

Health and HIV Life Skills Manual



Peace Corps

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Health and HIV **Life Skills Manual**

Office of Global Health and HIV (OGHH)

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★ See Introduction page 3

Acknowledgments

This *Health and HIV Life Skills Manual* was created for Peace Corps Volunteers to use with their communities to support youth in building important life skills for sexual and reproductive health as well as HIV/AIDS mitigation. It is meant to replace the 2001 *Life Skills Manual* (M0063). It was excerpted and reprinted with the permission of the Population Council from *Health and Life Skills Curriculum*, the Adolescent Girls Empowerment Program (AGEP), 2013. The Peace Corps would like to thank the Population Council for their support with this project.

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Introduction

What are Life Skills?

The term Life Skills describes the knowledge, attitudes, and skills adolescents need in order to make healthy decisions that lead to a successful transition into adulthood. Life skills support youth in building their capacity for communication, decision-making, managing emotions, assertiveness, leadership skills, self-esteem building, resisting peer pressure, and relationship skills. Additionally, life skills address the important related issues of gender, gender-based violence, and human rights.

The activities described in this manual move beyond just providing information. They address the development of the whole individual so that participating youth will have the skills to make use of all types of information, whether it be related to human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), sexually transmitted infections (STI), reproductive health, safe motherhood, other health issues, or other communication and decision-making situations. The life skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved throughout the sessions.

How should this manual be used?


This manual is an updated and expanded version of the *Life Skills Manual* (Publication No. M0063) originally published in 2001. It is designed to be used by Peace Corps Volunteers and their counterparts to facilitate sexual and reproductive health skill building for youth, including HIV/AIDS. Additionally, the *Life Skills and Leadership Manual* (Publication No. M0098) expands on this manual by applying an asset-based approach to positive youth development. The youth development focus of the *Life Skills and Leadership Manual* complements the health focus of this manual and can be used to expand on the youth development topics touched on in this manual.

Target audience: The activities in this manual were designed for adolescents between the ages of 10 and 19 years of age. However, some of the material contained in the curriculum may not be suitable for participants at the younger end of this age spectrum. Topics or activities that are more appropriate for younger adolescents (ages 10-14) or older adolescents (15-19) are specified throughout the manual.

Setting: Volunteers can use this manual to work with youth both in the classroom during regular instruction time and outside of the classroom in youth groups or camps, such as Girls Leading Our World (GLOW) Camps. The sessions are designed for 25 participants or fewer, as the sessions involve intensive participatory learning techniques. Small groups give participants greater opportunity to engage with the facilitators. Depending on the circumstances, however, larger groups are possible, but not recommended.

Session Sequence: The manual consists of 38 sessions. The sessions are intended to be carried out with the same group over a period of time. The sessions build on one another and, therefore, where possible, they should be conducted in the order presented.

Session Structure: Each session contains the following:

- 1. Session Title:** The main topic covered in the session.
- 2. Session Description:** A summary of activities in the session.
- 3. Learning Objectives:** An overview of the learning aims and purpose of each session.
- 4. Time:** The estimated time for each session.
- 5. Materials:** Markers and flipchart OR chalk and a chalkboard are needed for most sessions. Sometimes, facilitators will need to create trainer materials to use during the session
- 6. Pre-session Preparation:** A guide to preparing for the session.
- 7. Facilitator Notes:** Relevant background information and facilitator tips.
- 8. Terms:** Definition of terms relevant to each session.
- 9. Icebreaker:** Taken from a list of suggested icebreakers in **Appendix 2. Icebreaker Ideas**  or one suggested by participants.
- 10. Review:** A guide to revisit key points, discuss any practice activities, and answer questions from the previous session.
- 11. Activities:** The steps for each activity are listed in the order in which they should be implemented. While a general script for each session is provided, facilitators should feel free to use their own words to explain each point.
- 12. Wrap-Up:** A suggested outline to wrap up each session.
- 13. Real World Practice:** Helps reinforce the skills and knowledge that were gained during the session. They should be discussed at the beginning of the next session.

Adaptations and Considerations

As is always the case in any Peace Corps experience, it is critical that Volunteers and counterparts take time to adapt sessions to reflect their communities. It is highly recommended that Volunteers work with their counterpart(s) or other local partner(s) to ensure that the topics and examples are culturally appropriate, including that they align with the religious and traditional practices and beliefs of the community. It is also important to adapt the materials to the developmental and cultural needs and priorities of the participants. For example, adaptations may be needed to accommodate varying literacy levels, participants from diverse backgrounds, sexual orientations, gender identities, and experiences. Adaptations may reflect appropriate names, content of scenarios, choice of language or jargon, cultural expectations, gender considerations, monetary units, and so on. Volunteers should work with their counterparts to ensure that the “terms” section of each session has been adapted with local terminology whenever possible.

Volunteers may also need to adapt the *Real World Practice* sections. If suggested practice activities are not appropriate or are logistically challenging, facilitators should feel free to suggest one or two alternative activities. These activities should be simple, short activities, which enable participants to practice what they have learned in the session. It is important that assignments are age appropriate and stick to fairly simple tasks that do not require many resources to accomplish (e.g., “Ask someone about X,” “Help a friend with Y,”

“Find out where Z is available,” “Write down three things that you...”).

Timing is another component that Volunteers may need to adapt to fit their circumstances. On average, each session requires 60 to 90 minutes to complete. A breakdown of the estimated time to be spent on each activity is provided at the beginning of each session and underneath each activity title. These general time frames have been assigned to aid in determining the division of time between each activity in a session so that all of the material can be covered. However, participants may want to explore some issues in more depth, while at other times they may work through the material more quickly. Allow participants flexibility with the space and time allocated to each part of a session. This will help them grasp “take-home messages” associated with each session and develop an understanding of how to apply the information to their lives.

This life skills curriculum includes a lot of information on sexual and reproductive health. It is important that Volunteers work with their counterparts and their communities to create buy-in around the need for this type of curriculum before beginning to work with youth. Involving parents is essential (for example, by sending a letter home with students or conducting home visits ahead of beginning the session). In addition, Volunteers may choose to emphasize certain topics or examples and de-emphasize others and should work with their counterparts and school personnel to decide which topics are most relevant and culturally appropriate. Research indicates that school-based HIV prevention education is most successful when the program has multiple sessions and the curricula includes skills and knowledge building activities (Mavedzenge et al., 2014).¹ Abstinence-only and peer-led interventions have not been shown to be effective, so it is essential that sessions on condoms and family planning are maintained (Mavedzenge et al., 2014).² See Appendix 6, Getting Community Support Before You Start for information on community engagement.

If it is not possible to complete all sessions in their entirety, we recommend that the following sessions be completed in this order (if the volunteer does not work in a country with a generalized HIV epidemic, the HIV-specific sessions may be skipped): Session ★ 4. Communication; Session ★ 5. Self-Esteem; Session ★ 7. Goal Setting and Achieving; Session ★ 16. I Have Healthy Relationships; Session ★ 22. Making Good Decisions; Session ★ 3. His and Hers (Gender Roles); Session ★ 28. HIV and AIDS; Session ★ 29. Myth or Fact; Session ★ 30. HIV Testing and Counseling; Session ★ 31. Risky Behavior; Session ★ 32. The Relationship of STIs and HIV and AIDS; Session ★ 33. Stigma and Discrimination in HIV-Positive People.

Volunteers in posts supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) can use this manual as part of their HIV/AIDS activities. While school-based interventions alone have not been shown to decrease the incidence of HIV in adolescent girls, they are one component to the multi-faceted HIV prevention effort. Volunteers should use this manual in conjunction with linking adolescents to the core package of interventions for their country of service. This could include linking adolescents to health services, such as voluntary medical male circumcision, HIV testing and counseling, and adolescent-friendly sexual and reproductive health services. If Volunteers do not know the core package of interventions for their countries, they should contact their program manager or HIV Coordinator.

¹ Mavedzenge et al, *Effective Approaches for Programming to Reduce Adolescent Vulnerability to HIV Infection, HIV Risk, and HIV-related Morbidity and Mortality: A Systematic Review of Systematic Reviews* (2014).

² Ibid.

Facilitator Tips - Talking about Sexual Health³

Many of the topics raised in this manual are linked to sex, relationships and HIV which require the Volunteer, counterpart and participants to discuss sensitive issues. Some Volunteers or counterparts may feel that by talking about sex and contraception with young people they are encouraging young people to have sex. On the contrary, research shows that by talking with adolescents about these topics and giving them the facts and consequences, they are encouraged to delay sex and to consider abstinence. However, facilitators, in this case the PCVs and, ideally, their counterparts, should not assume the participants are not having sex. Some tips for letting the participants know you are at ease talking about these issues:

- **Accept the slang terms.** But don't be afraid to ask what they mean if you don't know.
- **Say you don't know,** if you don't. But tell them you will come back with an answer to their questions. Talk to a health care provider or other expert who can give you the correct answer and report back.
- **Be nonjudgmental.** Stick to the facts and do not share your own opinions and values.
- **Do not answer personal questions** about your own sexual experience. If the question comes up, let participants know that your role as a facilitator is not to discuss your own experience.
- **Be comfortable.** Thoroughly review these materials and discuss them with others so that you will be at ease when discussing these matters with the participants.
- **React calmly** to surprising questions or revelations from youth.

Any work with youth should include establishing the environment as a safe space, a space in which participants feel comfortable, safe and respected, and should set ground rules that include respect for all participants. Volunteers will also likely encounter youth with diverse sexual orientations and experiences. It is critical to respect these differences and be inclusive when facilitating. While always remembering the human rights and dignity of all involved, it is very important, due to varying local cultural contexts, laws and attitudes, that Volunteers clearly discuss their plans to address lesbian, gay, bisexual, and transgender (LGBT) issues with their Program Manager or Associate Peace Corps Director (APCD) and counterpart(s) before proceeding.

Child Protection Guidelines

As a foundation of all agency programs, the Peace Corps takes a serious and proactive approach to ensure all of its activities are safe for children and youth. This approach is outlined in the Peace Corps Child Protection Policy (MS 648), which holds Peace Corps staff and Volunteers to a high standard of responsibility for ensuring the safety and protection of the youth with whom they interact. The guidelines and code of conduct contained in MS 648 apply to children under the age of 18.

³ *Go Girls! Community-based Life Skills for Girls: A Training Manual Curriculum* (Baltimore, Maryland: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2011).

This publication provides guidance and suggestions to help Volunteers manage youth in a positive and safe manner. There are underlying principles and clear guidelines of which Volunteers must be aware and that must govern the activities described in this publication. Please see the full policy in Appendix 5 of this publication or, for employees, on the Peace Corps intranet.

Monitoring and Evaluation (M&E)

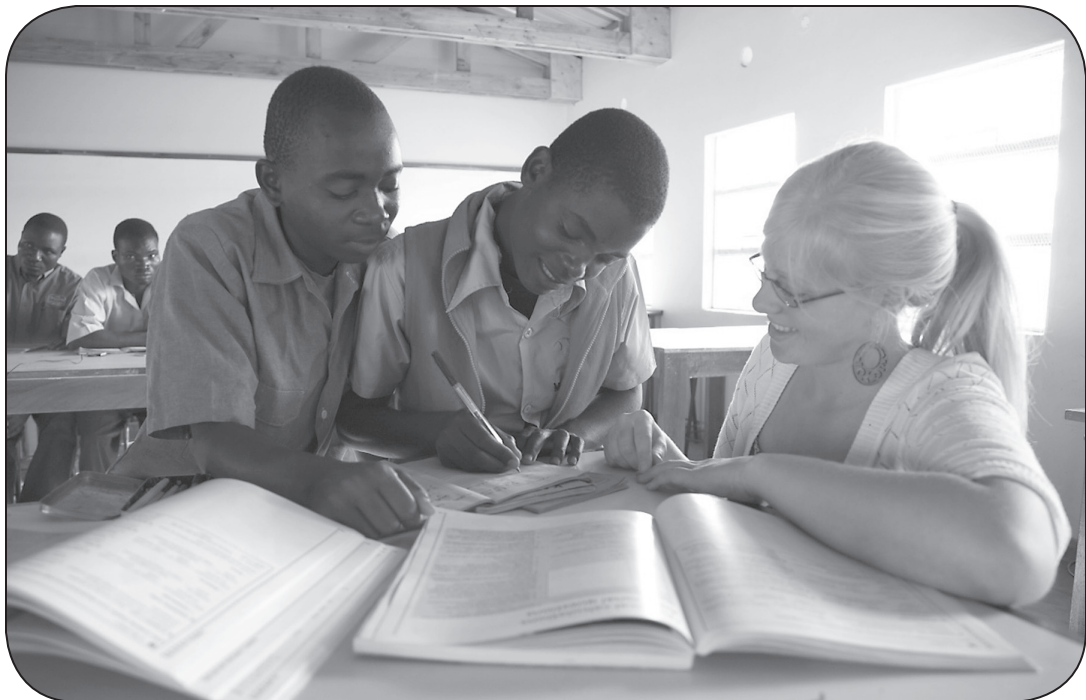
Every Peace Corps project has a unique project framework that adapts global objectives to fit local circumstances. These project frameworks guide programming efforts at post and allow Peace Corps to track the progress of each sector on a global scale. It is important, therefore, for Volunteers to accurately monitor and report on their work.

Before planning a life skills program, Volunteers should study their project frameworks to identify the indicators that will be met as a result of the program. Volunteers should track attendance and create pre- and post-tests that can be administered before and after the program to monitor the participants' progress. Alternatively, Volunteers could administer pre- and post-tests monthly or at the end of the academic term, if the program takes place in a school environment. For examples of pre- and post-tests, see the data collection tools posted on Volunteer Reporting Tool page or request copies from the M&E specialist at post. See Appendix 4. Sample Attendance Log for a sample participant attendance form.

Special PEPFAR initiatives often have their own reporting requirements; Volunteers should refer to the guidance provided by the M&E specialist or HIV coordinator at post when reporting on any special initiatives while using this manual.

Introductory Sessions

Sessions 1-8



1. What to Expect

Session Description

Participants get to know each other and create a list of ground rules.

Learning Objectives

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

1. Understand what will be covered in the program.
2. Understand expectations for participants.
3. Establish, negotiate, and agree on ground rules as a group.

Time – 45 minutes

- Icebreaker (5 minutes).
- Getting to Know Each Other (20 minutes)
- Ground Rules (20 minutes)

Materials

- None

Pre-Session Preparation

- None

Facilitator Notes

- None

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Activity 1. Getting to Know Each Other

(20 Minutes)

Ages: 10-19

Divide the participants into pairs (see **Appendix 1. Group Formation Activities**  for ideas).

Explain to the participants that in each pair, one acts as a reporter and the other as a person being interviewed. Let participants know that they will be expected to report what they learn about their partner to the group.

They should cover the following questions:

- What is your name?
- What is something you like to do?
- What do you hope to get out of participation in these sessions?

After each participant has interviewed and been interviewed, ask them to sit in a circle.



Explain: *“Now everyone will introduce their partner, describe to their group what their partner likes to do, and what their partner hopes to get out of these sessions.”*

While the participants share, record what they hope to get out of these sessions on the chalkboard or flipchart. After everyone has answered, look over the list and comment on which of these are covered in this program and which are not.

Activity 2. Ground Rules


(20 minutes)


Ages: 10-19



Ask:


- *“Are you familiar with ground rules or group norms?”*
- *“Why do you think it is important to establish ground rules?”* [e.g. To understand the limits and freedoms of a context, to improve team work, to ensure productivity and respect.]
- *“What are some real-life situations when it is important to have rules?”* [e.g. When there is a meeting and everyone talks at the same time, when someone speaks and others make negative comments about their contribution to the conversation, when everyone contributes to household chores, etc.]

 **Explain:** *“Ground rules or group norms are set to help you feel safe participating in these meetings. While this is a participatory program, you will not be forced to participate more than you want. You can feel confident that this is a safe environment in which to share your thoughts and feelings, and that sharing your own questions or stories can help others who may have experienced or wondered about similar things. Ground rules help ensure that everyone will have a chance to be heard without judgment or ridicule, and that their personal boundaries and privacy will also be respected.”*

 **Ask:** *“What are some ground rules you would like to set for these sessions?”* [e.g., What is said during sessions is not repeated anywhere else; everyone should participate only if they want to; no putting someone else down for their feelings, opinions, or experiences; be respectful; listen and do not interrupt; etc.]

Record ideas for ground rules on a flipchart and post them for reference throughout the entire program.

Note to facilitator: Write in simple terms (also using pictures) to accommodate for all literacy levels.

 **Now ask:** *“What happens if someone breaks the rules?”* [e.g., The violator must do 10 frog jumps, the violator must write on the chalkboard or flipchart (or say out loud) three things they have learned so far today, the violator must sing one verse of a song, etc.]

Also record these responses on a flipchart paper and post them for reference throughout the entire program. Then explain to participants that they will now vote to agree on these rules by raising their hands. Explain that this vote will serve as a contract, meaning that the group has agreed to follow these rules during each session.

Initiate the vote. If one or more participants do not raise their hand, ask why and discuss what rules should be changed in order for everyone to agree to them.


Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

 **Explain:** *“At the end of each session I will share an activity that you can use to help reinforce the skills and knowledge that were gained during this session. These practice activities will be discussed at the beginning of the next group meeting.”*

Between now and the next session, participants should think of, write down, or draw:

- One thing they do well, and;
- One thing they would like to do better.

2. Teamwork

Session Description

Participants play a game that requires teamwork to learn the benefits of working as a team, and to build trust and comfort levels among group members.

Learning Objectives

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

1. Define teamwork.
2. Identify why teamwork is important.
3. Strengthen teambuilding skills.

Time – 70 minutes

- Icebreaker (5 minutes)
- Reviews (5 minutes)
- Human Knot (30 minutes)
- Teamwork Discussion (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- None

Pre-Session Preparation

- None

Facilitator Notes

Teamwork skills give one the ability to positively relate with others in order to co-exist and to identify and complement the strengths of one another to contribute towards a common goal. The games in this session can be played with participants to build trust and develop comfort and openness within the group. Creating emotional and mental safety among participants is critical to their building social networks, developing friendships, learning how to trust, and then being able to open up, share, and grow together.

Terms

Teamwork: The ability to positively relate with others, to identify and complement the strengths of one another, and to contribute towards a common goal.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 


Activity 1. Human Knot

(30 minutes)

Ages: 10 to 19 year olds only

Note to facilitator: Participants taking part in this game should be warned before beginning that they need to be very careful not to hurt anyone by twisting their wrist, stepping on them, etc.

Clear a space in which to form one or more circles of about eight to ten people.

 **Explain:** *“In this game, it is very important to follow instructions and listen to each other carefully, so that no one gets their wrist twisted or hurt. Everyone will stand in a circle and reach into the middle of the circle with both hands to get hold of the hands of two other people. Then, without letting go, you must untangle the ‘rope’ to reform a circle without letting go of anyone’s hands!”*

Say “Go” and make sure each participant grabs the right hand of one person and the left hand of another person.

Note to facilitator: If the group gets very good at this, variations can be made such as: no talking, or only whispering, etc.

 **Ask:**

- *“How did you feel playing the game?”*
- *“Was it possible to untie the knot by yourself without help?”*
- *“What reasons could there be for a handhold breaking?”*
- *“How do you ensure your handhold does not break in the knot?”*

Activity 2. Teamwork Discussion

(20 minutes)

Ages: 10 to 19 years old

After completing the game(s), lead a group discussion with the following questions:

- “*What do we mean by the term ‘teamwork’?*” [Teamwork is when you work with those around you effectively and efficiently to meet your goal or target.]
- “*Why is it important to work as a team in sports?*” [So we are each able to contribute strengths towards the accomplishment of a goal – scoring!]
- “*Where do you think teamwork applies in your lives? How could we better our lives by using teamwork?*”

Discuss teamwork further by touching on the following:

- All team games involve teamwork and it would be very difficult, if not impossible, to compete successfully without it. Individuals are empowered when they work with others as a team. Teams reduce the vulnerability of individuals and groups, which enables them to progress further in their goals.
- Teamwork involves supporting and aiding those around you. This applies in life as well. Your friends and family are part of your team, and you need to support and help each other to overcome challenges.

