‘Chill’ Club
Adolescent Reproductive Health and Life Skills Curriculum for Upper Primary School Youth
Acknowledgements
This Chill Club curriculum was adapted from the second edition of the Kenya Adolescent Reproductive Health Curriculum for implementation in the Population Services International’s Abstinence for Youth Program in primary schools. PSI would like to thank PATH for allowing us to use the curriculum and specifically to thank Stephanie Martin and Eva Muthuuri for their invaluable time and advice. PSI has only adapted off the core curriculum some of the topics which will be relevant for upper primary students in the Chill Clubs.

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Foreword
Adolescence is a time of dynamic change, filled with new feelings, physical and emotional changes, excitement, questions, and difficult decisions. During this time, young people need information about their own sexuality and skills to help them plan happy futures and healthy lives. As they move through adolescence, young people will begin to have different kinds of relationships with their peers, family members, and adults; good communication and other relationship skills can help ensure that these relationships are satisfying and mutually respectful. Young people need to learn how to deal with new feelings about sexuality and relationships in order to make responsible decisions about their health, reproduction, and parenthood.

This Chill Club curriculum can help facilitate dialogue between students, teachers and parents on issues related to adolescent reproductive health. It is for use by the Chill club facilitators, but can also be used by teachers, health care professionals, community and religious leaders. The curriculum is designed to delay sexual debut and promote sexual and reproductive health by addressing gender, reproductive health, preventive behaviors, sexually transmitted infections, HIV and AIDS, abstinence, gender violence, decision-making, and communication skills. Within this curriculum, facilitators can examine their own values and attitudes towards gender and relationships, build knowledge on sexual health, and develop participatory facilitation skills to impart crucial life-saving information to young people.

Chill Club Vision
By implementing the Chill Club curriculum in primary schools, PSI hopes to create a generation of youth who are highly empowered to make informed decisions regarding their life and sexuality because having gone through the program they would be able to apply the correct knowledge, have the right attitude and skills and do so within an enabling environment.

Chill Club Values
For us to achieve the vision we hope the following values will guide the club members and that they can live by them:
1. Integrity and honesty
2. Respect for self and others
3. Individual Responsibilities
4. Open Communication
5. Courage to do the right thing
6. Hard work

The objectives of this curriculum are to:
1. Increase adolescents' knowledge of reproductive health and sexuality.
2. Reinforce and promote attitudes and behaviors that will lead to a better quality of life for adolescents.
3. Instil skills among adolescents to enable them to overcome the challenges of growing up and becoming responsible adults including communication skills, decision-making, assertiveness, setting goals, and resisting peer pressure.
Audience
This curriculum targets adolescent boys and girls aged 10 to 15 years old. In our education system, these ages traverse classes from Standard Four to Standard 8 in primary schools. Some of the material that is contained in the curriculum may not be suitable for younger students.

Much of the material can be repeated year after year with greater emphasis in certain areas or more time committed to others. Please note that the final decision on how to present the material is at the discretion of the teacher.

Curriculum Design
Each session in the curriculum has clear learning objectives that are addressed through a variety of participatory learning activities. Each session states the learning objectives to be achieved, materials needed, and activities to be conducted. Background notes are also included for facilitators to familiarize themselves with the subject beforehand.

General time limits have been assigned to aid in determining how many activities can be conducted in the given time frame. These time limits should not limit the facilitation of each activity because often students may want to explore issues more in-depth or at other times they may work through the material more quickly. We also suggest that students are allowed the space and time to synthesize all the issues covered in each session to develop their own understanding and application of the information into their lives. The aim of the curriculum is to assist young people in changing their behavior and making health decisions.

Before Facilitating a Session
You should familiarize yourself with the entire curriculum before beginning. Before facilitating a session, prepare all the required materials and carefully read the background notes and all of the activities for session.

Think about how you will perform each step and what you will add to every session.

Handouts, Background Notes and Possible Student Questions and Answers
All handouts and background notes are provided in each session section. Background Notes should be read and understood by the facilitator prior to the session planning. Adolescents tend to be very inquisitive, so samples of possible questions and answers have been provided for some sessions. Supplementary answers can be retrieved from the background notes for each section.
Sessions and Optional Exercises
Most of the sessions include games and activities, which some students and facilitators might object to initially as childish. Sometimes facilitators who are unfamiliar with participatory techniques would prefer to have a discussion and may find facilitating a game or other interactive exercise a bit challenging. However, a discussion is rarely as productive as an analysis of a game or an exercise. Games and activities provide students with an opportunity to interact freely and generate more discussion that cannot be yielded by any other methods of training. Many of the optional exercises delve deeper into the topics covered in the sessions. These should not be substituted for the session exercises but can be used to explore a subject in greater detail.

Starting a Session
It is advisable to introduce each session to the students and explain the objectives of the session. Ask some questions to help students understand how the objectives relate to their daily lives. Also relate the session to the previous session, if applicable.

Ending a Session
Each session should end with a reinforcement exercise. Sample reinforcement exercises are provided in the Facilitation Section of this curriculum.

Games & Energizers
Sample games and energizers are included in the Facilitation Section. Use the games and energizers to keep student’s motivation and participation high. Add your own if it would make the students more comfortable and let the students lead the introductory or closing games or energizers.

Seating Arrangements
To encourage students to feel part of the group, as well as to participate fully, it is strongly recommended that students sit in a circle rather than in rows. This seating arrangement allows eye contact between participants and the facilitator, creates a more relaxed atmosphere, and encourages participation.

Dealing with Sensitive Topics
Young people will often giggle with embarrassment when you talk about anything to do with sex or reproduction.

Do not let this discourage you or make you uncomfortable. They need accurate information on these subjects to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment pass, wait for them to settle down, and then focus on the information and skills they need.

Get advice and help when you need it
Tips for Tackling Difficult Subjects

- **Clarify your own values** before you facilitate your sessions. Think about how you feel about the issue before you discuss it with the students.
- **Be prepared and plan ahead.** Know what you want to achieve before the session. Find out as much information beforehand, so that you feel confident facilitating the session.
- **You do not have to know everything.** Sometimes facilitators may not know the answer to a question. Be honest with students. There is no shame in saying ‘I don’t know.’ Turn it into an investigative project and ask students to help you find the answer.
- **Do not dismiss or look down on what students know.** Students have been exposed to a variety of experiences. Try to make them feel that their experiences have value and are important. Remember that you do not know everything about the student’s lives.
- **Set your own limits.** Students will be excited because you are prepared to talk about topics that interest them. Few adults guide them or give them this knowledge. So they may ask questions that make you feel embarrassed. It is important to be as open and honest as you can. But tell them when it is enough or when their behavior is disrespectful. Explain when you feel uncomfortable answering a particular question.
- **You have a right to express your opinion.** Share your wisdom and values with them. Tell students what you believe, for example, the role of sex in relationships. However, emphasize that it is your opinion. Share your feelings honestly and in a caring way without being judgmental.
- **Use guest speakers,** if you are not comfortable facilitating a certain session or feel that students would benefit from talking with an expert.
- **Get advice and help when you need it.** Teaching life skills and reproductive health is not easy. If you had a difficult session, find another facilitator, or someone who you trust, to talk with afterwards. However, respect the students’ privacy.

Working with Parents

Parents are co-educators in teaching life skills and reproduction to their children. If teachers, community members, religious leaders, and parents can work together, then the young person will emerge a well-rounded, healthy individual. Unfortunately, it is not always so easy. Parents often have concerns when reproduction is taught and they may not feel comfortable or equipped to deal with these issues themselves.

**Tips for working with parents**

- Keep parents informed. Write a letter explaining what you are doing and why. Get the opinions of parents.
- Listen to their concerns and try to address them.
- Talk with parents about their concerns and fears around reproductive health and HIV and AIDS. Do this through Parent-Teacher Associations, prize giving days, parents’ days, and board of governors’ meetings.
- Invite the parents to a meeting to discuss their concerns.
• Know your community. Find out about its needs and concerns. Find out about the skills and expertise of the parents. For example, a parent may be a nurse at a local clinic who could talk to the students and give you advice and support.

• Offer talks on parenting skills. Bring in experts to present their ideas, help improve parent-child communication, and share resources and materials.

• Involve parents. Ask parents to check homework and set activities that require students to talk to their parents. For example, ask students to interview their parents or family members about when they were young.
Session 1
Values

Learning Objectives
By the end of this session, students will be able to:
1. Define values
2. List values that are important to them
3. Explain the relationship between values and behavior

Time: 60 min

Background Notes
Values are:
• Things that are important to us
• Things we support or are against (give examples like sex before marriage, girls’ right to education)
• Things we choose freely (though they are influenced by families, religious teachings, culture, friends, media)
• Things we believe in and are willing to stand up for
• Beliefs, principles, or ideas that are of worth to us and help define who we are
• Things that guide our behavior and lives

Even young adolescents may feel strongly about personal and family values, and discussing these values may arouse emotions. Be sure that ground rules are followed at all times including confidentiality, not passing judgment on responses, and allowing everyone to participate. Emphasize that individual values differ and there are no right or wrong answers. Allow students to express, explain, and defend their values. Encourage them to use I statements (expressing their own perspectives and feelings rather than making generalizations) and do not allow any putdowns. Examples of I statements are:
I believe...
I feel...
I do not like it when...
If there is an argument over a value-related issue, take immediate and overall control and ask each side to articulate their point of view. Remind students that people’s values differ and that is normal to disagree or agree, then move on to another topic. If confusion and dissatisfaction remain, the teacher may want to schedule a formal debate of the issue at another time.

Remember that while you are monitoring the students to ensure that they are non-judgmental, you must be non-judgmental as well. Be aware of your own personal values, especially when controversial topics like abortion, birth control, or premarital sexual intercourse are discussed. Monitor your comments and body language to avoid supporting one position or another. Support students so that they will not feel overwhelmed or subordinated by the values and opinions of their
peers. Make it clear that it is normal to change one’s mind based on new information or a new way of looking at an issue.

Occasionally, one or two students will express a particular value in opposition to the rest of the group. In such a case, it is your responsibility to support the right for someone to have a minority viewpoint. Use verbal comments, touch or physical proximity to show your support, but state clearly that you support the behavior of standing up for one’s values, even if they are in the minority, rather than the position.

Whenever there is discussion about a topic and no one in the group expresses a commonly held position, remind the group of that position. You could say, “other people might say”…. and give reasons for that position.

Teachers are often asked about their own values related to various topics. It is appropriate to share some of your personal values and to discuss the values that you learned from your family, which helped you make positive decisions about professional goals or education. It is better not to share personal values related to highly controversial topics. Teachers are important figures in the lives of adolescents and can influence their values and behaviors. If asked about a controversial topic, say something like “I’m more interested in what you believe right now”. If you do share personal values, be clear that the values are right for you, but not necessarily right for the students.

**INSTRUCTIONS**

**Values (20 minutes)**

1. Ask students to list ideas that are important to them, beliefs that are important to them, and ideas that help them to make decisions.
2. Ask students what they understand by the word ‘values’. Provide some examples like:
   - A man who values family, cares about his wife, his children, and his home life.
   - A person who values education, may strive to go to a National School.
   - A person who values friends, may spend time making sure his/her relationships are strong.
3. Facilitate a discussion on values by asking the following questions:
   - Where do you think we get our values?
   - What is one example of a value your family feels is very important?
   - What is an example of a religious value you may have been taught?
   - Which of your values come from your cultural beliefs?
   - What is a national value that may be less important in other countries?
   - Can you think of a value someone else has that you do not share? What is it?
4. Explain that students will be asked to express their feelings about particular values. Designate three areas of the room as “Agree” “Disagree”, and “Not sure”.
5. Read the following statements and ask students to move to the part of the room to show whether they agree, disagree, or are not sure. Explain that there is no right or wrong answer and that everyone is entitled to his or her opinion.
• It’s okay to have a child before marriage.
• You can earn a decent salary without finishing school.
• Boys should pay the bill when a boy and girl go out for lunch, movie, disco or picnic.
• Having a job you enjoy is more important than earning a lot of money.
• When a man and woman have sex, making sure the woman does not become pregnant is her responsibility.
• Children can be raped by their parents.
• It’s not okay for a boy or man to cry.
• It’s okay to have sex while you are still attending school if you love the person.
• Waiting to have sexual intercourse until you are an adult is a good idea.
• Girls should be allowed to inherit property.
• Women should understand that a man needs to have many sexual partners at the same time, even if he is married.
• Boys and girls should have equal rights.
• A girl who dresses in mini skirts and sexy clothing is asking to be raped.
• A man who fathers a child but does not take responsibility should be punished.
• It is important to follow traditions no matter what.
• Men need to have sex more than women.
• A 15-year-old girl who wants contraceptives should be able to get them.
• When a girl says ‘no’ to having sex, she really means ‘yes’.
• It is preferable to have male children than female children.
• It is okay for a boy to have pre-marital sex, but not a girl.
• Having sex with an older man or woman for money or gifts is okay.

6. After this exercise, bring the group together and discuss:
• Did you know right away how you felt or did you have to think about each one?
• Did you ever change your mind?
• Did anyone else in the group influence your vote?
• How did you feel about the differences in values of the group?

Values and behaviors (40 minutes)
1. Ask students to name people they know (parents, siblings, teachers, politicians, religious leaders, TV personalities, writers, sportsmen and friends) who have felt very strongly about something and have acted because of their values. Allow plenty of time for teens to think of someone. Give an example if necessary to get the groups started.

2. Create three columns on the board headed, Person, Value and Behavior. Ask students to fill them with the names of the person they have thought of, their values (principles, beliefs) and their specific activities or behaviors.
3. Ask the group to think of examples of values that have influenced their own lives in some way. Give one example of a behavior that resulted from your values, such as telling a friend a joke was inappropriate because you value treating people with dignity and respect, or donating money to help others because you believe people should help each other.

4. Ask students to think of values learned from their families, cultures, or religious leaders that have influenced their behavior. Examples of values include ‘do not lie, cheat or steal,’ ‘take care of your brother or sister’ and ‘live in harmony with the world around you.’ Ask how such principles have influenced their behavior.

5. Explain that you will read several statements, followed by a series of questions. They should not answer the questions out loud, but think about them and write notes to themselves. Each statement reflects a value. Questions will be about behaviors that support or ignore the value. When you have finished, the group will talk about the results.

6. Read aloud the following statements and questions (or substitute statements and questions of your own):
   a. *Your health is important to you.*
      - Do you get regular exercise?
      - Do you eat healthy foods?
      - Are you a non-smoker?
      - Do you avoid using alcohol and other drugs?
   b. *Men and women should have equal opportunities.*
      - Would you encourage a female friend to study pure physics?
      - Would you encourage a male friend to study home science?

7. Ask the group members to reflect on their answers to the questions for a few minutes and then write an ending to the following sentence:
   - Sometimes teenagers don’t behave according to their values because....

8. Summarize the relationship between values and behavior by covering the following points:
   - People tell others about the values that are important to them.
   - People do what their values tell them to do, and don’t do what their values tell them not to do.
   - People make decisions based on their values.
   - People stand up for their values.
   - People feel guilty if they do not behave according to their values.

9. Facilitate a discussion with the following questions:
   - How does it feel to stand up for your values when friends disagree with your position?
   - What happens when teens’ behavior goes against their parents’ values? *(Answers include: parents and teen argue; teens may lie to their parents; teens and their parents may avoid talking about it)*
   - What happens if their behavior goes against the religious or spiritual values they were taught? *(Answers include: They may stop attending religious services or avoid spiritual leaders because they feel guilty, embarrassed or angry)*
   - What influences people to behave in ways that are consistent with their values? Give an example. *(Answers include: It feels good to follow one’s values; parents and other adults reward behavior that reflects the values they teach)
• What influences people to behave in ways that are different from their values? Give an example. *(Answers include: People may want to experiment, peer pressure, opportunity for personal gain, to rebel, or to get attention)*

• Will your values change or remain the same as you get older?

• If your values and behavior are different, which should you change, your values or your behavior?

• What are the consequences of picking bad values and behaviors?

**OPTIONAL ACTIVITY**

1. Explain to students that you will read several statements that reflect different values. Ask them to rank their values individually. Read the list of values to the students. Ask them to write the list down as you read it, and allow them to add any others. Ask them to rank them starting with the most important to the least important:

   • Making it on my own.
   • Getting good grades.
   • Preparing for my future.
   • Being on good terms with my parents.
   • Getting married.
   • Living by my religion.
   • Being artistic or creative.
   • Making money.
   • Being popular with my friends.
   • Having sex with someone I love.
   • Getting a job I really like.
   • Being good in sports.

2. Facilitate a discussion with the following questions:

   • Which was easiest, choosing the most important or the least important?
   • Are there values on the list that you’ve never thought about before?
   • Were you surprised by your feelings about any particular value?
SESSION 2
LIFE CYCLE

Learning objectives
By the end of this session, students will be able to:
1. List physical and emotional changes that happen during different stages of life
2. Explain that sexual feelings are normal

Time 45 minutes

Background notes
The table below outlines different physical and emotional characteristics of each of the stages of the life cycle.

<table>
<thead>
<tr>
<th>INFANCY (Birth - 3 yrs)</th>
<th>CHILDHOOD (4 - 12 yrs)</th>
<th>ADOLESCENCE (13 - 20 yrs)</th>
<th>ADULTHOOD (20 - 50 yrs)</th>
<th>OLD AGE (50 years +)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Bond with parent</td>
<td>-Learning gender role</td>
<td>-Puberty</td>
<td>-Forming of long-term</td>
<td>-Need for touching</td>
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<tr>
<td>-Get early needs met</td>
<td>-Beginning of indepen-</td>
<td>-Menstruation in girls</td>
<td>-Sexual relationships</td>
<td>and affection</td>
</tr>
<tr>
<td>-Learn to trust</td>
<td>dent behavior</td>
<td>-Producing sperm in boys</td>
<td>-Pair-bonding</td>
<td>-If healthy, continue</td>
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<tr>
<td>-Experience touching</td>
<td>-Childhood sex play</td>
<td>-Strong need for indepen-</td>
<td>-Setting long-term goals</td>
<td>-Interest in sex and</td>
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<td>by another person</td>
<td>-Same-sex friendship</td>
<td>dence with difficulty</td>
<td>and making plans to</td>
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<td>-Develop gender</td>
<td>-Masturbation</td>
<td>giving up dependent status</td>
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<td>-Potential first sex</td>
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<td>-Explore genitals</td>
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<td>-Lubrication of vagina</td>
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INSTRUCTIONS
Explain that this session will be about the physical and emotional changes people go through as they grow up.

1) List the five stages of the life cycle (infancy, childhood, adolescence, adulthood, older age) and write them as headings on a blackboard or flipchart. Ask students to describe physical and emotional characteristics of each stage, starting with infancy. Ask questions like, ‘What can a baby do? How does a baby feel?’ Write their comments on a blackboard or flipchart. As each response is given, ask if everyone in the group agrees with the comments. Facilitate a discussion if there is not agreement. Ask students to think about their own experiences and their family situations. Continue with each stage.

2) When the lists are complete for each stage, review the changes mentioned for each and explore the most important ones in greater detail.

OPTIONAL ACTIVITY
Puberty skits
1. In a large group, review the physical and emotional changes of adolescence and puberty in the life cycle.
2. Ask for volunteers to speak about their personal experiences.
3. Divide students into groups of four and assign each group a physical or emotional change to use as a focus for a skit.
4. Give each group 15 minutes to prepare a short skit to present to the entire group.
Session 3
Adolescence and Puberty

Learning objectives
By the end of this session, students will be able to:
  1. Define adolescence
  2. List physical and emotional changes that happen during adolescence
  3. Explain that sexual feelings are normal

Time 60 minutes

Background notes
Adolescence is the time in everyone’s life when they change from a child into an adult. Adolescence is the age between 10 and 19 years of age.

Puberty
Puberty is a time when the bodies of boys and girls physically change - bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a boy becomes physically able to father a child. New chemicals produced by the body, called hormones, create changes in the body and turn young people into adults.

Puberty typically starts between ages 8 to 13 in girls, and ages 10 to 15 in boys, although some young people start puberty a bit earlier or later. People are different, so everyone starts and goes through puberty at their own pace.

During puberty, young people are experiencing a major growth change. Puberty lasts for about 2-5 years. Some people grow four or more inches in one year! This growth during puberty will be the last time the body will grow taller. When the growth period is over, young people will be at their adult height.

Body Changes in Boys
Boy’s shoulders will grow wider, and their bodies will become more muscular. Some body parts (especially hands and legs) may grow faster than others. Many boys have uncomfortable growing pains in their arms and legs as the bones grow faster than the muscles can stretch to keep up with them.

Some boys develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones that are active throughout the body and will usually go away with time.

During puberty, boys will start to have erections and wet dreams. An erection is when the penis gets stiff and becomes bigger than usual. They will notice other changes as well, such as the lengthening and widening of the penis and the enlargement of the testicles.
**Body Changes in Girls**

Girl’s bodies usually become rounder and more womanly. They gain weight on their hips, and their breasts develop, starting with just a little swelling under the nipples. Sometimes one breast might develop faster than the other, but over time the slower one catches up. Girls will notice an increase in body fat and will occasionally feel sore under the nipples as the breasts start to enlarge. This is normal. Gaining some weight is part of developing into a woman, and it is unhealthy for girls to go on a diet to try to stop this normal weight gain.

About one to two years after girls’ breasts start to develop, they usually experience their first menstrual period. This step is one more thing that lets them know puberty is progressing. It means that the puberty hormones have been doing their job.

Girls might see and feel a white or clear liquid from the vagina. This does not necessarily mean anything is wrong; it is usually just another sign of their changing body and hormones.

**More changes**

One of the first signs of puberty is hair growing where it did not grow before. Hair will grow in the armpits and in the pubic area (on and around the genitals). At first it is light and thin. Then it becomes longer, thicker, heavier, and darker. Eventually, young men also start to grow hair on their faces and chests. Acne (pimples or spots) often starts around the beginning of puberty and can remain all through adolescence (the teen years). It usually gets better or disappears by the end of adolescence. Young adults should wash their faces each day with soap and water to keep their skin clean.

A new odor under arms and elsewhere on the body might develop. This is body odor, and everyone gets it. The puberty hormones affect glands in the skin, and the glands make chemicals that have a strong odor. Bathing or washing every day helps reduce this odor, and so do perfumes.

Boys will notice that their voices may ‘break’ and eventually get deeper. Girls’ voices might get a little deeper, too. Boys’ voices will stop breaking as they get older.

During puberty, young people might become sensitive or easily upset. Feeling nervous or uncomfortable about how their bodies look and change is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression they may have.

During puberty, it is normal to become more aware of the opposite sex and to feel more sexual. In boys, the main sign of sexual feelings is an erection of the penis. In girls, it is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older.
INSTRUCTIONS

1. Divide students into three groups and ask them to discuss and write down the changes that occur to boys and girls as they go through adolescence. Assign one of the following types of changes to each group: 1) boy’s physical change, 2) girl’s physical changes, 3) emotional changes.

2. Ask one person from each group to volunteer to share their group’s list. Write their responses on the blackboard as they present them. Ask the other three groups if they have others they would like to add to the list.

3. Point out any other changes that were not mentioned. Help them distinguish between physical and emotional changes. Use the tables below as a guide.

<table>
<thead>
<tr>
<th>Physical Changes in Boys</th>
<th>Physical changes in girls</th>
<th>Physical changes in both</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Shoulders broaden</td>
<td>- Hips widen</td>
<td>- Grow</td>
</tr>
<tr>
<td>- Facial hair</td>
<td>- Beasts develop</td>
<td>- Gain weight</td>
</tr>
<tr>
<td>- Voice Deepens</td>
<td>- Ovulation and menstruation</td>
<td>- Pubic and underarm hair</td>
</tr>
<tr>
<td>- Sperm production and ejaculation</td>
<td></td>
<td>- Genitals enlarge</td>
</tr>
<tr>
<td>- Wet dreams</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emotional changes

- Sexual feelings
- Changes in mood (sometimes feeling happy then suddenly feeling sad or angry)
- Self consciousness or feel embarrassed easily
- Feel closer to friends than family;
- Feel shy
- Better able to reason and solve problems
- Rebel against parents, want to feel independent
- Concerns about “Am I normal?”
- Experimentation

4. Discuss how these changes can also change adolescents’ attitudes and behaviors. Ask them to list consequences of these attitudes and behaviors. Changes include the following:

- Struggling with a sense of identity and questions about oneself
- Moodiness, anger, and depression (being rude, self-centred)
- Need for more independence and privacy
- Experimentation (taking risks, using drugs, having sex)
- Identification with peers and relationships with friends and opinions of others become more important
- (peer pressure, wanting to please friends even if it means getting into trouble)
- More concern or worry about appearance and body
- Worry about the future (school, family, job)
- New ‘crushes’ on movie stars, pop artists, teachers, friends, or classmates
• Curiosity about sexual organs
• Feeling sexually attracted to people
• Better ability to reason (can learn quickly, can plan, dependable)

5. Ask students which attitudes and behaviors adolescents need to monitor in order to avoid negative consequences? Make sure they include at least unprotected sex, giving in to peer pressure, and taking drugs.

6. Ask students to brainstorm their fears about becoming adolescents. The teacher can write these on the board of flipchart.

7. Ask what skills adolescents need in order to cope with this growth period. Divide responses into ‘knowledge’ and ‘skills,’ and use the table below as a guide. Tell the students that knowledge and skills will be covered extensively in a series of upcoming sessions.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>How the body changes</td>
<td>Decision making</td>
</tr>
<tr>
<td>Consequences of unprotected sex</td>
<td>Being assertive about needs and wants</td>
</tr>
<tr>
<td>Abstinence</td>
<td>Negotiation skills</td>
</tr>
<tr>
<td></td>
<td>Setting goals</td>
</tr>
</tbody>
</table>

8. End the session by reviewing the following:
• All of these physical and emotional changes are normal.
• Everyone develops at their own pace; some earlier, some later. It is important not to tease others who may develop earlier or later.
• Young people often feel uncomfortable, clumsy, or self-conscious because of the changes in their bodies.
• Menstruation and wet dreams are normal and will be talked about more in a later session.
• During puberty, a girl becomes physically able to become pregnant and a young boy becomes physically able to father a child.

9. Ask students to list things they can be proud of as they become adolescents. Ask students to share what they learned in this lesson.

**OPTIONAL ACTIVITIES**

#1: Role-Plays: Talking about puberty (12-14 year olds) 60 minutes

1. Assign one of the following role-plays to a pair of students that volunteer to present to the group. Away from the other students review the role-play with the role-players. Ask the pair to act out the situation using the information they just learned in the session. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give students a couple of minutes to prepare for the role-play. Present the role-play to the group. After the pair presents the role-play have the other students clap for the presentation.
a. One person plays a 12-year-old boy; the other plays the older brother. The boy is sad because everyone at school teases him about his breaking voice. The older brother explains why his voice is breaking and what to say to people when they tease him.
b. Both people play 10-year-old girls. One girl teases the other girl because she is taller than all the other girls in the group. The tall girl explains that boys and girls grow at different paces and to different heights. She also explains why she does not like being teased and asks the other girl to be a nicer person. The teasing girl apologizes.
c. One person plays a 13-year-old boy; the other plays his friend. The friend is worried because he is not as tall and big as the 13-year-old boy. The boy comforts his friend, letting him know that the age when boys start the physical changes of puberty varies.
d. One person plays a 12-year-old boy; the other plays his father (uncle, grandfather). The boy is worried because he is growing hair under his arms and a little on his face. The father (uncle, grandfather) comforts him and tells him that most boys develop hair in new places as they grow older.
e. One person plays an 11-year-old girl; the other plays her friend. The friend is worried because she has not yet started having periods but the 11-year-old girl has. The girl comforts her friend, letting her know that the age when girls start menstruation varies.
f. One person plays the mother (or aunt, or grandmother); the other plays a 12-year-old girl. The girl is worried because she has not developed breasts, although most of her friends have. The mother (aunt, grandmother) comforts the girl, letting her know that the age when breasts start forming varies and that breast size varies.

2. Ask the group the following discussion questions, one at a time, and write the responses on the board:
   - What did you see? What did you hear the two characters say? Who were these people?
   - Does this happen here in our community (school, home)?
   - What problems does it cause?
   - What should we do when this happens? What should we do to avoid these problems or this situation?
   - What else could she/he have said to give more information?

3. Ask another two volunteers to do the same role-play only this time have them go into more depth and improve on the first role-play using some of the answers that were generated from the discussion. Have them perform and thank them for their participation afterwards.

4. Move on to the next role-play and ask for two more volunteers. Use the same discussion questions above for all role-plays.

#2: Interviews with Adults about Puberty (10-14 year olds) 20 minutes
1. Divide the groups into small, same-sex groups. Ask each group to think of a list of questions that they would like to ask an adult of the opposite sex and same sex. Suggest that students think of questions about physical changes and emotional changes that the adult went through during puberty. Possible questions include:
   - What did you like best about being age 10 to 14?
• What did you like least about being age 10 to 14?
• What emotional changes did you have during puberty?
• How did your social life change in puberty?
• Where can I get accurate information about puberty?
• Do you have any advice for anyone about to enter puberty?

2. Ask students to use the questions their group has listed to interview an adult of their choosing.
3. Discuss the results of the interviews at the next session. Make a list of the changes the males and females experienced. Compare the lists to note similarities and differences between the two sexes.

Frequently Asked Questions

Is it normal for some boys and girls to mature earlier than others?
Yes, some boys start puberty as early as 10 years old, but others do not start until they are 14 or 15. Some girls start puberty as early as age eight, and others do not start until they are 13 or 14. However, if a girl does not start menstruating by the age of 16, she should consult a health provider.

Why do some parts of the body mature more quickly than others?
During puberty, there is an order in which certain physical changes usually occur. For girls, breasts begin to grow; for boys, growth of the testicles is usually the earliest sign. However, bodily changes can occur in a different order and still be considered normal.

Why do some boys experience breast tenderness during puberty?
Occasionally one or both of a boy’s breasts can become slightly enlarged or sore. This is related to the rising levels of hormones in the body.

Why do some teenagers have skin problems?
During puberty increased hormonal activity leads to increased activity in the skin glands. Oil produced by the glands block skin pores and mixes with bacteria to cause pimples or spots. To help keep skin clear, teens should wash faces and hands frequently.
How long does it take for breasts to fully develop?
It takes a different amount of time for each girl. If a girl starts later than other girls, it does not mean that her breasts will always be smaller. There is no link between what size breasts will be and when they start to develop.
Session 4
Reproductive Systems

Learning objectives
1. By the end of this session, students will be able to:
2. List the main organs in the the male and female reproductive systems
3. Explain the process of sperm production and ejaculation
4. Explain the process of menstruation and fertilization

Materials
1. Chalk or markers and a body-sized piece of paper
2. Handout 3.1 Reproductive System - Male
3. Handout 3.2 Reproductive System - Female
4. Handout 3.3 Reproductive System Story
5. Teacher Notes Reproductive System Story - Answer Key

Time 60 minutes

Background notes
Male Reproductive System
Under the penis there is a small bag of skin containing the testicles. There are two of them and they produce sperm and testosterone. Testosterone is the male sex hormone and it makes pubic hair grow and boys’ voices become deeper. Semen is the fluid that carries the sperm. Sperm makes babies when it joins up with women’s eggs. Most of the time sperm is inside the body. There is only one exit for the sperm, which is through the hole at the end of the penis, called the urethra. When the penis is soft, that hole is used to urinate; when it is erect, it is used to release semen.

An erection occurs when the penis fills with blood and becomes hard and straight when a boy or man is sexually excited. Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning. While asleep at night, a boy’s penis will probably become erect and then go down about five to seven times. This is completely normal and healthy. Having erections is not a sign that a boy needs to have sex.

When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate. Ejaculation is when semen comes out of a boy’s or man’s, erect penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm.

When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the boy grows into an adult, he begins making a large amount of mature sperm, and his ejaculation will probably become more whitish. Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce sperm and continues to produce them through his entire
life. If the sperm is ejaculated into the woman’s vagina, she may become pregnant. The semen can also carry diseases that could infect another person.

A wet dream is when a boy’s penis becomes erect, and he ejaculates while sleeping. This causes the boy’s underwear or the bed to be a little wet when he wakes up. If a boy does not know about wet dreams, he could be worried or confused. Wet dreams are completely natural and normal. A boy cannot stop himself from having wet dreams.

**Female Reproductive System**

The female external genital organs are called the vulva. It includes the two folds of skin called the labia, the clitoris, and the vagina.

The external genitalia, or the labia, has two sets of rounded folds of skin called the outer and inner lips. The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area. Near the top of the lips, inside the folds, is a small cylindrical body called the clitoris. The clitoris is made up of the same type of tissue as the head of the male’s penis and is very sensitive. The clitoris has no other function than to help a woman have sexual pleasure. The urethra is a short tube that carries urine from the bladder to the outside of the body. The opening to the urethra is very small, and can be hard to find by touch or sight. It is right above the opening to the vagina.

The second opening is the vagina, which is the largest of the three openings. It’s the place where a man puts his penis during sexual intercourse. Also, menstrual blood and babies come out of the vagina. The vagina is an incredibly elastic muscle that can stretch wide enough to allow a baby to pass through.

Every female is born with thousands of eggs in her ovaries. The eggs are so small that they cannot be seen by the naked eye. Once a girl has reached puberty, a tiny egg matures in one of her ovaries and then travels down a fallopian tube on its way to the uterus. This release of the egg from the ovary is called ovulation. The uterus prepares for the egg’s arrival by developing a thick and soft lining like a pillow. If the girl has had sex in the last few days before or the day after she ovulates, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm (called fertilization) the fertilized egg travels to the uterus, and attaches to the lining of the uterus (called implantation) and a pregnancy begins. If the egg is not fertilized, there is no pregnancy and the uterus does not need the thick lining it has made to protect the egg. It discards the lining, along with some blood, body fluids, and the unfertilized egg. All of this flows through the cervix and then out of the vagina. This flow of blood is called the ‘period’ or menstruation. The blood and tissue usually leave the body slowly over three to seven days.

**Menstruation and Ovulation**

Menstruation happens for most women about once a month, and that is why it is commonly called the ‘monthly period.’ It usually lasts between three and seven days. It is a sign that a girl or woman
can become pregnant if she has sexual intercourse. Women stop menstruating when they are pregnant and breastfeeding but then start again after they have the baby and finish breastfeeding.

Just as some girls begin puberty earlier or later than others, the same applies to periods. Some girls may begin to menstruate as early as age nine or 10, but others may not get their first period until a few years later. A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly, like a dribble. Usually by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out. This is why it is important to anticipate approximately when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent the blood from staining her clothing.

The amount of blood that comes out of the vagina can vary widely from person to person. Usually, an entire period consists of a few to several spoonfuls of blood - how much blood depends on the individual. The blood often starts off as a rusty or deep brown color and then gets redder. It lightens to a rust color again until it stops. The amount of blood can also vary from day to day.

The menstrual cycle is the period of time beginning on the first day of a woman’s period until the day before she begins her next period. Since this happens regularly, it is called a ‘cycle.’ The length of the menstrual cycle (the time between one period and the next) varies for each woman. For some, the cycle is as short as 21 (or even fewer) days. For others, it is as long as 35 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place. For example, a girl may have the same length cycle for two months, then miss a month, or have two periods with fewer days in between them. Her menstrual cycle will probably become more regular, although she may continue to have irregular periods into adulthood. Sometimes she might have some spotting of blood for a day or two in the middle of her cycle. This is usually nothing to worry about. It is important to note that a regular menstrual cycle may be disrupted by stress or infections.

Ovulation is the periodic release of a mature egg from the ovary. The time from ovulation to the next period is a very consistent length of 12 to 16 days and is controlled by hormones. The two weeks or so before ovulation and the two weeks after make a menstrual cycle about four weeks or a month in length.

