Brainstorm openly to think of as many solutions as possible and accept them all at first. Praise people for their progress.
- Together, select those solutions which will achieve the aims and which everyone accepts.
- Gain agreement on the solutions, compromising if necessary.
- Make an action plan to carry them out.
- Make a verbal or written agreement.

## ACTIVITY



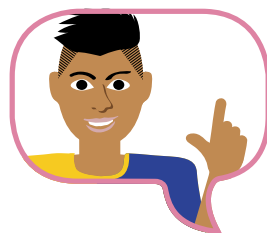
1 hour



All ages, including adults. Mixed groups of males and females.

### Demonstration and practise

1. Ask for volunteers to think of a conflict situation that they have heard about or is common in their community and act it out. They should then demonstrate the steps and skills of conflict resolution.
2. Ask the players and audience:
  - What were the steps used in the process?
  - What skills did you see different people using? How did these skills help the process?
  - What suggestions do you have for improving the process?
3. Ask others in the audience to take it in turns to practise helping the people to solve the conflict. If someone cannot find a way forward, stop and ask another person to continue.



Stop when people are satisfied with the result. Repeat the exercise with a different situation if there is interest from the group to do so.



# DRUGS AND ALCOHOL

## AIMS

- To discuss the good and bad points of drinking alcohol and using drugs
- To look at situations where we are in danger of misusing alcohol and drugs and having sex without a condom



## KEY IDEAS

- People all over the world use substances such as tobacco, alcohol and drugs that make them feel good in some way.
- Some of these substances always harm our health. Tobacco is like this.
- Some substances are harmful when people lose control over when they use them, how much they use or how they behave when they are using them. Alcohol is like this.

Drugs that are injected have additional risks, because HIV and other infections can be spread if needles and syringes are shared. This potential harm can be reduced if people who inject drugs have access to clean injecting equipment.
- It is easier not to start using drugs than to give them up when we have grown to like and need them. It is best for our health to say 'no' to drugs.
- We need to educate ourselves and be aware of the risks of using drugs so that, as far as possible, we reduce the potential harm to ourselves or others.
- Drug dependence is when a person's mind feels a great need for a drug.
- Drug addiction is when a person's body needs the substance and the person gets very sick when they stop taking the drug.
- People use different drugs for different reasons.
- People often like the way they feel when they take the drug at first. It can make them feel happy, confident, lively or relaxed; drugs can help people to forget their problems for a while but when they take too much, they often feel bad. For those injecting drugs, there are services in many counties that support young people to understand safe injecting practices.
- We all copy the practices that we find around us. If older people use alcohol and cigarettes, young people will see them as part of life and try them. If young people are not allowed, they may be even more likely to use them. They do this to find out how it feels to use them and to go against older people who tell young people not to use drugs but use them themselves.
- Peer pressure also leads young people to try drugs.

## ACTIVITIES



Debate: 1 hour 45 minutes. Mapping: 1 hour.



Debate and mapping – all groups, mixed.

### Activity 1: Debate

**1. Ask:**

→ Which substances do people like us most often use?

**2.** Choose two or three of the most commonly used substances in your local area to debate.

**3.** Divide the group into four. Explain that you are going to have a debate on the good and bad points of using alcohol and drugs.

Ask each group to prepare for one of the following:

→ To argue in favour of using alcohol

→ To argue against using alcohol

→ To argue in favour of using drugs

→ To argue against using drugs

**4.** Give the groups 15 minutes to get information to prepare their arguments. The motions are 'drinking alcohol is good for us' and 'using drugs is good for us'.

**5.** Ask the groups debating alcohol use to sit in the middle, opposite each other. Ask each group to make their opening argument. The groups then debate the motion, each trying to persuade the other side to agree with them. The other groups listen carefully.

**6.** When the groups have run out of arguments, invite the audience to add any points and discuss them.

**7.** Ask each side to sum up their arguments.

**8.** Add any correct factual information that has been missed.

**9.** Ask everyone to vote on the motion. If the majority vote for the motion, say that it is their choice, but they should carefully consider the risks and dangers. Make sure they have all the facts and do not go away with false ideas about drugs or alcohol.

**10.** Repeat the activity with the other two groups for drugs.

**11.** Ask people what they have learned and how they will use it.

### Activity 2: Mapping places where drugs are used

**1.** Ask people to make a map on the ground or a large sheet of paper to show all the local places where young people like them use alcohol and drugs. Use different markers to show where alcohol and drugs are used. Put one marker if they are used a bit, two if more and three for heavy use.

**2. Ask:**

→ Which of these are places where people might have sex afterwards?

→ What are the dangers of having sex when you are high or drunk?

→ What can we do to avoid the dangers?

**3.** Ask what people have learned and how they will use it.

# ANNEX I: The international framework for sexuality and life-skills education

The realisation of sexual and reproductive rights and access to sexual and reproductive health services are key to achieving sustainable development. In 2015, the UN General Assembly adopted the Sustainable Development Goals (SDGs), a globally agreed agenda for 2015-2030 under the theme 'Leave no one behind'. These goals and the overall 2030 Agenda form a road map for governments, civil society and the private sector to invest in development and equality. Adolescents and young people are crucial actors in advancing this agenda because they are not only affected by inequality themselves, they are also game-changers in their communities.