T-E-A-M can stand for: **T**-together **E**-everyone **A**-achieves **M**-more!

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: By working together as a team, we can achieve more!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should keep the idea of teamwork in the front of their minds. They should think about how teamwork can accomplish more while they are helping someone (a friend or family member) with an activity or task.

★ 3. His and Hers (Gender Roles)

Session Description

Participants identify what society expects of boys and girls, and what society discourages boys and girls from doing.

Learning Objectives

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

1. Identify how gender expectations can help or limit them.
2. Strategize how to step out of restrictive roles.
3. Cite one person who has stepped outside his/her gender role to succeed.

Time – 125 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Typical Days (20 minutes)
- Act Like a Boy/Act Like a Girl Role-play (35 minutes)
- Boy Box, Girl Box (30 minutes)
- She Did Something Different (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers.

Pre-Session Preparation

- Review the sample list of gender roles in case participants have a difficult time brainstorming a thorough list.
- Prepare a story about successful local people, both male and female, who have challenged gender roles, or review and use the story attached to this session (some characteristics of people who challenge gender roles may include: sees jobs as equally appropriate for men and women, values men's role as caring for children, challenges violence against women, advocates for equality between men and women, etc.).

Facilitator Notes

Every culture has expectations of how men, women, boys, and girls should act and what their roles are in society. These expected roles are known as gender roles. Fulfilling the roles expected by the community can sometimes give people a sense of belonging. But these roles can also limit the activities and choices of women, men, boys, and girls. When this happens, everyone suffers. In most communities, women are expected to be wives and mothers. For some communities, this role receives status. Some women would prefer to follow other interests, or want to have only a few children, but their families, communities, or cultural values do not give them this choice. If a woman or girl is expected to have many children, she may have less chance to learn new skills or go to school. Most of her time and energy will be spent in the caregiver role and with her children. Or, if a woman is unable to have children, her community may value her less than other women or she might even face discrimination. Most communities value men's work more than woman's work. For example, if a woman cooks, cleans, and cares for the children all day, it is often still her responsibility to continue working to ensure her husband's comfort when he returns home from his daily job. This is because his work is considered to be more important than hers. In similar scenarios, the woman's children will grow up thinking men's work is more important, and value the work and contributions of women less. Women are often considered more emotional than men, and 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.

Terms

Gender: is a set of socially and culturally constructed roles, responsibilities, behaviors, and opportunities. Gender roles and expectations are learned, change over time, and vary within and among cultures.


Gender Role: Expectations of how men and women should act and what their roles are in society.

Gender Stereotype: An oversimplified or biased description of the abilities of men and women.

Sex: is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics. Sex distinguishes males and females exclusively by biological characteristics also a term used for sexual intercourse.

Stereotype: an oversimplified or biased description of a group, often negative and harmful. Stereotypes are often recognized as being illogical even though many people still believe them.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 


Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Typical Days

(20 minutes)

Ages: 10 to 14 years old

Split participants into two groups (see **Appendix 1. Group Formation Activities**  for ideas). Distribute one piece of flipchart paper and markers to each group. Ask one group to write, draw, (or tell) a story of what a typical adolescent girl in your country does from the time she wakes up to the time she goes to sleep and ask the other group to do the same for an adolescent boy. When the story-writing is finished, have the groups present their stories.



Ask:

- *“How are the typical days of an adolescent girl and boy different?”*
- *“What main activities occupy an adolescent girl’s life? And boy?”*
- *“Would it be possible for girls to complete the activities that the boy usually does? And vice versa?”*
- *“Did they have similar roles when they were children? When did their roles begin to change?”*

Activity 2. Act Like a Boy/Act Like a Girl Role-Play

(35 minutes)

Ages: 10 to 19 years old



Explain: *“We are about to do an exercise to discuss the term ‘gender roles’ and learn how someone’s gender roles are different from his or her sex.”*



Ask: *“What sex are you?”* [female]



Explain: *“Your sex is whether you are a male or a female. It is the biological, physical fact of being born a boy or a girl.”*

Write the definition of “sex” on the board or flipchart.



Ask: *“What are your gender roles – what are you expected to do?”* [e.g., cook, take care of children, be the provider, be the protector, fix things around the house, sew clothes, keep the household clean, etc.]



Explain: *“Gender roles are any expectations of a person based on their sex, that is what society or a culture expects from you based on whether you are male or female. Gender roles are learned (meaning you were not born into these roles) and can change.”*


Make sure participants understand that gender is determined by culture—it is how the community wants you to behave and think based on whether you are a man or a woman. If necessary, give the following example: *“A girl (or boy) from America and a girl (or boy) from this country have the same sex, but their gender roles are probably*

different because they were raised in different cultures. An adolescent girl from this country may be asked to stay home and take care of her brothers and sisters on the weekend, while an adolescent girl from America may drive her friends to the cinema. A man from this country might never help with the housecleaning, while a man from the United States would help with chores and the dishes after eating.”



Ask: *“Do boys and girls communicate differently in this country? Are girls able to make decisions as often as boys? Are boys and girls able to make the same kinds of decisions? How are relationships different for boys and girls? How are consequences different for boys and girls?”*

Tell participants that we will now do a role-playing activity to help think about typical gender roles in this country.

Divide the participants into two groups (see **Appendix 1. Group Formation Activities**  for ideas). Redistribute participants if the groups are not roughly equal sized. Present Scenario A to one group and Scenario B to the other group. Ask one group to create a 2-minute drama based on the scenario, where they act like girls. Ask the other group to create a 2-minute drama based on the scenario where they act like boys. When each group has developed and practiced their dramas for 10 minutes, allow them to present their role-plays to the whole group. Note that facilitators should adapt these scenarios to their particular cultural context:

- **Scenario A:** A mother and her daughter wake up in the morning. The mother grabs a broom and starts sweeping while the daughter grabs a bucket and goes to fetch water. After sweeping, the mother then starts washing clothes and the daughter gets back with a bucket filled with water and starts washing the plates. The daughter then goes to school. When the daughter gets back from school, the mother asks her to help prepare food for the family.
- **Scenario B:** A father and his son wake up in the morning. The father gets an axe and starts chopping firewood while the son feeds the animals. The father then goes to work and the son goes to school. The son returns from school and goes to play with his friends.

Activity 3. Boy Box, Girl Box

(30 minutes)

Ages: 10 to 19 years old

Draw two boxes on the chalkboard or flipchart. Write “girl” above one box and “boy” above the other box.



Ask: *“Thinking about what was presented in the role plays and your own life experiences, what can you say girls are ‘encouraged’ or ‘expected’ to do by society, culture, country, community, family, peers, etc.?”*

Write these comments (one or two word summary, symbols or pictures) on the INSIDE of the “girl” box.



Next ask: *“What are some things that girls are ‘discouraged’ from doing, or not ‘expected’ to do?”*

Write these comments on the OUTSIDE of the “girl” box. Repeat the same procedure with the “boy” box. Explain that boys and girls are often expected to act a certain way just because they are boys or girls.



Ask: *“Is there something inside the girls’ box that you wish was inside the boys? Why? Is there something inside the boys’ box that you wish wasn’t there? Why? Is there something outside the boys’ box that you wish was inside it? What does it feel like to be living inside the box? What are some examples of boys acting outside the box? What are the consequences of acting outside the box? When is it OK for a boy to live outside the box? Is it possible for boys to challenge and change existing gender roles? Is it different for boys in cities vs. rural areas?”*

Repeat the same questions for the girls’ box.

Activity 4. She Did Something Different

(20 Minutes)

Ages: 10 to 19 years

Ask the participants to think if they know anyone in their communities or society who has challenged gender roles. Share the story of a local person who has challenged gender roles (prepare this before the session), or read the story of Sarah, below:

- **Sarah the Pilot:** Sarah has four brothers and no sisters. While all her brothers did well at school, Sarah performed better than all of her brothers at school. Her brothers felt very uncomfortable about her success at school. They told her that she was only a girl and that the best that could happen to her was to get married and become a housewife. Sarah had a goal and dreamed of becoming an airplane pilot. When she told people in her village what she wanted to do they laughed and said, “Women can’t fly airplanes!” After years of studying and hard work, she went to university. At university she chose a subject that women usually do not study: aviation. She became the first woman pilot in the country. Now, everyone is proud of her success and she serves as a role model for both boys and girls.
- **Sam the father:** Sam is a farmer and has a daughter. He lives in a small community, where it is common for men who are angry to use violence with their wives; Sam is not comfortable with this. He remembers back to how his father used to be angry with his mother and how scared it made him. He loves his wife and wants to be the best husband and father he can be; he does not want to be violent with her. When he is angry or sad, he shares his emotions with his wife, even if it means crying. He shares housework with his wife because he knows how hard she works and he respects her contributions. At first, it was difficult for Sam and his family. People in the community rebuked Sam. However, the community began to see how happy his family was. His daughter was doing well in school, his family did not get as sick because his wife utilized the health clinic, and his family crops were the most profitable. As the community watched Sam’s family prosper, Sam became a leader in the community.



Ask: *“Is there someone from your community who has overcome obstacles to achieve his/her goal? What was the goal? What obstacles did he/she face? How did he/she overcome the obstacles? What was the end result?”*

Wrap-Up



Ask: *“Why is being aware of gender roles important in your life?”*

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Gender is influenced by cultural and social traditions, but gender roles can be challenged and changed!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice


Ask participants to consider the following questions:

- *“What do you see boys doing ‘because they’re boys’ and what do you see girls doing ‘because they’re girls’?”*
- *“Do you see any girls who are not ‘acting like a girl?’ or any boys who are not ‘acting like a boy?’ What is this person doing that is different? How is it interesting or good?”*

★ 4. Communication

Session Description

Participants practice non-verbal communication and communicating about sensitive topics, and learn tips for effective communication.

For more communication activities, see the *Life Skills and Leadership Manual's*  sessions *Active Listening*, p.116 and *Positive Communication*, p.133.

Learning Objectives

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

1. Define and demonstrate effective non-verbal communication.
2. Describe effective communication skills.
3. List good listening skills.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Non-Verbal Communication (15 minutes)
- House-Tree-Dog (15 minutes)
- Tips for Effective Communication (25 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Large sheets of paper (flipchart paper) and markers for each group (or notebooks and pencils).

Pre-Session Preparation

- None

Facilitator Notes

Communication is the process of sending and receiving information or thoughts through words, actions, or signs. Communication is a learned skill and the quality of communication often determines the quality of a relationship.

Non-verbal communication or body language gives meaning to what is said and includes tone of voice, facial expressions (smiling, frowning, etc.), eye contact, body position (sitting, standing, pacing, leaning forward or backward), touch, and actions. Body language can influence communication negatively or positively.

Verbal communication is when one person talks and others listen and react. Misunderstandings and problems can happen when one person talks for too long, speaks too softly, interrupts the speaker, does not listen carefully, or when there are loud noises in the background or other distractions.

Listening carefully is essential for effective communication. Many times the listener is busy thinking about what they are going to say and does not pay close attention to what the speaker is saying. This can cause misunderstanding and confusion. It is important to listen closely to everything that is said without interrupting and then react afterwards.

Terms

Communication: Process of sending and receiving information or thoughts through words, actions, or signs.

Non-verbal Communication: Facial expressions, eye contact, body position, touch, and actions that give meaning to what is said.

Body Language: See non-verbal communication.

Verbal Communication: When one person talks and others listen and react.

Effective Communication: Communication that avoids misunderstandings and improves relationships.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Nonverbal Communication

(15 Minutes)


Ages: 10 to 19 Years



Ask: “What are some different ways to communicate?” [e.g., smiling, talking, laughing, waving, talking with hands, writing, singing, etc.]



Explain: “Much of communication is nonverbal. Nonverbal communication is used to express a variety of emotions. For example, someone can communicate agreement by nodding.”

Divide participants into six groups (see **Appendix 1. Group Formation Activities**  for ideas). Assign each group two or three feelings/actions from the following list and ask them to practice silently acting them out without letting the other groups see: Anger, shyness, rejection, excitement, satisfaction, disappointment, fear, exhaustion/tired, worried/stressed, regretful, happy, yes, no, come here, stop, be quiet.

Instruct each group to act out their feelings/actions for the larger group, without speaking. Ask the other participants to guess what they are feeling. After each group has acted out their emotions, facilitate a discussion about non-verbal communication using the following questions:

- “What are other gestures or expressions that we commonly use?” [e.g., nodding, folding arms, crossing legs, standing with legs wide, smiling, rolling eyes, etc.]
- “Why do people use nonverbal communication instead of expressing themselves verbally?” [It comes naturally, to show they are listening, to react without interrupting, etc.]
- “Is it possible not to use nonverbal communication?” [No, or at least very hard!]
- “Can nonverbal communication contradict verbal communication?” [e.g., a person is visibly upset but says she is “fine.”]

Activity 2. House-Tree-Dog

(15 Minutes)

Ages: 10 to 19 years

Divide participants into pairs (see **Appendix 1. Group Formation Activities**  for ideas). Give each pair one marker and one piece of paper.



Explain: “This session will start with an exercise called ‘house-tree-dog.’ The instructions are as follows:

- The exercise is to be done without talking.
- Each pair sits facing each other, with the paper between them.

- *Both people hold the marker together and jointly draw a house, a tree, and a dog.*
- *Still without talking, they should write their names on the picture.”*

When all participants have finished, they should present their drawing to the group and describe their experiences creating it.

Ask the following questions:

- *“What happened?”*
- *“What did you encounter while drawing together?”*
- *“Was it difficult? Why?”*
- *“Did one person take control?”*
- *“How did this make the other person feel?”*

Write down key words described by each pair and further the discussion if needed.



Explain: *“Communication is so much a part of our daily lives that we take it for granted. It is not as easy as we might think to be a good communicator; it is a skill that requires practice.”*

Activity 3. Tips for Effective Communication

(25 Minutes)

Ages: 10 to 19 years



Explain: *“Effective communication’ refers to communication that avoids misunderstandings and improves relationships.”*



Ask: *“What do you think makes effective communication?”* [Fill in any areas not mentioned from the tips below.]

- Clear communication occurs when the message the sender intends to convey is the same as the message that the receiver understands.
 - People communicate both verbally and nonverbally.
 - It is important to check that your message was understood correctly, especially if it involves a difficult or emotional topic.
- In every situation, one of the most important techniques for good communication is listening well and with respect. However, cultural norms influence what kind of communication is considered appropriate.
- Active and nonjudgmental listening can enhance communication. When you are listening:
 - Try to understand the other person(s);
 - Say things that validate the other person, such as “I can understand how you feel,” or “Good point”;

- Make eye contact;
- Give positive nonverbal cues, such as a smile, nod, or pat on the back; and ask for clarification.
- Specific behaviors can enhance verbal communication. Common constructive behaviors include:
 - Stating feelings and starting sentences with “I” rather than with “You”;
 - Acknowledging that all people have a right to their feelings and opinions;
 - Avoiding being too directive, judgmental, or controlling;
 - Stating as clearly as possible what you want or what you do not want, and;
 - Helping identify possible solutions to problems.
- Many behaviors can impair communication.



Ask: “When you are trying to communicate, how does it feel to:

- *Be interrupted or not be heard*
- *Be criticized, called a name, or labeled?*
- *Be judged or made to feel guilty?*
- *Sense that the other person is trying to control the conversation?*
- *Received negative nonverbal messages, such as being frowned at?”*




Explain: “There are certain **STRONG** communication tips. When trying to effectively communicate, say:”

- **“I feel ...”** The emotion that you are experiencing. [e.g., “I feel scared and anxious.”]
- **“When you...”** What the other person did that caused you to feel the emotion [e.g., “When you drive quickly, it makes me feel afraid.”]
- **“Because...”** Why the action caused you to feel the emotion. [e.g., “Because I know bad accidents can happen when people drive too quickly.”]
- **“And I would like/want/need...”** What she would like to have happen in order to feel better. [e.g., “And I would like for you to please try to drive more slowly in the future.”]

Write these five steps on the chalkboard or flipchart:



Explain: “Now you will break into groups of five and role-play the following scenario to depict effective communication. Use the five tips we just discussed in your role-plays. Make sure to demonstrate good listening and respectful communication!”

Read the following role-play scenario. Divide the participants into groups of five (see **Appendix 1. Group Formation Activities**  for ideas). Allow participants time to plan and practice role-plays before asking them to present for the group.

Role Play

A mother asks her two children to walk to town and buy bread, flour, rice, and milk. The oldest, Dorcas (aged 16), had promised to meet her friends in five minutes at the big tree, where they usually play, around the corner. She does not want to go to town. The youngest, Bright, is happy to go to town, but he is much younger (aged 7) and cannot walk to town alone because the route is steep and dangerous and he will not be able to carry all of the groceries. The siblings need to negotiate the situation between themselves and their mother.



Ask: “Which feelings and emotions were communicated during the role-plays? Were they expressed verbally or nonverbally? How did communicating the emotions and feelings affect the outcome of the situation?”

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Healthy communication can lead to a healthy relationship!

Possible wrap up questions to ask the group, to help them apply the learnings from the session:

- How can we apply what we have learned to classes?
- How can we apply what we learned to our relationships with friends or family?

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should watch how nonverbal communication is used as they interact and communicate with family and friends. Then they should be prepared to share one example of nonverbal communication and how it affected the outcome of a situation.

★ 5. Self-Esteem

Session Description

Participants learn about self-esteem and self-image, and identify qualities they like in themselves and each other.

For more sessions like these, see the **Life Skills and Leadership Manual**  on Personal Development including *Me and My Assets*, p.16, *Building Self-Confidence*, p.44 and *Choosing Positive Values*, p.60.

Learning Objectives

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

1. Define the term “self-esteem”;
2. Describe the link between self-esteem, assertive behavior, and good decision-making;
3. List qualities that they most admire about themselves;
4. List areas in which they would like to improve;
5. Identify the strengths of others in the group;
6. List qualities others admire in them.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Self-Esteem building (15 minutes)
- Who Am I? (20 minutes)
- What is Self-Esteem? Where Does it Come From? (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Paper and pens/pencils for each participant
- Tape, pins, paper clips, or clothespins for each participant

Pre-Session Preparation

- None

Facilitator Notes

Self-esteem describes how people feel about themselves. People with high self-esteem recognize their own personal worth. They have confidence, courage, and strength. They know that they are worthy of love and respect and they respect themselves. When people feel worthy of love and respect, they expect it from others. Having self-esteem does not mean that a person never gets upset or angry with him or herself. Someone with high self-esteem can accept his or her mistakes and move on. Those who feel good about themselves will be less likely to fall under another person's pressure to do something they really do not want to do. 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.

People with low self-esteem may not trust their own values or decisions and will be more likely to fall under the influence of others. In order for young people to develop and effectively use life skills, they must have an understanding of their own worth. Developing the self-worth and self-esteem of the participants is an integral part of all life skills sessions in this curriculum.

Terms

Self-Esteem: How people feel about themselves.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Self-Esteem Building: “A Pat on the Back”

(20 minutes)

Ages: 10 to 19 years

Note to facilitator: This is a short, fun, and “feel good” activity to raise self-esteem and build team spirit. It is conducted most successfully with a group that has been together for a while and knows each other well. You might use it during the self-esteem sessions or at any time for a “pick-me-up” and a group bonding experience.