**Vaginal secretions**

Girls can sometimes see secretions on their underpants or experience a feeling of wetness. These secretions are a whitish liquid. Girls of ten get secretions around the time of ovulation, when the body is ready to receive and nurture a fertilized egg. Secretions help sperm travel through the uterus to meet the egg for fertilization, so when a girl has secretions, she knows that this is the time when she is fertile.

Paying attention to vaginal secretions helps girls understand their bodies. Knowing what is normal for the body helps girls recognize things that are not normal. For example, yellow or strong-
smelling secretions are not normal. These kinds of secretions are often a sign of infection, and she should visit a health provider.

**Menopause**

Menopause is when a woman’s menstruation ends. It ends because the hormones that cause eggs to mature in her ovaries stop. When this happens, women can no longer become pregnant. Menopause usually occurs when women reach the ages beyond 45. But, menopause can take place earlier or later than this. Some women may stop menstruating by the time they are 35, and some not until their late fifties.

**INSTRUCTIONS**

**Body Mapping Exercise: Male and Female Reproductive Systems (30 minutes)**

1. Explain that the purpose of this lesson is so that students will better understand their own bodies, feel more comfortable with their bodies, and have information so they can ask questions.
2. Divide students into two groups. One group will do the male reproductive system and one group will do the female reproductive system. Ask each group to draw on outline of a body (either on paper or using chalk). Explain that the easiest way to do this is for one student lie down on the floor and for someone to draw around his or her body.

Ask all students in the group to discuss among themselves and draw the following body parts:
   a. Eyes, nose and mouth
   b. Heart and lungs
   c. Stomach and liver
   d. Male reproductive organs (organ where male sperm are produced, tube through which the sperm travel, organ used for sexual intercourse)
   e. Female reproductive organs (organ in which the egg matures, organ where egg and sperm, organ in which the baby grows and organ in which sex occurs)
3. As students are drawing, move around and observe the exercise without giving comments or correcting any mistakes.
4. Ask each group to present their drawing and explain the different parts. Allow members of the other group to ask questions. Correct any misinformation.

**The Process of Sperm Production and Ejaculation (15 minutes)**

1. Ask students what sperm is. Allow them to exchange their ideas. Then ask what they know about how sperm is produced.
2. Divide the students into pairs and give them each a copy of Handout 3.1. Have them label the parts of the male reproductive system.
3. Review the completed handouts and make sure that all the points are clear and they understand the process of sperm production and ejaculation. Facilitate a discussion with the following questions:
   a. What have they learned in this lesson that can be useful in their lives?
   b. Have they learned something they did not know before?
4. Ask volunteers to share something they learned that they did not know before. Ask if they have learned something that contradicts what they knew before. Clarify any myths or misconceptions that students might have (i.e. sperm accumulates in the body if sexual intercourse/ejaculation does not take place).

**Ovulation and the Menstrual Cycle (15 minutes)**

1. Ask the group what they have heard about menstruation from their sisters, mothers, aunts, female friends’ reproductive system and relatives, media, school, etc. After you let them speak, confirm or correct their statements.
2. Ask for a volunteer to explain how menstruation occurs. Allow other students to help.
3. Ask the students what they know about ovulation and the menstrual cycle. Allow them to exchange their ideas. Listen carefully to their answers as many misconceptions regarding ovulation and menstruation may come out.
4. Ask students to explain ovulation. Ensure the following is discussed:
   a. Ovulation is the release of a ripe egg from one of the ovaries once in a month.
   b. This egg is picked up by the broad, funnel shaped end of the Fallopian tube and starts moving in the tube towards the womb.
   c. Fertilization is the joining of a released egg and sperm following sexual intercourse.
   d. Usually only one egg is released during ovulation. Sometimes, however, two eggs are released at the same time. If this happens and both are fertilized, twins will be born.
   e. If an egg is not fertilized the lining of the uterus sheds and menstruation occurs.
5. Divide students into pairs and give them each a copy of the Handout 3.2. Ask them to label all the parts of the female reproductive system. Review the completed handout and ensure all the points are clear and students understand the process of ovulation and menstruation.
6. Facilitate a discussion with the following questions:
   a. What have they learned in this lesson that can be useful in their lives?
   b. Have they learned something they did not know before?
   c. Solicit for volunteers to share what they learned that they did not know before.
   d. Have they learned something that contradicts what they knew before?
7. Ask volunteers to share what they thought before that is different from what they have learned. Emphasize the following:
   a. The menstrual cycle is not the same for all girls and women and that it can change for many reasons (stress, change in diet, change in environment, sickness, etc.).
   b. Some girls and women may experience discomfort and pain, and describe some pain management techniques (exercise, medication).
   c. Menstrual hygiene is important.
8. Discuss any myths or misconceptions that students may have.
9. Tell the students that there will be a session to discuss these misconceptions in greater detail. Ask students to bring all the materials they used in this session (male and female) to the next session.
What products do girls use during menstruation?

Clean pieces of cloth: These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These must be clean. They must be washed thoroughly and hung in a private but sunny place to dry.

Toilet Tissue: She can use a thick, long wad of toilet tissue. Sometimes toilet tissue is too rough, and it can irritate the skin. It also may not be sufficient to absorb the

Pads or Sanitary towels: These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties, and the panties help to hold the pads close to the opening of the vagina. Pads have a plastic lining to minimize the spill of blood. If a woman uses pads, she needs to throw them down a pit latrine, bury them, or burn them after use. They should not be left in the garbage pile or flushed down the toilet.

Tampons: These are small, compressed cotton objects, formed into solid, tube-like shapes, which are pushed up into the vagina during menstruation. The cotton softens as it absorbs the blood that comes into the vagina from the uterus. Attached to the tampon is a strong, soft cotton string, which hangs out of the vagina. Pulling this string removes the tampon. A girl must always wash her hands before and after inserting a tampon. Tampons need to be changed often; it could cause infection if left in. One should never leave a tampon in for more than eight hours.

Whatever a girl uses, she should change it frequently to avoid staining or odor. A girl can usually ask her sister, mother, or other close female relative what she uses. A girl might be worried that her friends might see her carrying such products with her. She should know that placing these in a simple plastic bag in her handbag, or school bag, usually prevents any embarrassment. If a girl's panties or clothes get stained with blood, she can soak them in cool, mildly salty water. Hot water will cause the blood to set and remain as a permanent stain.

Frequently Asked Questions

Do boys get a period?

Boys do not get a period, or menstruate, because they have a different reproductive system than girls. Menstruation is the breaking away of the lining of the uterus - the place where a foetus develops during a pregnancy. Since only women have a uterus, only they have periods.

What is the normal length of the penis?

The average penis is between 11 and 18 centimetres long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.

Is it normal to have one testicle hanging lower than the other one?

Yes. Most men's testicles hang unevenly.

Is it a problem for the penis to curve a little bit?

It is normal for a boy or man to have a curving penis. It typically straightens out during an erection.

How does a girl know when her period is about to start?

No one can be sure exactly when this will happen. Most girls begin menstruating between the ages of 12 and 16. The average age is 12 or 13. The best way a girl can know is to look for signs.
Underarm hair and a whitish discharge from the vagina are signs that the period probably is not too far away.

**What if a girl's period never starts?**
Periods will start sooner or later. However, if a girl reaches age 16 and has not yet had her first period, she should visit a health provider.

**Can a woman get pregnant during her period?**
Yes. If a woman has a short cycle, typically 21 days from first day to last day, then she is actually ovulating on day seven of her cycle (the seventh day from the first day of her period). Because some periods last that long, it is possible that she is ovulating.

**Is menstruation painful?**
Some young women experience some cramping in their stomachs before and sometimes during their monthly period. This pain is usually not a serious problem and can be treated with some Panadol or other pain reliever, exercise, a hot shower/bath, or a hot water bottle. Sometimes the pain is worse than other times. A young girl may also experience back pain, headaches, nausea, vomiting and constipation. The pain usually lasts just two or three days at the beginning of the period. Period pain is usually worse during adolescence and may subside as the young woman becomes an adult.

Sometimes a woman may experience physical or emotional changes around the time of her period. Not everyone has these feelings - some women do not feel anything. A woman may experience:

**Physical Symptom** cramps (pain in the lower abdomen), pain, bloating, weight gain, food cravings, swollen or painful breasts, swollen hands or feet, skin problems, headaches, dizziness, or irritability

**Emotional Symptoms** short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervous tension, fatigue, or depression.

These changes are sometimes referred to as premenstrual syndrome (PMS). PMS is related to changes in the body’s hormones. As hormone levels rise and fall during a woman’s menstrual cycle, they can affect the way she feels, both physically and emotionally. She may find that taking painkillers, hot water compresses, herbal teas, or other local remedies can give her relief from menstrual symptoms. If these do not help, she should visit a health provider and discuss the matter.
OPTIONAL ACTIVITIES

#1: Reproductive System Sculptures (females or males of all ages)
Creating two or three-dimensional works of art allows students to look more closely at the reproductive system than they ever have before.

Materials: Any (or all) of these materials can be used: Felt, clay or modelling dough, fruit or vegetables, or ‘found objects’ (silverware, bottles, boxes, paper plates for cutting). Scissors, tape, glue, paper, as needed. Students will also need graphics of reproductive systems.

INSTRUCTIONS:
1. Have individuals or teams work together to create a sculpture of the male or female reproductive system. Give them a time frame and ask them to take the time to create something interesting. Hold an art exhibit and allow them to show off their masterpieces.
2. Facilitate a discussion with the following questions:
   a. Have you ever looked so closely at the reproductive systems?
   b. Was there anything surprising about them?
   c. Did their design affect your choice of art materials?
   d. Can you image these systems inside your own bodies?
   e. Do you think about these organs inside you every day?
   f. Do you think they are important? Why?
   g. What can you do to keep them strong and healthy?

#2: Small Group Activity: Products we use During Menstruation (10-14 year olds)
1. Ask students to form five or six small groups. If culturally appropriate, have boys and girls mixed together.
2. Place on a table the products used during a woman’s period (pad, tampon, cotton, cloth) and a cup or glass of water. (Use products that are readily available and used among those within your community.)
3. Ask students to identify the products. Ask the students in each group to explain how the products are used and disposed of. Tell each group to place the products in water. Explain that the products absorb water like a sponge and this is what they do for blood during the menstrual period.
4. Encourage the students to ask questions and throw them back to the group to answer.
5. Facilitate a discussion with the following questions:
   a. Why use these products?
   b. How do they work?
   c. How often do they need to be changed?
   d. How should they be disposed of or cleaned?
   e. Where are they sold and how much do they cost?
#3: Pair Exercise: Talking about our Fertility (10-13 year olds)

1. Assign one of the following role-plays to a pair of students that volunteer to present to the group. Away from the other students review the role-play with the volunteers. Ask the pair to act out the situation using the information they just learned in the session. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give students a couple of minutes to prepare for the role-play. Present the role-play to the group. After the pair presents the role-play have the other students clap for the presentation.

2. Ask the group the following discussion questions, one at a time, and write the responses on the board:
   a. What did you see? What did you hear the two characters say?
   b. Does this happen here in our community (school, home)?
   c. What problems does it cause?
   d. What should we do when this happens? What should we do to avoid these problems or this situation?
   e. What else could she/he have said to give more information?

3. Ask another two students to volunteer to do the same role-play only this time have them go into more depth and improve on the first role-play using some of the answers that were generated from the discussion. Have them perform and thank them for their participation.

4. Move on to the next role-play and ask for two more volunteers. Use the same discussion questions above on the subsequent role-plays as time allows, conducting no more than 2 or 3.

**Role-play #1:** One person plays the aunt; the other plays a 12-year-old girl. The girl is worried because she has not gotten her period yet, but her friends have. The aunt comforts the girl, letting her know that the first period starts as early as age nine or 10, but can also start a few years later.

**Role-play #2:** One person plays a 10-year-old girl; the other plays the older sister. The girl is frightened because she began her period and does not understand what it is. The older sister explains what menstruation is and why it is happening.

**Role-play #3:** One person plays the father; the other plays the 13-year-old son. The son is worried because he keeps waking up, and the bed is a little wet. He asks his father what is wrong with him. The father explains to him what wet dreams are and that they are normal.

**Role-play #4:** One person plays a 12-year-old girl; the other plays her mother or father. The girl has stained her clothes with menstrual blood at school and is too embarrassed to return to school because she thinks everyone saw her. The mother or father comforts her and tells her that every woman has an occasional spot on her clothes. The mother or father explains what to use to stop the blood in her panties.

**Role-play #5:** One person plays the older brother; the other plays a 12-year-old boy. The boy is worried because he ejaculated and now thinks his sperm is floating in the air and might get someone pregnant. The brother explains to him about wet dreams and ejaculation.
Handout 3.1 Male Reproductive System
Handout 3.2 Female Reproductive System
Handout 3.3 Reproductive System Story
Handout 3.3 Reproductive System Story

Below are two stories. The events are out of order. Use a sheet of paper and write the stories so that they make sense. Find a topic sentence to begin your paragraph. Make sure that the last sentence is a good conclusion.

**Male Reproductive System**
- I am produced in the testicles.
- The Life of a Sperm Cell
- I go through a woman’s vagina in search of an egg cell.
- When the penis becomes erect, I leave the body through the urethra in a white, milky fluid in a process called ejaculation.
- Without me, an egg cell couldn’t begin the process of reproduction.
- If I can find the egg before the other sperm do, I will be the winner: part of a fertilized egg!

**Female Reproductive System**
- The egg travels to the uterus.
- The egg is released by the ovary.
- About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina.
- If the egg doesn’t meet a sperm, it dissolves.
- The Menstrual Cycle
- While the egg is developing, the lining of the uterus is getting thick and soft.
- An egg starts to develop in the ovary.
Teacher Notes Reproductive System Story Answers

Male Reproductive System

- The Life of a Sperm Cell
- I am produced in the testicles.
- When the penis becomes erect, I leave the body through the urethra in a white, milky fluid in a process called ejaculation.
- I go through a woman’s vagina in search of an egg cell.
- If I can find the egg before the other sperm do, I will be the winner: part of a fertilized egg!
- Without me, an egg cell couldn’t begin the process of reproduction.

Female Reproductive System

- The Menstrual Cycle
- An egg starts to develop in the ovary.
- While the egg is developing, the lining of the uterus is getting thick and soft.
- The egg is released by the ovary.
- The egg travels to the uterus.
- If the egg doesn’t meet a sperm, it dissolves.
- About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina.
Session 5
Reproduction Myths

Learning objectives
By the end of this session, students will be able to:
1. Differentiate between reproductive system facts and myths
2. Apply knowledge of the reproductive system to dispel myths

Time 60 minutes

Background notes
A myth is a traditional story or collections of stories told among a group of people, that may be based on a truth or real story, but is not true. It often is based on the cultural ideals or commonly held beliefs or emotions in a community. Myths form part of the beliefs of a community or society. A fact is something that is true and has been proven with evidence.

Although most young people have some basic information about sex and reproduction, they still firmly believe in many myths around reproduction. It is important to let students talk about these tales they have grown up with in order to bring the myths out into the open so they can be dispelled and replaced with facts. Myths can range from the less harmful to the highly dangerous ones, like those concerning sexual health. Partial information, incorrect information, or culturally embedded myths can lead adolescents to make dangerous, wrong decisions for themselves. Long-held, culturally approved beliefs or myths that peers swear are true are often extremely difficult to change. But the misinformation must be cleared away and real facts provided, so that choices can be based on knowledge instead of ignorance.

INSTRUCTIONS
Reproduction myths (60 minutes)
1. Ask students to define the word ‘myth.’ Write their responses on the board. Responses should include: opinions, beliefs, fables, stories or fantasies that are not true. Ask students to discuss how their definition of ‘myths’ is different from ‘facts.’
2. Explain that ‘facts’ are what is known to be true; events that have actually occurred; and things that are real, factual, and can be proved. For example, if you throw a ball in the air, it will come down. Myths are ideas, sayings or beliefs that people create and are not or cannot be proven. Usually, myths are a mixture of truths and untruths passed around verbally within a community, to explain an issue that people do not understand. For example, in some communities, people say that if a woman thatches a roof, she will go blind. (Use an appropriate example of a myth in their communities.) Myths are distorted or misunderstood truths. Emphasize that while some myths are quite harmless, many of them can be dangerous because they are the opposite of known facts and acting on them can lead a person into trouble or negative consequences. For example, some people say that a pregnant woman should not eat eggs while the fact is that eggs can provide needed protein to a pregnant woman’s diet.
3. Ask students to list myths that they have heard about the reproductive system functions and processes. For example, if a girl or boy does not have sex, she or he will get backaches. Collect the information without discussion.
4. Once a list of myths has been collected, divide students into groups of four or five. Assign one or two myths to each group and ask them to work as a team to use their knowledge to dispel each myth.
5. Ask a representative from each group to present back to the group. Allow others to ask questions or comment.
6. End the session by emphasizing:
   a. There are many myths and misconceptions about reproduction and acting on them can have negative consequences
   b. When making decisions, only consider the facts about reproduction
   c. If a boy or girl is not sure about the facts, they should ask a knowledgeable person, such as a counsellor, doctor, or nurse, and not rely on friends who may not have accurate information
OPTIONAL ACTIVITIES

#1 Small Group Activity or Homework assignment: Myth Tracing (15-17 year olds)
Have students compile reproductive health myths among their family and friends. Trace the origin of certain specific myths in Kenya. Write up an essay on why the myth is incorrect.

#2 Myths Role-Play (13-15 year olds)
Using the list generated by the group break-up into small groups to act out the myths and the consequences of the misinformation. Present to the group.

#3 Large Group Game: Fertility Myths and Facts (13-15 year olds)
1. Explain that the group is going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams, and that this game will help them identify and correct myths around the topic.
2. Divide the group into two teams and place them on opposite sides of the room. Have each team choose a name.
3. Read one of the following statements to the first member of Team A. That person should consult with the rest of the team to determine whether the statement is a ‘myth’ or ‘fact.’
4. Once the first player responds, say whether the answer is correct and mark the score on the flip chart of chalkboard. Award one point for each correct answer. If the answer is correct, ask the player to say why this is correct. If the answer is incorrect, provide the right response and briefly explain why.
5. Continue by reading another statement to the first member of Team B, then alternate teams until everyone has had a chance to respond. After you have read each of the myths and facts, ask the teams to come up with two things that they have heard about menstruation and wet dreams and share these. Have the opposite team state if it is a myth or fact, and again, tell them if they are correct and why. Afterward, add up the score and announce the winning team.

MYTH or FACT?
- The blood coming from a woman during menstruation means that she is sick (MYTH)
- Cold drinks do not cause menstrual cramps (FACT)
- Women should not eat spicy or sour foods during menstruation (MYTH)
- If a woman misses her period, this could mean she is pregnant (FACT)
- If men do not ejaculate, sperm will collect and make their penis or testicles burst (MYTH)
- It is perfectly safe for a woman to wash her hair or take a bath during her period (FACT)
- Having menstrual blood means a woman is dirty (MYTH)
- When a boy or a man has a wet dream, it means he needs to have sex (MYTH)
- When a man has an erection, he must always ejaculate (MYTH)
- Most boys have wet dreams during puberty (FACT)
- If a penis is touched a lot, it will become permanently larger (MYTH)
- If a person jumps over the legs of a pregnant woman the child will look like the jumper (MYTH)
- If a person masturbates a lot, they will go blind (MYTH)
Reproduction Myths and Misconceptions

**MYTH:** One cannot get pregnant with one sexual act.
**FACT:** One runs the risk of pregnancy each and every time one has unprotected sex.

**MYTH:** The safest time to have sex is between periods.
**FACT:** For women with menstrual cycles between 26 to 32 days, the fertile time is from 8th to 19th day. These are known as baby days.

**MYTH:** You need your parent’s permission to find out about family planning and reproductive health.
**FACT:** Knowledge about family planning can safeguard one against consequences of unprotected sex like unplanned pregnancies and STI’s. Knowledge of reproductive health makes one fully aware of one’s body, its functions and its care. So, it is not necessary to seek parent’s permission for it. Adolescent reproductive health and development policy in Kenya gives young people the right to access information and services.

**MYTH:** Ejaculating during the night (‘wet dreams’) is harmful to boy’s health.
**FACT:** Ejaculating while sleeping is normal and natural during adolescence and is not harmful.

**MYTH:** A woman becomes ‘dirty’ or ‘untouchable’ during menstruation.
**FACT:** Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

**MYTH:** One should not take a bath during menstruation.
**FACT:** Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

**MYTH:** If the hymen is broken then the girl is not a virgin.
**FACT:** The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

**MYTH:** Family planning is harmful for health.
**FACT:** Family planning is a method for improving the family’s health and women’s reproductive health. **MYTH:** Contraceptives make women barren.
**FACT:** The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

**MYTH:** Condoms have holes and are laced with viruses.
**FACT:** Condoms do not have holes and do not allow HIV to pass. HIV can get through if the condom has been damaged or torn. The risk of HIV passing through an unbroken latex condom is very small. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all.
Session 6
Healthy Relationships

Learning objectives
By the end of this session, students will be able to:

1. Identify four qualities that contribute to a fulfilling relationship
2. Name four qualities that contribute to a breakdown of relationships

Time 60 minutes

Background notes
Good relationships are based on love, mutual respect and willingness to put effort into the relationship. In a good relationship, both people are honest with each other. Both people feel safe in the relationship and do not worry that the other will betray their trust. Both people usually find enjoyment and pleasure in the relationship, and neither person tries to control the other person or to pressure them into doing things. Neither person exploits or takes advantage of the other in any way.

What are healthy relationships?
There are several qualities that make a relationship healthy. The best relationships result from both people contributing all of these qualities. But many relationships are far from perfect. The healthiest ones are those that people work to develop, and those that have the following qualities:

Respect: To respect another person means to honor them, to hold them in high regard or esteem, and to treat them as if they are worthwhile even if they are different from you.

Responsibility: To be responsible means that others can depend and rely on you, that you do as you said you would, and you are able to distinguish right from wrong. For example, you take responsibility for taking care of your own health and well-being and that of your partner and your family.

Understanding: To be understanding means to be knowledgeable about another person, to try to understand his or her position or feelings, or to listen and support someone. It means trying to put yourself in someone else’s shoes’, in order to understand what life looks like from their point of view.

Cooperation: To work at a relationship means to put effort into the relationship, and not take the other person for granted. It involves willingness to work with someone to be in a relationship and sustain it.

Caring: To be concerned and interested in another person’s feelings and needs, and to want what is best for that person. It means feeling love or a liking for a person and wanting to protect that person.
INSTRUCTIONS
Healthy Relationships (60 minutes)
1. Ask students to name different relationships (Possible answers: child/parents, other family relationships, girlfriend/boyfriend, same sex friendship, married couples, teacher/students, employer/employee, father/mother, etc.)
2. Ask students to discuss what makes a relationship between two people successful. Write down their responses on the board. (Possible answers: respect, dependability, honesty, caring, understanding, etc.)
3. Divide students into pairs and assign them each a relationship (mother/child, girl/girl, mother/father, etc.) Ask them to create a role-play that will demonstrate the qualities of the relationship assigned. Have each pair act out their role-play for the whole group, and review:
   a. What are some of the actions and words in the role-plays that illustrated the various elements of respect, understanding, caring, and responsibility?
   b. What other actions or words could be added to this role-play to show this quality?
4. Facilitate a discussion using the following questions:
   a. Which of the qualities discussed are the most important to you?
   b. How do we put these qualities into our relationships?
   c. How would you feel about a friend who did not respect you? Who did not put much effort into the relationship? What could you do?
   d. How would you feel if a parent or guardian didn’t understand you? What would you do to improve the relationship?
5. Ask the students to describe qualities of bad relationships. Site specific scenarios such as: mother/child, father/child, mother/father, same sex friendship, girlfriend/boyfriend. Write the responses on the board. Help the students understand that these are the opposite of what makes a fulfilling relationship: disrespect, lack of understanding, lack of caring, irresponsibility. One of example that might be brought up is gender violence or rape. If it is brought up tell the students that this subject will be talked about in more detail later.

OPTIONAL ACTIVITY
#1: Assessing Relationships (older adolescents)
1. Start this activity by explaining that there are several qualities that make a relationship special. Write these five words on a flip chart: respect, responsibility, understanding, cooperation, and caring. Ask for volunteers to define each word (refer to definitions in the Background Notes section of this session). Use the words of the volunteers to create a group definition for each word.
2. Point out that the best relationships result from both people contributing all of these qualities. Many relationships are far from perfect. Explain that the best ones are those that young people work to develop.
3. Explain to the students that they will identify behaviors people can use in their relationships to show their respect, responsibility, understanding, work, and caring for one another. Divide them into five groups and go over the following instructions for this activity:
a. Each group will be assigned one of the five qualities necessary for a good relationship and will receive brief case studies that describe four different imaginary relationships - with a parent, friend, or a person in a relationship.

b. Each group should develop two examples of what the young person in each case study could do to demonstrate the assigned quality.

4. Distribute Optional Handout 5.1 Assessing Relationships to each group and give the following examples:

   a. **Respect**: you can show respect for a parent or guardian by obeying the rules they set for you.

   b. **Responsibility**: you can show your friend responsibility by coming to an agreed upon event on time.

   c. **Understanding**: you can show understanding for a friend who is having problems at home by being a good listener and spending time together

   d. **Cooperation**: you need to work hard to be tolerant, communicate honestly, and create trust in a romantic relationship.

   e. **Caring**: you can show caring by helping a family member who is sick, taking them to the clinic or helping them in the shamba.

5. After 10 minutes, ask each group to present their results and share with the larger group.

6. Facilitate a discussion with the following questions:

   a. If you had to give up one quality in your relationship with a parent or another trusted adult, which of the five would you most willingly give up? What about a relationship with a friend? Romantic partner? Why?

   b. Which of the five qualities discussed would you never be willing to give up? Why?

   c. How do we acquire the five qualities and practice them in our relationships?

   (Answers: by observing and imitating others in their relationships with us, by listening to what others say about their good and bad relationships, by reading books and magazines that describe relationships and how to communicate better in a relationship)
Handout 6.1: Assessing Relationships
Circle the relationship quality that has been assigned to your group:

RESPECT RESPONSIBILITY UNDERSTANDING COOPERATION CARING

For each of the relationships described below, write in two things individuals can do to demonstrate the quality you circled.

1. Nekesa lives with her mother and her stepfather, Wafula. She and Wafula don’t get along very well, but she is trying to build a better relationship with him.

2. Atieno and Mary have become better friends this year. They try to do things together over the weekends, but Atieno is busy with her church’s activities.

3. Martin and Samson had a fight they both regret. They both need to apologize before their friendship can continue.

4. Stella and David have been dating each other for six months and most of the time they get along really well. Sometimes they quarrel about petty things. They both want to try to communicate better and argue less often.
Session 7
Parent/ Child Relationships

Learning Objectives
By the end of the session, students will be able to:
1. Understand the cause of conflict in parent/child relationships
2. Identify ways to resolve conflict with parents
3. Identify ways to improve relationships with their parents

Time 45 minutes

BACKGROUND NOTES
Many people say there is a lot more conflict with parents when they are teenagers. Conflict is a normal part of any relationship, but sometimes this is more intense because of change. As young people get older they change physically, emotionally and in the way they think about and see themselves. During adolescence these changes can happen quickly. Young people often move away from their parent's beliefs as they are learning about the world, and parents can find this hard.

For teenagers conflict with parents can be full on. This may be because they are changing in so many ways. Parents can sometimes have difficulty coping with all of this and can feel uncertain about how to respond to the person who was once their little child and is now a young adult.

Changes in thinking
As they get older they change and grow in many ways. One of the ways is in how they think. Questions we ask as teenagers become deeper and more abstract than as a young child. So as a young child they might ask, "Why do I have to eat my vegetables?" or "Why can't I play on the road?" Those questions are easy for parents to answer. But as their thinking becomes more complex they might ask "Why have rules in society?" or "Why work from 9 to 5?" or "What is the meaning of life?" This kind of questioning can be harder for parents to answer. It's a time when they start to think working out the world for themselves. Sometimes their values and beliefs can become different from their parents, leading to conflict.

Changes in how parents deal with conflict
When they were young it was pretty easy for their parents to end a conflict with them. They could just say 'go to your room!' But now they’re bigger and louder and it's not so easy for them. It can seem like there are more arguments because they can be more complex and harder to resolve.
Changing relationships
As a young child it was a relationship where their parents were the leaders of the family. As they mature it becomes a more equal relationship where they all relate on the same level. This change doesn’t happen overnight. The process of moving from one type of relationship to another can be a real struggle and their parents are still responsible for them, maybe even after they feel that they should be responsible for themselves - so lots of talking about issues is needed.

Individuals changing
We all go through developmental stages. While young people are going from being a baby, to a toddler, to a child, to teenager, to young adult - their parents are moving through their life cycle as well. They’re going from a young adult, to an adult, to middle aged. And they are all having their individual "age related" crises along the way. Parents may be going through their mid-life crisis while young people can be going through their "identity crisis". All at the same time - in one household. It can be a trying time!

Parents coping with changes in teenagers
Young people grow and change so fast when they are teenagers, and their parents can find it hard to keep up. It’s a time when they want some independence. They want to think for themselves, speak for themselves, form their own values and opinions, and think about their life style and tastes, their emerging sexuality, to have some privacy, to be their own person. In short, this is the time when they are forming their own identity (kind of like a butterfly emerging from a cocoon!). This is another one of those developmental crises - often the toughest to go through. It can be hard for parents to get used to these changes and the new emerging you. (And it can be hard for young people. Sometimes when they are feeling really stressed and uncertain it is easy to want to "take it out" on the people closest to them.)

Physical changes
Apart from all the changes in thinking, emotions and identity, there are huge physical changes going on. Their bodies can change quite rapidly and this can be hard to cope with. Some people look mature and are treated like a man or woman before they really feel that way inside. Others are wondering why friends have changed before they have and when they’ll catch up. It can all be overwhelming.

Parents wanting to protect them
To their parents, the physical growth in their children can be a powerful message that they’re about to go out into the world. They’ve probably learnt (often through making their own mistakes) that the world isn’t always a wonderful place. Their parents are probably very much aware that young people can be at risk of getting into difficult and possibly dangerous situations. It can be quite scary for parents not knowing what’s happening to the children, not to mention imagining what could happen.

Parents may feel a need to guide their children and protect them from harm. The trouble is that part of the adolescent challenge is finding out for themselves. It can seem like parents are interfering.
What they more likely want to do is keep them safe. This mismatch of understanding can end up in hassles and arguments. It takes a bit of give and take on both sides to work it out. Parents need to realize that young people need to learn about life for themselves. This is also a learning time for parents - learning when to step back and when to step in. Sometimes young people learn best through their own mistakes but at other times it’s best to listen to other people’s wisdom. If it’s something that can affect your life for a long time to come, or if it will affect other people, then they should seriously consider asking their parents or a trusted adult for advice and information before making your decisions. (It helps parents to trust them if they can see that they are really thinking about the consequences of their actions).

"Parents always think they are right"
A lot of parents do seem to always think they’re right. This can be because parents have had more life experience and sometimes do know more (often in arguments both sides think they are right). On the other hand, sometimes parents are reluctant to admit the times when their son or daughter knows more about something than they do. It can be bewildering for parents experiencing the rapid changes of their son or daughter in adolescence.

Getting along better with parents
It takes a lot of effort on the part of parents and teenagers to have a peaceful relationship with each other. It’s good when young people make the first move in dealing with disagreements or conflicts with their parents. In return parents need to understand and help the teenagers cope with the changes they are undergoing. Working out their differences positively, will help them continue to have a good relationship. Here are a few tips on how they can get along better:

- **Respect each other** – without mutual respect any relationship will be an unhappy one. People who respect each other a) value each others opinions  b) listen to each other  c)disagree without screaming or insults. Listening to each other includes focusing their attention on the parents when taling to them. Teenagers should always remember, that their parents have lived longer than them and therefore have more experience.
- **Communicating** – openly and honestly with the parents. Sharing your thoughts and feelings with them and seeking their advice will build trust and make the relationship a lot better
- **Responsibility** - Understanding that their parents have a responsibility towards them and really want what is best for them and hence the decisions they make and try to enforce on them are out of love and care for them. Behaving in a responsible manner and being reliable also builds trust in the relationship and enables the parents to treat them as maturing adults.
- **Understanding** the physical and emotional changes they are going through can help to respond better to various situations.
Rules
There are rules at school, in the workplace, at home and in society. There are written rules and unwritten rules. They all have a purpose - although the purpose can be hard to see at times. The basic intention behind any rule is to allow everyone to live together in harmony and to protect everyone’s rights. Some examples are that it is against the law for someone to hit you and injure you. That is an assault. Having that law protects the youth and keeps the peace. At school, they are expected to be quiet in the classroom when working - this protects their rights to learn. At home their parents may want to know all the details about where they are going, with whom and give them a time to be home. This isn’t just to invade their privacy and give them a hard time. This is so they can do their job of trying to keep them safe.

Communication
One of the most important ways of improving parent/child relationships is open communication. Listening is one of the biggest skills in communication. Listening properly can be almost exhausting. It can also be a precious gift to listen to another. If a person feels properly listened to, they feel understood and less alone because someone has taken the time to really care. Listening involves several aspects.

- **Listening to the meaning**, not just the words. To show you understand the meaning, you may want to repeat back what you thought you heard the person tell you but in your own words. Don’t get discouraged if they say, ”No, no, what I am saying is…” because this means the other person wants you to understand and you’re getting there.
- **Try and imagine yourself in the other person’s position** - this can help you understand better.
- **Don’t butt in** or talk about something similar that happened to you. It takes attention away from the other person and puts the focus on you.
- **Your body language is important** too, it shows that you’re listening. Face the person. If you look out the window or doodle on paper they’ll feel you’re not really listening. Let them know you’re still listening by nodding and saying words that show you are listening, like, ”yes”, ”ehe” or ”go on”.

Communicating well means telling each other what you think - the good and the not so good, but doing it in a respectful, non-blaming way if it’s the not so good.
INSTRUCTIONS

Current relationships (10min)

1. Ask students to discuss the type of relationships they currently have with their parents – whether good or bad. Do they have good communication with their parents?
2. Ask the students to list down some of the things they would like to discuss with their parents about but feel they cannot and to give reasons why they think they cannot talk to them about these things.
3. Ask the students to list down:
   a. The things that they do that annoy their parents
   b. The things that their parents do that annoys them
4. Ask the students to discuss whether they think their parents respect them and what makes them think that.
5. Discuss with the students about freedom from parents; do they think their parents should give them total freedom with no limits.
6. Ask the students to list down things they need from their parents but they are not getting (not necessarily material things)

Role Play

For girls – you and your friends have planned to meet on a Saturday to go watch a music concert at a neighboring school. And as you get ready to go meet them, your mum walks into the room and sees you all dressed up and says you should not go. You shout back that it is not fair and that you had already planned to meet with your friends. Your mum says her word is final and that you cannot go.

- How can you resolve this conflict?

For boys – you have a friend who always gets into trouble and your parents have warned you to stop hanging out with him because he influences you negatively. Your friend picks you up one Saturday morning and you walk into town to loiter around. Your friend shoplifts some sweets from the supermarket and both of you are caught by the owner of the supermarket and your parents called. Even though you were not aware of your friends actions, you are still locked up in a room awaiting your parents arrival. When your parents arrive, they are furious with you and tell you that in future you will not be allowed to leave the house without their permission.

- How would you feel?
- Would you think that your parents are unfair in limiting your freedom?
- How can you resolve this conflict?