In relation to ensuring health and well-being for adolescents and young people, three goals are especially important:



**SDG 3: "Ensure healthy lives and promote well-being for all at all ages"**



**SDG 4: "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"**



**SDG 5: "Achieve gender equality and empower all women and girls"**

The International Conference on Population and Development's Programme of Action also urges governments and the international community to give particular attention to integrated sexual and reproductive health services, and to ensuring the access of adolescents and young people to evidence-based comprehensive sexuality

education (CSE), within a framework of promoting, respecting, protecting and fulfilling all human rights.

CSE initiatives are further supported by an important set of international agreements, which recognise access to CSE as a pillar for empowering adolescents and young people.

A case in point is the Eastern and Southern Africa Commitment. In 2013, 20 countries from the region endorsed a ministerial strategy on CSE and sexual and reproductive health services for adolescents to reduce HIV infections amongst adolescents and young people, promote gender equality and empowerment, increase access to services including HIV testing and antiretroviral treatment, and ensure schools have an integrated CSE curriculum.

In the same year, all countries in the Latin America and Caribbean region approved and adopted the Montevideo Consensus, a regional plan arising from the Conference on Population and Development's Programme of Action. Seen as one of the most progressive documents on population and social development, the Montevideo Consensus takes into account the rights of historically marginalised people, including indigenous people, Afro-descendants, migrants, children and young people. It also takes a clear stand on the importance of guaranteeing sexual and reproductive health and rights as part of sustainable development.

In the framework of these international and regional commitments, this toolkit aims to provide healthcare workers, peer educators and community leaders with an evidence-based and culturally sensitive set of activities to promote equal and healthy relationships free from violence, and safer sex lives to prevent unwanted pregnancy, HIV and other sexually transmitted infections. Furthermore, it also aims to support adolescents and young people living with HIV in terms of the fulfilment of their human rights, so they can enjoy the highest possible quality of life.

# ANNEX II: Making our sessions inclusive for people with disabilities

Evidence-based and accurate comprehensive sexuality education should be accessible for adolescents and young people in all their diversity, and this includes those with disabilities. Below are some general strategies for making this toolkit's activities more inclusive. These recommendations do not aim to be in-depth guidelines; if you are interested in learning more about this topic, you will find a few useful resources cited at the bottom of the page.

## What language should I use?

Generally, use 'person-first' language, which focuses on the individual rather than the disability.<sup>9</sup> (For example, 'adolescents with learning disabilities also have sexual and reproductive rights'). However, some people prefer an 'identity-first' language and might identify themselves as disabled persons. Ask people about their language preferences and use the terms they prefer.

## What about disclosure of disabilities?

Some disabilities such as certain physical impairments are visible, while others such as hearing impairment and intellectual or psychosocial disabilities might not be visible. It's important to maintain the confidentiality of all members of the group, whether they are living with a disability or not. Let all participants introduce themselves in the way they feel most comfortable with. Ensure everyone knows they do not have to reveal anything about themselves unless and until they are ready to share it.<sup>10</sup>

## What can I adapt when I'm facilitating a session?

There are several aspects you can think about when planning and running activities:<sup>11</sup>

- Consider the accessibility of the venue to ensure there's enough room for everyone, and that people using a wheelchair or other mobility supports can reach the place easily and comfortably.
- Pay special attention to the ground rules to make your sessions a safe space that recognises and embraces the diversity of all participants.
- Invite group members to tell you if there is anything you can do to enable them to participate fully. Do this before, during or after the session, as people prefer.
- If your activity has a strong physical component, be sure to offer alternatives for people using mobility supports, or consider substituting it with a different activity that suits all members.
- Use clear language when giving instructions and introducing new concepts. You can ask the group, 'Am I explaining myself well?' Repeat information in different ways, using diverse levels of language if necessary.
- You can add visual aids and props to make your message clearer.
- Check the group's energy and focus levels regularly. Avoid overly lengthy sessions and add breaks if necessary.

9. Americans with Disabilities Act (ADA) National Network 'Guidelines for Writing About People With Disabilities' (accessed November 2018). Available at: <https://adata.org/factsheet/ADANN-writing>

10. Advocates for Youth 'Sexual Health Education for Young People with Disabilities – Research and Resources for Educators' (accessed November 2018). Available at: <https://advocatesforyouth.org/resources/fact-sheets/sexual-health-education-for-young-people-with-disabilities>


11. International Planned Parenthood Federation (2017) *Training manual for sensitizing intermediaries on sexual rights of young people with learning disabilities*. Available at: <https://www.ippfen.org/sites/ippfen/files/2017-12/KMS%20training%20manual%20for%20intermediaries.pdf>