Also, as some participants may be a bit shy in the beginning, this may be one of the few moments someone openly recognizes some of the participants in this manner. In some cultures the opportunities to ‘pat’ someone are few and far between.)

Give one sheet of paper, a pen, and something to attach the paper (tape, pin, paper clip, clothespin) to each participant.



Explain: *“We have all made an impression on each other in one way or another. We all have some positive things that we would like to say to each other, but sometimes we forget to tell each other the good things. This exercise gives us an opportunity to share with each other the impressions we have of each other and have some fun at the same time.”*

Note to facilitator: It is important to stress that participants focus on positive and good things to avoid having anyone writing negative things on the cards. Also, this activity works best with a group that is pretty unified, meaning there are not any serious conflicts in the group—if participants begin to start writing funny insults or unkind comments, it could derail from the goal of the activity. To achieve the goal of the activity, this concern can be mitigated by emphasizing in particular the two questions for participants to consider for guidance regarding **what they write** instead of just saying to write “something nice” about that person.



Instruct: *“Now write your names on an upper corner of their papers and make a symbol that represents you in the center. You could trace your hand, draw a star, heart, or sun—anything that represents you. Next, attach your papers to your backs.”*

Ask the participants to think about the different people in the room. Use the following questions:

- “What positive words would you use to describe each person?”
- “What happy message would you like to give to different people in the room?”



Explain: “When I say, “Go!” you should move around and write one (or two) word(s) on each other’s papers (or draw symbols to represent those words).”

When most seem to have finished, say, “Stop!” and let the participants remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive messages others have for them! You may also spend some time having each participant share with the group one message that particularly makes them happy or proud.

Activity 2. Who Am I?

(20 Minutes)

Ages: 10 to 19 years

Make sure each participant has a notebook (or piece of paper) and pencil.



Ask: “Taking a moment to look at your own self-image, what are the most important parts of you? How do you see yourself?”

Invite participants to write 10 sentences that start with the words, “I am...” If participants are not able to write, ask them to draw a picture that includes 10 things to describe themselves. (Examples might be: “I am an intelligent young man.” Or “I am a really good friend to others.”) Emphasize that this exercise will not be collected but is for their personal use only.



Explain: “Next, put a check mark next to the things you like about yourself. Put a question mark next to the things you want to change.”

Next, ask participants to try to think of something positive about each thing they would like to change. For example, if someone wrote “I argue with my friends a lot” they may counter that with “because I am a very strong person who stands up for myself”.

Ask participants to think about the following (they do not need to share their answers):

- “In looking at your own lists, would you say that you feel positive about yourself in general, or are there many things you feel you need to improve on?”

Activity 3. What Is Self-Esteem? Where Does It Come From?

(20 Minutes)

Ages: 10 to 19 Years

Notes to facilitator:

1. A possible adaptation to this activity could be to bring in someone from the community, a role model, a motivational speaker with demonstrated high self-esteem, to address the participants on this topic.
2. Be prepared to mitigate any possible bad feelings that may result from large disparities in the compliments some participants receive in relation to others. This could be done by having all participants choose a select number of compliments and/or by emphasizing that everyone has unique and different things that are beautiful about them, so different people will have different things written on their paper, and that is ok.)

Ask participants to brainstorm: What is the meaning of the term, “self-esteem”? [How you see yourself, believing that you are worth a lot, personal strength, etc.]. If the term does not translate, use a similar term that does.

List the answers on the flipchart or board.



Explain: “*Having good self-esteem is an important part of building good decision-making, communication, and thinking skills.*”



Ask: “*Where do you think self-esteem comes from?*” [How your parents raise you or treat you, belief in God, image of girls or boys in the community, treatment by brothers, sisters, other family members, personal reflection on our lives, etc.]

Discuss each answer and jot them down on the flipchart or chalkboard.

Wrap-Up

Have participants stand up, one by one, and read out what their papers (from Activity 1: A Pat on the Back) say about them. (e.g., “My name is _____, and I am beautiful, powerful, smart, dynamic, strong, a true leader.”) This can be a powerful reinforcement to self-esteem, as the participants actually “own” the statements by reading them aloud and sharing them with the group.

Key Message: Healthy communication can lead to a healthy relationship!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to tell someone three things that they (the participant) like about them (the other person) to improve their self-esteem. This activity may also be done anonymously: instruct participants to write their names on the top of a piece of paper and pass that paper around to all their peers. Each participant then lists what they like about every other person in the group on the corresponding piece of paper then hands it back to its owner.

6. Goal Identification – The Road of Life

Session Description

Participants draw a “road map” of their lives and visualize their goals for the future.

For more sessions like these, see the ***Life Skills and Leadership Manual's***  Unit 3 on *Goal Setting and Action Planning*.

Learning Objectives

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

1. Reflect on their lives and their resources.
2. Identify future goals and the resources that will help them achieve their goals.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- The Road of Life (1 hour)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Colored pens or pencils
- Piece of paper for each participant

Pre-Session Preparation

- None

Facilitator Notes

The Road of Life can be a powerful activity to draw out the participants' life experiences. Some participants, as mentioned in this activity, may have had real 'bumpy' moments. Some participants may readily share these experiences. The facilitator should be prepared to address the sensitivity that the exercise may draw, and how important it is that every participant should respect that, for the activity to be successful.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. The Road of Life

(1 hour)

Ages: 10 to 19 years



Explain: *“In this exercise we will do a drawing to help us think about our lives so far, and where we will go in the future. We will draw some of the things (or people) which have helped us and those which can help us to achieve our goals. We are going to start by looking at our own lives so far. We are going to think of our lives as a road that we travel along. Sometimes the road is bumpy; sometimes it is smooth.”*

Give all of the participants a sheet of flipchart paper and some colored pens or pencils. Get them to spread out on tables or on the floor so they have plenty of room for drawing.



Instruct: *“First draw yourself in the middle of the paper. Then draw a winding road from a bottom corner of the paper that winds up to the drawing of yourself, and then continue from there to a top corner. Draw your own road on a chalkboard or flipchart paper for all participants to see a demonstration of the activity.”*



Say: *“This is the road of your life. In the bottom corner, where the road starts, this is where you were born. Draw a picture of yourself as a tiny baby in the bottom corner.”*




Ask: *“Now thinking about the road you have travelled between being born and now, what are three significant things (good or bad) that have happened in your life so far?”*

Show the participants on your road where they should draw.



Instruct: *“Now draw something on the first part of their road to show those three events.”*


Note to facilitator: It is better not to make particular suggestions about what to draw, as participants are likely to then draw what has been suggested.

 **Ask:** “Many of you have faced big challenges in your lives, but you have continued on your roads. What are some things that have helped you along your road so far?” [e.g., people, places, something within yourself]


Instruct participants to draw anything that has helped them on the first part of the road. Ask if participants have any questions or anything they want to share with the group so far.


Explain that now we are going to think about the future. Ask the following questions:

- “Where is your road taking you?”
- “Where do you want to get to?”
- “Think of yourself in 5, 10 or 15 years’ time, where will you be?”

 **Instruct:** “Now draw three things you want to achieve in the future (where you will be in 5, 10, or 15 years) on the next part of your road (the part between yourself now and the top of the paper).”

 **Ask:** “Which things do you think will help you to achieve your goals?”

 **Instruct:** “Now draw beside the road anything you think will assist you. For example, it could be people, places, or things within yourself.”


 **Explain:** “Those of you who wish to may put your roads on the wall. But if others do not want to, that’s fine. The road drawing is for you to keep.”

Encourage the group to walk around and look at each other’s drawings. Ask if one or two people are willing to volunteer to describe their drawings to the group.

Note to facilitator: Remind the group that everybody has a different drawing style, so the objective is not to compare drawing ability, but to understand the events and the helpers in each other’s lives.

Wrap-Up

Instruct everyone to form a circle.

-  **Ask:**
- “What were your reflections on the exercise?”
 - “What was it like thinking about your lives so far?”
 - “Was it hard or easy to think about the road of your life?”
 - “Does anybody want to share their significant events?”
 - “Can anybody tell us which things have helped them on their journey so far?”

- *“What about the future?”*
- *“How was it to think about your goals and wishes for the future? Was it hard or easy?”*
- *“Does anybody want to tell the group one of their goals for the future?”*
- *“What were some of the things that will help you to achieve your goals?”*
- *“Are there things related to this that you would like to learn more about?”*

Note to facilitator: Be aware that the exercise may have brought up difficult feelings for some participants. Let participants know who they can go to if there are things they would like to talk more with someone about.

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Keep your goal(s) in mind! This will help you make the most of the resources around you on your path to achieving your dreams.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should write (or think of) three things they can do or are already doing to get started on the path towards achieving their goals. Explain that if a participant cannot think of three steps, he or she should write (or think of) his/her goal and be prepared to share it with the group during the next session to get the group feedback on how to get started towards achieving his/her goal.

★ 7. Goal Setting and Achieving

Session Description

Participants learn what goals are and practice developing goals using a basic outline.

For more sessions like these, see the *Life Skills and Leadership Manual's*  Unit 3 on *Goal Setting and Action Planning*.

Learning Objectives

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

1. Define what a goal is
2. Use a simple planning process to set realistic goals and objectives in everyday life

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Football Exercise (25 minutes)
- Phases of Goal Setting (25 minutes)
- “I Can’t” Funeral (10 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Paper and pens/pencils for each participant
- Football

Pre-Session Preparation

- Locate an area where participants can play a quick game of football

Facilitator Notes

A goal is something that you want to achieve or accomplish. It can be something to do, someplace to go or something to have. Goals give us something to look forward to and can motivate us and give us 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.** Starting off with realistic and easy to manage goals creates confidence to make other, greater goals in the future. In order to reach a goal, one must have a plan with steps to achieve the goal and to overcome possible difficulties along the way.


If football/soccer is not a big sport at your post, please feel free to adjust the section to fit in with a common sporting code at your post.

Terms

Goal: Something that you hope to achieve, especially when much time and effort will be needed.

Bullying: Unwanted, aggressive behavior among school aged youth that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Football Exercise

(25 minutes)

Ages: 10 to 19 years

Drop the football on the floor and let the participants play a quick game of football. If you do not have a football, make one out of plastic bags and string or ball up a piece of flipchart paper.

When they have finished:

Ask the participants if anyone can explain to the group what a goal in football is and its purpose. If needed, explain: In football, a goal is when you score to benefit your team. It is something you strive to do throughout the entire game – you and your team try to accomplish as many goals as you can in one game. Now let's pretend we have front row seats for everyone in the room to see Brazil play against [insert your country here] in the World Cup. When you arrive in the arena where the games are being held, you notice that there is something strange

about the field. The players are kicking the ball around, but nothing is happening. There are no goals. Without goals, the game does not have a purpose. Same in life: if you have no goals, you are just on the field aimlessly kicking the ball around.

Tell participants that in order to develop goals, one should use this simple outline (write it on the chalkboard or flipchart as you describe it):

Mission statement: A brief sentence explaining what you want to accomplish (e.g., to go to teacher college)

- **WHAT:** Be specific; explain the mission statement more here (e.g., to study to be a teacher).
- **WHO:** The people who will help you toward your goals (e.g., parents, teachers, and school administrators).
- **WHERE:** A place, anywhere in the world (e.g., local and national colleges or schools).
- **WHEN:** Set up a timeline and a specific date (e.g., study to take tests next year, to be in a teacher's college within three years).
- **HOW:** Make lists of ideas to achieve goal—explain “to do” lists (e.g., research what teacher colleges exist in the area; talk to teachers back home; contact friends and relatives who could help; look in the newspaper and on the internet for information and, possibly, groups to support me emotionally or financially).
- **WHY:** Should refer back to the mission statement (e.g., because I have a lot to offer my community as a teacher).

Activity 2. Phases of Goal Setting

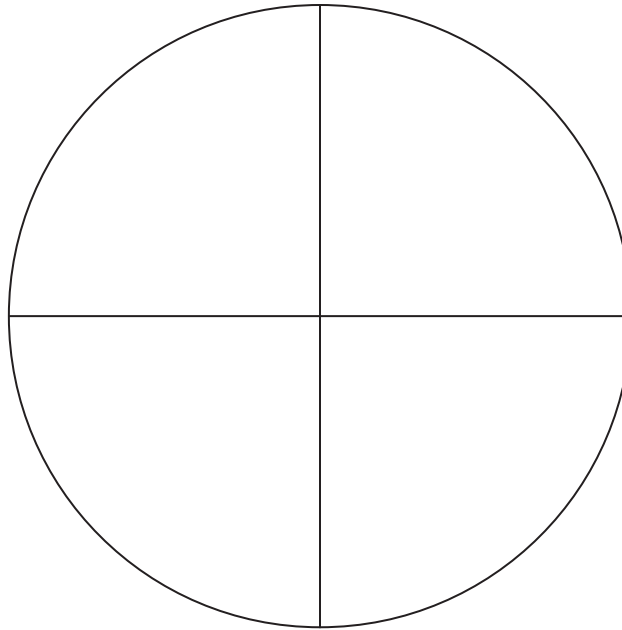
(25 Minutes)


Ages: 10 to 19 years


Remind Participants: Goals are very important in life, just as in football. Also like in football, when setting a goal you will miss a few shots. Famous Argentinian footballer, Lionel Messi, did not walk off the field when he missed a shot. He is not considered a failure. Expect to have failures and challenges as you work towards your goals.

Draw a circle on the board and divide into four quarters. Start with the upper right quarter and go clockwise to explain the Four Phases:

- **Phase 1 – The Good Times.** The period when everything is perfect, goals seem very reachable.
- **Phase 2 – Problems Arise.** The period when reaching goals might start to fail. People tend to quit, give up. Seems like no answer in sight.
- **Phase 3 – Solutions to Problems.** When you are determined to follow your goal, know that to each problem there is a solution. This requires creativity and being open to new ideas.
- **Phase 4 – Growth.** Once you have gone through the phases, you have grown and you are excited and ready for more. The circle starts all over again.



Explain that these phases do not always occur one right after the other, that you may develop a solution to a problem and then another problem may arise before there is growth, etc. Divide the participants into small groups (see **Appendix 1. Group Formation Activities**  for ideas). Redistribute participants if the groups are not roughly equal sized.

 **Explain:** *“In your small groups, you will write (or draw) out your group’s goals, with each individual sharing their own goals. Refer to the four phases when thinking about how you will do this. Follow the outline of the 1) Mission Statement, 2) What, 3) Who, 4) Where, 5) When, 6) How, and 7) Why like we discussed before.*

Remember dreaming is FREE and does not cost a thing. So in this exercise, try to dream big, crazy, and be open to new things. Anything is possible if you really want to achieve it!”


When participants have finished, have the small groups share with the larger group.

Activity 3. Goodbye “I Can’t”

(10 Minutes)

Ages: 10 to 19 Years

Distribute pieces of paper to all participants.

 **Explain:** *“Now you will think of things you cannot do. Maybe you feel you cannot stand up to your friends if they are bullying another student, travel to the other side of the country to visit your aunt, go to university to be a doctor, or be assertive with your big brother if you disagree with him. Write (or draw) these things on your piece of paper. Try to think of at least three things.”*

When the participants have finished writing,



Say: *“We are gathered here today to say goodbye to someone who has been around for a long time. We are going to say goodbye to the things that we think we cannot do. It is important to believe in yourself- with strong self-esteem and well-planned goals, you can achieve anything you want. This is a goodbye to “I can’t” because you can do these things you think you can’t do. Don’t allow others to tell you that you can’t do something.”*

Instruct the participants to tear their “I can’t” papers into small pieces.



Say: *“You can do anything you set your minds to!”*

Wrap-Up

Ask participants to summarize what they learned. Fill in any key points they miss.

**Key Message: Goals can be achieved by making realistic plans –
Anything is possible if you really want to achieve it!]**

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Ask participants to set a goal for what they want to achieve during their participation in GLOW or other empowerment camps, youth group, grade 8, etc. Remind them that during the next session, these goals will be discussed.

8. My Relationships

Session Description

Participants draw a representation of their different types of relationships and think about how they value each one.

For more sessions like these, see the *Life Skills and Leadership Manual's*  Unit 2 on *Interpersonal Development*.

Learning Objectives

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

1. Identify the different relationships in their lives.
2. Name qualities they value in themselves and that they seek in close relationships.
3. Strengthen their critical thinking skills.

Time – 65 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Visual Representation of Relationships (45 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Paper and pens/pencils for each participant

Pre-Session Preparation

- None


Facilitator Notes

Relationships can provide a source of support beyond what family or peer groups can offer. Youth may spend time with just one friend or a small group of friends. These friends can be quite important. They can help young people share ideas, thoughts and experiences without fear or betrayal. They may share experiences about bodily changes, which can help them to feel normal. In such friendly groupings, youth can explore and discover themselves as people, a natural part of the search for identity. Youth tend to select friends with characteristics similar to their own as a way of confirming their own opinions and sense of self-worth. As young people move through puberty and adolescence, many begin to have boyfriends or girlfriends. Having a boyfriend or girlfriend can involve going places or spending time with someone in order to get to know him or her better or having feelings for each other and wanting to be more than just friends. This can be fun and exciting, but it can also create problems. For instance, young people may want to date before their parents think they are old enough or they may not feel ready to date but their parents or peers push them into it. Sometimes group activities are more comfortable and safer than individual or private dates.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Visual Representation of Relationships

(45 minutes)

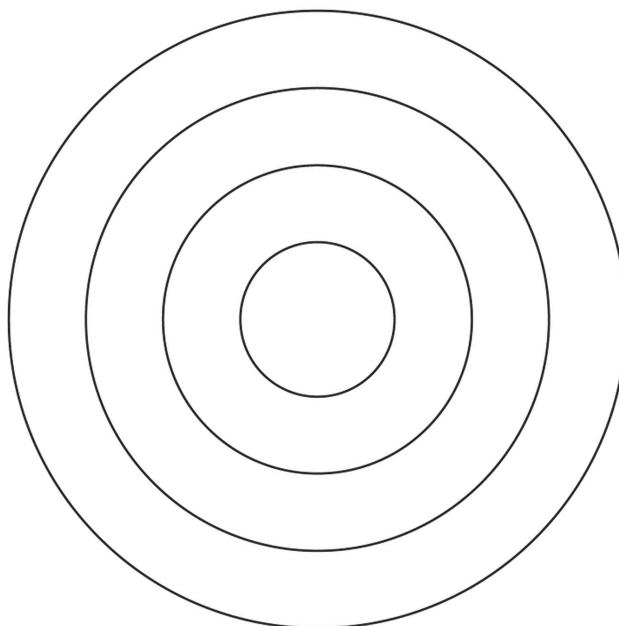
Ages: 10 to 19 years

Today's session will help participants identify different types of relationships they have with people.



Instruct: *“Everyone should use their pencil and notebook to make a personal list of their relationships and connections with other people.”*

For those who cannot write, they can come up with a list in their heads. Invite a few participants to share their lists voluntarily. Note on the chalkboard or flipchart the different kinds of relationships they mention, such as those with relatives, friends, or neighbors. On the chalkboard or flipchart, draw a diagram of four concentric circles (like the one below).




Instruct participants to take out a blank piece of paper.

Explain the following steps: *“Draw a series of four circles, from small to large, like the ones I have drawn. Use your whole sheet for the largest circle.*

“In the smallest circle, write your name (or draw a picture of yourself).

“Think about the different people in your life. Just outside that small circle, write the names (or draw simple pictures) of those who are closest to you.

“In the two outer circles, put the names (or pictures) of those who are not as close.”