Optional Activity

If you had the power to change any aspect of your relationship with your parents, what would it be? Is there anything you could do to make that happen? What?
Session 8  
Friendship

Learning objectives
By the end of this session, students will be able to:
1. Identify characteristics of a good friend
2. Assess whether they are a good friend
3. Recognize different kinds of friendships
4. List at least three ways to maintain a friendship

Time 40 minutes

BACKGROUND NOTES
As adolescents try to understand the changes they are experiencing they often become more and more attached to their friends who are going through the same changes. They seek acceptance and respect from these friends. During this time it is important to feel like they belong to a group. They will frequently do anything for the sake of pleasing friends and will follow most of what peers tell them, becoming conformists to their peer group. At the same time, many adolescents find it difficult to completely ignore adults since they live with their parents.

Adolescents’ behavior can be strongly influenced by their peers. If friends smoke, drink alcohol or make bad choices, in all likelihood they will do the same to be accepted by the group. But peers can also be helpful during adolescence. They help make the transition from a family orientation to a peer or society orientation. They also provide opportunities for adult-like relationships. They form a reference group for judging behavior and help adolescents clarify personal identities. Adolescents should choose friends and relationships that are going to develop their personality positively.

Friendships
Friendship can provide a source of support beyond what family or peer groups can offer. Adolescents may spend time with just one friend or a small group of friends. These friends can be quite important. They can help the adolescent share ideas, thoughts and experiences without fear or betrayal. They may share experiences about bodily changes, which help’s ease their doubts about being different. In such friendly groupings, adolescents can explore and discover themselves as people; which is part of the search for identity. Adolescents tend to select friends with characteristics similar to their own as a way of confirming their own opinions and sense of self worth.
'Just Friends'
Young children typically do not differentiate friends by gender. Boys are friends with girls and vice versa, but once puberty sets in, boy-girl friendships change. When children are small no one notices when two kids of the opposite sex are friends. For example, once children become adolescents it is no longer okay to spend the night at a best friend’s house if the best friend happens to be someone of the opposite sex. Other kids and adults start assuming that the adolescents must be more than ‘just friends’ and that they ‘like’ each other in a romantic boyfriend/girlfriend sort of way. The teasing often subsides and the insights learned in an opposite sex friendship may help in more romantic relationships.

**INSTRUCTIONS**

**Friendship Circles (40 minutes)**

1. Ask the students: Who is a friend? (Answers may include: a person who you have a good relationship with, not a relative, share something in common). Have the group list the characteristics of a good friend and discuss. Point out that during adolescence not only do their bodies change, but so do their understanding of themselves, and their friendships.

2. Explain that not all friends are ‘best friends’ or even very close friends. In fact, friends can range from very close to not-so-close. Ask students if they know what you mean.

3. Display the large illustration of circles of friends (Handout 6.1). Explain that this represents circles of friendships, with closest friends in the circle closest to the centre, casual friends in the next circle and acquaintances (or people they know) in the outside circle.

4. Ask students to copy the circles into their own notebooks and make their own friendship circles. Read the following directions out loud to the group:
   a. Write your name in the centre circle.
   b. Write name(s) of your closest friend or friends in the innermost circle.
   c. Write the names of casual friends - friends you know well enough to talk to or have lunch with, but not as well as your closest friends - in the middle circle.
   d. Write the names of acquaintances - people you speak to sometimes, but do not consider being friends - in the outer circle.

Allow students a few minutes to complete their circles.

5. Facilitate a discussion with the following questions:
   a. Some people have many best friends while others have one special friend; some have more casual friends and others have more acquaintances. What did you learn about your own friendships from this activity?
   b. How did you decide who is in your inner circle? The middle circle? The outside circle?
   c. What are the ages of your closest friends? Casual friends? Acquaintances? Why do people choose friends of different ages? Are there advantages of having an older teen or an adult as a friend? Disadvantages?
   d. In which circles did you place friends of the same sex? Other sex? Why?
   e. Where did you place your friends of another religion? Why?
f. What are two things that you would talk about with close friends but not with casual friends or acquaintances? Why?
g. Would you like to make changes in your friendship circles? Which ones?
h. What things could you do to get to know an acquaintance or casual friend better?

6. Write the following on the black board:
   If you want to keep a friend, it helps to.....

7. Ask the students to complete the sentence, either in their notebooks or aloud. Let several students share what they wrote.

8. Facilitate a discussion to summarize these points:
   a. Everyone values different things in friendships
   b. Each of us is valuable as a friend for one reason or another
   c. As we grow up what we look for in a friend changes
   d. There are many ways to go about maintaining friendships but friendships need to be maintained and not taken for granted
Session 9
Romantic Relationships

Learning Objectives
By the end of the session, students will be able to:
1. Identify qualities in a healthy romantic relationship
2. Identify three skills needed to overcome challenges in romantic relationships

Time 45 minutes

BACKGROUND NOTES
As young people move through puberty and into their adolescent years, many begin dating. Dating can involve two young people going places or spending time with each other in order to get to know each other better. They may have feelings for each other and want to be more than just friends. This can be fun and exciting, but it can also create problems. For instance, teens may want to date before their parents think they are old enough or a teen may not feel ready to date but their parents or peers may push them into it. Sometimes group dates are more comfortable and safer than individual or private dates.

INSTRUCTIONS
Qualities in an ideal mate (15 minutes)
1. Ask students to explain what dating is and to describe a date. (Possible answers may include: it involves two people, a process of courtship, getting to know someone better, going places together, or having feelings for each other).
2. Divide students into two groups: one boy group and one girl group. Explain to students that there are qualities we each look for in a partner or relationship. Ask each group to brainstorm the qualities that are important in choosing an ideal mate or partner and write them down. These qualities should include emotional, physical, and personality characteristics. Once they have finished brainstorming, ask them to select ten qualities, which they agree are most important and be prepared to say why these qualities are important. Ask them to pick the three most important qualities.
3. Bring everyone together and ask them to share their lists. Ask the following questions:
   a. How similar were the lists?
   b. What kinds of qualities were similar on the lists?
   c. Were there differences between the sexes in the order in which they ranked certain qualities?
   d. How do you find the qualities you are looking for in your ideal person?
**Challenges in Dealing with Romantic Relationships (15 minutes)**

1. Ask students to discuss their opinions on the following (one issue at a time). Explain that every opinion is to be respected.
   a. At what age do girls and boys start having relationships? What kinds of relationships?
   b. What are your own feelings on relationships? (good/bad, healthy/unhealthy, risky, normal, unacceptable)
   c. Why do people get involved in relationships? What are some of the good qualities of being in a relationship? (learning to relate to members of the opposite sex outside of family members)
   d. What are some of the negative consequences of boy/girl relationships? (unwanted pregnancies.)

2. Write down their responses in a chart similar to the one that follows. Add additional challenges and possible consequences that they do not mention.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Possible Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating different perceptions</td>
<td>Disappointment, frustration, pregnancy, date rape</td>
</tr>
<tr>
<td>Lack of negotiation skills</td>
<td>Unwanted sex, unprotected sex (possible STI, HIV/AIDS, pregnancy, guilt)</td>
</tr>
<tr>
<td>Differences in expectations</td>
<td>Disappointment, selfishness, frustration</td>
</tr>
<tr>
<td>Differences in self esteem</td>
<td>Dominant/submissive relationships leading to lower self esteem</td>
</tr>
</tbody>
</table>

3. Ensure that the following are discussed:
   a) Different expectations (girls think of having a boyfriend, boys’ think of ‘sex’).
   b) Differences in self-esteem (boys may tend to dominate the relationships).
   c) Differences in societal expectations of sexual behavior for girls and boys (as expressed by their parents and other adults): ‘good’ girls don’t have sex before marriage, but it is acceptable for boys to experiment.
   d) Prejudice (religion, tribes, family background) can create family conflicts.
   e) Because of socialization, boys and girls do not have the same perceptions. For example, when a girl says ‘no’ the boy may interpret it as ‘yes.’

**Skills to Overcome Challenges (15 minutes)**

1. Ask students to discuss what boys and girls can do to make their relationships more fulfilling.
   Examples include:
   a. Good communication and understand each other
   b. Negotiate
   c. Make appropriate decisions
d. Resolve conflicts  
e. Uphold each other’s self-esteem  
f. Be assertive  
g. Make sure each person feels valued in the relationship

2. Explain that these life skills are important not just in boy/girl relationships, but also throughout life. You may have already been taught some in previous sessions and there will be more to come. Remind participants of the following:  
a. We will not find all the behaviors or qualities that we expect or like in one person.  
b. We should get to know people well enough so that we know what qualities they bring to the relationship that meet our expectations, and what they do not have.  
c. No one is perfect. Everyone has weaknesses and makes mistakes at some time.  
d. We should not judge others, but learn to accept people for who they are.
Session 10
Love and Infatuation

Learning Objectives
By the end of the session, students will be able to:
1. Differentiate between love and infatuation
2. Identify the qualities of love
3. Explain the importance of communication in relationships

Time 50 minutes

BACKGROUND NOTES
What is love?
Love is a complex emotion, and every person may define love differently based on his or her own experience with loving relationships. Generally, love refers to a deep feeling of fondness, attraction, respect, caring, and understanding for another person, despite their weaknesses or faults. It is important to remember that sexual intercourse is not the only way of showing love to someone. Also, having sex does not mean that two people will fall in love. Remember, love is about respect and caring for each other. Love is never a good reason to do anything that puts your health and future at risk.

Love is a word that is used loosely in conversation but rarely discussed. Older people are often heard saying that young people don’t even know the meaning of the word “love”. The young are often heard saying that older people are too old to understand how they feel about each other. Often young people mistake infatuation for love. They feel very strong attraction and feelings toward another person and the intensity of the emotion leads them to believe it must be love. This can get them into trouble, because infatuation is usually short lived and fades as quickly as it begins.

Relationships and Sex
Good friendships and relationships help people feel good about themselves. Good friends help with problems, introduce new ideas, and share dreams for the future. Good friends can be people of the same sex or people of the opposite sex. Boys and girls, men and women, can be good friends without having a sexual relationship. The words ‘boyfriend’ or ‘girlfriend’ do not necessarily mean that the relationship is a sexual one. Any two people can have a close and loving relationship without sex.

Getting along with the opposite sex can be hard because many men and women are not sure what the other wants in a relationship. Remember, most people want the same thing in a relationship. They want respect, trust, honesty, understanding, and caring.

Building a good relationship takes time and patience. Sex is not a good way to build a close relationship. In fact, sex can ruin a relationship. Having sex does not necessarily mean that two people love each other or that they are close. Sex without true friendship is dangerous for a person’s health and heart.
Two people can share time together and become very close without having sex. By talking and sharing experiences, they can learn important things about each other. They can learn how each views life, how they would make decisions together, what kind of partner and parent each person would make, and how each feels about the other’s plans for life. Touching each other (without sexual intercourse) can be satisfying by itself and is not dangerous as long as it does not lead a person to lose control and to have sex before he or she is ready.

It can take a long time to develop a good relationship, but one of the most important things in a relationship is good communication. In order to understand and care for each other, people need to be able to talk with each other and make their feelings understood. By talking to each other and being honest about their feelings, two people might discover that neither one really feels ready to have a sexual relationship. They might find that both of them want to wait until they are sure it is the right time.

**INSTRUCTIONS**

**Love and Infatuation (30 minutes)**

1. Ask for a volunteer to define the word ‘love’ and another to define ‘infatuation’. Divide the group into two teams and tell them they are going to play a game called ‘What’s the difference?’
2. Divide students into two teams. One team is love and one team is infatuation. Explain that you will read a statement and if they think it is about love, the love team should raise their hand; if they think it is about infatuation, then the infatuation team should raise their hand.
   - It comes gradually between two people. They grow into it after many experiences together. [love]
   - A person becomes indifferent and disagreeable toward others who ‘do not understand their relationship.’ [infatuation]
   - One person uses the other person for personal pleasure, security, or other personal gain. [infatuation]
   - It involves the entire personality. [love]
   - Each person respects the mind and body of the other. [love]
   - It is impatient and it says, ‘We have only tonight. Let’s live it up!’ or ‘We can’t wait.’ [infatuation]
   - It is insecure, distrustful, jealous, and fearful. [infatuation]
   - It is based on knowing and understanding each other. [love]
   - There is a focus on physical contact and personal gratification. [infatuation]
   - It thinks of the other person and wants to protect the person and do things to make him/her happy. [love]
   - It is trustful, calm, secure, hopeful, and self-confident. [love]
   - It happens suddenly after an initial meeting between two people. They think they are ‘in love.’ [infatuation]
   - Happens in late teens or early twenties or any time after that. [love]
   - It is based on attraction. [infatuation]
   - It thinks of the other person and wants to protect the person and do things to make him/her happy. [love]
People are often embarrassed about the relationship and are secretive with parents and others. [infatuation]

It is patient and says, ‘We want to be together forever! We can afford to wait! Nothing can happen to our love for each other.’ [love]

Its physical expression has tender meaning and comes slowly, naturally, and sincerely. [love]

It tends to be more common among young adolescents. [infatuation]

It causes one to be proud of the other person and wants to introduce him/her to others, including parents and other adults. [love]

It makes the other person happy and makes him or her a better person. [love]

3. Facilitate a discussion with the following questions:
   - What new things did you learn about infatuation? Love?
   - How can you help people understand the differences between love and infatuation?
   - Do you have to like someone in order to love them? How can you know if you like someone?

**Understanding love (10 minutes)**

1. Divide students into small groups. Ask them to discuss the following questions:
   - Is love the same for men and women?
   - Do women have a greater capacity for love than men do? Why?
   - Do you believe in love at first sight? Why?
   - In what ways is love important to all of us?
   - Is hate the opposite of love? If not, what is?

2. Explain how you develop a loving relationship.
   - Can you love more than one individual at a time?
   - Is jealousy always a part of love?
   - Are loving and being in love the same thing?
   - How do you know when you love someone?
   - How do you know when you are loved?

3. Bring students back together to discuss some of the points brought out in the small group discussion.
Qualities of Love (10 minutes)

1. Divide students into four groups. Assign each group one of the following:
   a. Parent/child love
   b. Brother/sister love
   c. Close friends love
   d. Romantic love

2. Ask each group to share their thoughts and to come up with at least three qualities they would show and three qualities they would expect from their assigned relationship. (For example, if they are assigned the part of a child, what qualities would they expect from their parents, which qualities would they show their parents to express love.)

3. Allow each group to share their responses. Discuss any differences and similarities in qualities.

4. If time allows, discuss the following:
   a. When do you know you are loved?
   b. How do you know when you love someone?
   c. Is love the same for men and women (boys and girls)?
   d. Is jealousy a basic aspect of love?
   e. Can you love more than one individual at the same time?
   f. Is there love at first sight?

OPTIONAL ACTIVITY

#1: Sexual Decision-making (older adolescents) 60 minutes

1. Explain that one of the most difficult decisions young people have to make is whether to have sexual intercourse before they marry. The failure to make good decisions about sex is one reason so many adolescents have unplanned pregnancies and/or become infected with sexually transmitted infections, including HIV. Also point out that young people have a right to understand how the body responds when sexually aroused, that feelings of sexual arousal are natural, and that just because one feels aroused, it is not necessary to act upon those feelings. If a young person does decide to act on their feelings, they must be aware of the consequences of their decision.

2. Divide the students into two groups. Ask one group to brainstorm all the reasons and arguments why a young person would say ‘no’ to sex now. Ask the other group to brainstorm all the reasons and arguments why a young person would say ‘yes’ to having sex now. Ask them to put their reasons on a flipchart. Allow about 15 minutes.

3. Ask each group to share their lists. Make sure the following points come out.
<table>
<thead>
<tr>
<th>Reasons for saying yes</th>
<th>Reasons for saying no</th>
</tr>
</thead>
<tbody>
<tr>
<td>To stop pressure from friends or partners</td>
<td>To follow religious or cultural beliefs or personal or family values</td>
</tr>
<tr>
<td>To show loving feelings in a relationship</td>
<td>To keep a romantic relationship from changing</td>
</tr>
<tr>
<td>To avoid loneliness</td>
<td>To avoid pregnancy</td>
</tr>
<tr>
<td>To get affection</td>
<td>To avoid STI’s, HIV and AIDS</td>
</tr>
<tr>
<td>To get or receive presents or gifts</td>
<td>To avoid hurting parents</td>
</tr>
<tr>
<td>To show independence from parents and other adults</td>
<td></td>
</tr>
<tr>
<td>To hold onto a partner</td>
<td>To avoid hurting your reputation</td>
</tr>
<tr>
<td>To prove one is an adult</td>
<td>To avoid feeling guilty</td>
</tr>
<tr>
<td>To become a parent</td>
<td>To reach future goals like education and career</td>
</tr>
<tr>
<td>To satisfy curiosity</td>
<td>To find the right partner</td>
</tr>
</tbody>
</table>

4. Ask them if they agree that some of the reasons (on both sides) seem better or stronger than other reasons. Have them rank the reasons using a mark from 1 to 3 (1=a reason, but not a very good one, 2=a fairly good reason, and 3=an extremely good reason). Let them talk among themselves. Tell them to make sure they are ranking the items to how they personally feel about the reason not how ‘others’ in the community might feel. Then ask which reasons did you rank a 3? Why? What about only a 1? Why?

5. Facilitate a discussion using the following questions:
   a) What influences the decision about whether or not to have sex as a teenager? (Possible answers: sexual feelings, partner’s desires, media messages, pressure, parent teachings, religious beliefs, drug use).
   b) Can someone who decided to wait change his or her mind? Can someone who has had sex decide to abstain?
   c) What is the worst thing that can happen to a teenager who says ‘no’ and to one who says ‘yes’?
   d) What does a young person need to know or be prepared to do if she or he is going to say ‘no’ to sexual intercourse? (Possible answers include: feeling good about themselves, being assertive, communicating clearly, following through with a decision, combating peer and partner pressure or their future goals).
   e) What does a young person need to know if she or he is going to say yes to sexual intercourse? (possible answers include: risks of pregnancy and STI’s, including HIV, how to talk with a partner about using condoms and contraception, which forms of contraception prevent pregnancy and/or infection most effectively, where to get condoms and other contraceptives, how to communicate with a partner, how to feel good about themselves, how to say no, how to be assertive.)
Session 11
Cross Generation Relationships
(Sugar Daddy/ Sugar mummy Relationships)

Learning Objectives
By the end of the session, students will be able to:
1. Understand what a cross-generational relationship is
2. Identify risks of cross generational relationships
3. Identify ways of avoiding such relationships

Time 45 minutes

BACKGROUND NOTES
Cross generation relations are defined as sexual relationships between a man and a woman in which one person is significantly older than the other usually 10 years or more. This relationship is common amongst older men who have sexual relationships with younger girls 15 – 19 years mostly in exchange for material compensation. Most of the men engaged in these relationships tend to be married and looking for younger sex partners perceived as less likely to be infected with the HIV/AIDS virus.

Many AIDS experts believe that cross generation relationships are partly why teenage girls in southern Africa are five times more likely to HIV infected than teenage boys. This is because these older men are more likely to have had other partners including spouses and therefore are more like to have exposed to HIV. In fact older men don’t like condoms and prefer the younger women because they perceive them to be pure and ‘HIV free’. On the other hand young girls are more susceptible to HIV infection because their bodies are more susceptible to abrasions that can allow HIV to enter the body.

Girls are unable to negotiate for safe sex with their older more dominant partners who often insist on not using any protection. The older men usually accuse the girls of not trusting them and threaten to abandon the relationship if the girls insist on safe sex.

On the other hand girls are often naïve believing that older men are wise and more knowledgeable and won’t be HIV infected. Most cross generation couples underestimate their risk for infection of STI’s and HIV.

In some cases the girls are not necessarily victims as they are the ones who actively seek out partners who are willing to spend money on them and often initiate relationships with them

Most of these relationships don’t last and are over within a few weeks or months when the man loses interest.
Motivations

The motivations for engaging in these relationships are different for both men and women. **Men** – for men sexual gratification is a major incentive and they are strongly attracted to young female physique. However they also seek partners for emotional motivations such as regaining a sense of youth, escaping household pressures and relieving stress. According to research men also say that they gain status amongst their friends by having younger girlfriends which boosts their ego. They also believe that because the girls are young they are sexually innocent and hence pure and HIV free.

**Girls** - girls seek out relationships with “sugar daddies” mainly for financial gain but also for security and emotional support which might be lacking at home. These girls receive money which they spend on necessities such as books and also on luxuries such as trendy clothes, make-up, food etc.

Young girls also enter such relationships due to peer pressure to follow fashion trends and acquire luxury items and the need to have a boyfriend so as to belong socially.

They also believe that older men are low risk partners because they are less likely to be promiscuous. Older men also come across as knowledgeable and wise which the girls find stimulating

Risks of Cross Generation Relationships

1. Girls – some of the risks girls face include:
   a. Discovery and subsequent violence from the partner’s wives and even the girls own family should they discover about the relationship
   b. Unwanted pregnancy which jeopardizes the girls education, future and marriage and puts her in an emotional turmoil
   c. Emotional abandonment by the older men once their sexual needs are fulfilled and they move on leaving the female to handle problems on their own
   d. Abandonment and stigmatization by same age boyfriends, friends and family members when they discover about the relationship
   e. Infection of STI’s and HIV is the biggest risk

2. Men – for older men the risks involve:
   a. Discovery of the affair by their wives could lead subsequent disintegration of the family
   b. Economic hardship for the family as the expenditures on the girl result in decreased household expenditures
   c. Risk of STI and HIV infection
How to avoid cross generation relationships

Values – it is important to have good moral values and a respect for self. This will ensure that one does not engage in such relationships.

Knowledge – knowing and understanding the risks involved in cross generation relationships should deter young people from getting involved.

Self Esteem – young people need to believe in themselves and not rely on other people to boost their self esteem. They should understand that these relationships destroy their self worth and cannot achieve anything on their own.

Goals – it is important for young people to set short term and long term goals and strategies on how to achieve so that they are not detracted easily.

Assertive – it is also important to be assertive and not to be easily influenced negatively by friends.

INSTRUCTIONS

Qualities in an ideal mate (15 minutes)

1. Ask students to explain what a sugar daddy/ mummy is and to give their own view of such relationships (good/ bad/ healthy/ unhealthy/ normal/ unacceptable)

2. Divide students into two groups: one boy group and one girl group. Explain to students that there are things that motivate older men and young girls to get into a cross generation relationship. Ask each group to brainstorm what these motivations are and whether they agree with them.

3. Ask each group to also state what risks are involved in such a relationship from a) the man’s point of view  b) the girls point of view

4. Each group should also state whether it is possible to avoid such relationships and what one needs to do.

5. Bring everyone together and ask them to share their lists. Ask the following questions:

6. Are there any similarities between what motivates older men and what motivates young women?
Session 12
Introduction to Gender

Learning Objectives
By the end of the session, students will be able to:
1. Define gender
2. Distinguish between sex roles and gender roles

Materials
- One long rope

Time 105 minutes

BACKGROUND NOTES

What is gender?
Gender refers to shared ideas and expectations about men and women. These include ideas about what characteristics and abilities are considered feminine/female and masculine/male and shared expectations about how men and women should behave in different situations. The term gender describes the perceived masculinity or femininity of a person or characteristic. A person’s gender is complicated, and is made up of roles, duties, appearance, speech, movement, and more. Ideas about gender are learned from family, friends, teachers, religious leaders, advertisements, the media, and opinion leaders.

Sex refers to the physiological characteristics that identify a person as a male or a female:
- Type of genital organs (penis, testicles, vagina, womb)
- Type of predominant hormones circulating in the body
- Ability to produce sperm or ova (eggs)
- Ability to give birth and breastfeed children

What are gender roles?
Each person is born with either a girl’s body or a boy’s body. These physical differences determine a person’s sex, which does not change over time. Gender roles are the totality of the ways by which a person expresses their gender identity or the kinds of activities that society determines to be appropriate for individuals possessing certain sex organs. A person’s gender role refers to the way a community defines what it is to be a female or a male. Each community expects women and men to think, feel and act in a certain way, simply because they are women or men. In most communities, for example, women are expected to prepare food, fetch water and fuel, and care for their children and husband. Men, however, are often expected to work outside the home to provide for their families and parents in old age, and to defend their families from harm.

Unlike the physical differences between men and women, communities create gender roles, and the ideas and expectations associated with them. These roles vary from place to place depending on a community’s traditions, laws, and religions.
How gender roles are learned
In some communities, especially in Western Kenya, these roles are also passed on during initiation ceremonies like circumcision. There, elders inculcate in the initiates their expected roles in the community. Aunts and grandmothers are also tasked with the responsibility of teaching initiate girls their roles and expectations in the community.
Gender roles are passed down from parents to children. From the time children are very young, parents treat girls and boys differently D sometimes without even realizing they do so. Children watch their parents closely, noticing how they behave, how they treat each other, and what their roles are in the family and community.
As children grow up, they accept these roles because they want to please their parents and because parents have more authority. These roles help children know who they are and what is expected of them. So in the same way that children learn their own names, they also learn about their gender and what it means to be a woman or a man in their community.
As the world changes, gender roles also change. Many young people want to live differently from their parents. But they sometimes find it difficult to change, because the family and community expect them to continue following old ‘rules’. As women struggle to gain the freedom to redefine their gender roles, they can also gain more control over the things that determine sexual and reproductive health.

INSTRUCTIONS
Introduce Gender (20 minutes)
1. Explain that a game will be played outside the classroom. Divide the students into two teams. Describe how to play ‘Tug-of-War’. Ask the two teams to stand facing each other and hold opposite ends of the rope. Mark a line across the middle of the area of which they must try to pull the other team. Start them off with ‘1, 2, 3, GO!’ and let them pull until one team has pulled the other over the dividing line.
2. Ask the students to sit in a circle. Tie the rope in a large circle and hand it to them, so that everyone is sitting around the outside of it. This is called a ‘Tug-of-Peace’. Ask the students to pull together on the rope so that they can all stand up.
3. Ask students to discuss what this exercise illustrates. Explain how it demonstrates that, instead of people pulling on opposite ends where only one team wins, we can use situations so that everyone benefits and feels good about the results.
4. Ask the students to discuss how this might be related to the issues of men and women and girls and boys.

Note: This session should be approached from a factual point of view so that students do not argue from an emotional perspective. A sense of seriousness should prevail to discourage students from voicing their own attitudes and thus blocking their ability to learn and reason.
Gender Roles (45 minutes)

1. Ask each student to write on a piece of paper one thing that women can do that men cannot do. Collect the pieces of paper and put them aside.
2. Ask each student to write on a piece of paper one thing that men can do that women cannot do. Collect the pieces of paper and put them aside.
3. Divide the blackboard in three parts and record the responses under the appropriate columns:

<table>
<thead>
<tr>
<th>What men can do</th>
<th>What women can do</th>
<th>What both can do</th>
</tr>
</thead>
</table>

4. Go through the responses under the ‘men’ column and remove all those that women can also do, if any (include discussion with students). Put them in the third column.
5. Go through the responses under the ‘women’ column and remove all those that men can also do, if any (include discussion with students). Put them in the third column.
6. What should be left under the first two columns will be the biological differences between men and women.
7. Explain to the students that these biological differences are called sex roles. Emphasize that they do not change over time and are universal.
8. Shift the attention to the items that were put aside. Explain to the students that these are called gender roles. Emphasize that they are created by society and therefore they vary from society to society and change over time as society changes. For example:
   - Men can cut sugarcane but if women want money they can also cut cane.
   - Men are the ones who cook in most homes.
   - Men can take care of babies when they do not have a wife.
   - In some societies, women are the ones who build houses whereas in other societies it is a taboo.

Allow students to list more examples of how gender roles are different from society to society. Present the following definition of gender:
   - Women’s and men’s roles and responsibilities that are socially determined. How we are expected to think as men and women because of the way society is organized, not because of our biological differences. These roles do not arise from biological differences at all.

Gender Role Awareness (40 minutes)

1. Read the following sentences to the students and ask them to write the ending to the sentences in their notebook. Discuss the responses for each sentence one at a time. For some of the responses that perpetuate negative gender stereotypes ask the others if they agree or disagree with the response. Have them explain themselves.
   - Being a girl (or boy) makes me feel…
   - In ten years, I will probably spend most of my time…
   - In this community, males do….
   - In this community, females do…..
   - One thing I would like to change about being a male/female…
   - Boys are better at….
   - Girls are better at…
Session 13
Gender Stereotypes

Learning Objectives
By the end of the session, students should be able to:
1. Define gender stereotypes
2. Explain how stereotypes can affect behaviors of young people

Time 35 minutes

BACKGROUND NOTES
When gender roles cause harm
Every culture has expectations of how men and women should act and what their roles are in society. Fulfilling the roles expected by the community can be satisfying and can give women a sense of belonging. But these roles can also limit a woman’s activities and choices, and make her feel less valued than a man. When this happens, everyone (the woman, her family, and her community) suffers.

In most communities, women are expected to be wives and mothers. Many women like this role because it can be very satisfying and it gives them status in the community. Other women would prefer to follow their own interests, or they want to have only a few children, but their families and communities do not give them this choice. If she is expected to have many children, a woman may have less chance to learn new skills or go to school. Most of her time and energy will be spent taking care of others’ needs. Or, if a woman is unable to have children, her community may value her less than other women.

Most communities value men’s work more than woman’s work. For example, a particular woman has worked all day, and then cooks, cleans and cares for her children at night. But because her husband’s work is considered more important, she is concerned about his rest and not her own. In this scenario, her children will grow up thinking men’s work is more important, and value women less.

Women are often considered more emotional than men, and they are free to express these emotions with others. Men, however, are often taught that showing emotions like sadness or tenderness is ‘unmanly’, so they hide their feelings. Or they express their feelings in angry or violent ways that are more acceptable to men. When men are unable to show their feelings, children may feel more distant from their fathers, and men are less able to get support from others for their problems.

Women are often discouraged from speaking or forbidden to attend community meetings. This means the community only hears about what men think. Since women also have knowledge and experiences to share, the whole community suffers when they cannot discuss problems and offer suggestions for change.
**Gender Stereotypes**

Gender stereotypes are generally used to describe an oversimplified mental picture of the abilities of men versus that of women in the society. The term is often used in a negative sense; with stereotypes being seen by many as illogical yet deeply held beliefs that can be changed through information.

**INSTRUCTIONS**

**Gender stereotypes (15 minutes)**

1. Explain that people often have beliefs and attitudes concerning the abilities of women compared to men and these are not based on reality. One example is that women are more caring than men. Ask students to list other examples of characteristics that are often associated with either women or men. Together with the students, develop a list of such stereotypes.

<table>
<thead>
<tr>
<th>Female Stereotypes</th>
<th>Male Stereotypes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gentle</td>
<td>Rough</td>
</tr>
<tr>
<td>Caring</td>
<td>Individualistic</td>
</tr>
<tr>
<td>Physically weak</td>
<td>Physically strong</td>
</tr>
<tr>
<td>Less intellectual</td>
<td>More intellectual</td>
</tr>
<tr>
<td>Submissive</td>
<td>Assertive</td>
</tr>
<tr>
<td>Cannot lead; followers in a household</td>
<td>Leaders</td>
</tr>
<tr>
<td>Gossip</td>
<td>Heads of household</td>
</tr>
<tr>
<td>Cannot make decisions</td>
<td>Decision-makers</td>
</tr>
</tbody>
</table>

2. Ask students to think about whether or not these beliefs influence:
   - The way we feel about ourselves
   - How we behave
   - What we believe we can do
   - What goals we set for ourselves

**Stereotypes Affect Behaviors (20 minutes - older adolescents)**

1. Ask students where we learn what is right or not right for boys and girls to do:
   - Home/family (the way we are brought up)
   - Media
   - School
   - Social groups, peers

2. Ask students to list jobs that men hold and jobs that women hold in their community.

<table>
<thead>
<tr>
<th>Women shown in the role of...</th>
<th>Men shown in the role of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Doctor</td>
</tr>
<tr>
<td>Housewife</td>
<td>Working in office</td>
</tr>
<tr>
<td>Secretary</td>
<td>Manager</td>
</tr>
<tr>
<td>Child minder</td>
<td>Wage-earner (bread winner)</td>
</tr>
</tbody>
</table>
3. Write the following two statements on the blackboard. Ask students to list as many responses as possible:
   - Boys may believe that to be masculine they should...
   - Girls may believe that to be feminine they should....

<table>
<thead>
<tr>
<th>Feminine</th>
<th>Masculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be emotionally sensitive</td>
<td>Be in control</td>
</tr>
<tr>
<td>Be vulnerable</td>
<td>Appear unemotional</td>
</tr>
<tr>
<td>Submit to wishes of men</td>
<td>Be dominant</td>
</tr>
<tr>
<td>Be dependent</td>
<td>Be sexually active</td>
</tr>
<tr>
<td>Meet needs of others before self</td>
<td>Have many partners</td>
</tr>
<tr>
<td>Be physically attractive</td>
<td>Head the family</td>
</tr>
<tr>
<td>Be tolerant</td>
<td>Be the breadwinner</td>
</tr>
<tr>
<td>Avoid careers in math and sciences</td>
<td>Avoid household work</td>
</tr>
<tr>
<td>Have children when men want</td>
<td>Be strong (resolve conflicts with violence)</td>
</tr>
<tr>
<td></td>
<td>Take risks</td>
</tr>
<tr>
<td></td>
<td>Be in careers that are mechanical and analytical</td>
</tr>
</tbody>
</table>

4. Discuss how these stereotypes affect relationships between boys and girls or men and women.
   - Violence when women refuse to be submissive or accept men’s decisions
   - Resentment when woman is earning and the man is not, or when a woman is earning more than a man
   - Rape
   - Discrimination in the workplace
   - Harassment

5. Conclude the session by reminding students of the first activity in the gender section of what boys and girls can really do. Emphasizing that apart from the reproductive functions, which are dictated by biology, women can do everything that men can do and men can do everything that women can do. Everyone - boys and girls, should strive to be the best they can be at whatever they choose. Emphasize that:
   - Stereotypes are a form of discrimination
   - Stereotypes are wrong
   - Essential ingredients should be human relations and respect for all human beings
OPTIONAL ACTIVITIES

#1: Famous Men and Women: Abilities (older adolescents)
1. Divide the students into two groups and ask each group to list non-traditional careers for men and non-traditional careers for women. Ask for volunteers from each group to write their lists on clip chart to be shared with the entire group.
2. Facilitate a discussion with the following questions:
   - What are the advantages/disadvantages of women/men working in a non-traditional career?
   - What is the greatest barrier to women/men working in non-traditional careers?
   - Are there jobs only men or women can or should do? Why or why not?
   - Are there clear-cut roles in your family as to who provides protection and nurturance? Why?
   - Is there any family role, which is decided by both males and females? Why?

#2: Gender Roles and Relationships (older adolescents)
1. Explain that stereotypes about gender roles can affect our relationships his activity will explore situations where gender roles and stereotypes could affect goals, decisions and relationships for teens.
2. Divide students into small groups and read the instructions for the activity:
3. Each small group will receive a case study involving issues of gender roles.
4. Work to resolve your case study, then prepare to present your solution. You will have 10 minutes.
5. When you present your solution, others can challenge it while you defend it. Be sure to have arguments to back up your solution.

Case Studies
1. Fatuma has been offered a place at the village polytechnic to study masonry. She is the only girl in the class and the boys are always teasing her about a girl trying to do a ‘man’s job. When she scored higher than the boys in the exams, the boys stopped talking to her. She is feeling miserable because she has no friends in the class. What should she do?
2. Kamau wants to buy a doll for his younger brother, but his friend Maina says ‘No way!’ Kamau explains that dolls help teach little boys to take care of someone and be loving, but Maina argues that they just teach boys to be cowards. Kamau knows he is right but he’s concerned about what Maina might say to their friends. What should Kamau do?
3. Ali and Amina have been married for about one year. In the beginning, Ali would come home at all hours of the night and demand to be given food. Amina would wake up, quickly prepare it, and return to bed. Now when Ali comes home, he is usually drunk and when Amina wakes up to prepare his food, he often beats her and tells her she is not a good wife. She cannot tell him to stop the beatings and she dare not tell his family. What should she do?