# ANNEX III: Useful resources

Cover	Title	Publisher and year	Url link
	<i>Learning About Sex: Resource Guide for Sex Educators, Revised Edition.</i>	Advocates for Youth (2011)	<a href="https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/learning-about-sex_web.pdf">https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/learning-about-sex_web.pdf</a>
	<i>Gender transformative HIV programming: Identifying and meeting the needs of women and girls in all their diversity. Good Practice Guide series.</i>	Frontline AIDS (2018)	<a href="https://frontlineaids.org/resources/good-practice-guide-gender-transformative-hiv-programming/">https://frontlineaids.org/resources/good-practice-guide-gender-transformative-hiv-programming/</a>
	<i>Ungagging abortion: Safe abortion in the context of HIV.</i>	Frontline AIDS (2018)	<a href="https://frontlineaids.org/resources/ungagging-abortion-safe-abortion-in-the-context-of-hiv/">https://frontlineaids.org/resources/ungagging-abortion-safe-abortion-in-the-context-of-hiv/</a>
	<i>Adolescent HIV programming: READY – Here we come! Good Practice Guide series.</i>	Frontline AIDS (2017)	<a href="https://static1.squarespace.com/static/5519047ce4b0d9aaa8c82e69/t/595a13b3099c01c8fd3da0c6/1499075518752/alliance_gpg-hiv_and_adolescents_final_original.pdf">https://static1.squarespace.com/static/5519047ce4b0d9aaa8c82e69/t/595a13b3099c01c8fd3da0c6/1499075518752/alliance_gpg-hiv_and_adolescents_final_original.pdf</a>
	<i>Sexual and reproductive health and rights, and HIV 101 workshop guide: A guide to facilitating a workshop on linking up HIV and sexual and reproductive health and rights with young key populations.</i>	Frontline AIDS (2015)	<a href="https://frontlineaids.org/resources/sexual-and-reproductive-health-and-rights-and-hiv-101-workshop-guide/">https://frontlineaids.org/resources/sexual-and-reproductive-health-and-rights-and-hiv-101-workshop-guide/</a>

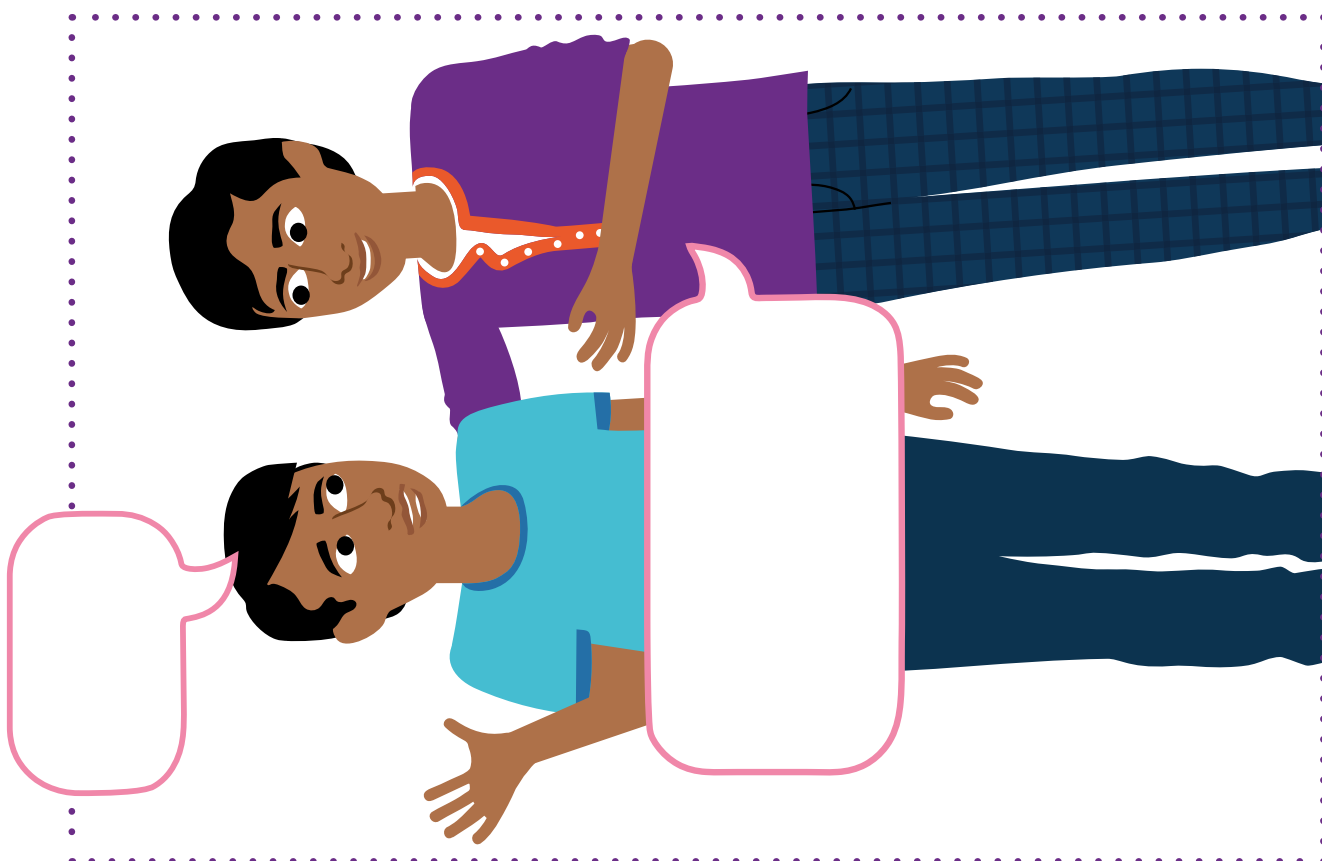
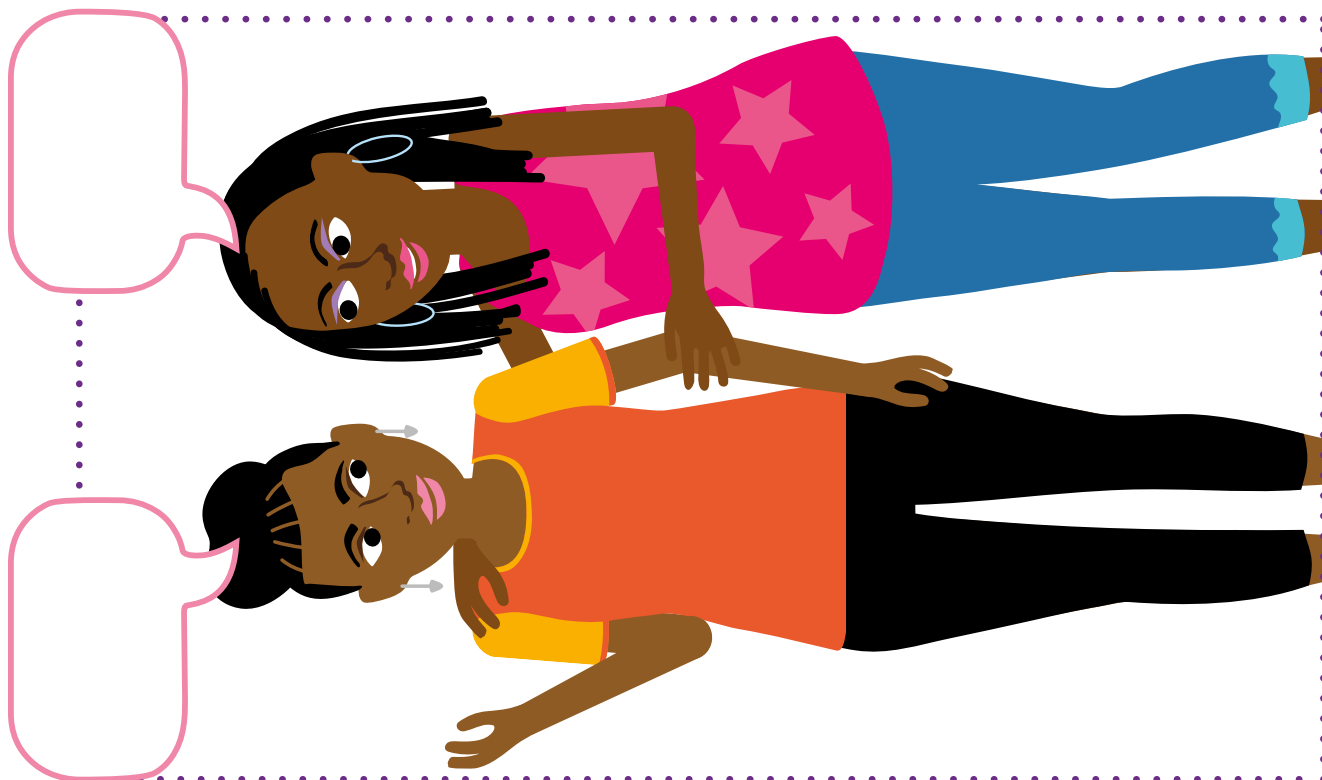