Divide the participants into groups of three or four (see **Appendix 1. Group Formation Activities**  for ideas), and instruct them to explain their drawings to the other members of their small groups. When the participants have had adequate time to explain their drawings, facilitate a discussion with the following questions.

- Did everyone in your group list the same kinds of relationships or were there differences?
- Did everyone place their family members, friends, neighbors, teachers, religious leaders, or others in the same circle or in different circles?
- What are some words that describe what you value in the people you feel closest to? [e.g., honest, respectful, sharing, caring, trusting, fun, safe, understanding, reliable, interesting, loving]

Write these words on the chalkboard or flipchart.



Explain: *“I am going to read some statements that ask you to think about what you have on your page. Think about these things quietly in your heads. Thinking about them will help you explore the qualities that you value most in your relationships.”*

Read the following statements, pausing between each so that participants have adequate time to think:

- *“Think about one person on your page whom you would like to have moved closer toward the inner circle. Pick one word that most describes what you value in that person.”*
- *“Now think about one or two of the words on the board that you think people would say describe you.”*
- *“Think about what kind of friend you are to others, not just how other people are friends to you. Think about which qualities you could develop to become an even better friend?”*



Explain: *“Now you have thought about what qualities you value in relationships, choose one quality you value highly – either in yourself or in others – and celebrate it by writing it on your paper (or drawing what it represents) with decorative letters or in a creative style. As you write (or draw), think about what the word means to you.”*

Wrap-Up

Ask participants to summarize what they learned. Fill in any key points they miss.

Key Message: Each individual values different characteristics in others, leading to many different types of relationships.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to think of three qualities they like in a friend or family member. They should identify why those qualities are important to them and be prepared to share their thoughts in the next session.

Reproductive Health

Sessions 9 - 18

Reproductive Health



9. Life Cycle

Session Description

Participants learn about the changes that occur at each stage of the life cycle, with a focus on adolescence and puberty.

Learning Objectives

By the end of this session, participants 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 – 70 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Stages of Life Cycle (20 minutes)
- Puberty Sketches (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Trainer Material: Life Cycle Stages and Events

Pre-Session Preparation

- None

Facilitator Notes

Humans grow and age through various stages in their lifetime, a process known as the human life cycle. Various points along this cycle of life offer individuals a range of growth and development, both on physical and emotional levels. As a person moves through life from one stage to another, he or she also experiences a constant progression of cellular life, death and regeneration, from the moment of conception to the moment of death. Table 1: Life Cycle Stages and Events in Activity 1 below outlines different physical and emotional

characteristics of each of the stages of the life cycle. Be familiar with the content of this chart before the session starts. Participants will be brainstorming the characteristics of each stage during the first activity, with information below to be filled in by the mentor as needed. Try to use local language terms in order to communicate effectively with the participants.

Terms

Life Cycle: The process of changes through which a human goes during their life, including infancy, childhood, adolescence, adulthood, and old age.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Stages of the Life Cycle

(20 minutes)

Ages: 15 to 19 years



Explain: “*This session is about the physical and emotional changes people go through as they grow up.*”

Write down the five stages of the life cycle (infancy, childhood, adolescence, adulthood, and older age) as headings on a chalkboard or flipchart. Ask participants to brainstorm the physical and emotional characteristics of each stage:

- “*What can a baby do? How does a baby feel?*”
- “*What can a child do? How does a child feel?*”
- “*What can an adolescent do? How does an adolescent feel?*”
- “*What can an adult do? How does an adult feel?*”
- “*What can an elderly person do? How does an elderly person feel?*”

Note to facilitator: Since participants are adolescents, be sure to spend the most time focusing on the emotional and physical changes of the adolescent stage. Be sure to note, though, that each of these changes could happen during more than one stage (e.g., worry might happen throughout adulthood and old age as well as during adolescence).

Write the responses and comments on the chalkboard or flipchart. Facilitate a discussion if there is disagreement. Ask participants to think about their own experiences and their family situations. Make sure the physical and emotional characteristics outlined on Table 1: Life Cycle Stages and Events are mentioned. As each response is given, ask if everyone in the group agrees with the comments. Explore the most important ones in greater detail.

Use the table: Life Cycle Stages and Events to show the stages of the life cycle.

Table 1: Life Cycle Stages and Events

INFANCY (Birth to 3 years)	CHILDHOOD (4 to 12 years)	ADOLESCENCE (13 to 20 years)	ADULTHOOD (20 to 50 years)	OLD AGE (50 years+)
Bond with parent Get early needs met Learn to trust Experience touching by another person Develop gender identity Society ideas of gender roles Boys and girls touch private parts and wonder why girls and boys private parts are different Can experience orgasm Toilet training Erection of penis in boys Lubrication of vagina in girls	Learning gender role Beginning of independent behavior Childhood sex play Same-sex friendships Masturbation or the sexual stimulation of the genitals usually done with hands or fingers Family life education may be taught Beginning of puberty Vaginal discharge in pre-pubescent girls	Puberty Menstruation in girls Producing sperm in boys Onset of sexual desire in both males and females Wet dreams in boys Strong need for independence with difficulty giving up dependent status Emotional ups-and-downs Worry Learning through radio, advertising, television ways to be an adult man or woman Masturbation Experimentation with boyfriends/girlfriends Having sex Possibility of family planning decisions Possibility of pregnancy or impregnating someone	Forming of long-term sexual relationships Building closeness in a relationship Setting long-term goals and making plans to reach them Possibility of family planning decisions Possibility of pregnancy and childbirth for women Possibility of fathering children for men Family life education for one's own children Reduced possibility of pregnancy for women	Need for touching and affection If healthy, continuing interest in sex and ability to perform Menopause or when women reach the stage where they can no longer become pregnant Grandparenthood Death of a loved one

Reproductive Health

Activity 2. Puberty Sketches


(30 minutes)

Ages: 10 to 19 Years



Ask: Would some participants like to volunteer to speak about the physical and emotional changes of adolescence and puberty from their personal experiences?

Note to facilitator: Participants can also speak about the experiences of someone close to them who has gone through puberty.

Divide participants into groups of four (see **Appendix 1. Group Formation Activities**  for ideas). Assign each group a specific physical or emotional change of puberty to use as a focus for a dramatic sketch (use Table 1: Life Cycle Stages and Events for ideas on the physical and emotional changes to assign). Give each group five minutes to prepare a two-minute sketch to present to the entire group.

Use the remaining session time for participants to present their sketches. Wrap up by addressing any questions participants have about the physical and emotional changes of puberty.

Wrap-Up

Ask participants to summarize what they learned. Fill in any key points they miss.

Key Message: Each stage of life is associated with a normal set of physical and emotional changes.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to identify one infant, one child, one adolescent, and one old-aged person and think about how their life experiences are shaped by their life stage. Events for the life stages, such as the physical and emotional changes which we learned about today, should be considered.

10. My Body is Changing – Am I Normal?

Session Description

Participants practice communication skills, discuss and draw out the changes that occur during puberty, and discuss how they can help each other through puberty.

Learning Objectives

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

1. Describe the physical and emotional changes that occur during puberty.
2. Understand that these changes that occur during puberty are normal.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Physical and Emotional Changes in Boys and Girls (20 minutes)
- Puberty: Is it normal (25 minutes)
- Making Puberty Easier (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- 4 large pieces of blank paper and pens, pencils or markers
- Trainer Material: Physical (and Emotional) Changes During Adolescence

Pre-Session Preparation

- None

Facilitator Notes

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. Hormones trigger these physical changes. 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. Puberty lasts for about 2-5 years.

When discussing the physical changes experienced during puberty, be sure to relate them to the emotional changes that go along with them.

Terms

Adolescence: The period of time when people transition from childhood to adulthood, usually between ages 10 and 19.

Hormone: A chemical substance produced in the body that controls and regulates the activity of certain cells or organs.

Puberty: The physical and emotional changes that people go through during adolescence; results in sexual maturity and capability for reproduction.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 


Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.


Activity 1. Physical and Emotional Changes in Boys and Girls


(20 minutes)

Ages: 10 to 19 years

 **Explain:** *“Adolescence is the time in everyone’s life when they change from a child to an adult. Adolescence is the age between 10 and 19. This process of change is called ‘puberty.’ Puberty is a normal process that everyone goes through. Today we are going to learn about the physical and emotional changes that occur during adolescence.”*

Note to facilitator: This activity and others in this section may be done with boys and girls separated.

Divide participants into three groups (see [Appendix 1. Group Formation Activities](#)  for ideas). Hand a piece of paper and pencils to each group. Assign one of the following types of changes to each group: 1) boy’s physical change, 2) girl’s physical changes, 3) emotional changes.

 **Explain:** “Now you will write (or draw) the changes that occur during adolescence in the category assigned to their group.”

When they have finished writing down changes, ask two participants from each group to share their group’s list. Write the responses on a chalkboard or flipchart.

Ask if the participants from other groups have any changes to add to the list. Help distinguish between physical and emotional changes. Point out any other changes that were not mentioned. Use Box 1: Physical Changes During Adolescence as a guide.

BOX 1: PHYSICAL CHANGES DURING ADOLESCENCE

PHYSICAL CHANGES IN BOYS	PHYSICAL CHANGES IN GIRLS
<ul style="list-style-type: none"> • Shoulders broaden • Facial hair • Voice deepens • Sperm production and ejaculation • Wet dreams 	<ul style="list-style-type: none"> • Hips widen • Breasts develop • Ovulation and menstruation
<p>PHYSICAL & EMOTIONAL CHANGES IN BOTH</p> <ul style="list-style-type: none"> • Grow in size • Weight gain • Pubic and underarm hair • Genitals enlarge • Acne • Sexual feelings • Changes in mood • Feel embarrassed easily • Feel closer to friends than family • Feel shy • Better able to reason and solve problems • Rebel against parents, want to be independent • Concerns about being normal • Experimentation 	

Share the following puberty messages with the participants:

- *“Puberty begins and ends at different ages for everyone. Participants go through puberty related changes (physical and emotional) at their body’s own pace. This cannot be controlled and is biological (it is programmed in your body). This variation in change from person to person is normal.”*
- *“Girls often begin changes of puberty before boys. This difference in changing is also biological and is therefore normal.”*
- *“During puberty, the body produces increased hormones that cause physical changes in the body as well as changes in feelings and behavior. It is possible to feel very energetic and excited one moment and tired and upset or anxious the next. This emotional up and down is normal.”*

- *“During puberty, both girls and boys experience sexual desires. These feelings may involve physical changes, such as a rapid heart rate, a warm flush in the face and/or genitals when sexually excited. It is important to remember that these feelings of desire and/or night sexual excitement are normal and signs of a healthy body.”*
- *“A few ways to handle sexual excitement may include masturbation, fantasizing, physical activity such as football, or putting the mind on something else. Sexual excitement does not mean that one has to have sex. Nothing bad will happen if you do not have sex.”*
- *“During puberty, boys’ and girls’ bodies change. Young people should be aware that as their bodies change, they may attract wanted and unwanted attention. The important thing is to remember to feel good about yourself. Use strong communication skills to let someone know if the attention they are giving you makes you feel uncomfortable.”*



Explain: *“One of the biggest changes a girl experiences during adolescence is the start of menstruation.”*



Ask: *“What happens to girls in your community once they start menstruating?”* [They are seen as women; they stay inside during menstruation, etc.] *“What happens to boys in your community once they start growing hair on their bodies?”* [They are seen as men, etc.] *“How can girls and boys support each other during puberty?”* [They can be aware that puberty affects everyone, they can help to address gender expectations during puberty that might be harmful, etc.]

“How do you feel about what happens to girls/boys in your community once this starts – is it good or bad, do you wish something different happened?”

Note to facilitator: Another way to do this activity is to write the changes on slips of paper and have the groups match them according to which group the change happens to (boys, girls, or both) on a flipchart or chalkboard.

Activity 2. Making Puberty Easier

(15 minutes)

Ages: 10 to 19 Years

Remind participants that while puberty is an exciting time of change, it can also be challenging.



Ask: *“What are some things that could help one get through these changes?”* [Social support from peers, talking to a mother, sister, aunt, or friend, get knowledge and information about bodily changes from health providers or books, keep busy to distract your mind, etc.]

“What is one of the most embarrassing or challenging aspects of puberty for girls?” [e.g., soiling their pants/dress during menstruation; unwanted attention due to growing breasts, etc.] *“What is one of the most embarrassing or challenging aspects of puberty for boys?”* [e.g., wet dreams; change in voice, etc.]

“What can you do to help each other?”

Wrap-Up

Ask participants to summarize what they learned. Fill in any key points they miss.

Key Message: Boys and girls go through different physical and emotional changes during puberty – all of these changes are normal and represent a healthy body!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to talk to a friend or a trusted adult about the body changes they are experiencing.

11. How Does Pregnancy Happen, Anyway?

Session Description

Participants learn the parts of the reproductive system, how menstruation and pregnancy happen, and about menstrual hygiene.

Learning Objectives

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

1. Describe the menstrual cycle.
2. Describe how conception occurs.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- The Female Reproductive System (25 minutes)
- The Male Reproductive System (25 minutes)
- One New Thing About Our Bodies (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Watch or timing device
- Slips of paper (blank or already containing the health terms listed on the next page)
- Trainer Materials: The Male Reproductive System, The Female Reproductive System, and How Pregnancy Happens. These are illustrated throughout the session.
- Examples of sanitary supplies that women in the area use during menstruation

Pre-Session Preparation

- Be familiar with local resources that can help participants learn more about pregnancy (perhaps written material, or a clinic/community health center)

Facilitator Notes

Depending on the availability of reproductive health experts in the community, you may ask an outside expert to facilitate this session. However, make sure the expert is indeed a content expert AND at ease working with young people.

- Be familiar with the trainer materials for this session (The Male Reproductive System, The Female Reproductive System, and How Pregnancy Happens).
- Be prepared to share resources with participants about how they can learn more about pregnancy, perhaps written material, or a clinic/community health center.
- Be prepared to discuss how girls can take care of themselves during menstruation. You should know what women in the area use during menstruation; this includes what sanitary supplies are available locally. Bring in examples to show. For example, in some places tampons may be available, while in other places they may use cotton wool, cloth or pads. There are aspects of this session that should be checked for cultural acceptability.
- Be familiar with local cultural norms and adjust sessions accordingly.

Terms

Bladder: The sac where urine is collected before excretion.

Cervix: The neck-like passage from the uterus to the vagina.

Clitoris: A sensitive area near the top of the opening of the vagina that helps a woman have sexual pleasure.

Ejaculation: Release of semen from the penis during orgasm.

Erection: The stiffened and swollen state of erectile tissue, especially that of the penis, usually as a result of sexual arousal.

Fallopian Tubes: Tubes which connect a woman's ovaries to her uterus.

Fertilization: The fusion of a male sperm cell and a female egg; necessary before an egg can begin to grow into an embryo.

Implantation: An event that occurs early in human pregnancy when a fertilized egg adheres to the uterus wall.

Labia: The two folds of skin, or lips, at the opening of the vagina.

Menstrual Cycle: The period of time beginning on the first day of a woman's period until the day before she begins her next period.

Menstrual Hygiene: Taking care of oneself in a clean, safe, and healthy way during menstruation.

Menstruation: When blood leaves a woman's body through the vagina, because the egg that was released

into her uterus was not fertilized; signifies that a woman or girl can become pregnant if she has sexual intercourse; occurs around once a month for most women, and is commonly called the “monthly period”; usually lasts between three and seven days.

Ovulation: The periodic release of a mature egg from the ovary, which usually happens around the middle of a woman’s menstrual cycle.

Ovaries: A pair of organs that contain a female’s eggs or ova.

Ovum: The mature female reproductive cell, which can produce an embryo after fertilization by sperm.

Penis: The male sex organ. It provides passage for both urine and semen; places sperm in the woman’s vagina during sexual intercourse.

Scrotum: The pouch of skin containing the testicles.

Sperm: Male reproductive cells, which fuse with eggs during fertilization.

Testicles: These are two egg-shaped organs in front of and between a man’s thighs; each testicle produces and stores sperm, which can fertilize a woman’s egg during sexual intercourse.

Urethra: The duct which conveys urine (in males and females) and sperm (in males) outside the body.

Uterus: Where a fertilized egg grows and develops when a woman becomes pregnant; also called the womb.

Vagina: Female sex organs with the functions of sexual intercourse and childbirth.

Vas Deferens: The duct that conveys sperm from the testicles to the urethra.

Vulva: External female genital organs.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

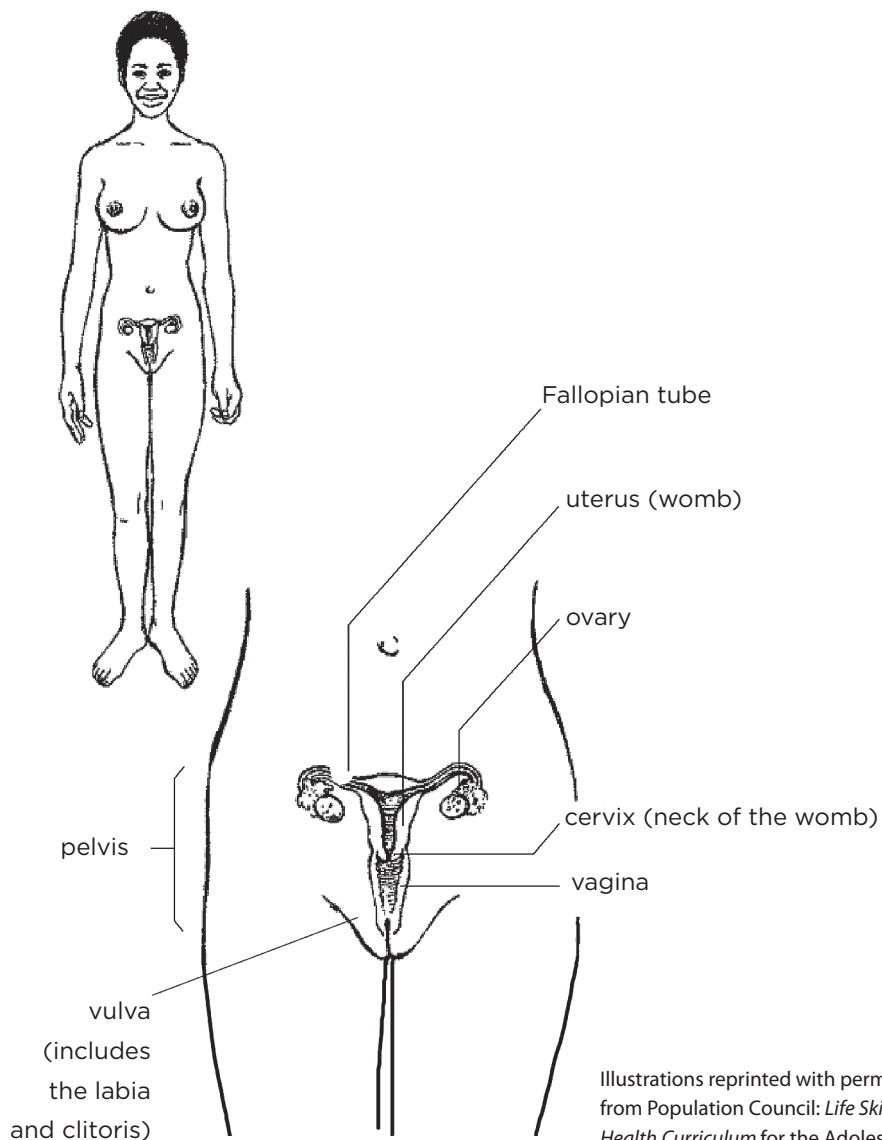
Activity 1. The Female Reproductive System

(25 minutes)

Ages: 10 to 19 years

Show the Trainer Material: The Female Reproductive System. Write the female reproductive system terms on separate slips of paper and distribute them to participants.