6. When time is up, ask for a volunteer to present the case study and solution. Then invite any challenges. Arguments are okay as long as the group maintains ground rules. Allow the ‘debate’ to go on for two or three minutes, assisting either side as appropriate, before moving on to a new group. Repeat the process until the group discusses and debates all case studies.
7. Facilitate a discussion with the following questions:
   • Is it easy or hard to look at male and female roles in a new and non-traditional way?
   • How do men or women accept the changes in gender roles? Why?
   • What are some of the ways changing gender roles have affected relationships between men and women in social settings? In families? In the workplace?
   • Would your parents reach the same, or different solutions?
   • Which case study was the most difficult? Why?
   • If you could make one change in men’s gender roles, what would it be? In women’s gender roles?
Session 14
Sexuality and Behavior

Learning Objectives
By the end of this session, students will be able to:
1. Define sexuality and sex
2. Explore messages about sexuality in society
3. Explain how sexuality affects behavior
4. Explore their own feelings about sexuality
5. Explain the difference between ‘feeling’ and ‘behavior’
6. Describe the consequences of sexual behavior for adolescents

Time 90 minutes

BACKGROUND NOTES

Sexuality
Given how important sex can be, it is problematic that most societies discourage discussions of sexual behaviors and desires. All of us are born of a sexual union, and yet few cultures devote the same open and celebratory attitudes towards sexuality that they do to food or shelter, two other basics of human existence.

Sexuality is an important part of who a person is and what she or he will become. Just like there are many parts that make up our personality, there are many parts that make up sexuality. Sexuality not only applies to sexual intercourse, but it also includes such things as general attitudes about sex, sex organs, being attractive, being in love, sexual development, sexual preference, religious and cultural views on sexuality, feelings about a changing body during adolescence, romantic and sexual fantasies, masturbation, childhood sex play, crushes, hugging, kissing, petting, how we define what is male, what is female, how we love, sharing pleasure, and being physically close in other ways.

Sexuality influences social behavior. Human sexuality can also be understood as part of the social life of humans, governed by implied rules of behavior. This implies that sexuality is a function of socialization and is throughout the lifespan. Sexuality influences a person’s sexual identity. Sexual identity can be molded by the social environment to which one is exposed. For example, an adult giving a little boy a truck to play with and a girl a doll. Human physiology makes sexuality possible, but it does not predict sexual behavior in any way.

Human sexual choices are influenced by society and culture. Some may choose to abstain from sex before marriage because of their religious beliefs. In some African cultures it is acceptable for a man to have many wives, while in others it is not acceptable.
Our culture, traditional beliefs, and gender roles play an important part in defining what we consider normal sexual feelings and behavior for men and women. For example, some cultural traditions recognize that women have sexual desires and urges whereas other cultures do not. It some cultures it is very important for girls to be virgins when they get married, whereas men are expected to be sexually active by the time they are married.

**Sexuality and Sex Education**

Many believe that education on sexuality, reproduction, HIV and AIDS, and safe sex will encourage adolescents to engage in sexual activity. In fact this type of information generally leads to more responsible and safer attitudes towards sex and sexual relationships. Studies have shown no evidence that education leads to an increase in sexual activity, rather in many cases it leads to a delay in sexual initiation. In many countries, research has shown that sex education significantly reduces rates of teenage pregnancy and abortion. Sexuality education provides knowledge about sexually related reproductive functions and processes, puberty, and pregnancy prevention. Sexuality education emphasizes a broad approach to sexuality, focusing on a whole person and presenting sexuality as natural and a positive part of life. Telling the truth about sexuality could make it easier for young people to talk with parents, teachers, and religious leaders.

**Sexually Healthy Adolescents**

Adolescents can start working on being a sexually healthy person. They can make sure they are informed as much as possible so that they know the difference between fact and fiction when it comes to sex. Most importantly, they can take the time to think about choices related to sexual activity. One of their choices (discussed in the abstinence session) is ‘No Sex’ or ‘Not yet.’ They can wait and not rush into sexual intercourse. Or if they have sexual intercourse, they can limit their partners and remain faithful to one. They can also make sure they understand the consequences of unprotected sex and know how to best protect themselves.

Most people feel private, shy, or even embarrassed about some aspects of sexuality. Some adolescents feel embarrassed asking questions or talking about changes in their bodies. Private feelings can centre on romantic and sexual feelings or activities. All of these feelings are completely normal. Many young people do not only feel private, shy, or embarrassed but also feel guilty, ashamed, ‘dirty’, or otherwise bad about some aspects of their sexuality. When young people express these guilty feelings, suggest that they ask themselves if what they’re feeling guilty about is something that is harmful (or could be) to themselves or others. If it is not, then suggest they let go of the guilty feelings.

Sometimes it is hard for adolescents to remain sexually healthy. They are not taught in school or at home what this means. Most adolescents get their information from peers, older siblings, videos, music, and magazines, which can be misleading and confusing. Sex is portrayed as being romantic and problem free in these sources and looks like it just happens with no discussion between the two people on whether or not they should have sex. They never discuss whether or not they should use condoms. And even though they don’t use condoms, these people in videos and novels never seem to get into trouble with an unwanted pregnancy or STI’s.
An important part of healthy sexuality is being able to tell the difference between sexual behaviors that are healthy and those that are harmful. Before adolescents act on their sexual feelings, it can be helpful to think about the consequences of their actions. They can ask themselves:

- Will I or anyone else be put at risk for unwanted pregnancy, HIV, or other STIs?
- Will acting on my sexual feelings cause any other problems, such as misunderstandings or miscommunication in our relationship?
- Will it make me or my partner feel uncomfortable?
- Will anyone’s feelings get hurt?
- Being sexually healthy means taking the time to think about these things before acting on sexual feelings.

Setting Limits
Some people think that sex is a powerful and uncontrollable force that just happens, like thunder or rain. But the truth is that sexual intercourse is a deliberate decision. When a person has sex it is not nature overcoming them. It is the person who made a decision. In fact, people make many decisions about sex: When? With whom? Why? Where? How of ten? With a protection? Without?

Sex is a big decision. Adolescents can try to make sure it is their own decision. They can work to block out those other voices that say, ‘Everybody is having sex’. ‘Everybody’ is not having sex. In fact most adolescents (15-19 year olds) have not had sex.

When young people are deciding whether or not to have sex, it is important that they think about whether they are ready to cope with the demands of safer sex D correct and consistent condom use, HIV counseling and testing, and more. Most adolescents are not ready to handle all these responsibilities. If someone doesn’t feel ready, they can say ‘no’ and wait until they are older.

Ideally, sex will take place in a context in which the young person cares for their partner and the partner cares for them in return. Caring takes time. Friendship and closeness do not develop overnight. If sexual partners are not true friends, they may find the sex embarrassing. This is a sure sign that this is not the right person or the right time for them.

INSTRUCTIONS
Messages about Sex and Sexuality (20 minutes)
1. Brainstorm with students about where they first learned about sex, what, when and how they learned it. Ask students from whom they would prefer to get information about sex.
2. Divide the students into groups and ask each group to make a list of information they have heard about sex and sexuality from:
   - Their parents (group 1)
   - Their friends (group 2)
   - Their religious leader (group 3)
   - The media (group 4)
   - Their teachers (group 5)
Remind the group that there are no wrong answers. You can give the students some examples like:
• Friends - everyone is having sex
• Parents - sex should wait until marriage
• Religious groups - sex is a sin before marriage
• Teachers - youth should not talk about it
• Media - our products will make you sexy

3. In the larger group, ask each group to share their list. Ask participants to discuss the following:
   • What are the similarities and differences between the messages?
   • Which of the messages might make a person feel uncomfortable about discussing or learning about sexuality?

*Feelings about Sexuality (20 minutes)*

1. Ask students to list some of the feelings young people have regarding sexuality (including fears and frustrations, uncertainty, embarrassment, confusion, shame, guilt, curiosity, satisfaction, pride, etc.)
2. Explain that as the body changes in adolescence, feelings are changing in the inside, where no one can see. It is important to talk about these feelings with family, friends, and other adults that they trust because they affect how they think about themselves, their relationships, and they determine behavior.
3. Divide students into pairs. Read off the following statements about feelings. Have them copy them into their notebook, answer them and discuss them. Ask each pair to share their feelings about as many of the statements as they can. The feelings must be true for themselves.
   • When I think about my best friends or friends, I feel…
   • When I think about visiting someone I really like, I feel…. 
   • When I think about finding a girlfriend or boyfriend, I feel…. 
   • When I think about how things are between me and my parents/guardians, I feel….
**Feelings and Behavior (5 minutes)**

1. Ask the students to discuss the difference between feelings and behavior.
   - Feelings cannot be seen; they are carried within the individual
   - Behavior can be observed, and normally involves other people
2. Allow students to discuss some sexual behaviors (kissing, sexual intercourse, oral sex, etc.).
3. Ask students to discuss the kinds of feelings that can sometimes lead to sexual behaviors. Feelings of intimacy can lead to kissing and sexual intercourse, feelings of liking someone sexually who may not necessarily like you might lead to rape, etc.
4. Discuss with the students whether these feelings always lead to these behaviors. Emphasize that these feelings are normal but the behaviors have certain negative consequences for young people. It is important to discuss the feelings with someone and consider alternatives to sexual behaviors. People cannot control their feelings but they can choose the way they behave.

**Some Possible Consequences of Sexual Behaviors by young people (5 minutes)**

1. Discuss the consequences of sexual behavior with students.
   - Unintended (unplanned or unwanted) pregnancy
   - Sexually transmitted infections including HIV
   - Dropping out of school
   - Unattained goals/loss of opportunities
   - Loss of self-esteem due to guilt and loss of reputation
   - Depression
2. Emphasize that some of the feelings that adolescents experience can be frightening because they are new and that is normal. Feelings do not control actions; people choose their actions and behaviors. Sexual behaviors have consequences and people need to weigh the alternatives and the consequences for each action.

**OPTIONAL ACTIVITIES**

**#1 Questions on Sex (all ages)**

Ask students what questions they would like to have answered about sex. Tell them to write their questions on a piece of paper and hand it in anonymously (special box, special place in the room). Answer either to the group or individually.
Session 15
Self-Esteem

Learning Objectives
By the end of this session, the students will be able to:
1. Define self-esteem
2. List qualities they like about themselves
3. Explain things they can do to improve their own self-esteem

Materials required
1. Flipchart or blackboard
2. Student notebooks, pencils

Time 105 minutes

BACKGROUND NOTES
Self-Esteem
Self-esteem is a word to describe how people feel about themselves. How people feel about themselves influences their actions towards others and what they can accomplish in life. Persons with a healthy, or high self-esteem, may have a high regard for themselves. You know that you are a worthwhile person - someone worthy of love. You respect yourself. This is a very good feeling, and when you feel worthy of love and respect, you expect it from others.

Having self-esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on. Therefore, if another person tries to convince or persuade him or her to do something they really do not want to do, people who feel good about themselves will be less likely to fall under another person’s pressure. They will feel more confident that their own decision is the right one and will make their own choices based on their own desires, and not the desires and values of others.

The opposite is also true. Persons with a poor self-image, or low self-esteem, will be more likely to fall under the influence of others, not trusting their own values or decisions.

Self-esteem is important because how people feel about themselves influences what they accomplish in life. If people believe in themselves and in their own ability, then they are able to work hard, reach their goals, and accomplish what they set out to do. High self-esteem allows us to:
- Accept new challenges and try new activities.
- Be more comfortable with others, and develop closer and healthier relationships.
- Believe we can succeed.
- Gain self confidence.
- Be the person we want to be.
- Be assertive and refuse to be pressured into what we don’t believe in.

People are not born with self-esteem. It is learned as children realize that they are loved and valued. As children hear positive remarks including praise, encouragement, and reassurance, about
themselves and the things they do, their self-esteem is strengthened over time. Parents and family play a crucial role in building or damaging a young person’s self-esteem and helping a child to grow up believing that he or she is both lovable and capable.

High self-esteem is different from pride or being too conceited. People with high self-esteem, like themselves, but that doesn’t mean that they think they are perfect or better than other people. Self-esteem is something deep inside you. But that does not mean that you cannot work on it or that you don’t need to nurture and build it. You can work on your self-esteem every day by:

- Not comparing yourself with others. Set your own goals, and don’t judge yourself according to someone else’s achievements. Life is a long race. Sometimes you will be ahead, sometimes behind.
- Recognizing your special talents and appreciating yourself the way you are. Make a list of the things you do well. Are you an artist, athlete, singer, storyteller, footballer or dancer? In what subjects do you excel in school? What things do you do well at home?
- Thinking about the kind of person you are and making a list of your best qualities. What do you like about yourself? Your generosity? Your sense of humour?
- Being aware of the things you would like to improve about yourself, but not being overly self-critical.
- Being realistic. Set achievable goals so that you can be satisfied when you accomplish them.
- Believing in yourself. Tell yourself: ‘I can do it!’
- Spending time with people who care for you, make you feel good about yourself, and boost your self-esteem.
- Staying away from people who damage your self-esteem, particularly if they do it on purpose!

Of course, working on your self-esteem does not mean that you will never feel badly, but it will help you get through difficult times. Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts: ‘Hey, this is wrong. Don’t let this person treat me like this!’
INSTRUCTIONS

Definition of Self-Esteem (20 minutes)

1. Ask students to stand up and form two circles, one inside the other, with about half of the students in an outside circle and the other half in a smaller circle inside the larger circle. Ask the students in the smaller circle to close their eyes, put their arms around each other, and lower their heads. Ask the student in the big circle to walk around those in the smaller circle and while they are going around in circles, read the following instructions:
   - Give a pat on the back to someone who makes his or her own decisions and sticks to them.
   - Touch the head of someone who is friendly and understanding.
   - Give a pat on the arm to someone who works well with others.
   - Touch the shoulder of someone who is recognized and respected in his or her community.
   - Touch the shoulder of someone who makes us feel confident.

2. After a few minutes, change places and the members of the big circle switch to be the small circle and vice versa. Continue the activity until you can assure that everyone has been touched in some way by someone else. At the end, ask how they felt when the other classmates touched them? How did you feel when someone patted you on the back? (happy, good, proud, confident).

3. Write on the board the participants’ words, building definitions and ideas with them about self-esteem. Review the information with them by saying:
   - In this exercise where our friends have identified our strengths. We should also recognize that we have strengths and values that we should be proud of.
   - It is also good to recognize that we have some weaknesses that we can improve upon. Explain that knowing ourselves and valuing ourselves is called self-esteem. Self-esteem can influence our actions towards each other.

4. Ask students to define the word self-esteem. Write their responses on the board. Make sure their definition includes the following:
   - Self-esteem - describes how people feel about themselves. How people feel about themselves influences their actions towards others and what they accomplish in life.

5. Ask students to discuss why self-esteem is important and how we learn self-esteem. Explain that self-esteem is important because how people feel about themselves influences what they accomplish in life. If people believe in themselves and their ability, then they are able to work hard, reach set goals and accomplish what they set out to do. Ask students to brainstorm what feeling good or having high self-esteem about ourselves helps us to do. Some of the responses should include:
   - Accept new challenges and try new activities
   - Be more comfortable with others, and develop closer and healthier relationships
   - Believe we can succeed
   - Gain self confidence
   - Be the person we want to be
   - Be assertive and refuse to be pushed into what we don’t believe in
Self-Esteem (55 minutes)

1. Explain that we are born with an imaginary empty treasure chest. As people love us, compliment us, appreciate us, play with us, and learn with us, we build up our treasure. As people criticize us, shout at us, and put us down, we lose our treasure. Explain that as the put-downs build up, the treasure chest can lock and that prevents us from feeling good about ourselves and others.

2. Read the following statements aloud one at a time. Ask students to write a response to each statement:
   - What do you think is your greatest personal achievement to date?
   - What do you like most about your family?
   - What do you value most in life?
   - What are the three things you are good at?
   - What is one thing you would like to improve about yourself?
   - If you died today, what would you most like to be remembered for?
   - What material possession would you save if your house caught fire?
   - What do members of the opposite sex like most about you? (for ages 15-19)
   - What do your friends like most about you? (for 10-14 year olds)

3. Divide students into groups of three or four and share two or three of their responses. Ask the students to discuss in their groups how they can give themselves and other people self-esteem treasure.

4. Ask students to name different aspects of self-esteem. Write their suggestions on the board as they list them.

5. When they have finished, discuss the following parts with them:
   - **Know Ourselves:** It is important for us to know who we are; our values, goals, dreams, and priorities.
   - **Respect Ourselves:** Some people can do certain things better than others. Our friends may play football better, work better, or learn faster. They are not better, just different. Never compare yourself to others.
   - **Love Ourselves:** We must love ourselves before we can love others. When we have a good relationship with ourselves, our relationship with others will improve.
   - **Affirm Ourselves:** Instead of hating ourselves for what we are not or have not done, we should give ourselves credit for what we are and what we have done.
   - **Trust Ourselves:** Trusting ourselves implies that we have the inner resources to be our own teacher, our own guide, and our own decision maker for matters relating to us.
   - **Accept Ourselves:** Accept ourselves as we are. We are doing the best we can, now. Tomorrow we will do better. Treat ourselves lovingly and gently.
   - **Show Ourselves:** Let people know who we really are. A healthy personality is based on being ‘transparent’ - the person whom others see fully, in and out, is a real person.
   - **Stretch Ourselves:** When we were little, by age 6 or 7, we had developed a mental picture of ourselves, called a ‘self-image’. Our self-image is not easy to change, but it can be changed. Little by little, by doing things, taking risks, acting differently, and trying new things, our mental picture of who we are can be expanded, enlarged, and embellished.
i. **Self Discipline:** Being able to stay focused and have control over actions helps to achieve or goals.

j. **Nourish Ourselves:** Nourish ourselves with good friends, food, books, and experiences. Take care of our mind, body, and feelings, and take charge of our life.

k. **Be Ourselves:** The world tells us who we should be almost from the moment we are born. Sometimes it feels as though what we want is not important. It is important to be ourselves and be proud of who we are.

l. **Share Ourselves:** Once we feel good about ourselves, our time spent with others will be more satisfying and fulfilling. Sharing our life with others will help us to feel better about ourselves.

**Factors That Lower Self-Esteem (30 minutes)**

1. Explain that there are reasons why many young people have low self-esteem. Very often, the ‘negative’ things about people are highlighted while the ‘positive’ things are not spoken about.

2. Ask the students to explain the meaning of the word ‘put-down,’ and write it in large letters on the board.

   **Put-down:** a word, phrase, expression, statement, gesture, or situation that results in a person feeling not good enough, not important, not capable, or less valued or significant than before.

3. Ask students to give examples of put-downs from others. Write them on the board. Examples include:
   - “That’s a silly idea.”
   - “I suppose that’s the best you can do.”
   - “What idiot would do that?”
   - “That’s typical of you.”

   If working with older adolescents, ask them to discuss put-downs such as gestures, or even more subtle put-downs such as talking to one person in a way that excludes or ignores another.

4. Put the responses on the board. Then ask the students to discuss whether it is only other people who put us down, or whether we also do it to ourselves, and how. Some ways we might put ourselves down include:
   - Not accepting compliments. ‘Oh, I’m not really that good, I was just lucky.’
   - Giving credit to others, when it rightfully belongs to us. ‘You did all the work; I just helped here and there.’ ‘I couldn’t do anything without him.’
   - Frequently giving others opinions before our own. ‘Our teacher always says…’ ‘My friend thinks…’ ‘I really don’t know but my mother says…..’
   - By responding when someone says ‘Hey, stupid!’
   - By accepting nicknames like ‘shorty,’ ‘fatty,’ ‘thick-head,’ etc.

5. Divide the students into groups and have them discuss:
   - What effects do put-downs have on us?
   - What are we likely to believe about ourselves if we believe put-downs?
   - If someone is continually put down, how are they likely to behave towards themselves and others?
6. Emphasize that people who are used to being put down:
   • Find it difficult to socialize or meet new people because they are afraid of rejection
   • Are easily influenced or do things they do not want to do as they search for acceptance
   • Cannot stand up for their rights
   • Are shy and withdrawn
   • Lack confidence
   • Find it difficult to make decisions

**OPTIONAL ACTIVITY**

#1 Promoting Self-Esteem (30 minutes)

1. Ask students to fix a large piece of paper to each other’s backs. Have everyone walk around the room looking at people and then write on the sheets on their back any positive thing or feeling they have about them. There are two rules: it must be positive and it must be genuine.

2. Have each student read out three statements that have been written about them, beginning the sentence with ‘I am…’

3. Discuss how it can be difficult to accept praise. Ask each student to add one positive characteristic or strength about his/herself to the list. Discuss. Was it easy or difficult to recognize our own strengths?

4. Facilitate a discussion with the following questions:
   • How did this activity make you feel?
   • Were you afraid people would not have anything good to say about you?
   • If you can see anyone in the room who you would not give one positive quality, what does that say about you?
   • Are we positive enough in the way we look at others?
   • How would it feel not to get praise?
Session 16
Being Assertive

Learning Objectives
By the end of this session, students will be able to:
1. Distinguish between assertiveness and aggression
2. Demonstrate effective assertiveness skills

Time 40 minutes

BACKGROUND NOTES
Assertiveness is an essential skill for getting along with others. Being assertive means standing up for yourself; To be assertive is to be straightforward and honest with yourself and with other people about what you need and want. Being assertive can help you protect yourself from dangerous situations and can help you deal with peer pressure to do things that you are uncomfortable doing.

People who are not assertive are often very passive and submissive. Even if they are being treated poorly, they do not stand up for themselves. People who are not assertive often lack the confidence and self esteem to stand up for their own needs and to protect their feelings or body from being hurt.

Assertiveness is very different from being aggressive. People who are aggressive are rude and unkind. They do not care about other people’s feelings. Being too aggressive is not very good for your emotional health because, deep down, you will feel bad about being unkind.

Golden Rules of Assertiveness
Decide what you feel or want and say it. Don’t be afraid to be honest about your feelings. Being confident about your own feelings will encourage others to respect them as well. Someone who truly loves you will not want to do things that make you feel unhappy.

Maintain eye contact. Eye contact (looking someone in the eye) is an important part of being assertive. It tells the other person that you are serious about what you are saying and that you are paying close attention to whether or not they are listening to you. Eye contact is not encouraged in many cultures, and in some places it may be considered rude. One way to deal with this is to follow traditional customs that show respect, while still maintaining eye contact when you need to be assertive.

Do not make excuses. Your feelings are the best reasons. For example, if you do not feel ready for sex, but your girlfriend or boyfriend is pressuring you, avoid using other people as excuses. Say what you really feel.
Do not seek approval from others. If you do not want to do something, say so clearly and do not ask if it is okay. Show other people that you know your own mind and are not looking for their approval.
Do not get confused by the other person’s argument. Keep repeating what you want or do not want. Stand your ground and do not give in.

Remember you have a right to change your mind. Perhaps you and your boyfriend talked about sex a few days ago and you told him that you would have sex with him. But you have had another couple of days to think it over, and now you feel sure that the time is not right and that the relationship is not ready. He says: ‘But you agreed that we could have sex.’ Tell him: “I've changed my mind, I’ve decided I don't feel ready”. If he truly loves you, he will respect your right to change your mind, and he will wait until you feel ready.

INSTRUCTIONS

Assertiveness and Aggression (30 minutes)

1. Ask the students to discuss what they understand by the terms assertiveness and aggression. Make sure their definitions are similar to the ones below. Ask them to list differences between being assertive and aggressive:
   • Assertiveness: expressing thoughts, feelings and beliefs in a direct, honest and appropriate way.
   • Aggression: a feeling of hostility that may lead to attacks or an unprovoked violent action.

2. Make sure students understand the two terms by explaining:
   • Being assertive is standing up for what you believe in and what you want. Young people are often tempted to give in to someone else’s desires, whether because of peer pressure or something idealized in the media. However, if we say what we want or feel and explain why we have chosen a certain decision or action, then we can do what we really want without hurting another person. Assertiveness is part of effective communication. When you are assertive you can say no without feeling guilty, can ask for help when it is needed, avoid arguing, disagree without becoming angry, and feel better about yourself.

   Being aggressive involves putting other people down, blaming, or criticizing them.

3. Read the following scenario aloud to the students:
   • Mary was so glad that the school day was over. She had had two exams that day and was looking forward to meeting her friends at the nearby kiosk for some snacks. She had just enough money to buy a soda and some chips. She bought them and went to sit with her friends. Just as she was about to start eating, John came up behind her and took one. ‘Good chips,’ he said, ‘Can I have another?’ Before Mary could answer, her friend Jane said, ‘Can I have one too? I’m still so hungry’ and took some. Then another friend said, ‘If you sit here you have to share your food with us,’ and he proceeded to take more of Mary’s chips.

4. Ask the students to think about the scenario and what they would do if they were in Mary’s position. Then ask the students to share their thoughts with the group. Divide students into four groups, based on what they think Mary should do:
   • Group 1: Apologize to your friends for not sharing your chips and let them eat all of them.
   • Group 2: Grab the chips and say you are going to eat all of them yourself.
   • Group 3: Silently allow the friends to eat the chips, and then ignore them so they will know you are angry with them.
• **Group 4:** Explain to your friends that you have been looking forward to having the chips all week and that you’d share some with them as long as they leave enough for you.

5. Write the following terms on the board: passive, indirectly aggressive, directly aggressive, and assertive. Ask each of the four groups if they are able to match their responses to the terms.

6. Explain the following:
   - **Passive: Group 1.** Your friends told you what they wanted but you did not tell them what you wanted. Passive people may believe that others are always telling them what to do and they play the role of victim. They allow others to violate their rights. A passive response is not always in your best interest. However, there are some situations when a passive response is the most appropriate. Ask the students to give some examples.
   - **Directly Aggressive: Group 2.** You say what you want in a threatening manner that offends others. This response is generally not in your best interest and often leads to conflict.
   - **Indirectly Aggressive: Group 3.** You pretend everything is fine, but then act with hostility towards your friends. Because you did not express your feelings, your friends are left to guess what they have done wrong. It leaves your friends and yourself frustrated.
   - **Assertive: Group 4.** You knew what you wanted and expressed it in a straightforward manner. You were sensitive to the feelings of your friends, which made you feel good about yourself, and your friends know where they stand with you. It is a solution that leaves everyone satisfied.

7. Ask students to imagine that aggressiveness, assertiveness, and passiveness are like a seesaw. The aggressive person is at the top, looking down on everyone else. The assertive person is perfectly balanced in the middle and quite comfortable with him/herself and others. The passive person is at the bottom, looking down at the ground and feeling bad. Ask the students to think of different words to describe a person who is passive, a person who is assertive, and a person who is aggressive. Write down their suggestions on a flip chart or on the blackboard. Use the following as a guide:
   - **Aggressiveness:** Expressing your feelings or desires in a way that threatens or punishes others; insisting on your rights while denying their rights. Dominating - shouting, demanding, not listening to others. Looking down on people; saying others are wrong; pointing fingers at others, threatening, fighting.
   - **Assertiveness:** Telling someone exactly what you want in a way that does not seem rude or threatening to them - standing up for your rights without endangering the rights of others. Balanced - knowing what you need to see - say 'I feel' not 'I think' - be specific - use 'I' statements - look the person in the eye – stand your ground – don’t whine (complain) or be sarcastic.
   - **Passiveness:** Giving in to the will of others Ð hoping to get what you want without actually having to say it - leaving it to others to guess or letting them decide for you. Being submissive, talking quietly, nervous, giggling, looking down or away, sagging shoulders, avoiding disagreement, and hiding the face with hands.
**Assertiveness Assessment of (10 minutes)**

1. Explain that this exercise is designed to help them discover how assertive they already are. Ask each student to take out a sheet of paper. For each of the following statements, ask them to write an M for most of the time, S for some of the time, and N for almost never.
   - I can express my feelings honestly.
   - When I say how I feel, it is not to hurt someone else.
   - I express my view on important things, even if others disagree.
   - I offer solutions to problems instead of just complaining.
   - I respect others’ rights while standing up for my own.
   - I ask my friends for a favour when I need one.
   - I take responsibility for my own feelings instead of blaming others.
   - If I disagree with someone, I don’t use verbal or physical abuse.
   - I can admit when I’m angry.
   - I can say ‘no’ without guilt or an apology.
   - I do not do risky things with my friends.
   - I ask for help when I am hurt or confused.

2. Ask students to count how many times they each scored M. They can compare their scores as follows:
   - 0 - 4: Need to work hard at being assertive.
   - 5 - 9: Somewhat assertive, but could improve.
   - 10 - 12: Good and keep practicing.

3. Facilitate a discussion with the students using the following questions:
   - Why is it sometimes difficult to be assertive?
   - How can being assertive help in a relationship? In a family?

**OPTIONAL ACTIVITIES**

**#1: Assertiveness Role-Plays (Older adolescents)**

1. Tell the students they will now have a chance to role-play assertive ways to ask for what they want or need. Point out this can be done by either asking for what you want or refusing what you do not want.

2. Assign one of the following role-plays to a pair of students who volunteer to present it to the group. Away from the other students review the role-play with the volunteers. Ask the pair to act out the situation using the information they learned in the session. Encourage them to be creative and encourage girls to act out male roles or boys to act out female roles. Give students a couple of minutes to prepare for the role-play. Present the role-play to the group. After the pair presents the role-play have the other students clap for the presentation.
Role-play scenarios
i. You are attending a meeting to raise funds for a new school bus. Every time you start to say something, an older boy interrupts you. Role-play the dialogue at the meeting.

ii. You are boarding a crowded matatu and the conductor shouts at you to hurry up and get in. You prefer to wait until someone moves and makes some space for you. Role-play your conversation with the conductor and his responses.

iii. You are in a public building and someone lights a cigarette. Smoking is not allowed in the building and the smoke is making you sick. Role-play your conversation with the smoker and the defense of his actions.

iv. Your friend is having an affair with an older man who gives her dresses, perfumes, and pocket money. She wants you to go out with his friend, but you do not want to get into a relationship where money is exchanged for sex. Role-play the conversation with your friend.

v. You are a secondary school girl who has been seeing a 25-year-old businessman. He has been giving you gifts and taking you to the discos and cinemas. You are now worried about possible HIV infection and you want to ask him to use condoms. Role-play your conversation, how would you initiate it, and what happens.

3. Ask the group the following discussion questions, one at a time, and write the responses on the board:
   - What did you see? What did you hear the two characters say?
   - Does this happen here in our community (school, home)?
   - What problems does it cause?
   - What should we do when this happens? What should we do to avoid these problems or this situation?
   - What else could she/he have said to give more information?

4. Ask two more volunteers to act out the next role-play. Use the same discussion questions above on the subsequent role-plays as time allows.
Session 17
Decision Making

Learning Objectives
By the end of this session, students will be able to:
1. Identify two ways people can make decisions
2. List the three steps in making a decision

Time 60 minutes

BACKGROUND NOTES
A decision is a choice that we make between two or more possible courses of action. We all make decisions every day. We will need to make more and more decisions as we go through life and some of these decisions will affect us the rest of our lives.

One of the most important parts of decision making is looking ahead to see what might happen if you do something. This is called predicting outcomes or understanding consequences. The better you are at predicting outcomes, the better you will be at making decisions that result in the outcomes or consequences you want. Understanding the possible consequences of our decisions help us to cope with the choices we have to make about our lives.

Key steps for good decision-making include:
- Describe the problem, situation, or issue that is calling for a decision.
- Get more information if you have questions about the situation.
- Think about the possible consequences or outcomes of each course of action.
- Think about your personal and family values, and which courses of action are consistent with these values.
- Think about the ways in which your decision may affect other people.
- Choose the decision that seems most appropriate based on your knowledge, values, morals, religious upbringing, and present and future goals.
- Re-think the decision and how you feel about it - whether you feel that you carefully considered all the alternatives and feel comfortable with the choice you made.

INSTRUCTIONS
Two Types of Decisions (30 minutes)
1. Ask students for examples of decisions they have made during the week. Write them on the blackboard.
2. Discuss with the students what kinds of decisions adolescents have to make as they grow up. Some examples are whom to choose as friends, whom to choose as a boyfriend/girlfriend, whether to have sex, whether and when to marry, whether and when to have children, how many children to have, and which career to choose. Record some of the decisions on the blackboard.
3. Explain that there are two types of decisions:
• **Active** - involves conscious thought. Involves a choice between at least two alternatives, where one can know or guess some of the consequences of each alternative. Both can have positive or negative consequences.

• **Passive** - one has a choice, but allows time, chance, or someone else to decide, which can result in either positive or negative consequences.

4. Look at the list of decisions that the students created in steps 1 and 2 and help the students identify which ones were made actively and which were made passively.

**Three C’s to good decision making (30 minutes)**

1. Explain that making decisions and knowing the consequences are important skills young people need. Explain that there are three steps for active decision making. Sometimes this is done very carefully, other times very quickly. Some decisions can take a few days, others can take years, while others are made instantly. Present the Three C’s for making decisions.
   - Describe the **CHALLENGE** (or decision) you are facing
   - List three **CHOICES** you have
   - Consider the positive and negative **CONSEQUENCES** of each choice

2. Ask students to take out a piece of paper and write down a serious decision that they or their friends are currently facing. The decision can be about anything - school, a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential.

3. Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions, and write them on the board. If what is written can be used to identify the writer, change it accordingly to maintain confidentiality.

4. Explain to the group that these are the kind of challenges many young people face, especially as they become older and more independent. Young people must make decisions and learn to live with the consequences.

5. Ask students to choose one of the challenges listed on the board. Ask the group to brainstorm several choices or options that a person making this decision has and write them on the board. List those beside the word ‘choices’ on the blackboard and add any others that you can think of. Be sure there are at least three choices.

6. Remind students that there are consequences to their decisions. Ask them to think of possible negative and positive consequences for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.

7. Ask students to look at the choices and consequences and make a choice together. Try for consensus or take a vote to determine the outcome. Clarify that decision-making is usually done alone, but people may seek other people’s opinions before making a decision.

8. Divide students into groups of four. Assign each group one of the other challenges from the list on the board. Have them follow the Three C’s and make a decision. Once each group has made a decision, allow a representative from each group to share their decision and process with the whole group.
9. Facilitate a discussion with the following questions:
   • Do certain decisions warn you right away to choose something else? If so, what are they? (Possible answers: A risk to health or to your own or someone else’s life, a risk of going to jail, a risk of losing your integrity)
   • What negative consequences relate to a person’s feelings or values? (Answers include: guilt about choosing against your values; feeling bad for doing something your parents, religion, traditions or culture, or friends would disapprove of; or feeling used or exploited)
   • When facing a tough challenge and are unsure of the decision to make, who could you ask for help? (Possible answer: friend who has gone through a similar decision, teacher, guide leader, school counsellor, religious leader, parent or other trusted adult)
   • How can you explore all the possible consequences of a particular choice?
   • Are you facing a personal decision now? Can you use this decision making process to help you?