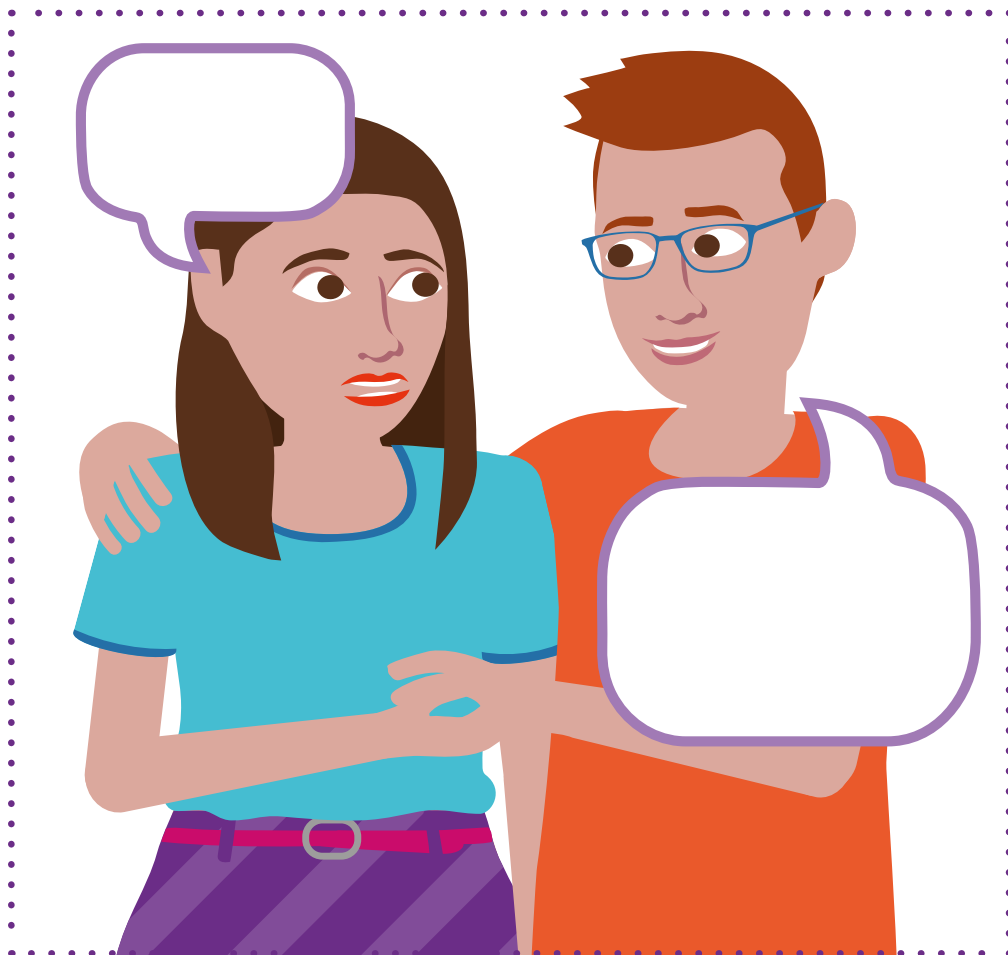
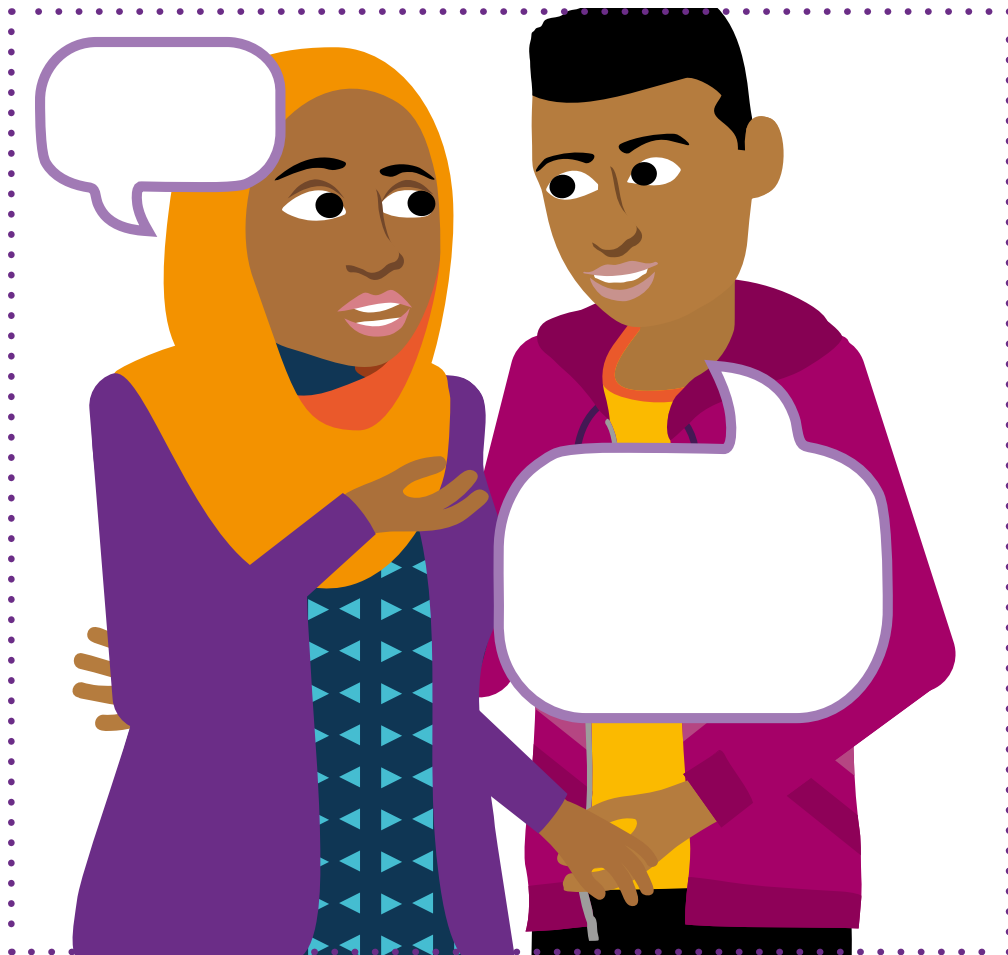
Cover	Title	Publisher and year	Url link
	<i>Deliver + Enable Toolkit: Scaling Up Comprehensive Sexuality Education.</i>	International Planned Parenthood Federation (IPPF) (2017)	<a href="https://www.ippf.org/resource/deliverenable-toolkit-scaling-comprehensive-sexuality-education-cse">https://www.ippf.org/resource/deliverenable-toolkit-scaling-comprehensive-sexuality-education-cse</a>
	<i>Everyone's right to know: Delivering comprehensive sexuality education for all young people.</i>	International Planned Parenthood Federation (IPPF) (2016)	<a href="https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf">https://www.ippf.org/sites/default/files/2016-05/ippf_cse_report_eng_web.pdf</a>
	<i>Fulfil! Guidance document for the implementation of young people's sexual rights.</i>	International Planned Parenthood Federation (IPPF) (2016)	<a href="https://www.ippf.org/resource/fulfil-guidance-document-implementation-young-peoples-sexual-rights-ippf-was">https://www.ippf.org/resource/fulfil-guidance-document-implementation-young-peoples-sexual-rights-ippf-was</a>
	<i>Putting Sexuality back into Comprehensive Sexuality Education: Tips for delivering sex-positive workshops for young people.</i>	International Planned Parenthood Federation (IPPF) (2016)	<a href="https://www.ippf.org/resource/putting-sexuality-back-cse-tips-sex-positive-workshops-young-people">https://www.ippf.org/resource/putting-sexuality-back-cse-tips-sex-positive-workshops-young-people</a>
	<i>Healthy, Happy and Hot: A young people's guide to their rights, sexuality and living with HIV.</i>	International Planned Parenthood Federation (IPPF) (2012)	<a href="https://www.ippf.org/resource/healthy-happy-and-hot-young-peoples-guide-rights">https://www.ippf.org/resource/healthy-happy-and-hot-young-peoples-guide-rights</a>
	<i>Inside &amp; Out: A Comprehensive Sexuality Education Assessment Tool.</i>	International Planned Parenthood Federation (IPPF) (2015)	<a href="https://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool">https://www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool</a>
	<i>Living with HIV and Self-disclosure: A Manual for Young People Living with HIV who are Peer Facilitators.</i>	Organization for Social Services, Health and Development (OSSHD) (2016)	Not available