THE FEMALE REPRODUCTIVE SYSTEM



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Call on the participants with slips of paper and ask them to read the term out loud (if the participant cannot read, you should help) and say the name of the female reproductive system part in the local language. Then come to the Trainer Material: Female Reproductive System and match the term with its location.

Ensure that all of the cards are matched correctly with their location on the chart. Then explain in more detail the various parts, pointing to them on the Trainer Material: Female Reproductive System, as you go along. The parts should include:

External organs

- The *vagina* is the opening to the *uterus* (womb).
 - Menstrual blood and babies come out of the *vagina*.
 - During sexual intercourse, a man puts his *penis* into the *vagina*.
- The *vulva* refers to the external organs. These include:
 - Two folds of skin, or “lips” are called the *labia*.
 - Near the top of the lips, inside the folds, is the *clitoris*. The *clitoris* is very sensitive and is to help a woman have sexual pleasure.

Internal Organs

- Each female egg is called an *ovum*. Every female is born with thousands of eggs, which are so small that they cannot be seen by the naked eye.
- The eggs are produced in the *ovaries*.
- The *fallopian tubes* connect the *ovaries* to the *uterus* (womb).
- The *uterus* is the womb where babies grow.
- The *cervix* is a neck-like passage connecting the *uterus* to the *vagina*.



Explain: *“As we have discussed previously, during puberty, females start menstruation. This means they are physically capable of becoming pregnant. But being physically able to get pregnant does not mean that they are physically, emotionally or financially ready to do so.”*


Show the Trainer Material: Female Reproductive System, and explain the process of menstruation.

“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.”




Ask: *“Why does menstruation happen?”*

[Every month the ovaries release an egg that waits in the fallopian tubes between 5-7 days to see if it will be fertilized with sperm. If the egg does not meet sperm, the lining of the womb is shed and comes out as blood through the woman’s vagina. The lining of the womb is called the endometrium. When this is shed, it is called the monthly period or menstruation. When a woman is pregnant this lining provides nourishment to the baby.]

 **Explain:** “Some girls may begin to menstruate at age nine or ten; 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 comes out slowly, like a dribble. It is important to anticipate when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent clothing stains. Some women have physical and/or emotional symptoms around the time of menstruation, including:


- Cramping, bloating, and sore breasts
- Food cravings
- Mood swings and irritability
- Headache and fatigue”

While most girls menstruate monthly, some girls will be irregular. It may take the body a while to adjust to all the changes taking place. Her menstrual cycle will probably become more regular with time.

 **Explain:** “Now we are going to discuss menstrual hygiene – that is how to take care of yourself in a clean, safe, and healthy way during menstruation. I’m going to show you some examples of what is used to maintain menstrual hygiene during monthly periods.”

Discuss the following methods and show examples if you have them:

- **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. They should not be shared.
- **Toilet tissue:** Girls and women 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 quantity of blood.
- **Pads or sanitary napkins:** 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. Another option is reusable pads. These are usually made with a soft cover, a plastic layer, and a small towel inside.
- **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; they can cause infection if left in. One should never leave a tampon in for more than eight hours.

 **Explain:** “Whatever a girl uses, she should change it frequently to avoid staining or odor. 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.”

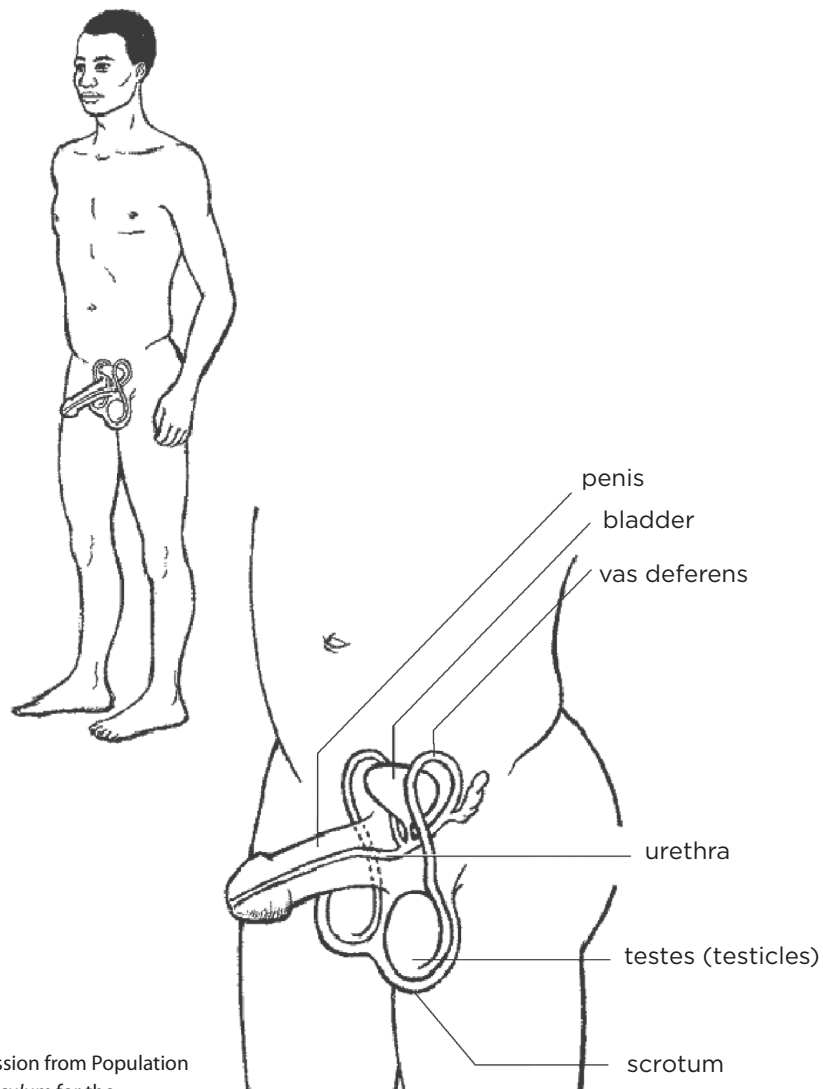
Activity 2. The Male Reproductive System

(20 minutes)

Ages: 10 to 19 Years

Show the Trainer Material: The Male Reproductive System. Write the male reproductive system terms on separate slips of paper and distribute them to participants.

THE MALE REPRODUCTIVE SYSTEM



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Call on the participants with slips of paper and ask them to read the term out loud (if the participant cannot read, you should help) and say the name of the male reproductive system part in the local language. Then come to the Trainer Material: Male Reproductive System and match the term with its location.

Ensure that all of the terms are matched correctly with their location on the chart. Then explain in more detail the various parts, pointing to them on the Trainer Material: Male Reproductive System, as you go along. The parts should include:

External organs

- The *penis* has the capacity to be limp or erect; it is very sensitive to stimulation.
 - Part of the *penis* is covered by the foreskin in men who are not circumcised. The *penis* provides passage for both urine and semen.
 - The *penis* places *sperm* in the woman's *vagina* during sexual intercourse.
- The *testes* are two egg-shaped organs in front of and between the thighs.
 - Each *testicle* produces and stores *sperm*, which can fertilize a woman's egg to begin pregnancy, beginning at puberty.
 - The testes are contained in a pouch of skin called the *scrotum*.

Internal organs

- Sperm travel through the *vas deferens* duct to the testicles.
- From the *testicles*, *sperm* is excreted outside the body via the *urethra*.
 - The *urethra* also serves as a passage for urine to exit the body, which has been stored in the *bladder*.

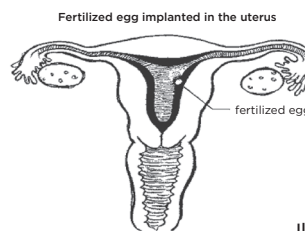
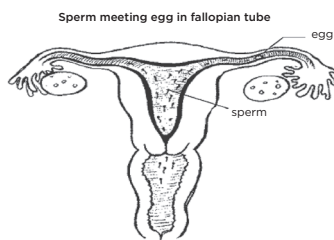


Ask: "Do you know how a female gets pregnant, or how babies are made?"

[Fertilization takes place when a male sperm cell meets a female egg. After the male puts his penis in the female vagina and ejaculates, ejaculated sperm swim up through the cervix into the uterus to the fallopian tubes. If a mature egg is present, fertilization can take place. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move into the uterus (womb) where it will grow. While it's true that when a man ejaculates he releases millions of sperm, it only takes one sperm to fertilize a woman's egg]

Show the Trainer Material: How Pregnancy Happens to help facilitate your explanation.

HOW PREGNANCY HAPPENS



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Activity 3. One New Thing About Our Bodies

(15 minutes)

Ages: 10 to 19 Years

Put participants in groups of two or three.



Explain: *“What is one new thing you learned today about reproduction? How may this new information improve your health, now or in the future?”*

Invite participants to share their comments with the larger group.

Wrap-Up

Ask participants to summarize what they learned. Fill in any key points they miss.

Key Message: Although pregnancy is normal and you may be physically capable of getting pregnant or getting someone pregnant, it is important to have children by choice and not by chance. This topic will be discussed in the next session.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to explain to a friend about how pregnancy happens.

12. Preventing Unintended Pregnancy (Contraceptives)

Session Description

Participants will learn about different types of contraceptives, where they can be obtained and how they are used.

Learning Objectives

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

1. Name at least two advantages of using contraceptives
2. Identify where to go in the community to get contraceptives.
3. Understand the benefits and risks of different types of contraceptives

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- I Know It's Good For Me, But... (30 minutes).
- How to Use a Condom (15 minutes).
- Condom Race (10 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Trainer Materials: Types of Contraception Flipchart and How to Use a Condom Cards (or drawings from the How to Use a Condom Answer Key at the end of the session)
- Samples of locally available contraceptive methods
- A male condom

Pre-Session Preparation

- Identify where to go in the community to get contraceptives
- If desired and/or possible, invite a community health worker, village distributor, clinic worker, etc. to be a guest speaker for this activity, and ask him/her to bring some examples of different types of contraceptives


Facilitator Notes

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 sexual activity. Make it clear that since most people have sexual intercourse at some point, it is important to know about contraception. You may want to invite a local midwife, nurse, outreach educator or staff from an NGO working on family planning to come to talk about contraceptive methods and where participants can go to get contraceptives. This guest could lead Activity 1 of this session.

Always present abstinence as the most effective method of contraception for young people. Abstinence is the best and only certain way to prevent unwanted pregnancy and HIV infection. 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.

While all methods are medically safe for young people, some may be more appropriate than others. The male and female condom, protect against sexually transmitted infections while the rest do not. Contraceptive effectiveness is closely linked to correct and consistent use of methods.

When teaching about contraception, it is important to guard against letting personal biases influence professional behavior by keeping your personal views about contraception out of the discussion. You can play an important role in the discussion by providing participants with factual information that supports young people to make their own decisions and good choices for their future – due to their ability to use knowledge when setting reproductive goals – and reinforcing the concept that people who choose to have sexual intercourse should act responsibly and use contraception.

Note to facilitator: Emergency Contraceptives are not specifically mentioned in this session, but any questions about them can be answered by referring to **World Health Organization’s Emergency Contraception Fact Sheet** .

Terms

Abstinence: Refraining from sexual activity, the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV.

Condom: A barrier device commonly used during sexual intercourse to protect against pregnancy, sexually transmitted diseases, and HIV transmission, infection, or (re)infection.


Contraceptives: Methods for preventing pregnancy; also known as family planning.

HIV: Human immunodeficiency virus, the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid and breast milk.

Sexually Transmitted Infections (STIs): Infections that are transmitted through sexual contact: anal, vaginal or oral.

Unintended pregnancy: A pregnancy that is unwanted or mistimed.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. I Know It's Good For Me, But...

(25 minutes)


Ages: 10 to 19 years



Explain: Today's session will focus on the benefits of abstinence as well as show the different modern contraceptives, and explain the advantages and disadvantages of each. Feel free to ask questions during the presentation about the different methods.



Ask: "Which methods for preventing pregnancy do you know of?"

After participants share the methods they know, go through the Trainer Material: Types of Contraception Flipchart (a chart of the same is provided at the end of this session) to discuss the names, method and level of protection, and pros and cons for each method. Then break participants into five groups (see **Appendix 1. Group Formation Activities**  for ideas) and instruct them to discuss the following question in their group:




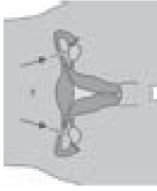
- Which method do you think would be best when someone starts to have sex?

After the groups have brainstormed, ask a few participants from each group to present their ideas.

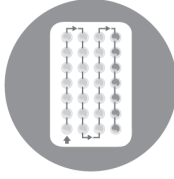
Note to facilitator: Encourage participants to ask questions. If they are slow to ask questions about each method, either have them write their questions down on paper or you can think about the questions that are common to girls/women in the community and ask the questions for them.

Tell participants where they can get each type of contraceptive in the community.

TYPES OF CONTRACEPTIVES*

METHOD	What it is and how it works	Protection against STIs/HIV?	Other characteristics
BARRIER METHODS (TEMPORARY “USER-CONTROLLED” METHODS THAT BLOCK THE SPERM FROM REACHING THE EGG)			
Male condom 	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	<ul style="list-style-type: none"> • It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer. • It enables men and boys to protect themselves and their partners. • It is easily available. • It must be put on during sexual activity prior to intercourse. • Some people find that it reduces sensation. • It may break or leak, especially if used incorrectly.
Female condom 	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix. It forms a pouch that collects the semen.	Yes	<ul style="list-style-type: none"> • It can be inserted hours before sexual activity begins. • It enables women and girls to protect themselves and their partners. • It is noticeable during sex, and insertion may require practice. • It is expensive in comparison with the male condom.
PERMANENT SURGICAL METHODS			
Vasectomy, male sterilization 	A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen. It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate.	No	<ul style="list-style-type: none"> • Vasectomy is not effective until three months after the surgery. • This is a permanent method.
Female sterilization, tubal sterilization 	A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman's ability to have sex or to feel sexual pleasure.	No	<ul style="list-style-type: none"> • This is a permanent method.

* International Sexuality and HIV Curriculum Working Group. 2009. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Edited by Nicole Haberland and Deborah Rogow.

REVERSIBLE METHODS (LONG-ACTING METHODS THAT WORK INSIDE THE BODY'S SYSTEM)**Oral contraceptives ("the pill")**

Small pills containing synthetic hormones (estrogen and progesterin, or only progesterin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman for 21 or 28 days, depending on the brand and type.

No

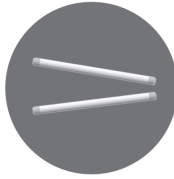
- It does not require the woman to insert or apply anything at the time of sexual relations.
- It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease.
- The woman must remember to take the pill regularly.
- Typically, fertility resumes quickly after the woman stops taking the pill.

Injectables

An injection given at regular intervals, usually every one or three months, containing progesterin, a synthetic hormone that prevents ovulation and thickens the cervical mucus.

No

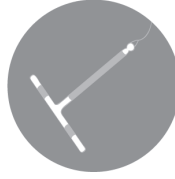
- The method can be used without the knowledge of others.
- It does not require the woman to insert or apply anything at the time of sexual relations.
- It may decrease the risk of certain kinds of cancer.
- Fertility resumes within a few months after stopping use.

Implants

One or two small, soft rods implanted in the woman's upper arm that release a steady low dose of progesterin over a period of three to five years. Thickens the cervical mucus and inhibits ovulation.

No

- Implants can be removed at any time, but they must be inserted and removed by a trained provider.
- It does not require the woman to insert or apply anything at the time of sexual relations.
- Fertility resumes immediately upon removal.

Intrauterine devices (IUDs)

Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release progesterin (a hormone), while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years.

No

- This method does not interrupt sex; it is not noticeable during intercourse.
- If an infection is present during insertion, or if the conditions for insertion are not sterile, insertion may lead to pelvic infection and increased risk of infertility.
- The body sometimes expels the IUD.
- It must be inserted and removed by a trained provider.

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METHOD

What it is and how it works

Protection against STIs/HIV?

Other characteristics

“NATURAL”/TRADITIONAL METHODS (METHODS THAT REQUIRE SPECIFIC BEHAVIORS AND AN UNDERSTANDING OF ONE’S BODY)

Lactational amenorrhea method



For breastfeeding women only. Breastfeeding causes the body to produce hormones that can prevent ovulation. As contraception, this method is effective only during the first six months of breastfeeding or until the woman has resumed menstruation (whichever comes first), and only if the baby is fed only breastmilk and on demand.

No

- Breastfeeding is free and has positive health effects for the mother and the baby.
- The lactational amenorrhea method (LAM) may be difficult for women who need to be away from their baby regularly.

Withdrawal



Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina. This method can be effective if used correctly and consistently.

No

- Withdrawal is always available and free.
- It is considerably more effective than not withdrawing.
- It depends on the man’s self-control and ability to predict ejaculation; women have no control with this method.
- It interrupts sex and may lessen pleasure.

Calendar or CycleBeads methods



Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. CycleBeads (used for the Standard Days Method) and the calendar are two methods that a woman can use to identify the fertile days during which she can abstain from sex or use a barrier method of contraception.

No

- This method is most practical for women with regular cycles.
- It can also help couples who are trying to become pregnant to identify the most fertile days of the cycle.
- It requires the woman’s partner’s cooperation.



Explain: *“It is important to discuss family planning and contraceptive use with one’s partner, especially if married. Like brushing our teeth, eating vegetables or doing homework, even though we know that something is good for us, sometimes we still don’t do it. For example, we just heard many really good reasons for using contraceptives, but not everyone uses them.”*



Ask:

- *“Why do some boys or girls not practice abstinence?”* [e.g., forced sex, want to get pregnant, do not know how to tell ‘no’ to partner, want to have sex, do not foresee consequences, desire for sexual connection with partner, peer pressure]
- *“Why do some boys or girls who are sexually active not use contraceptives?”* [Too expensive; stock-outs (lack of supply); preferred method not available; against beliefs; fear of side-effects; disapproval from partner; tried and did not like; believe they are too young or too old to need it; heard discouraging stories from others; don’t like how they feel; peer pressure to not use them; fear it is unsafe; health provider discourages use; cannot access a health provider to get information/ prescription; not comfortable accessing contraceptives at health facility due to lack of respect and confidentiality by service provider, etc.]
- *“What could be done to help boys or girls to use contraception in the future?”* [Increased access to providers and pharmacists; having more youth friendly health services; decrease cost; ensure supplies of many different methods to choose from; encourage male involvement in contraceptive choice; clear myths surrounding contraceptives; parental support for contraceptive use, etc.]

Activity 2. How to Use Male and Female Condoms

(10 minutes)

Ages: 10 to 19 Years

Advance Preparation: Write each step below on a small sheet of paper. If they are available in your country, include female condoms in this demonstration.

How to use a male condom:

1. Check expiration date and make sure the package isn’t torn or punctured.
2. Open package.
3. Squeeze tip of condom.
4. Roll condom down.
5. Have sex.
6. Withdraw penis from vagina.
7. Remove condom.
8. Tie condom closed and dispose of properly.

How to use a female condom:

1. Check expiration date.
2. Check to make sure the package isn’t torn or punctured.
3. Open the packet.
4. Squeeze the inner ring (located at the closed end of the condom) to make a figure 8.
5. Put the inner ring in the vagina.
6. Push the inner ring up the vagina with a finger; the outer ring will remain outside the vagina.
7. Have sex.
8. Withdraw the penis from the vagina.
9. Before standing up, remove the female condom.
10. Squeeze and twist the outer ring to keep the sperm inside the condom.
11. Pull the condom out gently and dispose of it away from children (such as in the pit latrine).