OPTIONAL ACTIVITIES
1. Facilitate a discussion with the following questions:
   • Is it hard to make good decisions? What makes it hard? (Possible answers: the effects of drugs or alcohol, pressure from peers or a partner, or not realizing a decision has to be made) What would make it easier? (Possible answers: knowing how to resist pressure, being sure about your values and goals)
   • How are most decisions made, in reality? (Possible answers: they are not made consciously, and events or things just happen)
   • In the past, have you made a decision that affected other people? What happened?
Session 18
Setting Goals

Learning Objectives
By the end of this session, students will be able to:
- Explain the purpose of goal setting
- Describe the process of setting and achieving goals
- Set clear goals

Time 60 minutes

BACKGROUND NOTES
A goal is an achievement and accomplishment towards which our efforts are directed. It can be something to do, someplace to go, or something to have. Goals give us something to look forward to and can give us motivation and energy. To set a goal, we must gather information and make decisions and choices. We must learn about what we want to achieve. Goals should be specific, practical, and have a deadline. Goals should be reasonable and manageable. Something realistic and easy to manage makes achieving it easier and creates confidence to move to other, greater goals. Thinking about the expected benefits can be motivating. To help achieve a goal, it is helpful to have a plan with steps that are needed to achieve the goal, and also think about possible difficulties and how they can be overcome.

INSTRUCTIONS
1. Facilitate a discussion about goals. Ask the following questions to generate discussion.
   - What is a goal?
   - What are examples of goals?
   - Why do people set goals?
   - When do people set goals?
   - How do people set goals and work towards them?
   - What are the advantages of making a plan?
2. Explain that goals should be specific and practical. An example of a specific goal is to receive a certain mark in school. A non-specific goal would be being a good student.
3. Ask for someone to give an example of a goal. Ask the following questions to explain the goal setting process.
   - When do you want to accomplish this goal?
   - If you reach this goal, in what ways is it going to help you?
   - What are the steps that you will have to take to reach your goal?
   - What are the things that might prevent you from achieving your goals?
   - What actions can you take to overcome these difficulties?
4. Encourage students to continue thinking about goals with the following questions:
   - Do all people set goals for their lives?
   - What happens to those who do not?
   - Is it really necessary to set goals in order to be able to achieve them?
• Do most people achieve all their goals? Why or why not?
• Who are the people who can help you reach your goals?

5. Emphasize the following:
• To achieve something, we need to work hard, have faith, security, determination, and hope.
• A negative way to look at a problem is to see it as an obstacle.
• A positive way to look at problem is to think about it as a challenge and set out to overcome it.
• We cannot manage and plan our future if we see our lives as a random set of events over which we do not have control.

6. Ask each student to write the ending to each question in his or her notebook. Read each question one at a time and allow time for students to answer.
• I would like to finish….
• By the end of the year, I want to…
• By next month, I’d like to…
• I’d like to have enough money to…
• What I want to change most about myself is….
• Some place I’d like to see is…
• One of my good qualities I’d like to develop further is….

7. Ask students to spend a little more time answering these questions on a piece of paper. What do you want to be when you grow up? What are you doing now to achieve it? Have a couple of volunteers read their responses to the rest of the group.

OPTIMAL ACTIVITIES
#1: Timeline (13-19 year olds)
1. Draw a timeline on the blackboard starting with ‘O’ with tick marks every 5 years up to 30 years. Ask the students to copy the same timeline on a piece of paper.
2. Tell the students to think about their life up to this point and create a time line beginning with their birth and ending at 30 years of age. In the early years of the time line, ask them to write in special dates or events in their lives that have already happened, such as:
   • First day of school
   • Other family events (births, deaths, marriage)
   • Special relationships (friends, romantic partners)
   • Sad events experienced
   • Special awards or prizes
3. Ask them to write in at least three future events they hope will happen by age 20 or 25. These may include:
   • Finishing secondary school or university
   • Getting a job
   • Getting married
   • Having a child
4. Finally, ask students to write at least three future events they hope will happen after the age of 25. Indicate where on the time line they want the events to occur, or just include them anywhere. They may want to include:
   - Starting a business
   - Buying a shamba
   - Buying a car
   - Getting a better paying job
5. Ask students to share their time line with the entire group.
6. Facilitate a discussion with the following questions:
   - Do we have much to say about what happens in our lives before age 10? Why or why not? What happened to you that was out of your control?
   - Many adults think they control what happens to you during your teenage years. Is it really true? Who is actually in control of your life at this point? Who decides what goals you want to achieve?
   - When it comes to life plans, is it more difficult to plan for ages 10 to 20 or those after age 20?
   - Which points on your future time line would change if you became a parent this year? Describe how they would change and why.

#2: Short and Long Term Goals (13-19 year olds)
1. Ask students to think of an example of a goal, something they hope to accomplish. Give everyone an opportunity to answer. Without explaining why, ask each person to name a goal. Direct her or him to one side of the room or the other, depending on your determination of whether the goal is short-term or long-term. When everyone has named a goal, ask a volunteer to answer the following questions:
   - Why are you standing in two different groups?
   - What is the difference between the two groups?
2. When someone answers that one group named goals that can be achieved quickly (short-term goals) and the other group named goals that take longer to achieve (longer-term goals), ask everyone to take their seats.
3. Facilitate a discussion with the following questions:
   - What are some long-term goals that adults you live with have in mind for you?
   - How are goals related to personal and family values?
Session 19
Abstinence

Learning Objectives
By the end of this session, students will be able to:
1. Understand risk and rewards of certain behaviors
2. Explore risk as it relates to different activities and events
3. Understand how each act of abstinence reduces risk to zero

Materials Required
1. Blackboard and chalk
2. Scissors

Time 60 minutes

BACKGROUND NOTES
Saying no to sex can be difficult for many young people. There may be pressure from peers who claim ‘everyone’ is having sex, or pressure from partners who argue that sex is the best way to prove love and affection, or pressure from older friends and relatives who say having sex is a way to show that you are an adult.

Adolescents may not feel they have many choices, but you can explain to young people that they can say no to sex if they are not ready. You can help them develop refusal skills by counselling them about abstinence or delaying sexual activity. One way to do this is to help them imagine situations in which they might find themselves and help them practice saying no.

Abstinence is a voluntary, conscious, deliberate decision not to do something. In the context of sexual intercourse, HIV, and unwanted pregnancies, abstinence is understood as not having sexual intercourse until marriage. Abstinence is the best and only certain way to prevent HIV transmission and unwanted pregnancy. For a young person who has not yet had sexual intercourse, abstinence is defined as not having sexual intercourse until marriage. Each time a young person performs an act of abstinence; he or she successfully postpones sexual intercourse or sexual debut. Even people who have already had sexual intercourse can decide to abstain from now on. This is called secondary abstinence.

Telling youth to abstain or say no to sex is not enough; young people should be guided on ways to achieve abstinence. Young people need support and skills to successfully abstain. Gaining self-esteem and sustaining self-control in all matters including sex are best developed early in life.
INSTRUCTIONS

Forbidden Activities (30 minutes)

1. Ask students to share some of the ‘naughty’ or ‘forbidden’ activities that they did when they were small boys or girls under 10 years old. List these activities on the board as they are shared. Guide the discussion by saying you are particularly interested in activities that teachers or parents did not allow or that were dangerous in some way. For example, wandering away from home, stealing sugar, being cozy with strangers, insulting peers and playmates, or eating at the neighbors are some of the common forbidden activities for children.

2. The teacher should choose one of the ‘forbidden’ activities that have a clear risk or danger and ask:
   - Why was this activity forbidden?
   - Was there any danger in it for you?
   - Why did you still choose to do it?
   - What made it enjoyable for you even though it was forbidden or dangerous?

3. Ask students to share some of the ‘forbidden’ or ‘dangerous’ activities that their friends do. List activities on a flip chart. Examples: smoking, going to the disco, kissing, having sex, trying drugs, alcohol, and so on.

4. For each activity listed, ask students to identify the risk or danger it posed to their friend, and then why they still found it a risk worth taking. What did your friends do to decrease the risk of these activities that they listed?

5. Ask students whether there are any activities in daily life that are completely free of risk? Use the following questions to provoke a discussion:
   - Is there any risk in eating sweets? Travelling by boda boda? Crossing a road? A busy highway?
   - Does the person who smokes just one cigarette in his whole life have any risk? 70 cigarettes?; five cigarettes a day?; 80 cigarettes a day? Who among these is the greatest risk? Do the others also carry some risk?
   - Is there any risk in drinking water?; In eating food? What do people do to reduce the risk of drinking water or eating food?

6. Ask students what they understand by the word ‘risk.’ After a few have shared their definitions, explain that ‘risk’ refers to the possibility of harm or danger in an action. For example, when a person smokes, there is a risk of getting cancer.

7. Explain that almost all human activities carry some risk. Each person decides how much risk is acceptable. Ask students to share what sort of risks they have knowingly taken in their lives and what have they done to reduce the risk.
**Abstinence (30 minutes)**

1. Ask students to share a time when they abstained from doing something. List experiences on the board. Ask students which experiences are the best examples of abstaining. Provoke the discussion with questions like:
   - If a person fasts during a period of religious feast or festival, is this an example of abstinence?
   - What about a person who stops smoking but never started?
   - Is abstinence a choice or required?

2. Explain that abstinence is a voluntary, conscious, deliberate choice made by an individual to not do something. Read the definitions below and make sure the students understand each word:
   - **Voluntary** - decision made by your own free will; no one forced you to make the decision.
   - **Conscious** - Realizing and recognizing that the choice is yours.
   - **Deliberate** - A choice that is thought about carefully.

3. Ask students for what period of time a person needs to abstain from sexual intercourse in order for it to be called abstinence. Is choosing not to have sex for one day an example of abstinence? A week? A month? Provoke a discussion by asking how many believe that abstinence means never ever having sex.

4. Explain that abstaining from sex is the only certain way to prevent HIV transmission or unplanned pregnancy. Explain that abstinence for a young unmarried person is defined as not having sexual intercourse until marriage.

5. Ask are young people abstaining? Is it practical? Can a person who has had sex before choose to abstain now? What skills are required to abstain? Ask students to share examples of young people who have successfully abstained from sex until marriage.

**Optional Activities**

**#1: Sexual Decision-making (older adolescents) 60 minutes**

1. Explain that one of the most difficult decisions young people have to make is whether to have sexual intercourse before they marry. The failure to make good decisions about sex is one reason so many adolescents have unplanned pregnancies and/or become infected with sexually transmitted infections, including HIV. Also point out that young people have a right to understand how the body responds when sexually aroused, that feelings of sexual arousal are natural, and that just because one feels aroused, it is not necessary to act upon those feelings. If a young person does decide to act on their feelings, they must be aware of the consequences of their decision.

2. Divide students into two groups. Ask one group to brainstorm all the reasons and arguments why a young person would say ‘no’ to sex now. Ask the other group to brainstorm all the reasons and arguments why a young person would say ‘yes’ to having sex now. Ask them to put their reasons on a flipchart. Allow about 15 minutes.

3. Ask each group to share their lists. Make sure the following points come out.
4. Ask them if they agree that some of the reasons seem better than others. Ask them to rank the reasons using a scale from 1 to 3 (1=not a very good reason, 2=a fairly good reason, and 3=an extremely good reason).

<table>
<thead>
<tr>
<th>Reasons for saying yes</th>
<th>Reasons for saying no</th>
</tr>
</thead>
<tbody>
<tr>
<td>To stop pressure from friends/partners</td>
<td>To follow religious beliefs or personal or</td>
</tr>
<tr>
<td>To communicate loving feelings in a Relationship</td>
<td>family values</td>
</tr>
<tr>
<td>To avoid loneliness</td>
<td>To be ready for intercourse</td>
</tr>
<tr>
<td>To get affection</td>
<td>To keep a romantic relationship from</td>
</tr>
<tr>
<td>To get or receive presents or gifts</td>
<td>changing</td>
</tr>
<tr>
<td>To show independence from parents and other adults</td>
<td>To avoid pregnancy</td>
</tr>
<tr>
<td>To hold onto a partner</td>
<td>To avoid STI’s, HIV and AIDS</td>
</tr>
<tr>
<td>To prove one is an adult</td>
<td>To avoid hurting parents</td>
</tr>
<tr>
<td>To become a parent</td>
<td>To avoid hurting your reputation</td>
</tr>
<tr>
<td>To satisfy curiosity</td>
<td>To avoid feeling guilty</td>
</tr>
<tr>
<td></td>
<td>To reach future goals</td>
</tr>
<tr>
<td></td>
<td>To find the right partner</td>
</tr>
<tr>
<td></td>
<td>To wait for marriage</td>
</tr>
</tbody>
</table>

5. Facilitate a discussion with the following questions:
- What influences the decision about whether to have sex as a teenager? (Possible answers: sexual feelings, partner’s desires, media messages, pressure, parent’s teachings, religious beliefs.)
- What are the best arguments for saying ‘no’ or ‘yes’ to having sexual intercourse?
- Can someone who decided to wait change his or her mind?
- What is the worst thing that can happen to a teenager who says ‘no’? One who says ‘yes’?
- What does a young person need to know or be prepared to do if she or he is going to say no to sexual intercourse? (Possible answers include: feeling good about themselves, being assertive, communicating clearly, following through with a decision, combating peer and partner pressure or their future goals.
- What does a young person need to know if she or he is going to say yes to sexual intercourse? (possible answers include: risks of pregnancy and/or STI, how to talk with a partner about using contraception, which forms of contraception work most effectively, where to contraceptives, how to communicate with a partner)
Session 20
Resisting Peer Pressure

Learning Objectives
By the end of the session, students will be able to:
1. Understand different situations in which peer pressure occurs
2. Demonstrate effective skills to resist peer pressure

Time 70 minutes

BACKGROUND NOTES
Even though young people often report that they learn more from friends when they reach adolescence, studies have found that these same adolescents would prefer to learn about a variety of important topics from their parents or other caring adults. Peer influence does increase during the teen years, but the influence of caring adults can remain strong if you've established a strong relationship during the earlier years. Most peer pressure for young people is just as subtle as it is for most adults.

This is why practicing resisting peer pressure is important. Finding creative ways to refuse alcohol, tobacco, and drugs requires humour and lots of practice. Each young person can help develop his or her own favourite set of ‘turn down’ comments, but it’s your job to help them practice these so that they are not thrown off balance if the offer is more subtle or more direct than what was anticipated. A lot of this will depend on the age and attitude of the child, and the most important thing is to make sure the child is comfortable with what he or she wants to say. Your job is to coach them to use language and phrases that they come up with themselves to resist peers pressuring them to use drugs, have sex, or drink alcohol.

The younger the child, the more practice he or she will need. This cannot be a one-time session. You might find, for instance, that a 10-year-old has no trouble whatsoever saying no to a suggestion that he try a beer at a neighbour's house. However, 3 years later when the 17-year-old next door asks him if he wants a beer, you hear him hesitate because he is not as sure of himself and his convictions at 13 as he was at the age of 10.

INSTRUCTIONS
Resisting the use of drugs or abstaining from sex (30 minutes)
1. Ask students to discuss ways in which adolescents begin to use drugs or have sex:
   • Peer pressure
   • Believing certain myths about drugs or sex that are not true
   • Being tricked into trying drugs or having sex
   • Curiosity
2. Explain that very often, people find it difficult to make choices that are different from what their friends are doing. This is often the case between boys and girls or men and women and even
between close friends. Often people feel that by saying ‘no’ they are hurting the other person or that they are being aggressive.

3. Discuss how young people get ‘tricked’ into starting to take drugs without their knowledge or have sex when they wanted to abstain. Ask the students to share some ways that young people could be tricked into doing something that they did not want to do.

**Practicing Resisting Peer Pressure (40 minutes)**

1. Remind students of the Three C’s model, the challenge, the choices, and the consequences (from *Life Skills Session 17: Decision Making*). Point out that it is important to analyze the Three C’s for decisions that could have a major impact on a person’s health or future.

2. Divide the group into four teams and assign a role-play scenario to each team. Tell the students that this activity will give them a chance to practice using the Three C’s model so they will be able to use it to make major decisions and resist peer pressure. Present the following instructions for this activity:

   Each group will begin with the decisions from the role play and using the Three C’s model, write out the challenges, choices, and consequences for each decision on a piece of newsprint or on the blackboard or on the handout. Spend 5-10 minutes on this.

   Then, each team should spend 5-10 minutes preparing a role-play based on your scenario plus the choices you have made, and another 5 minutes to present it to the entire group.

   After all the role-plays have been presented take 3-5 minutes to share your decisions with the entire group.

   **Role-play scenarios**
   
   You have recently succeeded in giving up smoking. Your friend is trying to persuade you to have a cigarette. Use all your arguments to stick to your decision not to smoke.

   You have decided that you want to abstain from sexual intercourse until you are married. Your boyfriend of one year says that he really loves you and wants to have sex so you can show how much you love each other. Use all your arguments to stick to your decision to abstain.

   You have seen how your father’s life has been damaged from drinking too much alcohol and have decided not to drink. Your new friends took a bottle of alcohol from their parents and want to try it after school. They are trying to convince you to come with them and drink it. Use all your arguments to stick to your decision not to drink.

   Mary is one of the last to leave a party with friends. Juma, her friend’s older brother, is supposed to drive her home, but he’s been drinking. He’s not really drunk, but Mary’s mother told her never to ride with anyone who has been drinking. What should she do?

3. Make sure the students understand each role-play and the decisions made. Facilitate a discussion with the following questions:
   - Is it difficult to make good decisions? What makes it difficult? (Possible answers are: the influence of alcohol, pressure from peers or a partner or not realizing a decision has to be
What makes it easier? (Answers include: knowing how to resist pressure, being sure about your values and goals.)

- In reality, how are most decisions made? (They are not made consciously, and events or things just happen).
- In the past, have you made a decision that affected other people? What happened? Have you ever drifted into a decision or let someone lead you into a decision? What were the consequences?
- Can you use the model to help you make important decisions?

4. Ask students what an adolescent can do to ensure that no one puts drugs into their drink:
   - Always pay attention to what is happening around you.
   - Do not leave an unfinished drink on the table and go to the bathroom. If you do, do not finish that drink.
   - Be attentive to the taste of your drink, so you can easily notice a change in taste.
   - Avoid sitting at a table with strangers.
   - Only take tablets that are properly sealed and labelled.
OPTIONAL ACTIVITY

#1 Refusing What you Don’t Want (13-15 year olds)

Session 1

1. Remind students that there are two ways to get what you want or need:
   a. by asking for what you want and;
   b. Refusing what you do not want. Explain that in this session, students will practice refusal skills.

2. Ask students to think about the following scenario:
   - Alice and Mary are in a shop and Mary says, ‘Hey, here is the sweater that I really want and it’s on sale today. She tugs Alice over to the stack of sweaters. She whispers to Alice, ‘Ask that sales clerk a question, and I’ll put the sweater in my bag.’ Alice whispers back that she doesn’t want to, but Mary pleads with her. She says the sale merchandise will cost the store very little, and promises she will get a sweater for Alice.

3. Ask if anyone can describe what Alice is probably feeling in this situation. Write the feelings on the board. They should include emotions like ‘pressed’, ‘confused’, ‘frustrated’, ‘nervous’, or ‘angry’. Point out it is also normal to feel angry if a friend puts you on the spot by asking you to do something the friend knows is not in your best interest.

4. Point out that Alice has rights in this situation, like anyone does when asked to do something. Go over the list of Alice rights:
   - The right to say how she feels in this situation.
   - The right to say no without feeling guilty.
   - The right to behave in her own best interest.
   - The right to change her mind (even if she had agreed to do what was asked).

5. Ask for questions or comments about Alice rights. Then mention that sometimes parents, teachers, employers or other adults in authority make requests of teenagers. The request may not please the teenager and may not feel like it is in her or his best interest. Ask how a teenager’s rights are similar or different with a parent than a friend. Explain that some adults, such as teachers, parents and family members, do have the right to make requests of young people. Unless the adult is asking for something that is illegal, harmful or seriously disrespectful of the teen, it is often not appropriate for a teenager to refuse the request. Teens do, however, have the right to say how they feel.

6. Ask the group to brainstorm the behaviors Alice needs to use to be assertive. Write their responses on the board or newsprint and be sure the list includes the following behaviors:
   - Say no with her words.
   - Say no with her body. Use strong language, make eye contact, stand back from Mary, who is pressuring her.
   - Keep repeating no without giving any excuses or reasons.
   - Turn the conversation around and tell Mary how she feels about being pressured into doing something not in her best interest.
• Offer a compromise. Find a solution that does not require Alice to do something she does not want to do.
• Leave the situation and refuse to discuss the matter anymore and walk away if necessary.

7. Ask for a volunteer to role-play Alice, while you play Mary. Tell the rest of the group to coach the volunteer so she can remain assertive in the face of pressure.

8. Re-read the scenario. Then role-play with the volunteer using lines like the following to pressure her or him:
   • ‘Come on, you’re supposed to be my best friend. I really want this sweater and I don’t have any money’.
   • ‘This store is so overpriced, stealing from them is fair.’
   • ‘What’s the matter, are you afraid? Irene would do it if she were here.’
Continue for a few minutes, encouraging the audience to coach Alice.

9. After the role-play, ask students to identify the behaviors ‘Alice’ used to be assertive. If there is time, have another volunteer try the role-play.

10. Facilitate a discussion with the following questions:
    • When could you use a ‘coach’ when faced with real pressure from a friend or a romantic partner?
    • Which is most difficult, speaking up for your wants or refusing what you do not want? Why?
    • Think of a recent situation in which you wanted to refuse a request but were not able to. Which refusal skills could you have used?
    • Do you have a situation now where someone is pressuring you to do something that is not in your best interest? What could you do to be more assertive in that situation?
Session 21
Sexual Exploitation, Rape, and Gender Violence

Learning Objectives
By the end of the session, students will be able to:
1. Define sexual exploitation, rape, date rape, and incest
2. Differentiate between a ‘good touch,’ ‘bad touch,’ and ‘confusing touch’
3. Describe at least three ways to get out of an uncomfortable sexual situation
4. Describe ways to prevent and deal with sexual abuse and rape

Materials
1. Handout 12.1 Sexual Abuse and Family Violence Scenarios
2. Handout 12.2 Preventing Date Rape

Time 75 minutes

BACKGROUND NOTES
For many young people, sex is not a choice. Rape happens when a person is forced to have sex without giving permission. Statutory rape happens when sex occurs with a person (who may or may not give permission) that the law defines as too young to legally consent. Date or acquaintance rape refers to rape that occurs between individuals who are dating or who know each other. Some adolescents are forced to have sexual relations; feel pressured to have sex in exchange for good grades or pocket money; are assaulted if they refuse to have sex; or sell sex in order to survive.

Every adolescent should know that his or her sexual organs are private and personal property. Nobody should touch them without permission. Some victims of sexual abuse are assaulted by family members or acquaintances. Often young children are the victims of incest (a young person may be forced to touch, kiss, or feel the sex organs, or have actual sexual intercourse with a relative). Because of the older person’s position in the family, he or she may be able to pressure the child into doing sexual things without actually having to use force. These crimes, including rape, are the fault of the perpetrator or older person and not the fault of the victim or child.

For girls and women, the short-and long-term consequences of sexual violence can be physically and emotionally damaging. Because of the sexual nature of rape crimes, victims often suffer from serious mental issues. This is especially true in societies with strong sexual customs and taboos. If someone is raped and reports it to you encourage them to go to a hospital or health centre. At the hospital they will have a medical evaluation and attention to any injuries, counselling support for the survivor and her family, treatment to prevent infection with HIV, pregnancy, and other sexually transmitted infections. Referrals to other services may be required.

NOTE: If a young person has just been recently raped they can use Emergency Contraceptives to prevent pregnancy within 120 hours (5 days)
INSTRUCTIONS

Quiz on Sexual Violence (30 minutes)
1. Read the following questions from the Quiz on Sexual Violence. Ask student to write true or false on a piece of paper.
   i. Being drunk and ‘out of control’ is not an excuse for rape.
   ii. If a victim of rape gives in and allows sexual intercourse out of fear, that is considered ‘consent’.
   iii. Men are not ever really raped.
   iv. Physical force is used in most rapes.
   v. Most victims of rape are teens and young adult women.
   vi. Women are most likely to be raped when they are out alone in a dangerous place, especially at night.
   vii. Having sexual intercourse with a girl/woman after pressuring her to get high or drunk is not rape.
2. Ask students to share their answers and facilitate a discussion around each of the questions.
   i. True - Being drunk and ‘out of control’ makes it harder for people to communicate effectively. However, it is not an excuse to force a person to into sexual intercourse.
   ii. False - Consent is based on choice, when two people have equal power. If a powerless person gives in out of fear, that is not consent.
   iii. False - Some rapes are committed against boys and men but few ever acknowledge it.
   iv. True - There is of ten some form of physical force or verbal threat of force. Sometimes a victim is pressured to give in to the sexual act.
   v. True - Young women between the ages of 16 and 24 are three times as likely to be raped as other women. However, children as young as a few months or adults as old as 98 years have been raped.
   vi. False - Rape can occur anywhere. Over half of all rapes occur inside a residence, most often the victim’s home or compound.
   vii. False - As long as a woman has not given consent, it is rape.

Define Sexual Exploitation (5 minutes)
Ask students to define sexual exploitation. Their definition should be similar to the following:
Sexual Exploitation is when someone uses another person to make him/herself feel good or to get something from the other person without concern about how that person feels. Sometimes, people trick or pressure others into ‘bad touches’. This is another type of sexual exploitation. People also force others into sex, which they did not want to be engaged in. That is called ‘sexual abuse’ or ‘rape’.

Good, Confusing, and Bad Touches (20 minutes)
1. Ask students to brainstorm whether there are different kinds of touches. Have them elaborate.
2. Draw three columns on the blackboard and have students provide examples of good touches, confusing touches, and bad touches.
Some of these types of touches could be good touches or bad touches depending on the intent of the touch. If a kiss is started by an older man with a child, it could be a bad touch. If a back rub is intended to lead to other things it could be a bad touch.
### Good touches
- Hugging
- Holding hands
- Hair brushing
- Kissing
- A pat on the back
- A doctors examination

### Confusing touches
- Tickling
- Touching private parts
- Handshake with a pinch

### Bad touches
- Kicking
- Biting
- Punching
- Slapping
- Pinching
- Forced sex

3. Ask students to discuss where the following types of touches take place and with whom.
   - Good touches (i.e. parents, friends, siblings, relatives, boyfriend/girlfriend)
   - Confusing touches (i.e. strangers, relatives, partners)
   - Bad touches (relatives, neighbours, strangers, friends)

4. Explain that exploitation:
   - Usually happens gradually. Starts with a good touch, goes to a confusing touch and into a bad touch.
   - Usually involves tricks, threats, or treats.
   - Usually involves a person known to the exploited, even though it also happens with strangers.
   - Often involves a pact of secrecy.
   - Can involve boys and girls

### Ways to Get out of an Exploitative Situation (20 minutes)
1. Read the following scenario on prevention and reporting sexual exploitation.
   - Jomo and Emily were sent by their mother to get a packet of sugar from their neighbour. They have been sent there many times before. Upon arrival, the neighbour (an elderly man) invites them for some fruit in the house. While they are eating the fruit, he starts rubbing Emily’s leg.

   Ask students to describe how they think Emily and Jomo felt?

2. Continue with the scenario. Just before Emily and Jomo left, the neighbour offered to give them some money if Emily would remove her clothes.

3. Ask students what they would have done if they were Emily? Jomo? Discuss the following options with students.
   - It may be sufficient to say no.
   - Leave
   - Be rude (after all the neighbour was being rude and therefore no need to consider his feelings, even though he is older)

4. Continue with the scenario. After Emily refused, the neighbour left them alone but then gave them the money he had offered so that they would not tell anyone about the incident. Ask students what they would do if they were Emily and Jomo.
5. Make sure the group decides the incident should be reported, for two reasons: 1) to protect themselves from a repeat incident with the neighbour, and 2) to protect other children from the neighbour.

6. Facilitate a discussion with the following questions:
   - Who does one report to?
   - Where do they report?
   - What difficulties might an adolescent experience in deciding who to report to?
   - How can the difficulties be resolved?

Remind the students that there are other people, like community members, who can help them resolve the problem. Emphasize the need to seek help.

7. Summarize this section by emphasizing that:
   - Not all touches are good and it is important for adolescents to know the different kinds of touches.
   - It is important to report the bad touches to a parent, guardian, teacher, or trusted relative as soon as possible because these touches do not normally end there; they can develop into actions such as forced sex.
   - Reporting helps to protect themselves and others.

**Rape and Gender Violence (45 minutes)**

1. Explain that rape is sexual intercourse on an unwilling male or female by the use of force, coercion, intimidation, or any kind of threat. Rape happens to a person when they do not give consent to have sex. Facilitate a discussion with the following questions: Can men or boys be raped? Can a husband rape his wife?

2. Explain that gender violence is any act done on a woman with the aim of hurting her because she is a woman. This may be physical or psychological harm including threats and intimidation in public or private.

3. Tell students that in Kenya sexual intercourse with girls below 16 years and sexual intercourse with boys below 14 are both criminal offences whether there was force used or not.

4. Emphasize that as long as one person is unwilling to have sexual intercourse, it is rape regardless if it is a husband, boy, girl, wife, acquaintance, relative, neighbour, stranger committing the act. Ask the students to identify the crime that occurs when a romantic partner forces another to have sex. If no one answers correctly, write ‘date rape’ on the board. Make the following clear: Acquaintance rape, also known as date rape, is forced oral, anal or vaginal sexual intercourse by someone the person knows and may even have a romantic relationship with.

5. Emphasize the following:
   - Rape is an act of aggression that uses sex to show the victim that the rapist has power.
   - Rape is a crime punishable by law.
   - Most girls in Kenya are forced or tricked into their first sexual experience.
   - Books and movies often suggest that women are turned on by the power and force of rape and may even fall in love with the rapist, but a victim of rape never experiences the act in a positive way, even in a date situation in which the beginning of the sexual encounter was pleasant.
• Alcohol and drugs are often involved when date rape occurs. Being drunk or high makes women less able to set clear boundaries and men less inclined to listen to those boundaries.
• Nothing a woman does, including using drugs or alcohol, going to ‘risky’ places, wearing certain clothes, kissing and sexually touching or even having previously had sex with a man, gives a man the right to force her to have intercourse against her will.

Ways to Prevent and Deal with Sexual Abuse (25 minutes)
1. Distribute the handout on ‘Preventing Acquaintance/Date Rape.’ Let the students take it home to read if copies are available. If no copies are available, read over the handout with the students.
2. Ask participants to discuss why they think most rape cases are not reported:
   • Fear of being blamed
   • Fear of consequences
   • A false sense of obligation to protect a relative or acquaintance
   • Fear that no one will believe them
   • Fear that everyone will know about it
   • Fear that no one will care or listen
3. Divide the group into small groups and assign one ‘Sexual Abuse and Family Violence’ case to each group. Ask each group to discuss the options and decide what they would do, considering the positive and negative consequences. Ask each group to present their case and their decision.
4. Facilitate a discussion with the following questions:
   • What if you do all the right things and are unable to stop your date from raping or assaulting you? Does that mean you did not try hard enough? What should you do? (Answer: Whenever rape occurs, regardless of what was or was not said or done to prevent it, it is never the victim’s fault. If you are raped, get help immediately and do not feel guilty.)
   • What are some of the things that we have discussed that have changed the way you think about rapists? How has your opinion of rape victims changed?
   • What are some of the things you have heard people say about girls or women who have been raped and how do you feel about the things these people say?
   • What precautions can girls and women take against stranger rape? (Answer: Be alert to the surroundings; avoid dark, lonely places at night; keep doors and windows locked; keep a loud whistle on a key ring; take a self defense class; walk in groups scream for help if cornered; or carry pepper or irritating spray in your handbag for self defense.)
   • What are some things that girls and women can do to help prevent date rape? (Answers may include: communicate with your date, state expectations clearly, listen carefully, ask questions if things get confusing, avoid using alcohol and other drugs that cloud your judgment, and let the man know your intentions - ‘I like dancing with you, but I don’t want to have sex with you.’)

Remind students that:
• No matter what the circumstances, they have the right to choose when, with whom, and how they want to be sexual.
• When first dating someone, go out with other people or groups rather than alone.
• Trust your feelings - if you begin to feel nervous or uncomfortable about the way things are going, do something about it right away. Let your date know how you feel and get away from the situation to a place where you feel more comfortable.

5. Ask students to list what they think someone should do if he or she is assaulted or harmed. Allow several volunteers to share the steps that they should follow. Then review the following information with the students:

**What to do if assaulted or harmed**

- Report the incident to the nearest police station.
- Go to the nearest hospital for treatment.
- Get the medical report from the doctor and take it to the police station where the case was reported.
- Have a P3 form filled and take it to the police doctor to record the assault. (If up country, go to the District Government Hospital.)
- Take back the P3 form to the police station for the arrest of the perpetrator (and keep a copy of the form for yourself if possible).
- Identify the accused for arrest.
- Attend court when the accused is charged.

6. Ask students to list what they think someone should do if he or she has been raped. Allow several volunteers to share the steps that they should follow. Then review the following information with the students:

**What to do if raped**

- Do not shower.
- Do not wash any clothes, including underwear.
- Go to the nearest police station and report the incident.
- Go to the nearest hospital for a medical check up.
- Take the medical report to the police station and collect a P3 form.
- Take the P3 form to the police doctor (If up country, go to the District Government Hospital.).
- Wrap the clothes worn at the time of the in newspaper (not nylon paper) and take them to the police station with the P3 form.
- Identify the accused for arrest.
- Attend court when the accused is charged.

*NOTE: Be aware that one or more of your students may have been raped or molested. If a student becomes upset during this discussion, you may want to speak quietly to that person and make plans to talk privately at a later time. You may want to find local resources (maendeleo ya wanawake, FIDA, police, spiritual leaders etc) for rape victims (address and phone numbers) prior to presenting this topic.*
Handout 12.1 Sexual Abuse and Family Violence Scenarios
1. All night Nekesa had been listening to her stepfather yelling and slapping her younger brother, Andahi. ‘He picks on Andahi all the time, but this is different,’ she thought. She noticed last weekend that Andahi had several bruises on his face and she wondered what happened, but her mother said ‘nothing’ when she asked. Tonight there has been so much yelling, and poor Andahi was screaming and crying. Nekesa was scared because she didn’t want Andahi hurt. She didn’t know what to do. She decided to get help.

2. Ayesha started crying softly after her father left her room. She felt like she always did when he came into her room and touched her; she wanted to die. He would always do the same things that he had been doing since she was nine. She hated it and always felt so dirty and disgusted with herself when he left. He told her that it was her fault and that she made him do these things. He also told her that if she told anyone, she would be made to leave the family. Ayesha had thought about telling her mother, running away, or killing herself. But she was always too scared to do anything but lie in her bed and pretend she was asleep. She was so miserable. She wanted help. What should she do?

3. Charity wondered all the way home what she should do. Boniface had forced her to have oral sex with him and she had told him over and over again that she didn’t want to. He said it was her fault for kissing and touching and letting him get so turned on. He said she wanted it, too, and besides, it was her place to please him. Afterward, she had felt numb and only stopped crying when he finally told her he loved her, but she felt no love, not anymore. She felt hurt, used, and betrayed. Would anyone care that he had made her do this? Would anyone believe she had told him no? He said it was her fault. Was it? She wanted to talk to someone so badly, but she couldn’t bear to tell any of her friends. What would they think of her? What should she do?

4. Mulamba heard the sounds again. He knew what was going on. His mother’s friend, Bwire, had come in around 9:00 and he had already been drinking. Mulamba’s mother had given Bwire food and another beer. Mulamba always got angry when he watched his mother try to please this crazy man. Now it was almost midnight and he knew what was happening. He knew where his mother’s last split lip and swollen eye came from. But he didn’t know what made the most sense, whether to go in there and break it up, or to plead with his mother in the morning to leave this guy. Only tonight, things sounded worse than usual. Mulamba was really worried about his mother. He thought about the police ‘hotline’ he had read about in the newspaper the other day. Would they have any ideas?
Teacher Notes - Sexual Abuse and Family Violence Scenarios
Suggested Actions and Responses

Nekesa and her stepfather
Nekesa needs to get help immediately. She should go to a neighbour’s house. Her stepfather will be angry, but someone might be able to help her brother. Once the immediate danger is past, the family may need counselling and Nekesa’s mother may have to separate from the stepfather to keep her children safe.