Cover	Title	Publisher and year	Url link
	<i>From Evidence to Action: Advocating for Comprehensive Sexuality Education.</i>	International Planned Parenthood Federation (IPPF) (2012)	<a href="https://www.ippf.org/resource/evidence-action-advocating-comprehensive-sexuality-education">https://www.ippf.org/resource/evidence-action-advocating-comprehensive-sexuality-education</a>
	<i>It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, Vols. 1 and 2.</i>	Population Council with CREA, Girls Power Initiative, IPPF, International Women's Health Coalition, Mexfam (2011)	<a href="https://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-">https://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-</a>
	<i>Engaging Men and Boys in Gender Equality and Health: A global toolkit for action.</i>	Promundo, United Nations Population Fund (UNFPA) and MenEngage (2010)	<a href="https://promundoglobal.org/wp-content/uploads/2014/12/Engaging-Men-and-Boys-in-Gender-Equality-and-Health-A-Global-Toolkit-for-Action-English.pdf">https://promundoglobal.org/wp-content/uploads/2014/12/Engaging-Men-and-Boys-in-Gender-Equality-and-Health-A-Global-Toolkit-for-Action-English.pdf</a>
	<i>International technical guidance on sexuality education: an evidence-informed approach (revised edition).</i>	United Nations Education, Scientific and Cultural Organization (UNESCO) (2018)	<a href="https://unesdoc.unesco.org/ark:/48223/pf0000260770">https://unesdoc.unesco.org/ark:/48223/pf0000260770</a>
	<i>Delivering Youth-led Peer Education: A guide to facilitate youth-led workshops on sexual health and drug related Harm Reduction.</i>	Youth Rise (2014)	<a href="https://youthrise.org/wp-content/uploads/2017/06/Peer-Education-Guide-2014.pdf">https://youthrise.org/wp-content/uploads/2017/06/Peer-Education-Guide-2014.pdf</a>
	<i>The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes.</i>	United Nations Population Fund (UNFPA) (2015)	<a href="https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf">https://www.unfpa.org/sites/default/files/pub-pdf/UNFPAEvaluationWEB4.pdf</a>