Explain: *“There are two types of condoms: male condoms and female condoms. Only one condom should be used at a time and each condom should be used only once. Condoms are the only type of family planning that also prevents HIV and STIs.”*

Ask for eleven volunteers and give them each one card from the male condom steps.



Instruct: *“The eleven participants will stand at the front of the room and put themselves in the correct order for the procedure of using a condom. Now we need another volunteer to come and check if the procedure is in the correct order. If the order is not correct, the volunteer will ask the volunteers with the cards to move around until they are in the correct order.”*

Once the participants are standing in the correct order (double check with *How to Use a Condom Answer Key*), walk the group through each step. If possible, ask a volunteer to demonstrate each step.

Repeat activity with female condom steps. To demonstrate how to use a female condom, you may use an empty water or soda bottle.

Activity 3. Condom Races

(5 Minutes)

Ages: 10-19 Years

Divide participants into groups of four to six. Give each group a condom demonstrator (wooden penis, banana, cucumber, etc.) and a handful of condoms.

Instruct participants to form a line behind their condom demonstrator. Tell them that when you say “Go,” each team member must go one-by-one up to the model, correctly put the condom on and take it off, return to their group and tap the next person in line. If a mistake is made, the participant must start over with a new condom. The first team to have every member finish correctly putting on and taking off a condom, wins.

Wrap-Up

Thank the participants for discussing an often embarrassing but normal and necessary subject.

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Abstinence is the best way to prevent pregnancy. Contraceptives also prevent pregnancy, and condoms can prevent against unintended pregnancy as well as HIV and other sexually transmitted diseases.



Explain: *“Although pregnancy is normal, having children by choice – not by chance – is best for the mother, father, the baby, the family, and the nation. Abstinence is the only foolproof way to prevent against unwanted pregnancy and unwanted sexually transmitted infections.”*

Remind participants of places in the community where they can access contraceptives and other family planning counseling. Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

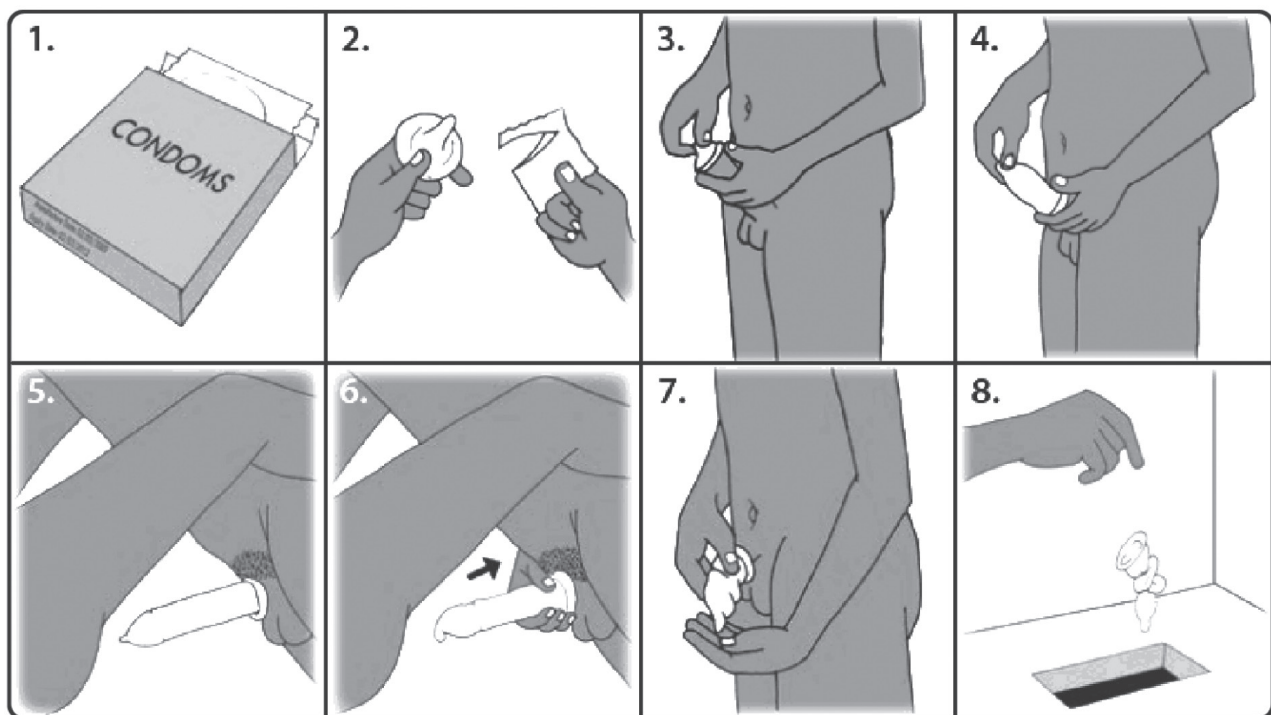
Real World Practice

Older participants should ask a friend what contraceptive methods they have used, which one they liked best, and why.

How to Use a Condom Answer Key

Male Condoms

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STEP 1: Inspect the condom by checking the expiration date. Do not use if there are any tears or it is past the expiration date.

STEP 2: Carefully open the condom package by pushing the condom to one side. Do not use your teeth or fingernails to open the package.

STEP 3: Squeeze the tip of the condom.

STEP 4: As soon as the penis is hard, place the condom on the tip of the erect penis. While holding onto the tip, unroll the condom down the shaft of the penis all the way to the base. Either the male or the female can do this step.

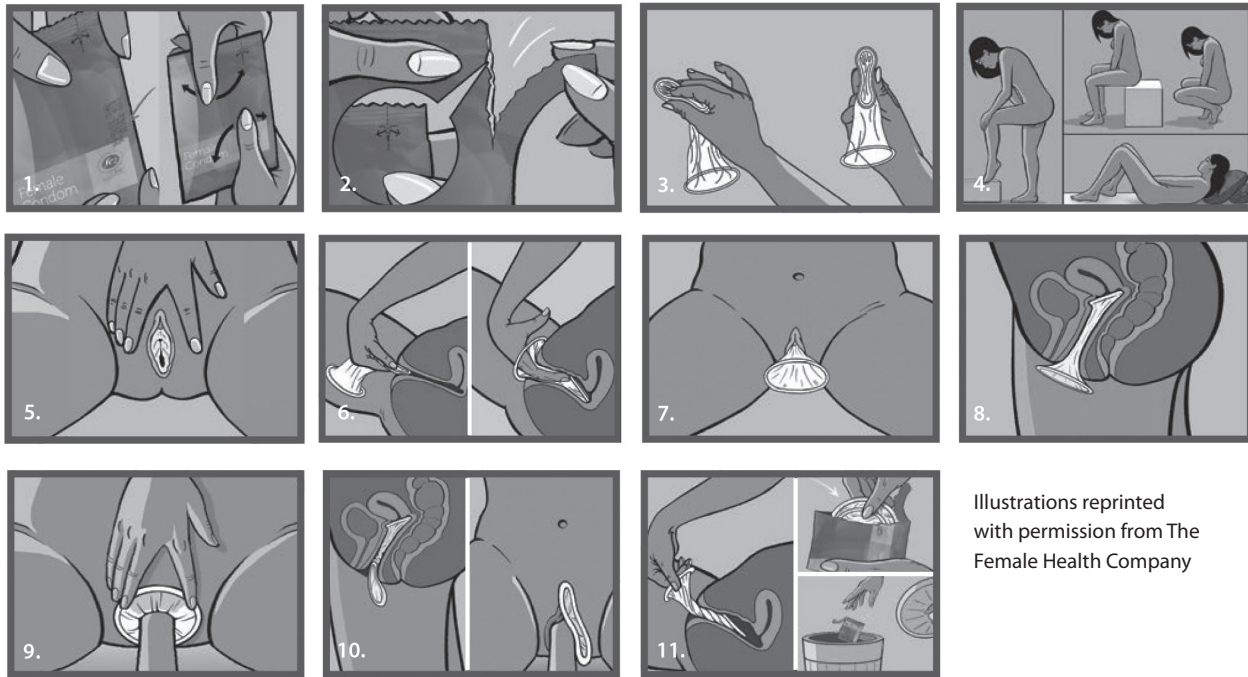
STEP 5: Holding the condom at the base, the man enters the woman's vagina to have sex.

STEP 6: After sex (immediately after ejaculation), hold the condom at the base of the penis and withdraw from the vagina while the penis is still erect.

STEP 7: Carefully remove the condom.

STEP 8: Tie a knot on the condom to prevent spilling and carefully dispose of the condom.

Female Condoms



Illustrations reprinted with permission from The Female Health Company

STEP 1: Before opening the condom, check the expiration date. Do not use if there are any tears or it is past the expiration date. Next, spread the lubrication inside around before opening the condom by rubbing the packet with your hands.

STEP 2: To open the packet, tear straight down from the top and remove the condom. Do not use scissors, a knife or your teeth to open the packet.

STEP 3: Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring to form a point.

STEP 4: You can insert a female condom in various ways. Find a position that is comfortable for you, which may be standing, sitting, squatting or lying down.

STEP 5: Feel for the outer lips of your vagina and spread them.

STEP 6: Use the squeezed inner ring to push the female condom into your vagina. Then slide your index or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring. Make sure the condom is not twisted and lies smoothly against your vagina wall.

STEP 7: A small part of the condom, including the outer ring, stays outside of your body and lies over the lips of your vagina, partially protecting your external sex organs and covering the base of your partner's penis.

STEP 8: The female condom lines the inside of your vagina and covers your cervix. The opening of your cervix is so small that it is impossible for the female condom to pass through this space.

STEP 9: Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring. For extra pleasure, you may want to add more lubricant either on the inside or outside of the condom or directly onto your partner's penis once the condom is inserted.

STEP 10: Important! Your partner needs to immediately withdraw his penis if: 1) His penis enters between the condom and the vagina wall. In this case, you should put the outer ring back in position before he slides his penis back inside the condom; 2) The outer ring has been pushed into your vagina. In this case, you should use a new condom.

STEP 11: To take the condom out, hold the outer ring and twist it to keep the semen inside. It is best to do this before standing up. Gently pull the condom out, wrap it in tissue or the empty packet, and throw it in a rubbish bin.

REMEMBER:

- It is important to talk to your partner about using a condom before sex.
- Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly for lubrication. These will cause the condom to deteriorate. If a condom breaks, immediate withdrawal is recommended. A new condom can then be used.
- Do not reuse the condom. Use a new condom for each act of sexual intercourse.
- Condoms should never be used more than once.
- Lubricated condoms (for vaginal or anal sex) must be put on before any genital contact.

13. Reproductive Myths

Session Description

Participants discuss myths about reproduction, and learn that some myths can be harmful.

Learning Objectives

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

1. Differentiate between reproductive system facts and myths.
2. Apply knowledge of the reproductive system to dispel myths.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Reproduction Myths (45 minutes)
- Large Group Game (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- Find out some common local myths about reproduction

Facilitator Notes

A myth is a traditional story or collection 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 often still firmly believe in many myths around reproduction. It is important to let participants 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 consequential ones, like those concerning sexual health. Partial information, incorrect information, or culturally embedded myths can lead adolescents to make dangerous, wrong decisions. Long-held, cultural beliefs or myths are often extremely difficult to change. It is important, however, to tackle these myths so youth can make informed decisions about their sexual and reproductive health.

Terms

Myth: A belief that is told by a group of people, which may be based on truth, but is untrue.

Fact: A truth, which can be backed by evidence.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Reproduction Myths

(45 minutes)

Ages: 10 to 19 years



Ask: “*What are some examples of facts?*” [Anything that is known to be true; e.g. If you throw something in the air it falls down; the sky is blue; I am good in math, etc.] “*What are some examples of myths?*” [e.g., opinions, beliefs, fables, stories or fantasies that are not true]

Write their responses on the board.



Ask: “*How is the definition of ‘myths’ different from the definition of ‘facts’?*” [Myths are distorted or misunderstood facts.]




Explain: “*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.*” (Adapt the example so that it is an appropriate and relevant myth in your community.)

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 much needed protein to a pregnant woman's diet.



Ask: *“What are some myths that you have heard about how the reproductive system works?”*

Once a list of myths has been collected, divide participants into groups of four (see **Appendix 1. Group Formation Activities**  for ideas). Assign several of the myths identified by participants to each group. You may also assign myths from the Activity Sheet 1: Reproduction Myths and Facts located at the end of this session. Ask each group to review each myth and discuss why it is a myth and not a fact.



Explain: *“Now use your knowledge to dispel each myth. Things we have discussed in previous sessions may help you dispel the myths, so use your memories!”*

Younger participants may need help in applying the knowledge they gained from previous sessions to dispel these myths. The facilitator may need to interact with this group to probe participants and guide them down the appropriate explanatory pathway.

Ask a representative from each smaller group to reassemble into one large group. Allow others to ask questions or comment. End the activity by emphasizing the following points:

- *“There are many myths and misconceptions about reproduction, and acting on them can have negative consequences.”*
- *“When making decisions about reproduction, only consider the facts.”*
- *“If someone is not sure about the facts, they should ask a knowledgeable person, such as a counselor, doctor, or nurse, and not rely just on friends who may not have accurate information.”*

Activity 2. Large Group Game

(20 minutes)

Ages: 10 to 19 Years



Explain: *“The group is going to play a game that will focus on signs of female and male fertility, specifically menstruation and wet dreams. This game will help you to identify and correct myths around fertility.”*

Divide the group into two teams (see **Appendix 1. Group Formation Activities**  for ideas), and place the two teams on opposite sides of the room.



Explain: *“I am going to read a statement to the first member of one team. Then that member should consult with the rest of the team to determine whether the statement is a ‘myth’ or ‘fact.’ Then the member who I asked the question reports the team’s response. If the response is correct, that team gets one point. Then I will ask for an explanation of why the statement is a ‘myth’ or ‘fact.’”*

Read one of the following “Myth or Fact?” statements (below) to the first member of Team A. Once the first player responds, say whether the answer is correct and mark the score on the flipchart or chalkboard. Award one

point for each correct answer. If the answer was correct, ask the player to say why this is correct; i.e., explain why the statement is a myth or a fact. If the explanation was incorrect, provide the right response and briefly explain why. Continue the same procedure with Team B.

Myth or Fact?

- The blood coming from a woman during menstruation means that she is sick.
 - **[MYTH – if an egg is not fertilized, the body dispels blood and tissue during a woman’s monthly menstruation]**
- Cold drinks do not cause menstrual cramps.
 - **[FACT – menstrual cramps are caused by muscle spasms in the uterus during or between menstruation]**
- Women should not eat spicy or sour foods during menstruation.
 - **[MYTH – women can eat any food they want during menstruation]**
- If a woman misses her period, this could mean she is pregnant.
 - **[FACT – monthly periods signify that a woman’s egg has not been fertilized; **missing** a monthly period may mean that the woman’s egg has been fertilized, in other words, she is pregnant]**
- If men do not ejaculate, sperm will collect and make their penis or testicles burst.
 - **[MYTH – if men do not ejaculate, sperm are stored until they fatigue, at which point they break down and are reabsorbed by/recycled into the body in the same way food or old blood cells are absorbed by the body]**
- It is perfectly safe for a woman to wash her hair or take a bath during her period.
 - **[FACT – there is no risk to a woman washing anything during her period]**
- Having menstrual blood means a woman is dirty.
 - **[MYTH – having menstrual blood is a healthy and normal occurrence in women signifying that her egg has not been fertilized]**
- When a boy or a man has a wet dream, it means he needs to have sex.
 - **[MYTH – men and boys have wet dreams as a result of erections, which occur during their sleep; these erections are normal, healthy, and do not indicate a need for sex]**
- When a man has an erection, he must always ejaculate.
 - **[MYTH – many times men have erections without ejaculating; if the man waits for some time, the erection will go away without ejaculation]**
- Most boys have wet dreams during puberty.
 - **[FACT – having wet dreams during puberty is normal and healthy for all boys]**

- If a penis is touched a lot, it will become permanently larger.
 - [MYTH – the size of a penis varies for each man or boy; penis growth is determined by genetics and other health related issues, such as diet; no permanent growth in the size of a penis is associated with touch, though, a penis may appear to be larger after it is touched because it will form an erection, but an erection only temporarily increases its size]
- If a person masturbates a lot, they will go blind.
 - [MYTH – there are no long-term consequences associated with masturbation and the only short term consequences may be chaffing or soreness on the private parts]

Facilitator notes: If there is a myth in your community regarding reproduction or sexual health, use that as an example. Participants may also have several ideas of myths that could be used in this activity.

After you have read each of the myths and facts,



Explain: *“Now for the final round, each team must tell the group two things that they have heard about menstruation and wet dreams. If Team A tells first, Team B must tell if these things are a ‘myth’ or a ‘fact’ and why.”*

Give points for the final round. Add up the score and announce the winning team

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Be careful to have the right information about reproductive health issues to make smart and informed decisions!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Real World Practice

Have participants collect reproductive health myths from among their family and friends.

Activity Sheet – Reproduction Myths and Facts

1. **MYTH:** One cannot get pregnant with one sexual act.
FACT: One runs the risk of pregnancy each and every time one has unprotected sex.
 2. **MYTH:** One cannot get pregnant when one has sex for the first time.
FACT: One can get pregnant the first time one has sex.
 3. **MYTH:** Use two condoms for double protection.
FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.
 4. **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 or halfway between periods. This is the least safe time to have sexual intercourse. However, for adolescents menstruation can be very irregular, so if a girl is going to have sex, it is safer to use a condom or other method of contraception.
 5. **MYTH:** Boys touching a girl’s breasts will make them grow bigger.
FACT: Boys touching a girl’s breasts will not affect their size.
 6. **MYTH:** Contraceptives are only for married people.
FACT: Contraceptives can be used by anyone.
 7. **MYTH:** A girl needs her parent’s permission to find out about contraceptive use and reproductive health.
FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. 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 _____ gives young people the right to access information and services.
- Facilitator note:** Adapt to align with any youth, sexual, and reproductive health policies in your local context.
8. **MYTH:** Ejaculating during the night (“wet dreams”) is harmful to the health of boys.
FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.
 9. **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.
 10. **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.

11. 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.

12. MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sexual intercourse. However, she can still decide to start practicing abstinence, even after losing her virginity.

13. MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a method for improving the family's health and women's reproductive health.

14. MYTH: Contraceptive pills 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.

15. MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sexual intercourse.

FACT: Washing the vagina with Coca Cola or Sprite after intercourse does not prevent pregnancy.

16. MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. 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 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 viral particles) 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.⁴

⁴ Carey et al, *Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-sized Particles Under Conditions of Simulated Use* (1992).

14. Sexual Desire

Session Description

Participants discuss common myths about sexual desire.

Learning Objectives

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

1. Understand sexual desire.
2. Identify correct information about sexual desire.

Time – 65 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Sexual Desire – What is the Truth? (45 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- None

Pre-Session Preparation

- None

Facilitator Notes

There are many ways that people experience sexual desire – a longing for sexual expression or a feeling of sexual attraction. People may feel desire for another person (of the same sex, of the other sex, or both). Or they may feel generalized desire that is not necessarily attached to another person. Within an intimate relationship, one person may feel sexual desire more than the other. People experience sexual desire in response to a wide range of stimuli. Personal preferences, life experiences, and cultural norms all influence these responses. Various social, emotional, and physical factors shape people’s desire to express themselves sexually. The social environment can also influence the expression of desire. For example:

- A lack of privacy or feelings of nervousness and shyness can make it harder to express desire.
- Gender norms make some boys feel that they are supposed to want sex even when they do not. In contrast, females, young people, people with disabilities, and those attracted to the same sex may be taught that expressing their sexual desire is somehow wrong.