Intervening in an abusive situation like this is always difficult. However, many children are in danger of abusive parents and other adults. Get help immediately. Calling a neighbour or the police to stop a parent from abusing a child may save a life.

Ayesha and her father
Ayesha is in a very difficult family situation. Since her father has been abusing her for so long, Ayesha may feel like she has given permission for the sexual contact, and she may be too embarrassed to tell anyone. Her father may even argue that Ayesha likes what he does to her. As her father, it is illegal for him to have sexual contact of any kind with her. He has been forcing her to have sex against her will, even though he hasn’t used a weapon or physical force. Giving in to unwanted sex out of fear is not giving consent.

Ayesha should talk to a trusted relative, counsellor or teacher who can suggest a safe place for her to go to report the abuse. Several things may happen: Ayesha’s father might stop the abuse as soon as it is reported and he is confronted with his abnormal sexual behavior; he might go to jail; or Ayesha might to go live with a relative for a while. She may receive counselling to help her deal with some of the anger, shame, and sadness she feels; she will eventually recover and feel much better about herself.

Charity and Boniface
She may not think so, but Charity has just been raped and she can do something about it. Forced sex of any kind is called rape. Even though Boniface was Charity’s boyfriend, he had no right to force her into any kind of sexual fact and she can have him arrested. It is up to her to decide whether she wants to prosecute Boniface. Only about one in 100 rapes is reported D but it is an option. Not reporting rape or sexual assault may encourage the perpetrator to do it again. Women always have the right to refuse any kind of sexual contact, regardless of the nature of the relationship or the situation they are in.
**Mulamba and his mother**
Like Mulamba, some children witness family violence. According to research, these children often grow up with deep psychological scars, even when they have not been abused themselves.

Mulamba should take immediate action by getting help for his mother, who is in danger from her boyfriend and appears to be powerless to stop the battering. If Mulamba fears that his mother’s life is at risk at this moment, he should get out of the house and ask relatives or neighbours to go back to his house with him, even if it may be embarrassing to have the neighbours or relatives see what is happening. Mulamba should not try to interrupt the fight himself. He might get hurt or hurt Bwire more than he wants to.
Handout 12.2 Preventing Date Rape

Date rape is one of the most common types of sexual assault. It occurs when someone you know forces you into unwanted sexual activity of any kind. This includes unwanted sexual touch or oral, vaginal, or anal penetration, or forcing you to touch him/her in a sexual way. The rapist could be a teacher, a friend, boyfriend or girlfriend, a neighbour, a spouse, a co-worker, or a relative. Rape happens because of a need for power and control over someone else. It is never the fault of the victim.

How Can I Protect Myself?
- The best thing you can do to protect yourself is trust your instincts. If you feel uncomfortable with a situation or threatened by someone, get to a safe place as soon as possible. Some other things you can do are:
- Avoid being alone with a new boyfriend or girlfriend before you are ready. It is a good idea to go out in groups with friends, especially when dating someone new. Avoid secluded places including someone’s home when parents or adults are not at home, your friend’s home, empty buildings, etc.
- Always make sure that someone (parents, siblings, friends, guardian) knows where you are going, who you will be with, and when you expect to be back. Carry a friend’s phone number with you to call if you need help.
- If you go out share in the cost in order to prevent your date from thinking that you ‘owe’ sexual favours in return. Always ensure that you have enough money to get home by yourself if you need to.
- Think about your sexual limits. Before going out on a date, think about what you want to do and do not want to do. A decision to be sexual in any way should be made together and never forced.
- Be clear with your date about your sexual limits. Give the message that ‘no’ means ‘no,’ not try harder for a yes.
- Trust your instincts. If you feel pressured or threatened in any way, do not hesitate to say what you feel or to leave if necessary.
- Do not worry about being polite. Use strong nonverbal techniques to reinforce what you are saying such as pushing away, not smiling, using a firm voice, and so on.

Danger Signs
The following are some actions and attitudes to watch out for. If your partner or acquaintance engages in any of these behaviors, it may be a warning sign that the partner is potentially abusive.
- Threats: Verbal or physical threats to force you into sexual activity you do not want. Threats such as ‘If you don’t have sex with me I’ll break up with you.’
- Jealousy: Constant demands to know where you are and who you will be with. Watch out for someone who gets very jealous easily.
- Criticism: Disapproval about your actions, your clothing, your friends, and so on.
- Controlling: Failure to acknowledge your needs and wants, and/or not letting go when you try to pull away.
• **Anger or violence.** Frequent and noticeable anger or violent acts, including small disagreements possibly with threats to hurt you or people you know. She or he may later apologize for the behavior, but that does not change the fact of the abuse.

• **Verbal abuse:** Jokes about your physical appearance or your gender or constant criticism.

• **Manipulation:** There are many ways in which people can be manipulative in an abusive way. For example, she or he could intentionally try to upset you by flirting with other people.
Session 22
Teenage Pregnancy

Learning Objectives
By the end of this session, students will be able to:
1. Explain how pregnancy occurs by explaining the terms fertilization and implantation
2. Explain why teenaged girls get pregnant
3. List five physical risks associated with teenaged pregnancy

Time 75 minutes

BACKGROUND NOTES
Ten thousand girls drop out of school every year in Kenya because of pregnancy. Several factors contribute to this problem: parents do not generally talk to their sons and daughters about sex, children lack information about their changing bodies, and adolescents may not understand how to control the sexual urges that come up naturally at puberty. The issue of teenage pregnancy can be addressed by teaching young people skills that will help them make appropriate decisions, be assertive, and resist early sexual activity.

Why wait to have children?
Several studies have shown that the outcomes for adolescents who receive good prenatal care are no different from those of older women. However, prenatal care may not be available, and even if it is available, adolescents are more likely to seek care later in their pregnancies or to not seek prenatal care at all. They may not recognize the signs of pregnancy, may want to hide a pregnancy, may not realize care is available or may not be able to afford the fees charged. There are several medical and social reasons to delay childbearing.

Some medical reasons to delay childbirth include:
- A young woman under age 16 has not reached physical maturity. If her pelvis is too small, she may suffer prolonged labour or obstructed delivery, which can result in hemorrhage, infection, fistula, or death of the mother or the infant.
- Young women, especially those under age 15, are more likely than women age 20 and older to experience premature labour, spontaneous abortion (miscarriage), and stillbirths.
- First births are typically more risky than subsequent births. Women giving birth for the first time have a higher probability of developing hypertensive disorders, including preeclampsia and eclampsia, conditions marked by protein in the urine, high blood pressure and oedema.
- Infant death rates are typically higher for adolescent mothers than for older women.

Some social reasons to delay childbearing include:
- Delaying childbearing can give young women the opportunity to pursue formal education, work outside the home, and achieve their future goals.
- Men who delay the start of their families can pursue education and jobs without the pressure of providing for a family.
- Delayed pregnancy can mean smaller families and can offer economic benefits.
• Pregnant girls are often expelled from or drop out of school and few girls then return to school.
• The responsibility for caring for a child, as well as limited education, reduces a young woman’s access to jobs and income-earning opportunities.
• Some young women find themselves rejected by the father of the child, or even by their own families.

**INSTRUCTIONS**

**Fertilization and Implantation (20 minutes)**

1. Ask the students how a female becomes pregnant. Ask for a volunteer to explain how fertilization occurs. Ask another volunteer to explain how implantation occurs. After students have explained both terms, read the definitions below aloud to the group.

*Fertilization* takes place when a male sperm cell meets a female egg. Millions of sperm cells are deposited into the vagina during sexual intercourse. After the male ejaculates in the vagina, ejaculated sperm swim up through the cervix into the uterus. The woman’s body helps guide the sperm through the uterus and to the Fallopian tubes. If a mature egg (or more than one egg in the case of twins) is present, fertilization can take place. Although thousands of sperm may be present, only one sperm cell can penetrate the egg. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move from the Fallopian tube into the uterus (womb) where it will grow.

*Implantation* takes place when a fertilized egg attaches itself to the lining of the woman’s uterus. The nutrients in the lining of the uterus are used to support the growth of the egg into a foetus and then a baby. The woman will not experience periods during pregnancy because the lining of the uterus, which normally sheds during menstruation, is not shed at all during pregnancy. The implanted egg grows in the uterus for nine months and becomes a baby. It then comes out of the mother’s body through the process of childbirth.

**Teenage Pregnancy Discussion (35 minutes)**

1. Ask students if they know of any teenaged girls who have gotten pregnant.
   - What happened to the girls after they became pregnant?
   - Is teenage pregnancy a common problem in their community?
   - What circumstances lead teenagers to get pregnant?

2. Ask students to discuss why adolescent girls have sex. The following may be mentioned:
   - In some communities girls get married while they are still teenagers.
   - Many girls are forced, or coerced, into having sex.
   - Teenaged girls experiment with sex.
   - Sometimes teenaged girls are unable to set and/or communicate their limits and end up having sexual intercourse even though they did not plan to.

3. Ask students to list major physical risks of teenaged pregnancy and delivery.
   - STI infections
   - Pregnancy-induced hypertension or high blood pressure
   - Anaemia (blood problems) and malnutrition
   - Difficulties in delivery, including premature delivery and death during delivery
Myths about Sex and Conception (20 minutes)

Read the myths and facts below out loud one at a time. Ask students whether each one is a myth or a fact. Have them explain why they think it is a myth or a fact then read the explanation given.

1. **A girl can become pregnant if she has unprotected sexual intercourse before she has her first period.**
   - **Fact** - Before a girl’s first period, her ovaries release the first egg during ovulation. She can become pregnant if she has unprotected sexual intercourse around the time of her first ovulation, even before she ever has her first menstrual period. She also risks getting an STI whether she has menstruated or not.

2. **It is unhealthy for a girl to bathe or swim during her period.**
   - **Myth** - There is no reason that a girl should need to restrict any activity during her period. She should bathe every day and keep her private parts clean.

3. **Abstinence is the only method of contraception that is 100% risk-free.**
   - **Fact** - Avoiding sexual intercourse of any kind is the only way to absolutely avoid pregnancy or an STI, including HIV. Practicing abstinence does not require giving up all sexual contact, but it does mean expressing sexual feelings in ways other than having intercourse.

4. **A girl can get pregnant if she has sex while she is bleeding.**
   - **Fact** - There are two types of bleeding. The first is menstrual bleeding. During menstruation, it is unlikely, but not impossible, that a girl will get pregnant. There may also be bleeding during ovulation. If a girl has intercourse during this type of bleeding, she can get pregnant.

5. **A woman is not at risk of pregnancy unless a man ejaculates inside or right outside her vagina.**
   - **Myth** - If a man ejaculates near the opening to a woman’s vagina or touches her vulva while he has semen on his fingers, it is possible for sperm to find their way inside and fertilize an egg. Girls have become pregnant without ever actually having intercourse. Some STI’s can be transmitted if there is an exchange of body fluids with or without penetration.

6. **Once a boy is sexually aroused and gets an erection, he has to have sexual intercourse or it will be harmful.**
   - **Myth** - There is no harm in not acting on every sexual urge; semen cannot get ‘backed up’ and demand ejaculation. Occasionally a boy might feel some discomfort if he is sexually excited for a long period of time. This will disappear when he is able to relax.
Session 23
HIV and AIDS

Learning Objectives
By the end of this session, students will be able to:

1. Define HIV and AIDS
2. Explain modes of transmission of HIV
3. Identify risky and non-risky behaviors
4. Describe the common symptoms of AIDS

Materials Required

1. Facilitators Notes 19.1 ‘Risky and Non-Risky Behaviors’
2. Handout 19.2 Facilitator’s Guide to Possible Questions
3. Index cards
4. Large sheets of paper

Time 105 minutes

BACKGROUND NOTES
There are over 40 million people living with HIV and AIDS worldwide. Over 24 million of them live in sub-Saharan Africa, and by 2002, 2.2 million people were infected in Kenya. One third of the total infected, are between the ages of 10 to 24 years of age.

HIV stands for Human Immunodeficiency Virus. HIV is a virus that is too small to see that is passed between people through blood and other body fluids. HIV weakens the immune system making it easier for people to become sick. When a person becomes sick with many illnesses that do not go away, then he or she is said to have AIDS.

AIDS stands for Acquired Immunodeficiency Syndrome. Acquired refers to the fact that you get the disease from somewhere else; it does not develop on its own. Immunodeficiency means the immune system is weak and unable to fight off infections and illnesses. Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia. AIDS is a term used to indicate the most serious stage of a person’s infection with HIV. It means that they have a particular collection of symptoms and diseases defined medically as AIDS.

After years of living normally with HIV, a person will start developing AIDS, as the immune system begins to weaken. At this state, the person will be vulnerable to various opportunistic infections, which can attack any part of the body. Opportunistic infections are infections that take attack the body when the immune system is weak. These infections could range from simple medical conditions like fungal infections and colds to more serious diseases like tuberculosis or cancer. Though the person is HIV positive, these conditions can be treated and often cured. There is no cure for HIV or AIDS.
AIDS is spreading among young people in Africa faster than in any other age group. In Kenya the peak ages for getting AIDS is between 25 and 29 years for women and between 30-35 years for men. Younger girls are contracting HIV because they have sex with older men and become infected at an earlier age than their male peers.

**How is HIV passed from one person to another?**

HIV is passed between people in three ways:

**Sex:** Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.

**Blood to blood:** From an HIV infected person’s blood to another person’s blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV.

**Mother to child:** HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

The majority of people are infected with HIV by having sex with someone who is HIV infected. It is important to note that a person suffering from other STI’s is eight to ten times more likely to contract HIV. HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV infected or has AIDS.
- Sharing plates, utensils, glasses or towels used by someone with HIV infection or AIDS;
- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV infection or AIDS.
- Having someone with HIV or AIDS spit, sweat or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV infection or AIDS.

**Protecting yourself against HIV**
The only certain way to protect yourself against HIV transmission is to abstain from sexual intercourse.

**What is “safer sex”?**
People who have decided to be sexually active can make choices to practice ‘safer sex’. Safer sex describes a range of ways that sexually active people can protect themselves from infection with all sexually transmitted infections, including HIV infection. Practicing safer sex also provides birth control protection. There are lots of ways for loving and sexual feelings to be shared that are not risky. Some of them include:

- Hugging
- Holding hands
- Kissing
• Massaging
• Rubbing against each other with clothes on
• Sharing fantasies
• Masturbating your partner or masturbating together, as long as males do not ejaculate near any opening or broken skin on partners

There are other activities that are safer such as deep kissing. Using a latex condom correctly for every act of sexual intercourse is called protected sex because when used correctly for each sexual act, condoms can reduce the risk of HIV infection. Unprotected sexual intercourse exposes people to the bodily fluids in which HIV lives.

What does HIV-positive mean?
When the body’s defence system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus.

HIV tests look for HIV antibodies. If your body is making antibodies to fight HIV, then you are considered HIV positive. However, there is a ‘window period’ between when a person is infected with HIV and when a blood test will show that a person is HIV-positive because it takes the body a little while to start producing antibodies to fight the virus. It is possible for someone to test HIV-negative during this window period but be infected with HIV and be able to transmit the virus to someone else. Scientists are unsure about the length of the window period: it is generally between six and eighteen weeks but in rare cases may be longer.

People who are taking an HIV test who have had unprotected sex during the past three months are advised to have another test in three months if they have a negative result. While waiting through the window period, they must avoid being exposed to HIV.

When are people with the virus infectious to others?
People with HIV can infect others as soon as they are infected with the virus. People with HIV may not know they are infected and may look, act and feel healthy for a long time, possibly longer than 10 years. It is impossible to tell from looking at someone if he or she is infected. Knowing a person well does not tell you anything about his or her status.

How does HIV make someone sick?
As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection, by producing antibodies. However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroys key cells in the immune system. HIV slowly weakens the immune system and eventually the body cannot fight off even mild infections and people become very sick from a range of different illnesses, including the common cold, fungal infections, cancer, or tuberculosis.
Most people who have HIV do not become sick right away. In some cases, it can take as many as 10 years or more for a person to develop AIDS. People can stay healthy longer by eating well and getting prompt treatment of illnesses and infections. The most obvious signs that someone has AIDS are diseases such as tuberculosis or pneumonia. However, the following can also be signs that someone has AIDS.

- Sudden, unexplained weight loss
- Fever for more than one month
- Diarrhea for more than one month
- Genital or anal ulcers for more than one month
- Cough for more than one month
- Nerve complaints
- Enlarged lymph nodes
- Skin infections that are severe or recurring

Although the above are all symptoms of AIDS, the only way to tell if a person is infected with HIV is by testing.

**What is stigma?**

People who are HIV-positive may be discriminated against or shunned in their communities because of misunderstandings or misconceptions about HIV and AIDS in the community. Adolescents may be particularly susceptible to negative attitudes and may be forced out of their school or home. They are typically less aware of their legal rights, more vulnerable to financial hardships, and less able to find and purchase care.

**Tips for Teaching about HIV and AIDS**

The topic of HIV and AIDS can seem overwhelming. It seems like everyday the newspaper reports a new fact about the disease. This curriculum provides basic background information about HIV and AIDS to help you teach students about HIV prevention and transmission. If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your school or community who can conduct the HIV and AIDS education activities in this session. Remember that even if we try to tell all the youth in our community about the risk of HIV and AIDS or to abstain, many will still go ahead and have sex. It is more important to inform sexually active adolescents about how to prevent HIV and how to protect themselves than to avoid talking about the topic because it makes people uncomfortable. When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another teacher if necessary.

It is important to acknowledge that there will be a wide range of sexual experiences in any group of young people. For example, some will be dating; others may not yet be interested in romantic relationships. Be realistic about the numbers of young people in your group who are having sexual intercourse. In a group of 16 year olds, half are likely to have not yet had sexual intercourse and half are likely to be engaging in sexual intercourse. You can help those who are not sexually active delay sexual activity and help those who are already sexually active practice safe sex.
You can help young people understand the risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. The difficulty is that most people, teenagers and adults, do not know if they have been exposed to the virus. ‘Knowing someone well’ or ‘asking your partner about AIDS’ is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is HIV-infected just by looking at her or him. Avoid emphasizing monogamous relationships as safe, since young people think each time they have a relationship with a person, they are being monogamous. Emphasize that abstaining from sexual intercourse is the only way to completely avoid the risk of infection.

Help young people understand that there are many ways to express sexual feelings that do not risk unplanned pregnancy or sexually transmitted infections. Touching, fantasizing, caressing, massaging, masturbating, talking, kissing, whispering, hugging, singing, dancing, and holding hands are ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse is the best and only certain way to prevent HIV infection.

Latex condoms have been proven to be an effective barrier of HIV. They can, however break or leak especially when used incorrectly. It is important for older, sexually active adolescents to understand how to use a condom correctly and that they must be used for every act of sexual intercourse to protect against HIV infection.

Condoms offer the best protection against the spread of HIV during sexual intercourse with a partner whose HIV status is unknown.
INSTRUCTIONS

NOTE: If there is a place within the vicinity where people can go for VCT (voluntary counselling and testing for HIV), find out its location, opening times and other relevant details before presenting this session.

HIV and AIDS Activity (20 minutes)

Advance preparation: Prepare a small piece of paper for each student in the group. Each card will have something marked on it:

- One piece with a small ‘x’ in the corner
- One piece with a small ‘z’ in the corner
- Three pieces with a small ‘c’ in the corner
- Three pieces with the instructions ‘After you read this, don’t follow any of my directions until I say return to your seats’
- On the rest of the pieces write ‘follow all of my directions.’

1. Distribute one piece of paper to each student. Tell them to keep the special instructions on their paper a secret and to follow the instructions. Ask the group to stand and shake hands with three people and ask each to sign the piece of paper. Make sure they move around the room.

2. When all the students have collected three signatures, have them take their seats. Ask people with the ‘z’ and ‘x’ on their papers to stand up. Ask everyone who shook hands with those persons to stand up. Ask everyone who shook hands with a standing person to stand up and so on until everyone is standing, except for the designated non-participants with pieces reading ‘do not follow any of my instructions.’

3. Now tell the group to pretend that the person with the paper marked with an ‘x’ was infected with HIV and that instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures she or he collected. Do the same with the paper marked ‘z’ (genital herpes).

4. Ask those that are still seated why they haven’t been standing. Someone should say they were told ‘do not follow my directions...’ Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from these STI’s.

5. Ask students to check if they had a ‘c’ marked on their paper. If so, tell them they can sit down. Explain that fortunately, these people had used condoms and were not at significant risk for infection. Tell all the students to sit and remind them that this was only a game.

6. Facilitate a discussion with the following questions:
   - How did person ‘x’ feel? Person ‘z’? How did you feel towards others when you found out they were infected?
   - What were the initial feelings of those of you who were instructed not to participate in the exercise? How did those feelings change during the course of the exercise? How did the group feel towards those people initially? And then later?
   - Who had a ‘do not follow my instructions’ paper but got signatures anyway? Why? What does this tell us about people’s behavior?
   - How did the people who discovered they had used condoms feel?
   - How did the people feel to find out they might have been infected?
• Is it possible to know who is infected and who is not by looking at them?

Introduction to HIV and AIDS (20 minutes)
Give two slips of paper to each student and ask them to write on each card something they have heard people in their community say about HIV or AIDS (this does not have to be something they agree with).
Collect all the cards and shuffle them.
Divide students into groups and deal out the cards at random.
Ask each group to sort out the slips of paper into three groups: ‘AGREE’, ‘DISAGREE’ and ‘DON’T KNOW’.
When all the groups are finished, reassemble. Ask each group to present to the main group any statement they found difficult to reach agreement on. The main group can offer opinions on the difficult statements. Or suggest they hold their questions to see if the rest of the discussion answers some of the misinformation.

Definition of HIV and AIDS and Modes of Transmission (45 minutes)
1. Ask students to explain what HIV is.
   • Human Immunodeficiency Virus (HIV) - The name indicates that it is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens the system. The immune system is the body’s defence against disease. With a damaged immune system the body is exposed to a whole range of infections and diseases. The person becomes weaker and eventually dies.

2. Ask students to explain what AIDS is:
   • Acquired Immune Deficiency Syndrome (AIDS) - Acquired refers to the fact that you get the disease from elsewhere D you do not just develop it spontaneously. You get it from another person who is infected, through contact with that person’s infected blood and or sexual fluids.
   Explain that AIDS is caused by the human immunodeficiency virus.
   • Acquired: It is passed from one person to another
   • Immune: The system that defends and protects the body from disease-causing germs and viruses
   • Deficiency: Lack or absence
   • Syndrome: A condition with certain symptoms or illnesses
   • AIDS is a condition where the body’s immune system is destroyed by a virus. It has no cure and eventually kills the infected person. It can be controlled with drugs, but they are costly and not widely available.

3. Ask for 5 volunteers to conduct a role-play. Outside the room present the scenario below to the volunteers.
   • A group of people are sitting around discussing the following rumours about HIV and AIDS. In the course of the discussion, the correct information gets presented. The rumours are:
     • You can’t get HIV if you only have sex one time.
     • You can get HIV from kissing someone.
     • You can tell if someone is HIV positive by looking at them.
• Once you have become HIV positive you can feel it in your body.
4. Ask the volunteers to conduct the role-play above making sure that the correct information is discussed.
5. Ask students what specific behaviors can expose you to HIV. The following should be mentioned:
   • Having unprotected sex with an infected person
   • Sharing knives, needles, syringes (for circumcision or drug use)
   • Having a blood transfusion with infected blood (donated blood is now screened)
   • Mothers can pass the virus to their babies during pregnancy, childbirth, or through breastfeeding
6. Ask students whether HIV is easy or difficult to catch. If it is difficult, why? If it is easy, why?
7. Explain that HIV is different from most other communicable diseases because it is difficult to catch, because:
   • It does not pass through the air
   • We cannot catch it from being in the same room as an infected person
   • We cannot catch it by touching or hugging
   • We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person’s cup
8. Emphasize that we can choose not to become infected:
   • Abstaining from sex
   • Never having unprotected sex
   • Being faithful to one uninfect ed person
   • Never sharing needles or other equipment such as razors

*Risky and Non-Risky Behaviors (20 minutes)*
1. Tell the students they will have the chance to assess their own risk of being infected with HIV, if they do certain things. Read out loud the following questions, one by one. Before each statement, ask the students ‘If I do this, am I at risk of being infected with HIV?’ Ask volunteers to share their opinions and discuss with the group.
   • If you hug, kiss or massage your friend.
   • If you don’t protect yourself when handling blood.
   • If your sexual partner has sex with others.
   • If you drink beer or other kinds of alcohol.
   • If you are bitten by mosquitoes.
   • If you allow semen or vaginal fluid to touch your normal skin (not your mucus membranes around the penis, vulva, anus or the mouth).
   • If you have sex with more than one person.
   • If you or your partner has had an STI in the past.
   • If you share a razor with a person with HIV or AIDS.
   • If you only have sex with one partner.
   • If you live, work or play with a person with HIV or AIDS.
   • If you don’t always use a condom for sex.
   • If you don’t know if your sexual partner is HIV positive or has an STI.
• If you have injections, tattoos, or piercings.
2. Facilitate a discussion with the following questions:
   • Does knowing that some things are definitely or probably a risk worry you?
   • Did you learn any new information? Do you have any questions about any behaviors we did not list today?
   • If you were explaining information on risky or non-risky behaviors to a friend, what would you say first?

OPTIONAL ACTIVITIES
#1: HIV and AIDS situation in Kenya (15 minutes)
1. Ask students to describe the situation of HIV and AIDS in Kenya.
   • Some people still refuse to accept that the disease exists
   • There is no cure for it
   • It ends in death
   • It is killing people in their 20s, 30s, and 40s, when they are most productive
   • It kills couples and leaves many orphans
   • Because so many people are sick with the disease, the hospitals cannot cope
   • Even those who know about the disease have not changed their behaviors
   • The impact of HIV and AIDS affects everybody
2. Facilitate a discussion with the following questions:
   • Why is it that relatives of those who die of AIDS do not wish to talk about it?
   • Stigma: HIV is often associated with disgrace.
   • Are people generally reluctant to talk about HIV and AIDS? Why do you think so?
   • Fear of the disease and why people are afraid of it.
3. Explain that fear leads people to freeze, not think clearly, run away from things, get angry, and deny that it can happen to them or the people they love. Emphasize that there is no need to fear or be scared of AIDS because:
   • We know a lot about HIV and AIDS. We do not have a cure but we know what causes it.
   • We know that HIV and AIDS can be prevented by making healthy decisions and avoiding risky behaviors.
   • We know how people become infected with HIV and we know how to keep ourselves safe.

<table>
<thead>
<tr>
<th>Risky and Non-Risky Behaviors</th>
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<tbody>
<tr>
<td><strong>Definitely a Risk</strong></td>
</tr>
<tr>
<td>• Sharing needles for drug use</td>
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<tr>
<td>• Sharing needles for ear piercing</td>
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<tr>
<td>• Intercourse with multiple partners without condoms</td>
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<tr>
<td><strong>Probably a Risk</strong></td>
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<tr>
<td>• Being born to a mother who is HIV positive</td>
</tr>
<tr>
<td>• Getting a blood transfusion</td>
</tr>
<tr>
<td><strong>Probably not a Risk</strong></td>
</tr>
<tr>
<td>• Sharing a toothbrush</td>
</tr>
<tr>
<td>• Having sexual intercourse with a person using a condom</td>
</tr>
<tr>
<td>• Deep or French kissing</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED QUESTIONS
Dealing with Sensitive Questions
Young people today receive a lot of information from many different sources. An audience can misunderstand even the best messages. It is important that we as adults remain open to the questions of young people so that we can help them understand accurately. However, it is not always easy to answer some questions, especially on topics that are socially restricted. Teachers or parents who have the experience of receiving sensitive questions, such as those about the condoms, have some suggestions on how to respond. Some questions cannot be answered there and then and the adult might want to think a bit before they give an answer. But, do not leave the answer for more than a day, as young people will look for the answer somewhere else.

Sometimes it is better to answer the question with a colleague, parent or health specialist.

Even if a question is asked in front of the group, it might be best to answer it in a smaller group depending on what level of experience you believe the young people have.

Always, before you answer the question, find out what the young people already know or think is the answer. Then you can build on what they have told you and explain what they do not understand.

In your answer use the words the young people have used either in their question or when they have explained to you what they know. Be honest and ready to explain.

Where did AIDS come from?
No one really knows for sure where AIDS came from or how long it has been around. What is important to understand is that it affects people from nearly every corner of the world, regardless of their socioeconomic status, educational background or religious affiliation. It is having a huge impact on all societies and is draining the resources of families, communities and countries. AIDS is an issue that demands the attention of each and every one of us.
**What is the immune system?**

All human beings are born with an immune system to protect the body from disease. Some people have stronger immune systems than others. During a lifetime, a person’s immune system may be stronger or weaker at different times. The immune system is sometimes referred to as a defence system. In the way that a country’s defence system protects it from enemies, the immune system protects the body from diseases. The immune system works like an army by first detecting the enemy, then by sounding the alarm, and lastly by attacking the enemy. A healthy body has its own way to attack invading germs and viruses that make the body sick. The HIV virus works to weaken the body’s ability to attack other germs and viruses. Eventually the body becomes unable to fight off other diseases, which overwhelm the body and cause the HIV positive person to finally die.

**Can you pass the virus through kissing?**

There are no reported cases of people becoming infected with HIV just from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores in their mouths. People should use common sense and should wait until any sores or cuts have healed before kissing.
Can a person get HIV infection from a mosquito?
When mosquitoes bite someone they do not inject the blood of the previously bitten person into the next person. They use their saliva as a lubricant. Diseases like malaria are spread through mosquito saliva. HIV gets digested in the mosquito’s stomach before it can find its way to the saliva.

What is the ‘window period’?
Most common HIV tests do not detect HIV but the HIV antibodies produced by the human immune system. It is assumed that if a person has the HIV antibody, then the virus itself must be present. It can take as little as 6 weeks and as many as 18 weeks before the body has enough HIV antibodies to be detected by an HIV test. Until this time, tests will give a false negative result. The period between infection by HIV and the presence of enough HIV antibodies to be detected by an HIV test is known as the ‘Window Period’. Between 56 and 92% of HIV infections are believed to be transmitted during this period.

Does a person with HIV have AIDS?
One big difference between HIV and AIDS is that one is a virus and the other is a condition or syndrome. A person with HIV may or may not have AIDS. However a person with AIDS will always have HIV in the blood. An HIV positive person who does not yet have AIDS may feel and look perfectly healthy, have an active and effective immune system, can work and support his or her family. A person with AIDS may have the symptoms of various diseases which he or she has acquired such as TB, meningitis and cancer. A person with AIDS may be weak and thin and may feel sick. The immune system of a person with AIDS is rapidly growing less and less effective at protecting his or her body.

If a person tests negative for HIV does it mean they cannot catch it?
No. It only means they have not got it now or possibly that they have the infection and it is still in the window period. They can still catch it when they have unprotected sex.

Is there a cure for HIV?
There is still no cure for HIV. Many indigenous healers and unscrupulous people in many countries have claimed over the years to be able to cure AIDS. All their claims have proved false. We often hear of other people who have developed a cure for AIDS. People should be very cautious about claims that a ‘cure’ for AIDS has been discovered unless they have been medically proven.
Session 24
Other Sexually Transmitted Infections

Learning Objectives
By the end of the session, students will be able to:
1. Describe the most common sexually transmitted infections
2. Describe the ‘typical symptoms’ of common STI’s
3. Explain the treatment and management of STI’s

Time 60 minutes

BACKGROUND NOTES
What is a Germ? What is A Virus? What is a Bacteria?

Germ is tiny living organisms, or things, that cause disease when they enter the body. They are so tiny you cannot see them with your naked eye. Bacteria and viruses are both types of germs.

Viruses are the smallest germs known to man. In order to multiply, viruses must find a home inside a living organism, like a human cell. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, the common cold (homa) and HIV.

Many bacteria are useful, such as those that ferment beer or turn milk into yoghurt. However, many also cause disease in humans. Some diseases caused by bacteria include gonorrhoea, syphilis, meningitis, diarrhoea, pneumonia, and leprosy.

What are STI’s and how are they transmitted?
Sexually transmitted infections (STI’s) are infections transmitted by having unprotected sex with an infected partner. STI’s are some of the most common communicable diseases in Kenya, particularly among young people aged 15-29. The human immunodeficiency virus (HIV) is an STI that leads to AIDS, which is fatal. (See Module 6 for more information on HIV and AIDS).

In addition to HIV, there are more than 20 other diseases that can be sexually transmitted, including chancroid, chlamydia, gonorrhoea, genital herpes, the human papilloma virus, syphilis, and trichomoniasis, among others.

Many factors account for the growing number of people who have STI’s:
• Many more people live in or travel to large cities these days, separated from their families.
• In the rural areas, there are many opportunities to have sex, both casually and culturally.
• Many people are sexually active before marriage and have sexual intercourse with a greater number of people.

A sexually transmitted infection occurs when bacteria, viruses, or other disease-causing organisms pass from one person to another. STI’s can have devastating health consequences, including pelvic
inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and in some cases, death. In addition some STI’s can be transmitted to infants during pregnancy or birth.

It is possible to catch an STI even after only one act of sexual intercourse with an infected person. Some STI’s can no longer be treated successfully with the medicines that were used in the past, because the germs that cause the disease are now resistant to the medicines. For these reasons, STI’s are becoming more common in many areas.

**Why are girls more at risk for STI’s including HIV?**
Women are at higher risk for STI’s than men for several reasons. Differences in their bodies make detection more difficult in women, infection has more serious consequences for women than for men, the risk of transmission is greater from man to woman, and many women have little power to protect themselves in sexual situations. Additionally, because a man’s sexual fluids stay inside a woman’s body after sex, she is more likely to get an infection. Younger girls are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

**Signs and Symptoms of STI’s**
Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are often no signs that they have the disease. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms (for example, an increase in the amount of fluid produced in the vagina) are mistaken for side effects of pregnancy itself. Sometimes it is necessary to examine samples of a woman’s blood or vaginal discharge to find out if she has an STI, and which type of STI she has. For this reason, it is important to recognize the signs of an STI and to visit a doctor as soon as possible if you see any of the signs or suspect that you have been exposed to an STI.

Risk factors for STI’s include:
- Having a partner with an STI
- Having more than one partner
- Having had a new partner during the last three months
- Suspecting a partner has other partners

Many STI’s can be cured or treated. A health provider will give medicine to a person who has been diagnosed with an STI. It is essential that a person with an STI finish all the medicines that the health worker gives and not engage in unprotected sex until the health worker says they are cured. If a person finds out that they have an STI, they should also make sure that their partner (or partners) goes for treatment as well.

**STI prevention**
The only completely effective preventive measure is to abstain from oral, anal, and vaginal sexual intercourse. Contact with another person’s body fluids can result in STI infection. Condoms can protect against many, but not all, STI’s.
Men can play a particularly important role in preventing STI’s by maintaining a monogamous relationship or using condoms to protect their partner and themselves. Maintaining a mutually monogamous relationship - one way of preventing STI’s - requires the commitment of both partners. Men can show respect for their partners’ health by limiting their sexual relations to one partner.

**INSTRUCTIONS**

Sexually Transmitted Infections, Symptoms, and Prevention (60 minutes)

1. Divide the students into groups. Give each group a sheet of paper and pen. Ask students to write down ways of knowing that you have got an STI, ways in which you see the infection in your body and ways in which you feel it. How do these STI’s differ for men and women? Do they know any names for these infections? They can suggest commonly known names or medical names. How do we get STI’s?

2. Call everyone back into the main group and ask someone from each group to present their discussions. Does everyone agree? Are there any other ways of telling if you have an STI?