Cover	Title	Publisher and year	Url link
	<i>Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender.</i>	United Nations Population Fund (UNFPA) (2014)	<a href="https://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education">https://www.unfpa.org/publications/unfpa-operational-guidance-comprehensive-sexuality-education</a>
	<i>Consolidated guideline on sexual and reproductive health and rights of women living with HIV.</i>	World Health Organization (WHO) (2017)	<a href="https://www.who.int/reproductivehealth/publications/gender_rights/Ex-Summ-srhr-women-hiv/en/">https://www.who.int/reproductivehealth/publications/gender_rights/Ex-Summ-srhr-women-hiv/en/</a>
	<i>Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists.</i>	WHO Regional Office for Europe and BZgA (2010)	<a href="https://www.bzga-whocc.de/en/publications/standards-in-sexuality-education/">https://www.bzga-whocc.de/en/publications/standards-in-sexuality-education/</a>
	<i>The Expect Respect Educational Toolkit.</i>	Women's Aid (no date)	<a href="https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/">https://www.womensaid.org.uk/what-we-do/safer-futures/expect-respect-educational-toolkit/</a>

## ANNEX IV: Useful tools

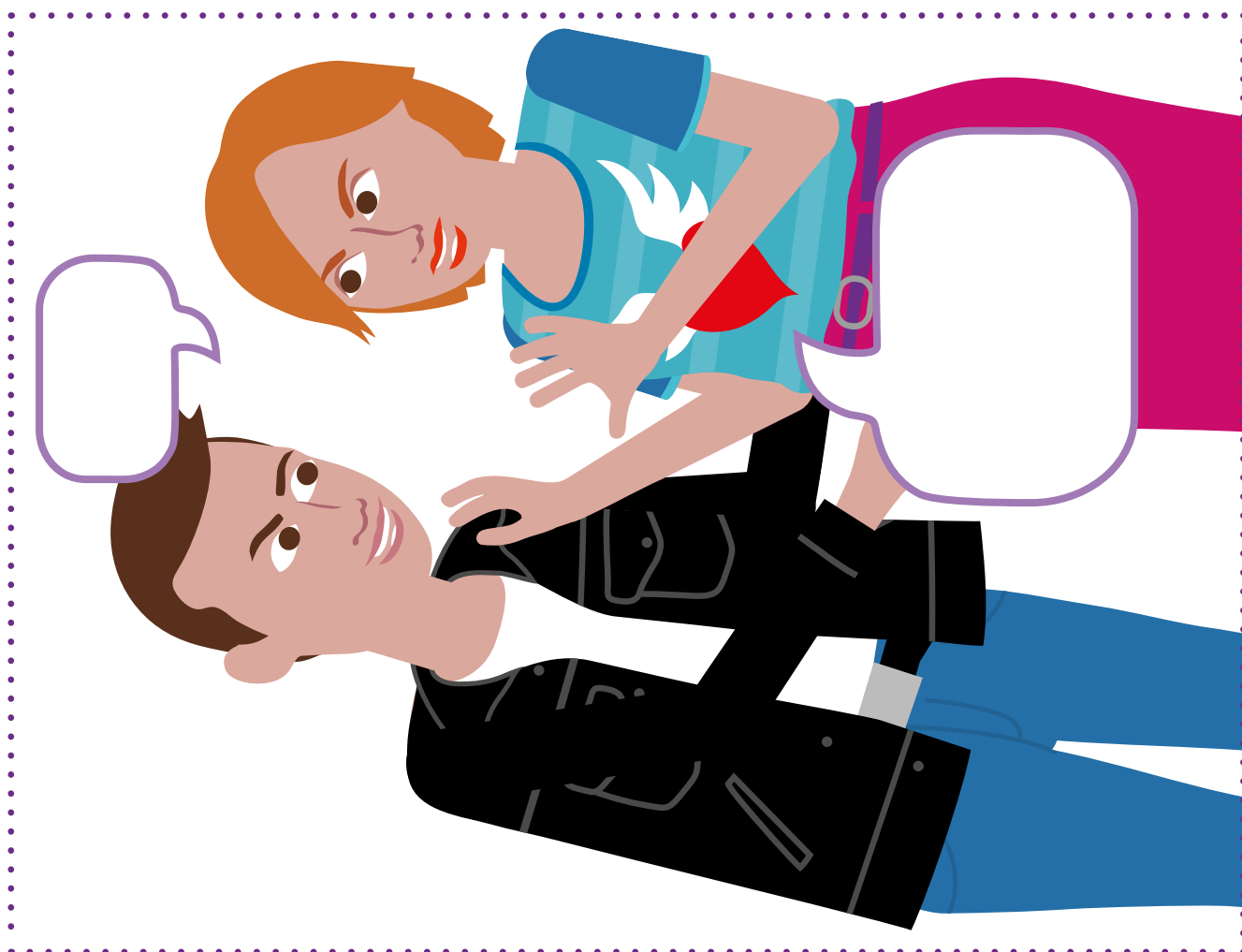






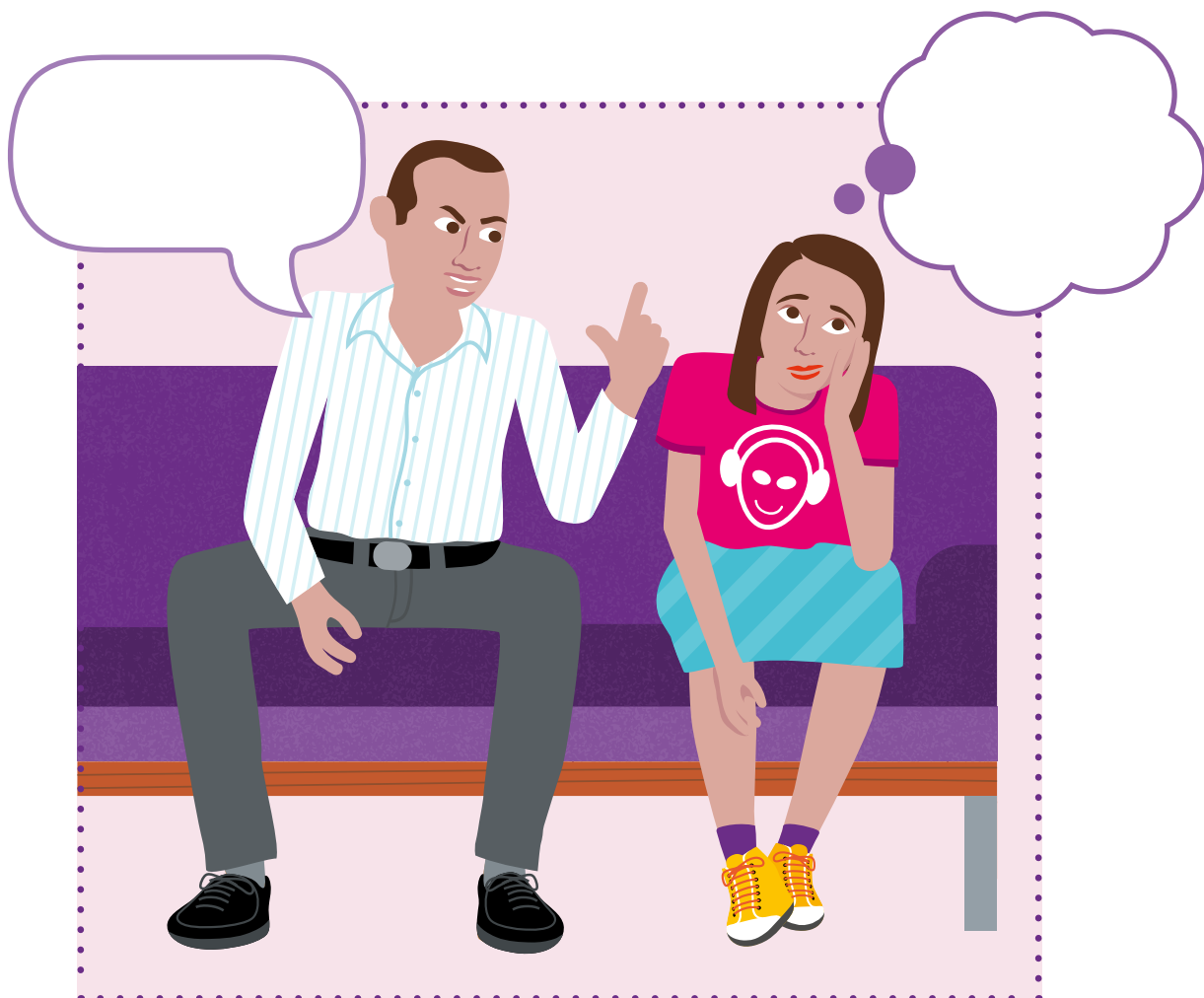
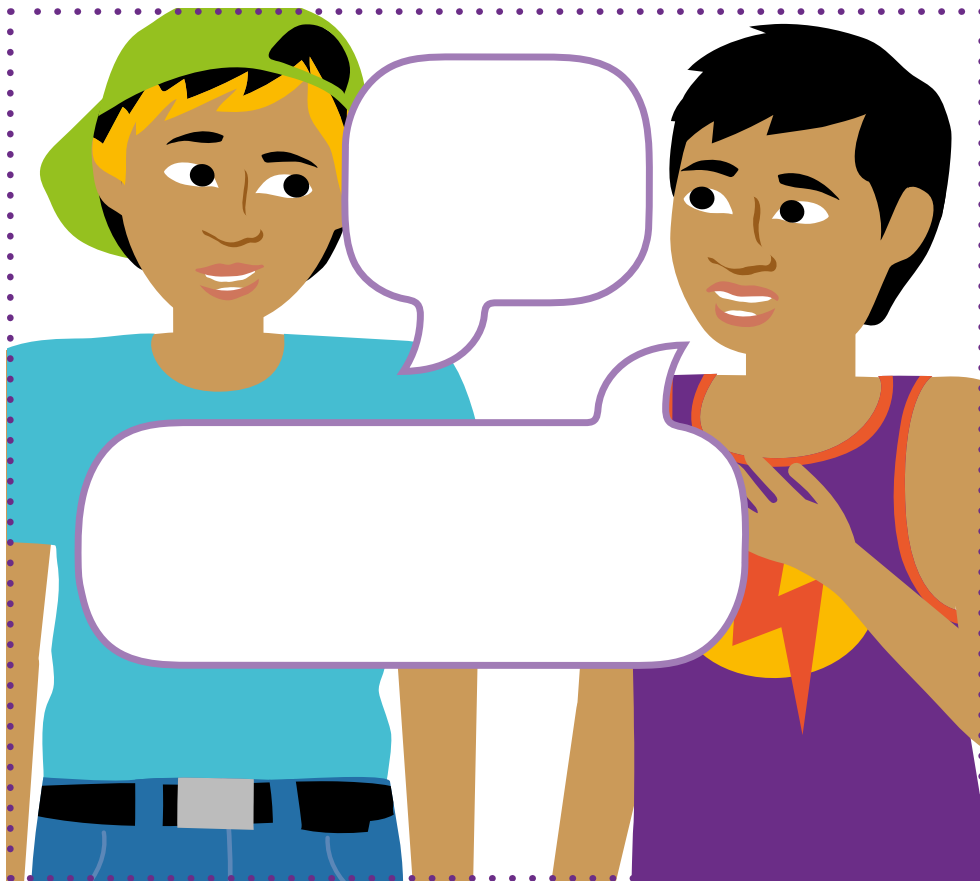












# ACTIVITY RECORD SHEET: GROUP MEETING ON SEXUALITY AND LIFE-SKILLS

## 1. Details of group meeting

Date of meeting:

Number of participants:

Location of meeting:

Type of participants  
(e.g. age and sex):

## 2. Topic and activities covered during the meeting

Topic(s) covered:

Activities used:

.....	.....
.....	.....
.....	.....
.....	.....

## 3. What went well and what was difficult?

What went well?

What was difficult and how can we address this?

.....	.....
.....	.....
.....	.....
.....	.....

## 4. What did we learn and how will we use this learning?

## 5. Action points

## 6. Date and time of next meeting and topics we will cover at the next meeting

## COURSE PLANNER

[illegible]



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