Terms

Sexual desire: A longing for sexual intimacy or expression, or feeling of sexual attraction.

Sexual activity: Activities associated with sexual intercourse.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Sexual Desire – What is the Truth?

(45 minutes)

Ages: 10 to 19 years



Explain: “Today we are going to discuss the topic of sexual desire. Sexual desire resembles a longing for sexual expression or a feeling of sexual attraction.”

People often confuse sexual desire or attraction with other emotional or physical experiences. Sexual desire is not the same as love, although it is often confused with love. A person can experience sexual desire with or without love. For example, a person may feel sexual desire for someone whom he or she barely knows.

Sexual desire is not the same as a physical sexual response. For example, a boy or man may have an erection without feeling desire. Or he may experience desire without having an erection. Sexual desire is not the same as sexual activity. A person experiencing sexual desire may choose to act on it or not. Thinking about a sexual act is normal, not shameful. Fantasizing about an act does not necessarily mean a person wants to engage in that act.

First, we will complete a true-or-false exercise.”

Read each statement from the **Activity Sheet: Sexual Desire – What Is the Truth**  located at the end of this session. After reading one statement, encourage discussion by asking:

- “How many of you think that statement is true? Who thinks it is false?”

If no one offers the correct answer, ask questions to help the group reach the correct response (provided in activity Sheet – Sexual Desire – What is the Truth?). Offer the correct answer yourself only if no one in the group comes up with it. Be sure to ask if anyone still has a question or comment. Continue this process for each statement on the activity sheet.

Divide the participants into four groups (see **Appendix 1. Group Formation Activities**  for ideas), and ask them to discuss the following topics among their groups:

- *“What were some of the things you thought were true at the beginning of the session that turned out to be myths?”*
- *“What effect can this kind of misinformation have on our feelings about ourselves and our sexuality?”* [Can make us think we’re doing something wrong that is actually right or vice versa; can make us feel like our bodies are doing abnormal things which are actually normal, etc.]
- *“What do you notice about society’s messages about male desire compared with its messages about female desire?”* [Society emphasizes male sexual desire as a positive male trait while female sexual desire is seen as promiscuous and negative, etc.]
- *“What effect do you think such widely held myths can have on sexual relationships?”* [Can cause practices, which lead to unwanted pregnancies or HIV infection, can cause stigma or discrimination against certain people who are seen as behaving in ways seen as unacceptable when their behaviors are actually natural and healthy, etc.]
- *“Why do you think we get different messages about male and female desire?”*
- *“Do you think it is okay for us to get different messages about male and female desire?”*

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Feeling sexual desire is normal, though people experience sexual desire on different levels and to different extents.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Ask participants to think about if they have experienced sexual feelings and how they dealt with them. Have them think further about how expectations in society around expressing sexual feelings differ for men and women and how those expectations affect behaviors. What would be the reaction or consequence if men or women did not follow those expectations? Ask them to find one example from magazines, music, television, etc. to illustrate this and be prepared to share with the group.

Activity Sheet – Sexual Desire – What is the Truth?

1. Most women do not really desire sex.

False: Most women do desire sex. However, if a woman does not get pleasure from sex, she may lose interest.

2. If you desire sex, you have to have it.

False: Sexual desire does not have to lead to sexual activity. In fact, people can enjoy feeling “turned on” without wanting to have sex.

3. The social expectation that women should not want sex can affect their level of desire.

True: Sexual desire is affected by social expectations. If a woman thinks she should not want sex, she may suppress or deny her desire.

4. If a boy gets an erection, it means he wants to have sex; if a girl’s vagina lubricates, it means she wants to have sex.

False: Erections and lubrication can occur for no reason or for reasons not related to desire. For example, most males wake up with an erection in the morning because their bladders are full. Teenage boys often get spontaneous erections that are not related to sexual desire or excitement.

5. Some women want to have sex more than their sex partners do.

True: Levels of sexual desire vary by individual and circumstance. In some couples, or at some points in life, a woman may desire sex more than her partner does.

6. People have sexual fantasies about things that they do not desire to experience in real life.

True: Fantasies are often just fantasies. A person may not want to experience the fantasy.

7. Fear of becoming pregnant or of becoming infected with a STI can affect sexual desire.

True: Emotional states, such as fear, can affect a person’s sexual desire.

8. Everyone’s level of sexual desire changes over time and with different circumstances.

True: “Normal” levels of sexual desire vary widely and change. Sexual desire is affected by physical, emotional, and social factors. If a person’s level of desire is causing a problem, the person can talk with a sexual health professional.

9. If you are male, then you want to have sex all the time.

False: Men do not always desire sex. They experience variations in their levels of desire, as do all people.

10. Most older people still feel sexual desire.

True: Many people experience some sexual desire throughout their lives. However, sexual desire may decrease with age. If a society frowns on elderly people's sexuality, their level of desire may be affected by stigma.

11. If a man does not get an erection in a sexual situation, he does not desire the person he's with.

False: A man may not get an erection in a sexual situation for many reasons, including medical conditions (e.g., diabetes or heart disease), the use of certain drugs, and emotional factors (such as anxiety about sexual performance, anger at the other person or about someone else, or because he is preoccupied).

12. Some medications affect sexual desire.

True: A decrease in sexual desire is one side effect of some medications. Some medications such as Viagra increase erectile function and are taken specifically for that purpose. Doctors frequently do not discuss the sexual side effects of medications with their patients. If side effects are a concern, consult a physician or pharmacist.

13. A person can feel sexual desire for someone he or she does not love.

True: People often confuse sexual desire and love. You may love someone and not desire to have sex with them, and you can desire to have sex with someone whom you do not love.

14. It is normal for men not to want sex sometimes.

True: No one, whether male or female, always wants to have sex.

15. If you desire sex, you will become sexually excited.

False: Sometimes people do desire sex but do not become sexually excited. This situation happens to most people at some point. It is not something to worry about.

15. Maternal Mortality

Session Description

Participants will explore the issue of maternal mortality and learn ways in which they can help reduce maternal mortality in their communities. They will identify maternal danger signs and ways to prevent maternal death.

Learning Objectives

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

1. Understand risks of pregnancy.
2. Recognize that not knowing the maternal danger signs can delay decision-making when a maternal complication occurs.
3. Feel confident that they know the maternal danger signs.
4. Mention actions that can be taken to prevent maternal deaths.

Time – 90 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Maternal Emergency/Mortality Story (25 minutes)
- Recalling Signs of Pregnancy Complications (15 minutes)
- Maternal Danger Signs (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- Learn and practice the poses from Box 5: Maternal Danger Poses

Facilitator Notes

Pregnant adolescents are more likely to seek care later in their pregnancies or not seek antenatal care at all compared to pregnant adult women. Adolescents 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. Several studies, however, have shown that the outcomes for adolescents who receive good antenatal care are no different from those of older women. It is important for pregnant women and adolescents to have at least four antenatal visits that include: 1) Screening for existing health conditions and disease; 2) Detection and management of complications related to pregnancy; 3) Health promotion and disease prevention measures; 4) Advice and support to the woman and her family to develop healthy home behaviors, a birth plan, and an emergency plan.

For more information, see the **Peace Corps Maternal and Newborn Health training package.** 

Terms

Antenatal Care: The care of women and their children before birth.

Danger Signs: Warnings of an impending hazard or negative outcome.

Maternal Emergency: When a woman who is pregnant, delivering her baby or in the first 42 days after giving birth experiences a problem or complication and must be rushed to the health center immediately.

Maternal Mortality: Maternal mortality is the death of a woman from a cause related to pregnancy or childbirth.

Placenta: the organ that transfers nutrients from the mother to the fetus, which is expelled after giving birth, also known as afterbirth.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session. Be prepared to facilitate a discussion on why certain expectations for men and women could be harmful.

Activity 1. Maternal Mortality/Emergency Story


(25 minutes)

Ages: 15 to 19 years


Have a volunteer read the story below:


Charity's Story


Charity is 15. She spends her time in school, studying at home, and performing household chores. A few times she went out with a man whom she met near school. He gave her gifts and a bit of money that she used to pay for her schoolbooks, and she had sex with him. She asked him about using condoms, which she had learned about at school, but he told her not to worry. She didn't like him much, so she decided not to see him again. Soon, however, Charity realized she was pregnant. When she told her parents, her father beat her, but her parents did not throw her out of their house. She dropped out of school after a few months and went to live with an aunt in another town. Her family agreed that the aunt would rear the child so that no one would know about Charity's pregnancy. When she went into labor, the aunt told her to stay strong, that the baby would come out on its own. However, the baby became stuck in the birth canal. The aunt called a local midwife, who came and cut Charity with a razor to make the opening of the vagina wider, so the baby could come out. The baby came out quickly and Charity thought she would soon return to her old life, sadder but wiser. Within a few days, however, she found that the area where she had been cut had become infected. Within a few more days, Charity developed a high fever. Her aunt wanted to take Charity to the hospital, but Charity refused. She was afraid that someone at the hospital would discover that she had been pregnant. When her fever became much worse the next morning, her aunt called an ambulance anyway, but it was too late. Charity died a few hours after arriving at the hospital.

 **Explain:** *“As we have seen in Charity's story, pregnancy and childbirth can be physically and mentally strenuous times for a woman, particularly for girls as young as Charity. Sometimes, this can result in the death of a mother during or as a result of pregnancy or childbirth.”*

Next, write the words “maternal emergency” on a chalkboard or flipchart.

 **Ask:** *“What do you think the term ‘maternal emergency’ means?”* [When a woman who is pregnant, delivering her baby or in the first 42 days after giving birth experiences a problem or complication and must be rushed to the health center immediately.] *“What were some of the signs of maternal emergency that Charity experienced?”* [Obstructed labor (stuck in birth canal), fever, infection, etc.] Discuss the difference between the two terms.

 **Explain:** *“Knowing the signs of danger during pregnancy and acting quickly during a maternal emergency can prevent a maternal death.”*


 **Ask:** *“What could Charity or her aunt have done differently to avoid maternal mortality?”* [Go to the hospital earlier; take antibiotics for the infection; deliver the baby in a hospital; have a trained midwife present during delivery, etc.]


Activity 2. Recalling Signs of Pregnancy Complications


(15 minutes)


Ages: 10 to 19 years

Instruct participants to make a circle and make them count off 1, 2; 1, 2; 1, 2, etc. Each person who called “1” turns to the person who called “2” on their right and asks them to form a pair by facing each other.

 **Explain:** *“Think of people in your community who died or were harmed during pregnancy, childbirth, or after childbirth. Then discuss by telling your partner what happened.”*

 **Ask:** *“Would anyone like to share their story with the group? What prevented the woman in the story from getting emergency care at the health center or hospital in time?”* [Make sure participants mention the following: no one knew that the woman was in serious danger; the family did not decide on time to take the woman to the health center/hospital; transport was not available, was too costly or took too long to arrange; distance to the health center or hospital was too far and the pregnant mother and her family did not start on time; they feared that the mother might die before reaching the health center; the family sought emergency care first from the traditional birth attendant or traditional healer, and the mother and her family members didn’t believe the health center could save her life and the baby’s life.]


 **Ask:** *“What have you observed with women who suffered a complication during pregnancy, delivery, or the first 42 days following childbirth? What indicated to you the woman’s life was in danger?”* [e.g., mother began fitting (seizure), mother bled, mother was still in labor after a whole day and night, etc.]

 **Explain:** *“The stories from our community have reminded us of what can happen if we delay in rushing pregnant women to the health center who have maternal complications during pregnancy, delivery and in the first 42 days following childbirth.”*

Activity 3. Maternal Danger Signs

(30 minutes)

Ages: 15 to 19 years

 **Explain:** *“There are many maternal danger signs. We are going to act out 10 of the signs by doing body poses.”*

For each danger sign, do its body pose (listed in Box 2: Maternal Danger Poses below) and ask everyone to join you in repeating the same pose. While participants repeat the pose, ask them: *What does the sign we are acting out mean?*

Note to facilitator: Learn the poses from Box 2: Maternal Danger Poses in advance of the exercise.

As participants guess, tell or confirm the sign and then explain what the sign means and what to do in a situation where the sign occurs in real life (as listed below for each sign). Set the cards corresponding to the correctly guessed poses to the side.



Instruct: “Now you should repeat the 10 body poses in a row, saying the names of each sign out loud in unison. Go through the 10 poses and names 2-3 times to be sure you know them.”



Explain: “These are signs that you should watch for if you yourselves or people in your families or communities are pregnant, delivering or gave birth within the last 42 days. If you see any of these signs, you should rush to the nearest clinic.”

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Box 2: Maternal Danger Poses

Severe headache

Body pose: Hold the side of your hand on your forehead pretending to have a terrible headache.

Explanation: Severe headache means the woman may start seizing. Don't delay. Go to the clinic so the health workers can prevent the fitting.

Swollen hands, feet or face

Body pose: Touch the places that will be swollen one after the other. Touch the top of your foot; hold one of your wrists; put your hands on the sides of your face and puff up your face.

Explanation: Swollen hands, feet or face means that the woman may start fitting. Don't delay. Go to the clinic so the health workers can prevent the fitting.

Fitting

Body pose: Hold your hands up in the air and let your head fall to one side while shaking your hands and whole body.

Explanation: Fitting is often preceded by a severe headache and swollen hands, feet and face. Don't delay. Rush to the clinic for help.

Severe bleeding

Body pose: Hold your hands flat, face down above your lap and push away from your body to remind us that the blood flows away from the womb.

Explanation: Bleeding during pregnancy means something is wrong. A mother who keeps bleeding after childbirth can die in a few hours. For both cases, rush her to the clinic.

Fever/chills in the days after childbirth -

Body pose: Cross your arms on your shoulders and shiver.

Explanation: Fever/chills in the days after childbirth is caused by a serious infection that can cause death or sterility (a sterile man or woman cannot have children). Don't delay. Rush her to the clinic.

Foul smelling discharge

Body pose: Wave your right hand down from your lap area with a facial expression of a foul smell to show that the flow from the womb has an offensive odor.

Explanation: Foul smelling discharge also indicated infection. Don't delay. Rush her to the clinic. Do not go to the chemist/patient medicine vendor for help.

High fever during pregnancy

Body pose: Cross your arms on your shoulders and shiver; hold your hands flat, face down above your lap and push away from your body to show that there is flow away from the womb.

Explanation: High fever during pregnancy can mean infection or malaria and are dangerous for both the baby and the mother. Don't delay. Rush her to the clinic.

Prolonged labor (more than 12 hours) -

Body pose: Put your two knees on the floor, hold tightly to the right side of your waist, press your left hand on the floor and wriggle in pain.

Explanation: If labor lasts more than 12 hours, something is wrong. Don't delay. Rush to the clinic.

Box 2: Maternal Danger Poses (continued)**Hand, foot or cord comes out first -**

Body pose: Push your right hand out in front of you; push your foot out in front. Pull your hand out from your belly button.

Explanation: If the baby's hand, foot or cord comes first, the birth canal may be too small. It will be difficult or impossible for the baby to come out. If the baby comes out, it will tear the mother's birth canal hurting both the baby and the mother. Don't delay. Rush to the clinic. The baby will not come out without medical assistance.

Placenta or afterbirth does not come out 30 minutes after childbirth -

Body pose: Be on your two knees, hold out your two hands in a receiving position above your lap and open out with an expression on your face showing anxiety.

Explanation: If the placenta does not come out after 30 minutes after childbirth, something is wrong. Don't delay. Rush to the clinic.

Wrap-Up 

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Be aware of the signs of emergency in pregnant women or women who have given birth in the last 42 days so that they can be rushed to the nearest clinic and saved.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should discuss a childbirth or pregnancy experience with a female relative or close friend who has given birth or been pregnant.

★ 16. I Have Healthy Relationships

Session Description

Participants think about different types of love and what love means in different situations. Participants explore whether various behaviors represent healthy or unhealthy types of love.

Learning Objectives

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

1. Define the term “love”.
2. Describe the differences between love for a family member, a friend, or a partner.
3. List the qualities they expect from family, friends, and a partner.
4. List their own responsibilities in love relationships with family, friends, and partners.
5. Identify how the need for money/consumer goods affects sexual decisions.
6. Strategize how to avoid unhealthy relationships and transactional sex.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- What Does the Word “Love” Mean? (10 minutes)
- Love Between Partners OR Sarah’s Story (20 minutes)
- The Dance of Love (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Paper and pen/pencil for each participant
- Decorated signs with different messages on love (one per participant; see Activity 4 instructions for ideas)
- Tape
- Dance music, or the facilitator should be prepared to sing a song

Pre-Session Preparation

- None

Facilitator Notes

During this stage in their development, youth can practice having healthy, loving, and constructive relationships, in which both members can learn to become better as individuals, as a couple, and as members of society. It can be helpful to spend some time in the Life Skills sessions talking about the idea of love and relationships. Questions like, “What is love?” and “What qualities would I look for in a partner or husband or wife?” can help a young person to visualize what they want so they can avoid unhealthy relationships. You might introduce the topic with a brief discussion of the participants’ goals, hopes, and dreams

Terms

Friendship: A particularly fulfilling relationship involving intimacy, trust and honesty.

Love: A strong feeling of affection towards something or someone.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.


Activity 1. What Does the Word “Love” Mean?

(10 minutes)

Ages: 10 to 19 years



Ask: “What does love mean to you? Get feedback from participants and discuss briefly.”

Divide learners into small groups (see [Appendix 1. Group Formation Activities for ideas](#) ). Write the following questions on the chalkboard or flipchart and ask participants to discuss them in their small groups:

- 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?
- Can you love more than one person 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?

Bring the group back together to discuss any key issues that arose during each small group's discussion.

Activity 2. Love Between Partners

(20 Minutes)

Ages: 10 to 14 Years

Divide participants into pairs (see **Appendix 1. Group Formation Activities**  for ideas).



Explain: *“Each pair should take turns describing to each other three qualities, which you would show to a partner whom you love (a sister, brother, father, mother, other family member, etc.), and three qualities that you would expect from a partner who loves you (husband, boyfriend, wife, girlfriend, etc.).”*

When participants have finished discussing, call everyone back to a full circle. Ask them to share their ideas. If there are some clear differences in the qualities of love described between partners and those described for sisters, brothers, or friends, point these out to participants. Ask them to define these differences more clearly. Encourage them to try to explain why these differences exist.



Ask: *“In this culture, does love equal sex? Does love equal marriage? If love does not equal marriage, what, at least, are the minimum levels of respect which they think each member of the couple should show each other?”*

End with a brief discussion of the following quote:

“One kind of love says: I care about you and I want to understand you so that you are happy, because your well-being is my well-being; I want to be with you, I want to share my life with you, I want to support you and I want you to support me whenever necessary, so that we can both be free alone and together, and responsible for ourselves and for our actions.”

—Jose Luis Alvarez-Gayou

Activity 3. Sarah's Story

(20 Minutes)

Ages: 15 to 19 Years

Divide participants into four smaller groups (see **Appendix 1. Group Formation Activities**  for ideas). Read Sarah's story (below) to everyone:

Sarah's Story

Sarah is beautiful and smart. When her peers started having sex with older men for money or special gifts, she decided this was not for her. Sarah realized that the consequence of having sex with older men was that she could get a disease or become pregnant. Sarah wishes to advance in school, but her family wishes her to stay home to help her mother. She is not sure what will happen if she does not have the money to pay for her own school fees, but she is sure she will stick to her decision to wait and have sex when she loves the person and not to have sex for money.