3. Make sure the group covers the following ideas:
   - Seeing: a sore on penis, vagina or opening of vagina (or any part of the body near by), pus coming from penis, seeing brown insects slowly moving in pubic hair and small white eggs on hairs (pubic lice), end of penis being red, small cauliflower-like growths on or near the genitals (men and women), swollen glands at the top of the legs (men and women), heavy and smelly discharge on a woman’s panties.
   - Feelings: Itchiness inside vagina or itchy pubic hair (men and women), burning pain when passing urine and feeling like you have to urinate the time (men and women), pain in the womb and lower part of the abdomen, sometimes also with fever, pain when having sex, and painful swollen testicles.
   - Names: The students will definitely know some names, these may be medical, such as syphilis or gonorrhoea, or these may be street names (Dafrau, radi, moto, break).

Unfortunately STI’s often have no obvious signs, particularly in women, which is why they are so easy to catch and pass to others. Many people only discover that they have an STI when they are told by a partner, or are examined by a doctor for the cause of infertility or when they have a routine syphilis test in pregnancy.

Make sure students understand that not all of these signs mean that someone has an STI. For example it burns when you pass urine when you have any type of urinary infection, you may get swelling at the top of your leg if you have a nasty infected cut or sore on the leg, and women can get itching in their vagina and a thick discharge which looks like sour milk from yeast infections which are not sexually transmitted.

4. Ask students to list ways to prevent STI’s and what someone should do if he or she thinks that they have an STI. Record their answers on a flipchart or on the board. Ask student to think about why people often do not go for treatment and why they often stop their tablets before they are finished.
• The only way to be sure you do not catch STI’s is to abstain from sexual activity or to practice safer sex by using a condom when you have sexual intercourse. Condoms can protect against most, but not all STI’s.
• It is very important that we get treatment as soon as we think we may have an STI or if a sexual partner tells us that he or she has an STI. We should first go to a health centre or hospital for treatment. It is not possible to treat yourself. It is also important to take all of the medication given by the health provider.
• It is important to emphasize that in order to be properly treated we must make sure that we tell our girlfriends or boyfriends and ensure that they are treated too. Otherwise we will catch the STI from them again later on.
• There are many negative consequences of getting an STI. If STI’s are not treated a man or woman may become infertile, if a woman gets pregnant she may miscarry or her baby may die, and they may give it to others. If a person has an STI and has sex with someone who has HIV, he or she is much more likely to be infected with HIV than a similar person who did not have an STI. Sores or wounds caused by the STI make it easier for HIV to be transmitted.

5. Remind students that STI’s:
• Can affect both sexes
• A person can get an STI even after a single unprotected sexual act with an infected partner. The more a person exposes him or herself, the more likely he or she is to get infected No one is immune to STI’s
• One cannot tell if a person has an STI just by looking at him or her as she or he will probably look normal
• There are no vaccines or immunity against these infections

**Signs and Symptoms of STI’s**
Any of the following can indicate to a person who has had sexual intercourse that she or he may have an STI and should consult a doctor or clinic:
• Redness or soreness of the genitals
• Pain at urination or cloudy or strong-smelling urine
• A sore or blisters or on or around the genitals, near the anus, or inside the mouth
• Excessive itching or a rash
• Abdominal cramping/pain
• A slight fever and an overall sick feeling
• A sexual partner with symptoms

**Note:** Both men and women can have an STI without physical symptoms. However, women are more likely to be symptom free. The complications from STI’s are more severe in women than in men.

**STI Prevention**
The only completely effective preventive measure is to abstain from oral, anal, and vaginal sexual intercourse. Contact with another person’s body fluids can result in an STI. There are several ways to reduce the risk of STI’s when having intercourse.
For the greatest protection: use a condom for every act of sexual intercourse. Use a moisture barrier, such as a dental dam, cut-open latex condom or plastic, when having oral intercourse with a female partner.

For minimal protection: Inspect your partner’s genitals, wash your genitals after sexual intercourse, use contraceptives such as foams, jellies, and creams, limit your sexual partners to one person, avoid partners who have sex with other partners, talk to your partner about his/her sexual habits, drug use, and health. Get tested for sexually transmitted infections with your partner if you have worries or suspicion.

*If you have an STI*
Seek medical treatment immediately and complete your treatment. Do not share your medicine with a partner or anyone else.

- Inform your sexual partner(s).
- Strongly encourage your partner(s) to get treatment.
- Abstain from sexual contact while infectious.
- Abstain from sex or protect yourself every time you have sex.
### STI Symptoms and Consequences

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<tr>
<th>STI</th>
<th>SYMPTOMS</th>
<th>CONSEQUENCES</th>
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<tbody>
<tr>
<td>HIV and AIDS</td>
<td>- Symptoms begin several months to years after infection and may include:&lt;br&gt;- Persistent tiredness&lt;br&gt;- Loss of over 10% of body weight you share a needle.&lt;br&gt;- Persistent diarrhea&lt;br&gt;- Persistent fever</td>
<td>- There is no cure.&lt;br&gt;- You can give HIV to your sexual partner or someone with whom&lt;br&gt;- Can be passed from pregnant woman to her unborn child</td>
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<tr>
<td>Gonorrhea</td>
<td>- Symptoms begin 2-21 days after infection&lt;br&gt;- Discharge from penis or vagina&lt;br&gt;- Pain/burning sensation during urination or bowel movement&lt;br&gt;- Difficulty urinating&lt;br&gt;- Lower abdominal pain (pelvic area)&lt;br&gt;- Most women and some men have no symptoms</td>
<td>- Damage to reproductive organs&lt;br&gt;- Sterility&lt;br&gt;- Blindness in babies of infected mothers&lt;br&gt;- You can give gonorrhea to your sexual partner&lt;br&gt;- Heart trouble, blindness, skin disease, arthritis</td>
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<tr>
<td>Syphilis</td>
<td><strong>1st Stage</strong>&lt;br&gt;Symptoms begin 1-12 weeks after infection&lt;br&gt;- Painless, open sore on the mouth or sex organ&lt;br&gt;- Sore goes away after 1-5 weeks <strong>2nd Stage</strong>&lt;br&gt;- Symptoms begin 1-6 months after sore appears:&lt;br&gt;- Non-itchy rash on the body&lt;br&gt;- Flu-like symptoms</td>
<td>- Increased risk of ectopic pregnancy&lt;br&gt;- You can give syphilis to your sexual partner&lt;br&gt;- Heart disease, brain damage, blindness, death&lt;br&gt;- Can be passed from pregnant woman to her unborn child</td>
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<tr>
<td>Herpes</td>
<td>Symptoms begin 2-30 days after Infection&lt;br&gt;- Painful blister-like lesions on or around the genitals or in anus or mouth&lt;br&gt;- Flu-like feelings&lt;br&gt;- Itching and burning around the sex organs before the blisters appear&lt;br&gt;- Blisters last 1-3 weeks&lt;br&gt;- Blisters disappear but the individual still has herpes&lt;br&gt;- Blisters may recur</td>
<td>There is no cure for herpes&lt;br&gt;- Recurring outbreaks of painful blister occur in 50% of those who contract herpes&lt;br&gt;- May be transmitted to sexual partner&lt;br&gt;- May be transmitted to a baby during childbirth.&lt;br&gt;- May increase the risk of cervical cancer</td>
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<tr>
<td>STI</td>
<td>SYMPTOMS</td>
<td>CONSEQUENCES</td>
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<td>Chlamydia</td>
<td>Symptoms begin 7 - 21 days after Infection - Discharge from the sex organs - Burning or pain while urinating - Unusual bleeding from the vagina - Pain in the pelvic area Most women and some men have no symptoms</td>
<td>- You can give Chlamydia to your sexual partner - Damage to reproductive organs - Sterility - Passed from mother to child during childbirth</td>
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<tr>
<td>Genital Warts</td>
<td>Caused by the human papillomavirus (HPV) - Small painless fleshy bumps on and - Inside the genitals and throat. - Often no visible symptoms</td>
<td>- Some strains are associated with cervical cancer and these strains may not produce visible warts - Can be detected by Pap smear during gynecologic exam - Can be removed by physical or chemical means but virus cannot be cured and warts often reappear.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Spread by sex, exposure to infected Blood and to child during pregnancy or delivery - Mild initial symptoms; headache and fatigue - Later symptoms: dark urine, abdominal pain, jaundice - Often no visible symptoms</td>
<td>Can develop chronic liver disease. - Causes inflammation of liver and sometimes leads to liver failure and death - No cure</td>
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Session 25:
Facts and Myths about STI’s

Learning Objectives
By the end of the session, students will be able to differentiate between facts and myths about STI’s

Time 50 minutes

BACKGROUND NOTES
Adolescents may think they are too young or too sexually inexperienced to get STI’s. They may also think they are not at risk, because they incorrectly believe that STI’s only occur among people who are promiscuous or who engage in ‘bad’ behaviors. You can play an important role in helping them learn about the myths around STI’s.
Young people are particularly vulnerable to STI’s and resulting health problems because:

- They lack information about how to prevent STI’s.
- They are less likely to seek proper information or treatment due to fear, ignorance, shyness, or inexperience.
- The risk of acquiring an STI is greater at first exposure.
- Adolescent females are more susceptible to infections than older women due to their immature cervices.
- Early sexual experience can result in trauma to vaginal tissue, increasing adolescent women’s vulnerability to STI’s.
- Adolescents who begin sexual activity early are likely to have a greater number of lifetime sexual partners.

Other risk factors for STI’s are:

- Unprotected sex (without a condom)
- Sex with multiple partners
- Having a partner with STI symptoms
- Sex with a new partner or more than one partner in the last three months
- Sex with strangers or sex in exchange for money
- Vulnerability to sexual violence, coercion, and abuse
- A history of STI’s or pelvic inflammatory disease (PID)

INSTRUCTIONS
Facts and Myths (50 minutes)
Divide students into groups and have each group sit together. Explain that they are going to play a game. Each team will be read a statement (from the list below) and they must answer it. The team must decide whether the statement is true or false (1 point for a correct answer). The team must explain why the statement is true or false (1 point for a correct answer). If the answer or explanation is incorrect, another team can try for an extra point. Continue with the remaining statements in the handout. When the game is over, announce the points and winning team.
1. A person can always tell if she or he has an STI.
   • **False**. People can and do have STI’s without having any symptoms. Women often have STI’s without symptoms because their reproductive organs are internal, but men infected with some diseases like Chlamydia may also have no symptoms. People infected with HIV generally have no symptoms for some time, even years, after infection.

2. With proper medical treatment, all STI’s except HIV can be cured.
   • **False**. Genital Warts and Herpes, STI’s caused by viruses, cannot be cured at the present time.

3. The organisms that cause STI’s can only enter the body through either the woman’s vagina or the man’s penis.
   • **False**. STI bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and in some rare cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared needles. It can also be passed from mother to child during pregnancy, delivery or through breast-feeding.

4. Women who have regular Pap smears will find out if they have the most common STI’s.
   • **False**. A Pap smear is a test specifically designed to detect the pre-cancerous cells that can become cervical cancer. It will detect HPV or a yeast infection, but it will not indicate the presence of other STI’s.

5. You cannot contract an STI by masturbating, or by holding hands, talking, walking, or dancing with a partner.
   • **True**. STI’s are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal, or vaginal intercourse with a partner who is infected.

6. Practicing good personal hygiene after having intercourse should be encouraged.
   • **True**. While personal cleanliness alone cannot prevent STI’s, washing away your and your partner’s body fluids right after intercourse is good hygiene. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

7. It is possible to contract some STI’s from kissing.
   • **True**. It is rare, but possible to be infected by syphilis through kissing if the infected person has small sores in or around the mouth. The herpes virus can be spread by kissing if sores are present. However, there are no known cases of HIV being spread by kissing.

8. The most important thing to do if you suspect you have been infected by an STI is inform your partner.
   • **False**. The most important thing to do is to seek immediate medical treatment. Symptoms of an STI may never appear, or may go away after a short time, but the infection continues inside the person’s body. Once medical treatment is begun, the person or a health care provider can inform sexual partners. In the meantime, it is also important for the infected person to abstain from any sexual contact until the treatment has been completed.

9. Only people who have sexual contact can contract an STI.
   • **False**. Babies can contract STI’s such as herpes, gonorrhoea, and HIV in the uterus or during delivery or breastfeeding.

10. Condoms are the most effective safeguard against spread of STI’s.
• False. Abstinence from sexual intercourse is the best way to prevent the spread of STI’s. Condoms are the next best thing, but only abstinence is 100 percent effective.

11. A woman using oral contraceptives should still insist that her partner use a condom to protect against STI’s.
• True. Oral contraceptives do not prevent STI’s, so a condom would be necessary for protection unless both partners know they are faithful to one another and are currently infection-free.

12. Abstinence is the only method of contraception that is 100% risk free.
• True. Avoiding sexual intercourse of any kind is the only way to absolutely avoid pregnancy or an STI.

13. Once you have had gonorrhoea, you cannot get it again.
• False. A person can get gonorrhoea as many times as he or she has sex with an infected person. It is important therefore that anyone who is treated for gonorrhoea or any other STI make sure that his or her sexual partner be treated as well.

14. There is still a significant risk of HIV transmission with condoms, since the pores in the condoms are large enough for the virus to pass through.
• False. Some research groups have reported inaccurate research findings that suggest HIV can pass through condoms, but it is not true. Condoms have been dipped in latex twice and the HIV virus is too big to pass through any pores. There is a strict manufacturing process that is adhered to in making condoms.

15. There is no known cure for genital herpes.
• True. While there are drugs available to alleviate the symptoms of genital herpes, there is no cure for the disease.

16. Condoms have been laced or coated with the HIV virus that causes AIDS.
• False. Condoms are scientifically tested by the companies that manufacture them. There is strict quality control. Many more people who use condoms would have already become sick or died if condoms had HIV inside them.

17. You will not get HIV if your girlfriend or boyfriend is clean.
• False. A person’s risk of HIV cannot be determined by looking at a person and checking her or his reputation. Some people get HIV when they have only had sex once or with one partner.

18. It is women who are spreading HIV and STI’s.
• False. Both women and men may have HIV and may pass it to their sexual partner. Our society often blames women for spreading sexually transmitted infections, but a woman will only catch an STI from a man.

19. Having sex with a virgin cleans a man of HIV and cures him.
• False. This is no cure for HIV. Having sex with a virgin only risks giving HIV to that person and will not cure the man.

20. If you have unprotected sex with a person who has HIV you will definitely catch it.
• False. Not everyone who has unprotected sex with someone with HIV will catch it. Some people can stay in a relationship with a person who has HIV for a long time and not catch it, others catch it the first time they have sex with someone who is infected. Catching HIV is
always a risk but it is important not to assume that just because a person’s partner has HIV that they will have it too.

21. STI’s are caused by a curse from God.
   • False. STI’s are caused by germs, which are transmitted during sexual contact and can be prevented by safe sex practices.

B. Conclude the activity with a discussion around the questions below:

   • What are the signs and symptoms of STI’s? *(Answers include: redness or soreness of the genitals, pain when urinating (mostly with men), strong smelling or cloudy urine, unusual discharge from the penis or vagina, sores or blisters on or around the genitals, mouth or anus, a sexual partner with symptoms)*
   • What are the two most effective ways to avoid STI’s? *(Answers should include: abstain from sexual intercourse of any kind, use condoms every time you have intercourse or be faithful to one faithful partner)*
   • What three things should you do if you are worried that you have been infected with an STI? *(Answer should include: seek medical treatment right away, inform your sexual partner (s), and abstain from sexual contact until there is no evidence of infection)*
   • How could you bring up using condoms if you were to have sexual intercourse with a partner you cared about?
   • How would you feel if your partner brought up condom use when you were about to have sex? What would you say to him or her?
   • What would be most difficult about having an STI?
Appendix 1

Condoms

It is the policy of the Ministry of Education, Science and Technology to promote abstinence to all students. The following session is for teachers to use as a reference. It is important for teachers to be knowledgeable about condoms and condom use so that they are able to provide guidance to individual students who have already made the decision to become sexually active and answer any questions students may have. The following activities should only be done with older adolescents (15 years and above) outside of school.

Learning Objectives

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

1. Understand how to use a condom correctly and consistently
2. Negotiate condom use with a partner
3. Understand how to use a female condom

Materials Required

- Cards with male responses for ‘He said, She said’ activity

Time 130 minutes

BACKGROUND NOTES

Condoms

Abstinence is the best and only certain way to prevent HIV infection and unwanted pregnancy. However, if young people have decided to have sexual intercourse and are sexually active, they should have information about how to use condoms correctly to reduce, but not eliminate the risk of HIV transmission. Using condoms correctly for every act of sexual intercourse can significantly reduce the risk of HIV transmission, STI’s, and unwanted pregnancy.

There are currently two types of condoms available for use: a male condom and a female condom. A male condom is a soft, tube-like sheath made out of latex (a type of rubber) that is put on a man’s erect penis before sexual intercourse. When the man ejaculates, the sperm is deposited in the condom. Because the sperm is collected in the condom, there is no contact between the man’s and the woman’s body fluids and this reduces the risk of STI’s, including HIV, and unwanted pregnancy.

A female condom is a plastic pouch that covers the cervix, the vagina, and part of the external genitals. A woman uses the female condom during intercourse to prevent HIV, STI’s, and unwanted pregnancy. The female condom is a relatively new form of contraception, which is still not available in many areas. It is a thin polyurethane (a kind of plastic) sheath with two flexible rings, one attached to each end. One ring, at the closed end of the sheath, is placed inside the woman’s vagina similar to the way a diaphragm would be inserted, and serves as an anchor. The other ring at the open end of the sheath stays outside the vagina and partially covers the lips of the vagina. It is used once and then thrown away. The condom catches the man’s sperm so that it does
not enter the vagina. Many men and women are afraid to use condoms because they do not know how to use them or because they are uncomfortable or worried about talking with their partner about using them. There are many excuses people use to not use a condom. For example, a man may tell a woman that she should trust him, and that she has nothing to worry about. He might try to make her feel guilty by asking her why she does not trust him, whether she thinks he has other girlfriends, or whether she thinks that she is infected with HIV. It is important to remember that either person could have an STI or be infected with HIV from a previous relationship without noticing any symptoms. Therefore, it is in everyone’s best interest to use condoms. Condoms offer protection to both people involved. Using a condom is a sign of trust, respect, and caring for your partner.

**Correct and Consistent Use**
To be effective, condoms must be stored properly and used correctly for every act of intercourse. Most condoms are effective in preventing STI’s that are transmitted through body fluids including HIV, gonorrhoea, and chlamydia. They are less effective against STI’s that are transmitted through skin-to-skin contact like genital herpes or warts because the condom may not cover the entire affected areas.

Most condoms in the market are latex. Condoms made of natural products such as sheepskin are effective as contraceptive methods but do not prevent HIV or other STI’s.

Condoms can break, leak and slip. Condom failure can be caused by not being used correctly, or can result from manufacturing defects or poor storage conditions. All condoms are tested in the factory for defects to reduce the risk of breaking. Even accounting for these failures, condoms provide the best protection against HIV and other STI’s after abstinence.

Some important facts about condoms include:
- No penis is too big or too small for a male condom. Male condoms can even be stretched to fit over a forearm.
- Asking a partner to use a condom does not mean you do not trust your partner. You are making a responsible statement about both your futures by using condoms.
- HIV cannot pass through LATEX or RUBBER condoms; however, the virus can pass through sheepskin or animal skin condoms.
- Most condoms are lubricated. However, if extra lubrication is desired, use a water-based lubricant such as KY jelly. Water and saliva are good substitutes. Never use any lubricant that is oil or petroleum based like Vaseline, Valon or any other petroleum jelly in the market. This will immediately start to weaken the rubber, and the condom can break.
- Condoms are tested in the factory. They probably will not break with proper storage prior to use. Keep them away from heat or sunshine. Never leave condoms on a windowsill or in a wallet in your back pocket that you sit on continuously. All these places will cause the condom to tear or lose its lubrication.
- There is a correct way to use condoms. Emphasize that using a condom incorrectly may lead to pregnancy or infection with a disease.
Steps in using a condom are:
- Discuss condom use with partner.
- Have condoms with you.
- Have an erection.
- Check expiry date and open the condom wrapper carefully (do not use teeth, nails, or other sharp objects).
- Squeeze out the air from the tip of condom while rolling the condom down the shaft.
- Roll condom on erect penis all the way down to the base of the penis.
- Have sexual intercourse.
- Ejaculate.
- Withdraw penis from partner, holding on to condom at base of penis so it does not fall off.
- Be careful not to spill semen.
- Remove condom from semen away from partner.
- Penis gets soft.
- Dispose of condoms in a place outside of children’s reach (pit latrine, dustbin, or burn it). Never flush a condom down a toilet.
- Open another condom (if you have sex again). Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or start to have sex again.

**INSTRUCTIONS**

*He Said, She Said: Role Play (60 minutes)*

Create the ‘response to condom’ cards with the following responses:
- What’s that?
- What for?
- I don’t like using them.
- It doesn’t feel as good.
- But we’ve never used a condom before.
- Don’t you trust me?
- I’ll pull out in time.
- I thought you said using condoms made you feel cheap.
- Condoms aren’t romantic.
- It just isn’t as sensitive.
- I don’t stay hard when I put on a condom.
- Putting it on interrupts everything.
- But I love you.
- I guess you don’t really love me.
- We’re not using a condom, and that’s it.

1. Explain that in this activity we will explore negotiation skills using role-plays. In each role-play, one person will play the male, and the other a female part of a couple. The female’s task is to
persuade the male to use a condom. The male will be given a card containing a line that he must say when the female tries to introduce the condom into the conversation.

2. Select two students at random, and ask them to choose a male role and a female role. Give one of the cards to the male (or read one of the responses), and ask them to perform a skit lasting between 3 and 4 minutes, showing a successful condom negotiation.

3. After the role-play, have a brief discussion with the students about their reactions to the quality of the role-play, the realism, and the effectiveness of the negotiation strategy. Ask them what did you see? What did you hear the two characters say? Does this happen here in our community? What else could she/he have said to strengthen the negotiation? Ask them to suggest ways the negotiation could have been improved.

4. Repeat steps 2 and 3, using different cards for each. Switch so that for some role-plays boys are trying to convince girls to use condoms and in other role-plays it is girls trying to convince boys. Continue with additional role-plays for the time allotted.

5. Ask students which of the role-play situations are common in real life. Which strategies have been most successful in real life? Are there any situations in which negotiation is not possible? What are the woman’s options in such cases? Note: Someone may mention the option of a female condom. If not, the teacher should introduce it, and say that will be discussed next.

**Using condoms correctly: Group Exercise (50 minutes)**

1. Ask for volunteers to come forward and give each one a piece of paper onto which you have written the following points (mix up the order first).
   - Check expiry date or date of manufacture
   - Discuss condom use with partner.
   - Have condoms with you.
   - Have an erection.
   - Check expiry date and open the condom wrapper carefully (do not use teeth, nails, or other sharp objects).
   - Squeeze out the air from the tip of condom while rolling the condom down the shaft.
   - Roll condom on erect penis all the way down to the base of the penis.
   - Have sexual intercourse.
   - Ejaculate.
   - Withdraw penis from partner, holding on to condom at base of penis so it does not fall off.
   - Be careful not to spill semen.
   - Remove condom from penis away from partner.
   - Penis gets soft.
   - Dispose of condoms in a place outside of children’s reach (pit latrine, dustbin, or burn it). Never flush a condom down a toilet.
   - Open another condom (if you have sex again). Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or start to have sex again

2. Ask each student holding a card to read and display it to the group. Tell the volunteers to form a line in the correct order (shown above) so that their phrases describe the step-by-step process of correct condom use. Let them discuss and shuffle about. Ask the rest of the group to
Female Condom (20 min)
1. Ask students what are a woman’s options for protecting herself and her partner when a male partner refused to use a male condom? Allow students to share their views. Note: If the idea of using a female condom does not come from the students, the teacher should introduce it.
2. Ask students what they know about female condoms, using the following questions as a guide:
   - How are female condoms different from male condoms?
   - Are female condoms available in Kenya?
   - How are female condoms supposed to be used?
   - What are the advantages of the female condom?
   - Is a female condom preferable to a male condom for protection?
   - What is the cost of a female condom?
   - What are the disadvantages of a female condom?

OPTIONAL ACTIVITIES
#1 Condom Demonstration
1. Demonstrate proper condom use with a penis model (broom handle, test tubes, or bottle). Follow these steps, explaining what you are doing at each step:
   - Check expiry date and open the condom wrapper carefully (do not use teeth, nails, or other sharp objects)
   - Squeeze out the air from the tip of condom while rolling the condom down the shaft
   - Roll condom on erect penis all the way down to the base of the penis
   - Remove condom from penis away from partner
   - Dispose of condoms in a place outside of children’s reach (pit latrine, dustbin, or burn it). Never flush a condom down a toilet.
   - Open another condom (if you have sex again). Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or start to have sex again
2. Divide the group into pairs and give each pair a condom and a penis model. If you do not have a penis model, use a broom handle, test tubes, or bottles. Ask the pairs to take turns demonstrating and explaining how to use the condom correctly.
3. Facilitate a discussion with the following questions:
   - How easy or difficult was it to demonstrate condom use?
   - How do men feel when they get or buy condoms? What about women?
   - What would you say to a friend who said it was not cool to get and use condoms?
   - Which behavior is more comfortable, having unprotected sex and risking STI’s, HIV, and pregnancy or using a condom?
#2 Female Condom Demonstration
Pass around female condom packs, and ask students to follow you step by step as you open it. Take the following steps:

- Check the expiry date.
- Show students how to locate the notch along the edge that makes it easy to open the packet.
- Tell students that nothing sharp, like nails or a knife, should be used to open the packet, to avoid accidentally tearing the condom.
- Open the packet and take out the condom.
- Point out that one end is closed, and the other open. Point out that there are two rings: the outer ring at the open end, and the inner ring near the closed end.
- Explain that the inner ring is meant to be inserted into the vagina, and the outer ring is to remain outside.
- Distribute the Female Condom pamphlet, and using the diagrams on it, explain step by step how to insert the female condom.
Frequently Asked Questions about Male Condoms

What are male condoms made of?
Male condoms are made of latex, polyurethane, or natural animal membranes.

What condoms are recommended for preventing HIV transmission?
Only latex condoms are recommended for HIV prevention.

Is wearing two condoms safer than wearing one?
Wearing two condoms is not safer than wearing just one. The friction between the two condoms could cause them to tear.

How long does a latex condom last?
Latex condoms expire 5 years after the date they are manufactured, unless they are packaged with spermicide. Latex condoms with spermicide expire after 3 years. Always check the expiry date before using a condom.

Should circumcised men use condoms in the same way as uncircumcised men?
Men who are not circumcised should push their foreskin back before putting on a condom. By pushing back the foreskin before putting on a condom, uncircumcised men can allow the foreskin to move without breaking the condom.

How should condoms be disposed of?
After use, condoms should be thrown away. Used condoms can be burned, buried, or wrapped in tissue and placed in a closed container or pit latrine. Do not flush down a toilet. Never reuse a condom.

How effective are condoms in preventing HIV infection?
Even in couples where one partner is infected with HIV, if they use condoms correctly and consistently the HIV infection rate is less than 1 percent a year. In couples where one partner is infected with HIV and if they do not use condoms consistently the HIV infection rate is about 1015 percent a year.
How to Use a Male Condom
Frequently Asked Questions about Female Condoms

What are the female condoms made of?
The female condom is made of a thin plastic called polyurethane, which is stronger than rubber or latex used in male condoms.

What is the purpose of the soft rings inside the female condom?
The ring at the closed end is used to insert the female condom inside the vagina and hold it in place during sex. The ring at the open end stays outside the vagina and is where the penis enters during intercourse.

Are there any side effects from using the female condom?
The female condom has no side effects.

Why is the female condom bigger than the male condom?
The female condom is wider than the male condom, but it is the same length. This is so it will stick to the vaginal wall during intercourse. Many men report they like this width because it does not constrict the penis.

How many sizes do female condoms come in?
The female condom comes in only one size and will fit all women.

Can I use the female condom without my partner’s knowledge?
Some women have reported using the female condom without their partners’ knowledge. However, in most cases the female condom requires communication with and cooperation from a woman’s partner.

Can I use more than one female condom to increase the effectiveness?
Only one female condom should be used at a time. Using more than one can cause them to move out of place or break.

When am I supposed to insert the female condom?
The female condom can be inserted right before sex, or up to eight hours before. Most women insert it 2 to 20 minutes before actually engaging in sex.

Can a couple use the male and female condoms at the same time?
No. If you use the male condom and the female condom at the same time, neither will work properly. If either the female condom or the male condom is used properly and carefully, no additional barrier is necessary.

Can I use the female condom during my period?
The female condom can be used when you have your period. However, it should be inserted right before intercourse.

Can the female condom get lost in the vagina?
The outer ring holds the female condom in place even with intense movements. But if the female condom does get inside, it can be removed easily with two fingers and a new female condom should be used.

How do I remove the female condom?
The female condom should be taken out before the woman stands up to avoid the semen spilling out. The outer ring should be twisted, to seal the condom so that no semen comes out and then gently pulled out.

How do I dispose of female condoms?
Female condoms can be disposed of in the same clean and private way as sanitary pads. The female condom can be wrapped in the packet it came in or in tissue and then disposed of in waste containers or pit latrines, or burned. It should not be placed in a toilet.

**What kind of lubricant can I use with the female condom?**

You can use water or oil-based lubricants with the female condom. The female condom is made from a thin plastic (polyurethane), so oil-based lubricants will not damage it.
How to use a Female Condom
Appendix 2
Other Ways to Prevent Pregnancy

It is the policy of the Ministry of Education, Science and Technology to promote abstinence to all students. The following session is for teachers to use as a reference. It is important for teachers to be knowledgeable about contraceptive methods in order to be able to answer students’ questions and to be able to provide guidance to students who are already sexually active.

Learning Objectives
By the end of the session, students will be able to:

1. Explain some of the methods for preventing unwanted pregnancy
2. Identify myths about sexual intercourse and conception

Time 130 minutes

BACKGROUND NOTES
As you begin to talk with adolescents, you may find your goals are different from the goals of the young person. You may want to encourage adolescents to delay sexual activity, but young people may already be sexually active when you begin presenting this material. It is important to guard against letting personal biases influence professional behavior. You can play an important role by supporting and encouraging young people to make their own decisions and good choices for their future, based on their knowledge and reproductive goals.

Adolescents can safely use any contraceptive method. However, while all methods are medically safe for young people, some may be more appropriate than others. Sterilization is not recommended for young people because it is permanent and because the younger the client, the stronger the likelihood of regret.

What is contraception?
Contraception means preventing pregnancy. A contraceptive is a drug, device, or a method used to prevent pregnancy or reduce the chances of getting pregnant without avoiding sexual intercourse. There are many different contraceptive methods. Most are reversible; that is, a woman is able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman cannot become pregnant ever again. All methods are designed to work in one of two ways: either they prevent the man’s sperm and the woman’s egg from coming together, or they prevent the fertilized egg from implanting in the womb. Contraception allows women and men to determine the number and spacing of their children freely and responsibly.
**Contraceptive Choices**
A variety of family planning methods exist, including condoms, implants, injectables, IUDs, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, voluntary surgical sterilization, and withdrawal.
Each of these has their advantages and disadvantages. Some provide temporary contraceptive protection while others are permanent. Some, such as the male and female condom, protect the user against sexually transmitted infections while others do not. Some are for women and some for men. Some must be used at the time of sexual intercourse, while others can be used independently of intercourse.

Some contraceptive methods are highly effective at preventing pregnancy, while others are only moderately effective. Effectiveness is closely linked to correct and consistent use for some methods, such as condoms, injectables, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, and withdrawal. Health workers can help clients use their chosen methods effectively by providing information on correct method use and counselling about issues that may prevent consistent use, such as how to talk to a partner about condoms.

**Men’s Responsibility in Family Planning**
The involvement of men in sexual and reproductive health is crucial, both in their willingness to use ‘male methods’ of contraception and their role in contraceptive decision-making. Men can participate in family planning by sharing in decision-making about contraceptive use. Men can take responsibility for using some methods of contraception and can support their partners in using other methods. Although the overwhelming majority of contraceptive methods are designed for use by women, a few require the active cooperation of men. Methods that require active participation by men include male and female condoms, vasectomy, natural family planning, and withdrawal. Men also can participate in women’s use of other methods. For instance, men can help their partner remember to take the pill everyday or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic and paying for family planning methods and services.

**Teaching Contraception**
Keep the following suggestions and guidelines in mind as you begin to teach this material:
The subject of contraception is a sensitive one for many. Teaching contraceptive information to adolescents can be controversial. Some adults believe young people should not have sexual intercourse and they fear that giving them information about contraception encourages young people to experiment sexually. There is no evidence to suggest that teaching this material causes young people to have sexual intercourse. In fact, studies from many countries show that good family life education classes actually postpone or delay sexually activity.
Do not assume that anyone in the group is having sex or that no one in the group is having sex. Make it clear that since most people have sexual intercourse at some point, it is important to know about contraception.
Always present abstinence as the most effective and most appropriate method of contraception for young people. Stress that when young people do choose to have sexual intercourse, they have a responsibility to themselves, their partner(s), and future children to keep themselves safe from unintended pregnancy and disease. Make it clear that unprotected intercourse is neither safe nor smart.

Always keep the diversity of religious and cultural values in mind. As you talk about making decisions about contraceptives, remind students that couples must always consider their personal, family and religious values.

Use the third person. For example, say things like ‘If a couple goes to a family planning clinic….’ or ‘when two people decide to have intercourse…’ Refrain from saying ‘If you decide…..’ or ‘When you go to a family planning clinic’.

Keep your personal values regarding contraception out of the discussion; Provide factual information about all the different methods and continue to reinforce the concept that people who choose to have sexual intercourse should act responsibly and use contraception.

Do not share your own personal experience with contraceptive use. You can say things like ‘Many women (couples, men) who use this method find…’ or ‘One of the problems I’ve heard about it is….’ Sharing personal sexual experience with the group is inappropriate.

**INSTRUCTIONS**

*Methods of Contraception (60 minutes)*

1. Ask students to brainstorm all the methods they have heard of for preventing pregnancy. Write these on the blackboard. If they mention traditional methods such as the calendar method or using lemon juice, ask the person suggesting it to explain how it is used. Refer to the tables below to be sure each of the methods were listed.

2. Divide students into pairs and assign each pair one of the medical methods of contraception. Ask each pair to discuss what they know about the method and how it is used, how effective it is, and whether it would be appropriate for an adolescent. Some pairs may be assigned a contraceptive they know nothing about; tell them not to worry and that they should make suggestions for how it might be used and work.

3. Bring the group together. Each pair reports back. Does everyone agree? Does anyone know anything else about the method being discussed? Does anyone have any worries or concerns or questions about the method?

**NOTE:** It is important, as far as possible, to allow students to share what they know. Correct misleading information and give further information, especially on questions such as side effects and correct usage.
Advantages and Disadvantages of Contraceptives (40 minutes)
1. Explain that this exercise is about making choices about contraceptives and that we are going to look at factors that might influence our decisions. Things that are good and things that are bad about contraceptives. Say that everyone recognizes that there is no perfect contraceptive and different contraceptives suit some people at some times in their lives better than others.
2. Ask the group to divide into 3-4 groups. Give each small group one of the following life situations (add your own as appropriate) and ask the students what might be important to these people in making their decision about a contraceptive method:
   - An adolescent schoolgirl not in a stable relationship
   - A breastfeeding woman
   - A person in a stable, monogamous relationship
   - An older woman with several children
   - A woman who sees her husband four times a year
   - An older woman who has no regular partner
   - A person not on contraceptives who is raped
3. Bring the students together. Ask each group to share what they thought were most important. Draw a table on the flip chart or board with the contraceptives mentioned in the previous exercise along the top and the criteria given by the group along the side.

<table>
<thead>
<tr>
<th>Pill</th>
<th>Injection</th>
<th>Condom</th>
<th>IUD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Secret</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doesn’t affect menstruation</td>
<td></td>
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<tr>
<td>Protects against</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI’s, including HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Choice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Starting with each criterion, ask the group what score they would give each contraceptive method. Use this to generate a discussion about the pros and cons of contraceptive methods at different life stages by probing further as to the reasons for the choices made by the groups.
5. Remind students that sexual health is sex that is pleasurable and free from infection, unwanted pregnancy and abuse. Thinking about this: which method or combination of methods is best for achieving sexual health?
6. Add up the scores for each method. What would the score be if a person used a condom and another method?

Myths and Misconceptions about Contraceptives (30 minutes)
1. Ask students to talk about the different rumours or myths they heard about how to prevent pregnancy. After each student brings up one myth they have heard for avoiding pregnancy, ask them if what they have heard is true or false, and why, and correct the misinformation with facts. (For instance some students feel that using witchcraft; using pawpaw leaves in the vagina or using herbs from elders or from an herbalist can prevent pregnancy. Other myths about
preventing pregnancy include use of prayer, not being able to get pregnant the first time you have sex, not getting pregnant if you have sex while standing up, or not even knowing that unprotected sexual intercourse is what causes pregnancy.)

2. Ask students to stand up from their seats. Explain to students that you will read the following statements. If the students believe the statements are true ask them to continue standing. If they believe the statements are false ask them to sit down. Read each statement one at a time and wait for the students to move. For each question, ask a couple students to share why they think the statement is true or false. Go through each statement and respond with the correct answer after the students have shared their reasons.

- Oral contraceptives can accumulate in a woman’s body and make her sick.
- Breastfeeding is a method of contraception.
- Family planning and the use of contraceptives is a woman’s right.
- A condom can get lost in a woman’s body.
- Oral contraceptives can cause cancer.
- An IUD can leave the uterus and travel through a woman’s body.
- Use of contraceptives makes a woman ‘cold.’
- Use of contraceptives makes a woman promiscuous.
- Learning about contraceptive methods makes young people want to have sex.
- Using a condom makes a man less of a man.
- The first time you have sex you can’t get pregnant.
- You can’t get pregnant if you have sex in water.
- If you pray before and after you have sex you can’t get pregnant.
Appendix 3
Accomodating Youth with Special Needs

The sexual development of special needs youth is often overlooked under the assumption that youth who have disabilities are not able to or should not be allowed to engage in loving, sexual relationships. It is important, however, to give special attention to these youth in order to provide them with correct and easy-to-understand information so that they make the best choices when faced with decisions about sexuality.

Sexual education for special needs youth should be tailored to each individual with particular attention to his or her disability. This is a decision that should be made with much involvement from parents or guardians. It is important to encourage an open discussion in order to make parents and youth comfortable providing information about the youth’s disability.

Some factors to consider when providing sexual education to youth with disabilities include:

- How the special need(s) of the adolescent may affect his or her sexuality and sexual development. Youth with disabilities may go through puberty much later or much earlier than their peers or may experience different changes during puberty.
- How the special need(s) of the adolescent may affect his or her ability to comprehend sexual education. For example, some youth with disabilities may perform better with different types of learning materials, such as lower-literacy or large print materials.
- What additional information may be needed to address the specific disability of the individual adolescent with regard to his or her development? For example, some disabilities could prevent youth from becoming pregnant.

Sexual education for youth with special needs should cover anatomy and reproductive physiology, changes during puberty, information about sexually transmitted infections, and knowledge about the correct way to use contraception to prevent pregnancy and STI’s, including HIV. Life skills, such as decision-making, self-esteem, negotiating skills, and setting goals should also be incorporated into any sexual education program for special needs youth.

Tips for teaching youth with special needs
Encourage youth to speak openly about their disability and to share any concerns they have about changes they are noticing in their bodies.
Present information in a simple and clear format. Be sure to use pictures to help explain the information.
Use repetition to help youth understand key information that is being shared.
Appendix 4
Facilitation Techniques

This section provides the youth leaders with an overview of facilitation techniques and approaches for participatory training. It contains information on the following:
1. Principles of Experiential Learning
2. Four participatory training techniques
3. Ways to encourage participation
4. Setting Ground Rules
5. The art of asking questions
6. Principles of responding to learners questions
7. How to respond to learners responses
8. How to deal with learners behaviors
9. Time management in participatory training.

EXPERIENTIAL LEARNING
The principles behind experiential learning are:
- What I hear, I forget.
- When I hear and see, I remember a little.
- What I hear, see, and ask questions about or discuss with someone else, I begin to understand.
- What I hear, see, discuss, and do allows me to acquire knowledge and skills.
- What I teach to another, I master.

Experiential activities are designed to help the learner gain information, examine attitudes, and practice skills.
- Experiential learning is learner-oriented.
- The learner chooses what to participate in, based on their needs and usefulness of what is offered
- The learner asks questions and weighs the pros and cons of what they are told. Such participation and reflection contributes to their learning and is to be encouraged.
- Young people have experience. Ignoring their experience (treating them like children) may create resistance to learning.
- Young people face real problems. If training cannot help them to resolve these problems, they may feel their time has been wasted.

In experiential learning, involving learners in their own education is essential. Each learner goes through four stages:
- Do a task (experience)
- Identify what happens
- Analyze what happened - identify principles learned from the exercise
- Discuss the application to their lives
To enhance this process of learning there are some end of lesson wrap up exercises that can be useful. The activities assist the learner to think about what they learned from the lesson and to review the usefulness of what they have learned.

**Daily Wrap-Up Exercise 1**
- Divide participants into two groups, give each group a flip chart and markers, and ask them to write down key learning points from the day.
- Ask the two groups to post their lists and compare them.
- Review the objectives list posted earlier and ask participants to comment on how the day’s sessions met the objectives.

**Daily Wrap-Up Exercise 2**
As participants to think about their personal key learning points from the day.
- Ask participants to form a circle.
- Explain that you want each of them to offer a single brief response to the sentence stem you will give in a whip-like or round-robin fashion.
- Show the following sentence stem: "My biggest learning point today was..."
- After everyone has contributed, comment on the common themes.

**Daily Wrap-Up Exercise 3**
- On a flip chart, write the words, "After today’s session, I will..."
- As a group, ask participants to brainstorm things that they will do as a result of the new information they have learned in the session.

**Four Participatory Learning Techniques**
Because experiential learning is learner-oriented, it is important that the learner participates in the process. There are several techniques that enhance participation and which are used in this curriculum. They include the Mini-Lecture, Group Discussion, Role Play, and Brainstorming. Here is a description of these techniques.

**I. MINI - LECTURE**
What is it? A brief presentation given for the purpose of assisting participants to acquire certain knowledge, or to expose them to a principle, process or situation relevant to their learning.
- Teacher characteristics
- Uses several presentation techniques (oral as well as visual)
- Indicates if participants should take notes (or if handouts will be provided)
- Shares the objectives of the lecture
- Links this session to the preceding session
- Of ten begins with a question
- Follows a plan
- Cites references as appropriate; uses diagrams to show relationships between ideas and to show processes and procedures
• Defines new terms

**Mini-Lectures are used to:**

• Introduce an activity/group experience (if the activity/experience needs an introduction. Note: one should never share in advance the principles to be drawn from the experience before doing the experience. The principles must come out of the discussion that follows the experience [respect the experiential learning cycle!])

• Explain and/or resume a particular point during the summary of a group activity/experience (especially in the case of a concept which is new to the group)

• Provide additional information

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<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>Economize on time</td>
<td>Can be boring</td>
</tr>
<tr>
<td>Present facts in an orderly manner</td>
<td>May not solicit group participation</td>
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<tr>
<td>Reinforce the relationship between a learning experience and complex concepts or principles or application to learners’ life.</td>
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**How to use a mini-lecture**

**Preparation**

Ensure that the mini-lecture:

1. Is relevant, that it responds to the learning needs of the group; that it corresponds to their level of knowledge and experience, and to the activities they have just done as well as to those that follow

2. Is brief (less than 30 minutes). Do not give more material than the group can assimilate

3. Encourages for group participation by asking and answering questions and encouraging learners to share experiences and examples.

4. Planning is to occur before an activity if the information is necessary to the conduct of the activity; or at the step of Generalization/Application (of the experiential learning cycle) if it concerns principles to be drawn from the experience, or to be applied later - principles which the participants do not yet have any knowledge of)

5. Is supported by visual aids.
INSTRUCTIONS
1. Pay attention to the reaction and the understanding of the group as well as the ambiance. It may be necessary to go a bit faster, a bit slower, introduce certain activities or solicit participant input or examples in order to ensure effective understanding of the material presented same time one.

   **Tips for using visual aids**
   - Do not speak and write at the same time
   - The writing must be readable and understandable to everyone
   - Diagrams must be simple
   - Must be relevant, remove when no longer related to the topic

2. Present the material in an organized and clear manner, using simple words, concrete examples, and a logical sequence. Visual aids reinforce principal points. Handouts (distributed at the end of the day) give essential points and eliminate the need for participants to take notes (which can be distracting to them)

3. Change the tone of voice, maintain eye contact with the group, and use gestures to support the message.

II. GROUP DISCUSSION

*What is it?* Group discussion is a part of nearly all training activities. It is used for:
- Learning facts, concepts and principles
- Discussing issues, solving problems and sharing experiences
- Developing attitudes
- Developing communication skills

Group discussions can be used to:
- Introduce an activity
- Bring out participants’ knowledge
- Draw a link between an activity or concept and a previous session and/or another skill already taught
- Orient the group to a task
- Analyze the activity and its application to participants' work

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<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>Active participation of everyone</td>
<td>The discussion may completely sidestep the subject to the point that it even loses its purpose</td>
</tr>
<tr>
<td>Brings out the knowledge, experience and attitudes of participants</td>
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</table>
How to use group discussion

Preparation
1. Formulate key discussion questions based on the session objectives; note the principal points to discuss
2. Plan for synthesis/summary of the discussion:
   a) A conclusion
   b) A list of principles
   c) Application of the discussion

INSTRUCTIONS
1. Introduce the subject and draw a link between it and the last session and/or its relevance to the work of the participants
2. Ask open and relevant questions
3. Ensure that everyone is given the possibility to express themselves and that no one dominates the discussion. Ask questions to those who participate/respond less and ask others to allow everyone to participate
4. If there are differences of opinion, ensure that the different opinions are freely expresses
5. Do not judge the participants
6. Do a synthesis or summary at the end

ROLE PLAY
What is it? A teaching method in which the trainers or participants act out roles in a simulated situation. There are three types of role plays:

Spontaneous: the trainer or a participant decides spontaneously to demonstrate something through a role play

Structured - Open: all of the information is known to all the participants/players (in the role play): there are no unknowns, hidden facts nor special instructions. The role play occurs in an organized fashion; the players coordinate their efforts to arrive at a predetermined ending (often to show a particular situation to the audience).

Structured - Blind: the trainer gives to each player individual instructions that are not shared with the other player. Each player follows his/her instructions (plays his/her role) without knowing what the other player’s specific instructions are. (This type of role play is often used for the purpose of teaching certain competencies in interpersonal communication).

Role Plays are used to:

- Practice competencies in interpersonal communication
- Examine a problem situation, or incident, in order to learn how one could have reacted/dealt with it better
- Become more aware of the effects of attitudes and/or behavior on others in order to facilitate changes in attitude and/or behavior
- Evaluate the performance of personnel in certain interpersonal situations (in order to improve them)
- Facilitate reflection about a difficult decision (by playing the situation)

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<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>Facilitates active participation of participants</td>
<td>Participants may not take the learning seriously. The trainer can minimize this</td>
</tr>
<tr>
<td>A key method for developing interpersonal Communication skills</td>
<td>problem by asking participants to submit the cases to be used for the role play.</td>
</tr>
<tr>
<td>May reduce the threat of learning certain competencies. (In a role play,</td>
<td>The roles sometimes reinforce existing interpersonal stereotypes. Roles must be realistic and players must portray/follow them</td>
</tr>
<tr>
<td>one can experiment with certain behaviors in a controlled situation without the risk of embarassment)</td>
<td>When role plays are conducted before a passive audience, learning may be minimal. Members of the feedback audience must have an active role of observation. In order for participants to master the specific competencies, role plays must be conducted in small groups of 3 - 4</td>
</tr>
<tr>
<td>Provides an occasion to learn by observation and feedback</td>
<td>Role play may personalize a particular situation too much. The players may perceive the roles and the feedback too personally; or reveal things that they later regret. The trainer must clearly define the learning environment.</td>
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How to conduct a role play

Preparation

1. Ensure that the role play:
   - Responds to the learning objectives for the session
   - Is realistic in terms of the identified problems of the participants
   - Is interesting
   - Offers a challenge to the player as well as to the audience

2. To write up the scenario:
   - Describe the situation
   - Describe the role of each player
   - Prepare an observation guide to help the players as well as the audience to analyze the role play

3. Prepare a plan for the discussion following the role play, in order to be sure of developing the essential points.
INSTRUCTIONS
1. Give the instructions to the group:
   • Goal of the role play
   • Structure of the role play (who plays which role? How much time is allowed?)
   • Post the observation questions and rules for feedback
   • Distribute the cases to the players (according to the type of role play)
2. Conduct the role play (10-15 minutes maximum)
3. Facilitate a discussion, including the reaction of the players followed by that of the observers, based on the observation questions and the experiential learning cycle
   • Problems
   • Questions raised
   • Effectiveness of the intervention and alternative strategies
4. Have participants de-role by saying, "I am no longer x (name used in the role-play/character), I am y (the participants name). This is particularly essential, because role-plays can involve a lot of emotions that can remain with the players for hours or days.

Brainstorming
What is it? A teaching method used to help participants to reflect in a creative manner. This technique is composed of two steps:
   • The brainstorming of ideas: the group puts forth all the ideas and/or solutions possible relative to a given subject/problem. One person writes all the ideas on the board. No one comments on the ideas nor indicates whether they are good or bad, relevant or irrelevant.
   • The analysis: when the group has exhausted their ideas, the group proceeds to the analysis of the ideas. The group discusses the ideas and decides which of them are valid.

Brainstorming is used to:
   • Help a group think of the largest number possible of new ideas
   • Help persons who are extremely practical to think in a more creative manner
   • Resolve a difficult problem when the traditional problem solving techniques have failed

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<tr>
<th>ADVANTAGES</th>
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<tbody>
<tr>
<td>May be very effective for the resolution of</td>
<td>People who like to be practical may not take to</td>
</tr>
<tr>
<td>a problem when the group is seriously blocked</td>
<td>the technique</td>
</tr>
<tr>
<td>Engages the participation of everyone</td>
<td>Many of the suggestions offered may not be very</td>
</tr>
<tr>
<td></td>
<td>useful</td>
</tr>
<tr>
<td></td>
<td>Criticizing ideas during the analysis step makes</td>
</tr>
<tr>
<td></td>
<td>some people uncomfortable</td>
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How to brainstorm
1. The trainer introduces the subject to be discussed
2. The trainer explains the goal and the process of brainstorming (including why and how it will be used)
3. The group shares all of their ideas related to the subject
4. The ideas are written on the board without comment. No one indicates whether the ideas are
good or bad
5. When the group has exhausted its ideas, the trainer leads a discussion of the ideas one by one.
The group decides which are valid/ relevant in relationship to the objectives/subject. They
eliminate the rest
6. The trainer helps the group to summarize the subject

Ways to Encourage Participation
Many young people are used to classroom-type lecturers in which the teacher is the expert and the
students are the recipients. This experience might limit their willingness to fully participate in
discussions and other activities.

Following are some tips to encourage participation.

Non-verbal Communication
- Eye contact: Be attentive in making eye contact with all participants.
- Head nodding: Nod your head to show understanding and to encourage participants to continue.
- Posture: Avoid defensive postures, such as folded arms.
- Body movement: Move toward people to draw them into discussion. Avoid distracting
  movements such as too much walking or pacing.
- Smile: Concentrate on smiling to encourage and relax the group.

Verbal Communication
Praise or encouragement:
- ‘I’m glad you brought that up’
- ‘Tell me more’
- ‘Good point. Who else has an idea?”
- ‘Okay, let’s build on that’
- ‘I would like to hear your thoughts about….’

Accept and/or use ideas suggested by another participant:
- ‘To build on your point, Mary…..’
- ‘As Fatma mentioned earlier….’

Accept feelings, using statements that communicate acceptance and clarifications of feelings:
- ‘I sense that you are upset by/in disagreement with what I just said’
- ‘You seem to feel strongly about this issue’

Setting Ground Rules
Setting ground rules for the activities is essential for managing group discussions. Before starting
the Chill club facilitation conduct a session on the ground rules of participation.
Ask participants to brainstorm a list of rules they think will make the sessions more successful. Write these rules on the flip chart or the chalkboard. Feel free to add any important rules that participants may have omitted (see below). These rules should be kept visible for all sessions and referred to as needed throughout the club sessions.

The following are some sample ground rules:

- Listen to what other people say.
- No talking when someone else is talking.
- Be kind and give support.
- If people do not want to say anything, they do not have to.
- Do not laugh at what other people say.
- Insults are not allowed.
- The opinions and statements of boys and girls are valued equally.
- All experiences will be shared in a climate of privacy and trust.
- If you wish to speak, raise your hand and wait to be called upon.
- Questions are encouraged and may be asked at any time. There is no such thing as a stupid question.
- It is okay for the facilitator and participants to blush, feel embarrassed, or not know the answers to all of the questions.
- The facilitator also may choose not to answer a question in front of participants.
- Things shared will be kept strictly confidential. They will not be discussed outside the group.
- Do not judge people because of what they do or say.

Tell the participants that they might also have questions during the course that they are afraid to raise in front of their peers and friends. Let them know that they can write questions anonymously and place them in a designated spot (Question Box, Teacher’s pigeon hole etc) that has been set up especially for the sessions. Explain that you will answer these questions after each session, or when appropriate.
The Art of Asking Questions
The ability to ask meaningful questions that stimulate discussion, and relate to the objectives of the learning session, is an important skill for a facilitator. Effective, stimulating questions are open-ended and can start with "what" and "how." Questions that start with "why" may put participants on the defensive.

There are four types of questions:
1. **Close-ended questions**: e.g. "Do you know any methods of family planning?"
   - Closed-ended questions solicit "yes" "no" responses or very short answers.
2. **Open-ended questions**: e.g. "What family planning methods do you know?"
   - Open-ended questions solicit more information.
3. **Probing questions**: e.g. "Tell me what you know about the contraception pill."
   - Solicits more in-depth information and encourages the respondent to think more about the topic in question.
4. **Leading questions**: e.g. "Don't you think you should start using a contraceptive method?"
   - Leads the respondent in a certain direction defined by the interviewee. Not a desirable type of question in any learning situation.

A facilitator asks questions in order to:
- Verify the participants understanding of the topic
- Clarify a point or reinforce essential points
- Stimulate participants thinking
- Encourage group participation and maintain interest and attention
- Assist participants to review topics/concepts what they have not mastered well
- Draw relationships between classroom learning and application to participants’ life
- The purpose of asking questions is not to interrogate. Questions are directed at the participants and therefore the facilitator should not jump in to answer the question. Even when faced with some silence, the facilitator should be patient and remain silent for at least 10-15 seconds. It is likely that someone will break the silence and attempt to answer the question.

The facilitator should ask questions:
- During the introduction of the lesson (to help participants make the connection between the content of the session and their own experience/needs.
- Throughout the session (to facilitate group participation)
- At the end of the session (to draw conclusions and application of the learning process).
- Questions guiding the learning process should be planned in advance.
- Questions should be formulated in relationship to the objectives of the lesson, brief and precise, and open.
- They should require more thought, allow the group to draw their own conclusions, and useful for having the group reflect on the application of their learning to their lives.
A facilitator can address the questions:
- to the whole group
- to a particular person
- ask the question, then direct it to a participant

**Principles of Responding To Participants Questions**
In participatory learning, participants should be encouraged to ask questions. It is important for the facilitator to keep the following principles in mind when responding to questions:
- Listen carefully to understand the purpose of the question/what’s behind the question.
- Do not answer too quickly. Take a moment to reflect on your answer.
- Reformulate the question (to verify that you have understood it and that the group has heard it); look at the person who asked the question while you are paraphrasing.
- Thank the person asking the question.
- Choose words carefully and think about the impact they have on an individual.
- Never belittle or embarrass a participant.
- Admit your ignorance if you don’t know the answer; and promise to look for more information.
- Ask a participant, or the group, to response to the question or to give their point of view. [Every time the facilitator responds directly to a question instead of letting the group reflect, he/she reduces participation and the opportunity to learn].
- Make an effect to take questions from all parts of the group (right, left, center).

**Responding To Participant Responses**
Once the facilitator asks a question, it is important to listen to the responses very careful. There are four types of responses that a facilitator can expect:

1. **Correct Response:** Repeat the participant’s response to positively reinforce it and ensure that everyone heard the response. Comment positively on the response to encourage the participants. The facilitator can also ask the participant to repeat the response loudly enough to ensure all participants have heard.
2. **Partially Correct Response:** Compliment the participant for the correct part, and then reformulate the rest of the question to the same participant or someone else. Or ask "Is there anyone who can give - a hand?" or "Is there anyone who wants to add another element?"
3. **Incorrect Response:** Indicate in a constructive way that the response is not quite correct and reformulate the question to put the participants on the right track.
4. **A response that adds a rich but unanticipated idea:** Thank the participant and recognize his/her idea.

**How To Deal With Participant Behaviors**
Every group will consist of different personalities who display different behaviors, some of which may disrupt the learning process. A few of these behaviors and how to deal with them are listed below:
1. **Talkative**: Has something to say about everything. Always volunteers to be group leader, answer questions, offer suggestions.
   - Suggest something like, "I appreciate your contribution but let's hear from some other people." Suggest further discussion outside of class, "In order to stay on schedule and on track, let's discuss this further during break".

2. **Clueless**: Seems to have no idea what is going on, misunderstands the question or topic being discussed.
   - Say, "Something I said must have led you off track. What I was trying to say is...."

3. **Rambling**: Goes on and on about nothing. Digresses frequently and uses examples and analogies that do not relate to the topic. Differs from clueless in that s/he knows what's going on but prefers to follow own agenda.
   - Say, "I don't understand. How does this relate to what we're talking about". Use the "parking lot".

4. **Belligerent**: Openly hostile, challenging and arguing. Questions the trainer's knowledge and credibility.
   - Do not engage in verbal sparring. Say, "I understand and appreciate your point of view. What do some of the rest of you think? (Gives others opportunity to exert peer pressure.)

5. **Stubborn**: Refuses to see anyone else's point of view. Is particularly difficult to deal with in groups.
   - Say, "I appreciate your point of view/position, but for the sake of the activity/discussion, I'm going to insist that we move on. I'll be happy to discuss this with your later."

6. **Silent**: Seems attentive and alert but will not volunteer comments or answer questions; happy to listen.
   - Say, "I know you have some experience in this area. It would be helpful if you would share your thoughts with the group". Putting participants in small groups often encourages shy people to participate more.

7. **Know-it-all**: Tries to upstage or overshadow the trainer. Views self as authority on every subject. Assumes superior role with both the group and the trainer.
   - Do not let your annoyance show. Acknowledge his/her contribution by saying, "That's one point of view. However, there are other ways of looking at it. May ask other participants for their opinions and move on.

8. **Class clown**: Makes a joke out of everything and goes out of his/her way to get attention, often at the expense of others.
   - Say, "We all enjoy a little fun. But right now, let's get serious and concentrate on the topic at hand."

9. **Negative**: Complains about everything. Displays negative non-verbal behavior (frowning).
   - Say, "I understand your point. What suggestions do you have to change the situation?"

10. **Indifferent**: Makes no attempt to participate or contribute. May engage in activities separate from the group. (Often has been forced to attend).
    - As for the silent type, say, "I know you have some experience in this area. Please tell us about it."

11. **Personality clashes**: Some people in a group may not get along: engage in verbal battles, directly or indirectly, with personal and hurtful remarks.
• Address personality clashes early by invoking ground rules or saying, "I suggest that we keep personalities out of the discussion. Let's get back to the topic."

12. **Side conversations:** Two or more members engage in their own conversation while another participant or the trainer is talking.
• Sometimes just walking over to the individuals will cause them to stop their conversation. If that doesn't work, try saying, "(persons' names), we were just talking about... What are your thoughts?"

**Time Management in Participatory Training**
In successfully facilitating participatory training, the group dynamics and processes can in many ways threaten time management and one great challenge is to manage the time reserved for a session.

The following are some suggestions to deal with time management threats:
• Make sure group work is/are timed and the participants know the time allocated. Stick to it.
• Supervise group work and individual exercises to make sure participants are on track.
• Make sure that participants know "which groups they belong to.”
• Make sure the instructions for group work/individual exercises are clear and understood by all participants.
• Use the guidelines of group facilitation in dealing with the different participant behaviors to avert diversions by participants.
• Make sure you adhere to the session guides and do not divert unnecessarily (telling jokes and life experiences).
• Prepare all the materials you need before the session and keep them in an orderly manner.

**Energizers and Games**
Energizers and games are an important part of participatory training. They are used to keep the level of motivation of the participants high and to raise their energy levels (eg. to wake up participants in the morning, to renew concentration after lunch or when changing from one topic to another). Energizers are supposed to be quick and therefore must be well prepared, instructions given clearly and quickly executed.

The following are short descriptions of energizers. Participants may also have some energizers that they can contribute to the group. These should be solicited.

**The Human Web**
Participants form a wide circle facing inward. They then stretch out and cross their arms in front of them. They are asked to close their eyes, slowly advance towards the middle of the circle and grasp one person with each of their hands. The facilitator should ensure that three hands do not join and that the hands are grasps not wrists. When everyone has grasped two other hands firmly, the facilitator tells the participants to open their eyes and the human web has to be entangled. The web
may end up in a number of smaller circles of participants, sometimes intertwined. This exercise brings people close together and makes them feel like equals.

**Life Boat**
The participants are told they are on a ship that is sinking. They have to get into life boats, but their capacity is limited. Depending on the size of the group the facilitator calls out the life boats are only 2, 3 or 5 people, for example. Then in five seconds, participants have to form groups of 2, 3 or 5. The facilitator eliminates those who have drowned, groups which are bigger or smaller than the announced numbers.

The facilitator then announces new numbers so that regrouping is necessary until there is only one group left. This exercise allows people to move around quickly, interact with each other and make quick decisions.

**The Mail**
Participants and facilitator sit in a circle on the exact number of chairs minus one. One person (the facilitator to begin with) stands in the middle and announces, "I have a letter for those who (for example): are wearing black shoes, .... don’t like fish, are wearing a white shirt etc. the participants who are wearing black shoes, for example, have to change chairs. The person in the middle seizes the opportunity to sit on one of the empty chairs. The one who is left without a chair now stands in the middle and delivers another letter. This exercise gets people to move around and to discover things about each other.

**Simon says....**
All stand in a circle. The facilitator says: Simon says, e.g. touch your nose with your left hand, hold up two hands, form a fist, say hello, etc., demonstrating the action at the same time. Everyone is asked to follow the orders as demonstrated. But if the facilitator does not mention "Simon" and some participants follow the orders, those participants are out. The game goes on until only a few participants are left and the facilitator cannot trick them any longer. This exercise increases concentration and energizes the participants for the next task.

**Bang**
The participants sit in a circle on the floor, counting out loudly, beginning with "one" and going around the circle, each person saying the next number. However, every time they come to a number which can be divided by 3, such as 12, or contains a 3, such as 13, the person whose turn it is has to say "bang" instead of the number.
If the person fails, he/she is removed from the group. This exercise demands concentration and is useful at the beginning of serious group work.

**Person A And Person B**
Each person privately selects one person out of the group as "Person A" and another as "Person B". No one else should know their choice. Then everyone tries to get as close to their "person A" as possible. Once that has happened, and the learners have stopped moving, the facilitator tells them
to get as far away as their "person B". The group will do two opposite movements: contracting and expanding. This is a quick humorous exercise. The learners should not be asked to reveal who they picked for some may feel left out.

**Association**
The group sits in a circle. Someone says the name of a fellow student and a word, whatever comes to mind. The next says the name of another student and a word he/she associates with the first word. The next person does the same and so on. If someone does not answer quickly he/she is removed from the game. This exercise helps with creative thinking and gets the students to call each other by name. Negative word associations should be discouraged from the beginning of the game.
Question Box
Setting up a question box in the club meeting place is a way for students to anonymously ask questions that are important to them that they may not be comfortable asking in front of their peers or teachers.

A question box is a box where students are able to ask questions about health, HIV and AIDS, STI’s, decision making, relationships, or other challenges they are facing. Students are able to write their questions and place them in the question box without embarrassment. The answers can either be posted on a bulletin board, discussed at a school assembly, or addressed through another forum. It is important that the method for answering questions is well understood by the students and that it is followed consistently so that students feel that their questions are being answered in a timely way.

- The question box should be located in a place that is accessible to all students at anytime.
- Questions should be collected on a regular schedule (every day or once a week).
- Answers should be posted or shared on a regular schedule (one a week or every two weeks).
- One person should be responsible for collecting the questions.
- A team of people should be responsible for answering questions.
- A health worker should be identified to help answer questions.
- Questions should be answered in an honest and informative way, without judgement.
TEN SUGGESTIONS FOR IMPROVING A SESSION

Lecturing is one of the most time-honoured yet ineffective ways to teach. By itself, it will never lead to active learning. For a lecture to be effective, the trainer should build interest first, then maximize understanding and retention, involve participants during the lecture, and reinforce what has been presented. There are several ways to do just that.

Building interest
1. Lead-off story or interesting visual. Provide a relevant anecdote, fictional story, cartoon, or graphic that captures the audience’s attention.
2. Initial case problem. Present a problem around which the lecture will be structured.
3. Test question. Ask participants a question (even if they have little prior knowledge) so that they will be motivated to listen to your lecture for the answer.

Maximizing Understanding and Retention
4. Headlines. Reduce the major points in the lecture to keywords that act as verbal subheadings or memory aids.
5. Examples and analogies. Provide real-life illustrations of the ideas in the lecture and, if possible, create a comparison between your material and the knowledge and experience that the participants already have.
6. Visual backup. Use flip charts, transparencies, brief handouts, and demonstrations that enable participants to see as well as hear what you are saying.

Involving Participants During the Lecture
7. Spot challenges. Interrupt the lecture periodically and challenge participants to give examples of the concepts presented thus far or to answer spot quiz questions.
8. Illuminating activities. Through the presentation, intersperse brief activities that illuminate the points you are making.

Reinforcing the facilitation
9. Application problem. Pose a problem or question for participants to solve based on the information given in the lecture.
10. Participant review. Ask participants to review the contents of the lecture with one another or give them a self-scoring review test.

From Silberman 1995.
**TEN TIPS WHEN FACILITATING A DISCUSSION**

1. Your role during a group discussion is to facilitate the flow of comments from students. Although it is not necessary to make a comment after each student speaks, periodically assisting the group with their contributions can be helpful. Here are ten tips to use as you lead group discussions.

   - Paraphrase what a participant has said so that he or she feels understood and so that the other participants can hear a concise summary of what has been said.
   - So, what you’re saying is that you have to be very careful when talking about sensitive issues like sexual health. You also told us that it is important to sensitize parents and other community members before you begin talking about these issues with students.

2. Check your understanding of a participant’s statement or ask the participant to clarify what he or she is saying.
   - Are you saying that this plan is not realistic? I'm not sure that I understand exactly what you meant. Could you please explain it to us again?

3. Compliment an interesting or insightful comment.
   - That’s a good point. I’m glad that you brought that to our attention.

4. Elaborate on a participant’s contribution to the discussion with examples, or suggest a new way to view the problem.
   - Your comments also provide an interesting point from the parent’s perspective. It could also be useful to consider how a young person would view the same situation.

5. Energize a discussion by quickening the pace, using humour, or, if necessary, prodding the group for more contributions.
   - Oh my, we have lots of humble people in this group! Here’s a challenge for you. For the next two minutes, let’s see how many ways you can think of to incorporate adolescent reproductive health activities into your schools.

6. Disagree (gently) with a participant’s comments to stimulate further discussion.
   - I can see where you are coming from, but I’m not sure that what you are describing is always the case. Has anyone else had an experience that is different from John’s?

7. Mediate differences of opinion between participants and relieve and tensions that may be brewing.
   - I can see that Margaret and Mary are not really disagreeing with each other but are just bringing out two different sides of this issue.

8. Pull together ideas, showing their relationship to each other.
   - As you can see from Juma and Carole’s comments, personal goal setting is very much a part of time management. You need to be able to establish goals for yourself on a daily basis in order to more effectively manage your time.

9. Change the group process by altering the method for obtaining participation or by having the group evaluate ideas that have been presented.
   - Let’s break into smaller groups and see if you can come up with some examples of counselling skills that were identified during the presentation this morning.

10. Summarize (and record, if desired) the major views of the group.
I have noted four major reasons that have come from our discussion as to why you think that young people do not abstain: (1) peer pressure, (2) low self esteem, (3) wanting to show their love for their partner, and (4) wanting to feel like an adult.

From Silberman 1995.
TEN STEPS TO USE WHEN FACILITATING EXPERIENTIAL ACTIVITIES

Experiential activities help to make training active. It is often better for participants to experience something rather than to hear it talked about. Such activities typically involve role-playing, games, simulations, visualization, and problem-solving tasks. The following ten steps will help to make your experiential activities a success.

1. **Explain your objectives.** Participants like to know what is going to happen and why.
2. **Talk about the benefits.** Explain why you are doing the activity and how the activity connects with any preceding activities.
3. **Speak slowly when giving directions.** You might also provide visual backup. Make sure the instructions are understood.
4. **Demonstrate the activity if the directions are complicated.** Let the participants see the activity in action before they do it.
5. **Divide participants into the subgroups before giving further directions.** If you do not, participants may forget the instructions while the subgroups are being formed.
6. **Inform participants how much time they have.** State the time you have allotted for the entire activity and then periodically announce how much time remains.
7. **Keep the activity moving.** Don’t slow things down by endlessly recording participant contributions on flip charts or blackboards and don’t let a discussion drag on for too long.
8. **Challenge the participants.** More energy is created when activities generate a moderate level of tension. If tasks are a snap, participants will get lethargic.
9. **Always discuss the activity.** When an activity has concluded, invite participants to process their feelings and to share their insights and learning.
10. **Structure the first processing experiences.** Guide the discussion carefully and ask questions that will lead to participant involvement and input. If participants are in subgroups, ask each person to take a brief turn sharing his or her responses.

*From Silberman 1995.*
References

**Session 2: Life Cycle**

**Session 3: Adolescence and Puberty**

**Session 4: Male and Female Reproductive Systems**
- Hendrix-Jenkins A, Clark S, Gerber W. Games for Adolescent Reproductive Health: An International Handbook,

**Session 6: Healthy Relationships**

**Session 8: Friendship**

**Session 10: Love and Infatuation**

**Session 12: Introduction to Gender**

**Session 13: Gender Stereotypes**

**Session 14: Sexuality and Behavior**

**Session 15: Self-Esteem**

**Session 16: Being Assertiveness**
Session 17: Decision Making

Session 20: Resisting Peer Pressure

Session 21: Drug Use

Session 23: Teen Pregnancy
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Session 30: Facts and Myths about STI’s
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Resource 1: Condoms

Resource 2: Other Ways to Prevent Pregnancy

**Resource 3: Special Needs Youth**

**Resource 4: Facilitation Techniques**