Explain to the first two groups: *“Pretend it is years later, and that Sarah has been able to stick to her decision not to have sex for money or special gifts. Make a list of benefits for Sarah sticking to her decision and develop a role-play showing what helped her stick to her decision (e.g., Maybe she asked for help and advice from a trusted adult, or she stayed away from places where older men would be present, etc.).”*



Explain to the other two groups: *“Pretend it's three years later and that Sarah was not able to stick to her decision to not have sex for money or special gifts. Ask these two groups to make a list of consequences for Sarah not following through on her decision and develop a role-play showing challenges that kept her from sticking to her decision (e.g., Maybe she got tired of being the only girl in her group without nice clothes and a cell phone or her best friend did this so she went along, etc.).”*

When the small groups have finished their role-plays, discuss with all participants the following questions:

- *“Why do girls your age have sex with other men in exchange for money or gifts?”* [They need the money/gift to survive – i.e., buy food, pay house rent, pay school fees, it makes them feel special, peer pressure.]
- *“Why are relationships with older men in exchange for money and gifts unhealthy relationships?”* [It puts young girls at a higher risk of getting infected with HIV because older men are more likely to already be infected with HIV; When someone is giving you money or a gift it makes it hard to negotiate if and when you want to have sex with this person, and to insist that they use a condom.]
- *“What are some of the skills you have learnt so far that can help you avoid unhealthy relationships?”* [Self-esteem, goal identification, communication, savings so that you have your money instead of depending on men for money, etc.]

Activity 4. The Dance of Love

(30 Minutes)

Ages: 10 to 19 Years

Note to facilitator: Before beginning, you will need to have prepared enough signs so that there is one per participant. These can be decorated with hearts, bubbles, or other symbols. On the signs, write messages that participants will later look at to decide whether or not they represent healthy ways of feeling or expressing love.

Some examples that do not represent healthy kinds of love could be: “Suffering,” “If you go away I will die,” “Tolerating pain, so you won’t leave,” and “You are mine.”

Some examples of healthy or nourishing love could be: “Generosity,” “Sharing,” “Telling everything,” and “Giving explanations.” To generate more discussion and thought, it is good to include messages that are not obvious, like: “always wanting to be near you” and “wanting to be everything to you.”



Explain: *“Now we are going to do some dancing! Everyone stand up and move your chairs to the side to create a dance floor.”*

Spread the signs out on the floor. Divide the chalkboard or flipchart into two columns and write: “Love is...” in one column, and “Love is not...” in the other column.



Instruct: *“When the music (or singing) starts, begin dancing around the signs. When the music stops, place your foot over a sign and pick it up.”*

Start the music and let it play (or sing a song if you are unable to play music) for about a minute. Stop the music and ask participants to read the messages on the signs they picked up, and decide in which column it belongs. Using tape, the participants can stick the signs in the column they chose. Ask the group to sit in a circle.



Ask: *“Does everyone agree with the column chosen for each sign?”*



Explain: *“Influenced often by their culture and society’s definition of ‘romantic’ love, many teenagers often tolerate unhealthy qualities in their relationships, such as jealousy, possessiveness, suffering, manipulation, and sex under pressure and without protection, putting themselves at risk of unwanted pregnancies and sexually transmitted infections. These things are not aspects of healthy love.”*

Healthy or nourishing love promotes space, freedom and respect, and encourages growth. If the relationship ends after nourishing love, a person will grieve, but will not be devastated.

Youth who are in relationships based on nourishing love recognize and accept differences, and above all, take into consideration the needs and desires of their partner, ensuring their sexual health.”

Lead a discussion by asking the following questions:

- “*What differences are there between unhealthy and healthy/nourishing love?*” [Unhealthy love often makes a person feel powerless, selfish, enabling, manipulated, dependent, immature, desperate, that they cannot be themselves; Healthy/nourishing love involves trust, commitment, faith, acceptance, communication, and is a decision or choice for both partners, etc.]
- “*How does culture influence your definition of love?*” [We are naturally close with our grandparents, but in other places children may rarely see their grandparents, have no relationship with them, and feel only a little love for them; In some cultures families show love to one another through affection of hugs or kisses on the cheek, whereas other culture do not think affection between parents and children is appropriate, etc.]
- “*How does healthy/nourishing love encourage pregnancy prevention in teenagers?*” [Supportive partners communicate – they take both their own ideas and needs and their partners ideas and needs into consideration to make healthy sexual choices to reach a reproductive outcome desired by both partners, and may also support a partner in obtaining (paying for, learning about, escorting to clinic) condoms or contraceptives.]

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Love is a powerful emotion, which everyone experiences differently. Be careful with love to avoid unhealthy relationships!

Go over some tips for keeping love and relationships healthy:

- Enjoy falling in love.
- As the relationship progresses, observe and assess whether it is the one you want.
- Relationships with older men for money and gifts are not healthy as they increase the risk of HIV and other STI infections and create dependency.
- When conflict and pain are more common in a relationship than happiness and fulfillment, then it may be time to consider ending the relationship.
- In love, be realistic.
- When a relationship ends, think of the positive things you gained and use them in your new relationships.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should identify someone they love and reflect on how their relationship with that person has evolved over time.

17. Reasons to Delay Sex

Session Description

Participants discuss a role-play and think about why it can be important to delay sex.

Learning Objectives

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

1. List reasons to delay sexual activity.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Delaying Sex Role-play (15 minutes)
- Reasons to Delay Sex (45 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- None

Facilitator Notes

In the context of sexual intercourse, HIV, and unplanned pregnancies, abstinence is understood as not having sexual intercourse until marriage. Abstinence from sexual activity is the best and only certain way to prevent HIV transmission and unplanned pregnancy. Sexual activity can include vaginal, anal, and oral sex; it may be between same-sex or opposite-sex partners. Youth who have already had sexual intercourse can decide to abstain in the future. 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 and must see the benefits of abstaining in their lives. Young people need support and skills to successfully abstain. Gaining self-esteem and having self-control in all matters, including sex, are best developed early in life. Youth may face 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. You can help them develop refusal skills by counseling 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. When discussing peer pressure, assertiveness, and responding to persuasion (in this session and later sessions), groups frequently discuss ways to say “no” to sex. It is useful to spend some time discussing the reasons to delay sex. If participants do not truly understand why to say “no,” the process of behavior change has not really begun.

Terms

Abstinence: Refraining from sexual activity, the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV.

Secondary Abstinence: The choice to stop having sex after one is no longer a virgin.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review


- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Delaying Sex Role-Play?


(15 minutes)

Ages: 10 to 19 years

Find six volunteers who are willing to do a role play (characters: Edward, Edward’s mother, Edward’s father, Maria, Maria’s sister, Maria’s mother, Maria’s father).

 **Explain:** *“I will explain the role-play situation to you. Next you will take a few minutes to talk with each other, make a plan and practice the role play. Then, present the role play to the whole group.”*

While the volunteers practice the role play, introduce the idea of abstinence, or delaying sex until after marriage, until older, until more responsible, and so forth. When the volunteers have finished practicing the role play, ask them to present.

 **Explain:** *“We are now going to watch a common situation between two young people. While you watch the role-play, the group should think about the reasons why these young people should delay their sexual activity.”*

Delaying Sex Role Play

Edward is 17 years old and helps his uncle in his shop. His parents are hard-working and hold traditional values. They believe that young people should not have sex before marriage. Edward is quite shy but would like to have sex because most of his friends say that it is great. Maria is 14 years old, but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. Maria hasn't known Edward very long. She has just finished three classes on AIDS and really does not want to get HIV. She is afraid, however, that she might lose Edward if she refuses to have sex with him.

Activity 2. Reasons to Delay Sex

(45 Minutes)

Ages: 10 to 19 Years

After the role play ends, explore the situation with the group by making two lists on the chalkboard or flipchart: "Reasons for Saying Yes" and "Reasons for Saying No."



Ask: *"What were some reasons to have sex in the role play?"* [To prove their love to each other; to prevent their relationship from ending; because they are curious about sex, because everyone else is having sex; because it felt right; because one partner convinces the other that there will be no problems; if both are comfortable with the decision.] *"What were some reasons to delay sex in this role play?"* [Fear of pregnancy; fear of an STI; family expectations not to have sex; allow the relationship to grow more first; other forms of affection are possible; religious values do not approve of sex before marriage; do not feel ready; are too young; not the right person to have sex with.]

Go through the "Reasons to Say Yes" list from the first question and discuss:

- What are the good reasons?
- Less convincing ones?
- What might be the consequences of each situation?
- What should Edward and Maria do?
- What reasons might be the strongest or most important for them?

Now, focus on the "Reasons to Say No" list and attempt to expand on it with the group by asking:

- Are there any additional reasons to delay sex that your group can think of?



Explain: *"Now we are going to come up with a working list that you all agree on as the top 10 reasons to delay sex."*

Facilitate the group to formulate the list. Use Box 3: Top 10 Reasons to Delay Sex for ideas if needed. Write the reasons on a flipchart paper so it can be posted for future reference.

Box 3: Top 10 Reasons to Delay Sex

1. Fear of pregnancy — “No sex” is 100 percent effective in preventing pregnancy.
2. Fear of STIs or HIV and AIDS — HIV and other STIs are transmitted through sexual intercourse.
3. Family expectations — Parents expect “no sex” until marriage.
4. Fear of violence — In a sexual situation, there is the possibility of being forced to have sexual intercourse.
5. Friendship — Allow time for the friendship to develop.
6. Drinking involved — Alcohol can lead to poor decisions (such as having sex without condoms).
7. Religious values — Values may preclude sex before or outside of marriage.
8. Not ready — You feel too young or just not ready.
9. Waiting for the right person — You want the person to truly love you before you have sex.
10. Wait until marriage.

Wrap-Up 

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: There are many significant reasons to delay having sex including preventing pregnancy, HIV and other STIs.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to talk to a close friend about the reasons to delay sex.

18. Strategies for Delaying Sex

Session Description

Participants think of and practice strategies to delay sex in various situations.

Learning Objectives

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

1. Identify strategies to help in delaying sex.
2. Identify strategies for behavior change to practice secondary abstinence.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Delaying Sex Situations (45 minutes)
- Secondary Abstinence and Behavior Change (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Three large (preferably life-size) pieces of paper and enough markers for each participant
- Trainer Material: Delaying Sex Scenario Cards

Pre-Session Preparation

- Depending on the number of participants you have, you may need to create some additional “Delaying Sex Scenario” Cards – there should be one scenario card for each group, and about five participants per group.

Facilitator Notes

Practicing Abstinence Requires a Strategy

1. **Have Reasons:** Write out a list of specific reasons for why it is good to wait. Talk them over with someone who supports you. Check your list from time to time to remind yourself.

- 2. Have a Plan:** Know what situations might make it hard to stick with your choice. Decide ahead of time what you'll do to avoid or deal with them, such as leaving a scene when being pressured to have sex. It can be hard to go against the crowd and make your own choices. Congratulate yourself for sticking to your plan.
- 3. Notice the Pressures and Sources:** Pay attention to messages in music, videos, and movies telling you to play sex. Think about what your friends and family tell you about abstaining.
- 4. Get Support:** Hang out with peers who know about and respect your decisions. Avoid people who might pressure or force you. If pressured, threaten to tell someone in authority (relative, teacher, pastor, chief or police). Learn to say "No!" forcefully and "No, no, no" repeatedly. Give a reason such as "I'm not ready" or "I've decided to wait until I've achieved my academic goals." Respond with assertive arguments for why you should not play sex: "You say that if I love you I could play sex, but if you really care about what happens to me in my future, you wouldn't insist," or "You say that it is time for me to pay you back, but I don't have to pay you back by playing sex."

Terms

See Life Skills – Session 3: Reasons to Delay Sex for list of pertinent terms.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Delaying Sex Situations

(45 minutes)

Ages: 10 to 19 years

Briefly review the Top 10 Reasons to Delay Sex discussed at the end of the last session.



Explain: *"We have come up with a lot of good reasons to delay sex, but sometimes delaying sex can be difficult. This is especially true if both partners love each other and truly want to be more intimate and physical. It may be helpful to come up with some strategies to make delaying sexual activity easier."*

If participants are not still in the three small groups from Activity 1, ask them to return to their groups. Give each group a card from the Delaying Sex Scenario Cards section found at the end of this session.



Explain: *"In your groups, you should read your situation card and come up with some suggestions to help the two people to delay sex. Think about the following questions:*

- *What are some ways for them to avoid sexual situations?*
- *What will make it easier for them to delay sex?"*

After the groups have finished working on their suggestions, **instruct:** *"Now each group will present the scenario on their card and their list of ideas on how to delay sex. We will discuss all the ideas together and come up with a list of strategies to delay sex that the whole group agrees on."*

As the group discusses strategies, write them down on a flipchart paper so that the list can be posted in the area where you usually meet. Possible ideas of how to delay sex include those mentioned in Box 4: Strategies for Delaying Sex.

The final suggestion on this list may raise a number of questions or a great deal of interest. If the group wants to talk about different ways to show affection other than sex, take this opportunity to explore what the group believes to be other options. If there is time, instruct: *"Now we will create a list of the other ways, besides sexual intercourse, that we can show affection to our partners."*

Spend time discussing if the suggested alternatives to sexual intercourse present risks of their own (kissing, rubbing, masturbating, oral sex, etc.). This may lead you to further discussions about alternatives to sex, as well as risk behavior and the different levels of risk.


Box 4: Strategies for Delaying Sex


1. Go to parties and other events with friends.
2. Decide how far you want to "go" (your sexual limits) before being in a pressure situation.
3. Decide your alcohol or drug limits before a pressure situation arises or do not use alcohol or drugs at all.
4. Avoid falling for romantic words or arguments.
5. Be clear about your limits. Do not give mixed messages or act sexy when you don't want sex.
6. Pay attention to your feelings. When a situation is uncomfortable, leave.
7. Get involved in activities (e.g., sports, clubs, hobbies, church).
8. Avoid "hanging out" with people who might pressure you to have sex.
9. Be honest from the beginning, by saying you do not want to have sex.
10. Avoid going out with people you cannot trust.
11. Avoid secluded places where you might not be able to get help.
12. Do not accept rides from those you do not know or cannot trust.
13. Do not accept presents and money from people you cannot trust.
14. Avoid going to someone's room when no one else is at home.
15. Save your own money so that you do not have to economically depend on boys or men.
16. Explore other ways of showing affection than sexual intercourse.


Activity 2. Secondary Abstinence and Behavior Change

(15 minutes)

Ages: 15 to 19 years

 **Explain:** *“It’s never too late to choose abstinence. You can still decide to stop sexual activity even if you have already had sex. Sometimes people realize that they weren’t ready for sex the first time and choose secondary abstinence.”*


 **Ask:** *“What does secondary abstinence mean to you?”* [The choice to stop having sex after one is no longer a virgin.]

 **Explain:** *“Sometimes it takes a lot of effort to change your behavior if you have already started having sex. This is because it is no longer a choice to delay a behavior, but a choice to change a behavior. Let’s try to think of behavior change regarding secondary abstinence.”*

 **Ask:**

- *“What happens before thinking about secondary abstinence?”* [One is still having sex, and has not yet considered abstinence.]
- *“What happens when someone thinks about secondary abstinence?”* [Consider the idea of no longer having sex, and think of the reasons why this is a good idea or a bad idea; one can also consider how the idea would shape their life, and choose not to make a decision yet.]
- *“What happens when someone prepares for secondary abstinence?”* [Make a firm commitment to no longer have sex, think of how you will tell your partner, and maybe discuss the idea with friends, peers, or a mentor.]
- *“What happens when someone takes action towards secondary abstinence?”* [Actively decide to no longer have sex, inform partner, or make a pledge to self if there is no partner.]
- *“What happens when someone maintains secondary abstinence?”* [Negotiate abstinence if an opportunity to have sex arises; avoid peer pressure or partner pressure to have sex.]
- *“What are some tips for maintaining secondary abstinence?”* [Avoiding people, places, things, and situations which weaken your self-control, find other ways to show your love and appreciation (e.g., kissing, hand holding, hugging) but be sure that these ways of expression do not lead to sex, be confident and committed to your decision!]

Wrap-Up

 **Ask:** *“What is one strategy that you can use to delay sexual activity?”*

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: There are many strategies for delaying sex.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to visit places where they can find recreation within their community. Emphasize that these recreation places should be safe spaces, where they do not put themselves at risk.

Delaying Sex Scenario Cards

1. Alex and Natasha have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Natasha has promised herself not to have sex until she is older, and so far Alex has respected that wish. Natasha has been thinking about how much she likes Alex. One of their friends, who lives on his own, is going to have a party, and they are invited. Alex says he will bring some beer and that maybe they could stay all night. Natasha thinks about her promise to herself but also thinks it would be great fun to be alone with Alex.
2. Anne is 16 and lives with her mother and three younger siblings. Her mother works in the market and most of the time is able to support the family's needs. However, Anne has to take care of her personal needs, like clothes, sanitary towels, or anything else she needs for herself. Sometimes, her mother asks her to help buy food or medicine when she can't work or when her business at the market is slow. Anne spends time with Joseph who is 25 and lives in their neighborhood. He has a job as a taxi driver and often buys Anne new clothes, or gives her some extra money when she asks him. The last time that Anne went to Joseph's place, he demanded that now she owes him and has to have sex with him the next time she comes. Anne needs money this week, but does not want to have sex with Joseph.
3. Chilombo and Mwamba are very serious about their relationship and would like to get married in a few years. Chilombo has invited Mwamba over to her house for the afternoon. Mwamba knows that Chilombo's parents will not get back until evening. This could be a good time to have sex for the first time. Mwamba has been learning about pregnancy, HIV and AIDS, and STIs, and he is not sure he wants to have sex yet. However, he feels Chilombo would like to have sex and will probably tease him or tell her girlfriends if he doesn't.
4. Sam met a young man, James, at school. Sam was attracted to him because he is good looking and a good athlete. James said hello to Sam after school and gave her/him a small, beautiful present— for future friendship, he said. He invited Sam to go for a walk to the river. Sam is attracted to James, but is not ready to have sex. Sam feels uncomfortable about the situation. However, Sam must give him an answer soon.
5. Manuel is in grade 10 and in a relationship with Mariela who is in college. Manuel and Mariela have been going to parties and movies together but have never had sex. Manuel's friends share their first sexual experience with him and tease him for not having sex yet. They tell him he hasn't had sex before because he's not a real man.

Life Skills

Sessions 19-27



19. Passive, Assertive, Aggressive

Session Description

Participants learn about attacking and avoiding behaviors, and perform role-plays to practice identifying passive, assertive and aggressive behaviors.

For more sessions like these, see the *Life Skills and Leadership Manual's*  sessions on *Looking at Conflict*, p.220 and *Collaboration*, p.231.

Learning Objectives

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

1. Define the terms “passive,” “assertive,” and “aggressive”.
2. Identify passive, assertive, and aggressive behaviors

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Passive, Assertive, Aggressive (30 minutes)
- Role-plays (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Copies of Activity Sheet 4: Passive – Assertive – Aggressive Chart provided at the end of this session (for each participant) or write content on the chalkboard or flipchart ahead of time if copies are not available

Pre-Session Preparation

- None

Facilitator Notes

Assertive people stand up for themselves and are straightforward and honest about their needs and wants. Being assertive can help youth protect themselves from dangerous situations and can help them resist peer pressure.

Assertiveness is very different from being aggressive. People who are aggressive are rude and unkind. They do not care about other people's feelings.

Passive, on the other hand, means allowing what happens to happen without taking initiative to make a change. Passive people do not stand up for themselves even if they are being treated poorly.

During this lesson, certain qualities and features, or attributes, characteristic of people with aggressive or assertive personalities are presented. If you prepare the flipchart or board before the session, it can be helpful to add a picture to each word to make the definitions clear. Or, you might prefer to brainstorm the flipchart with the group during the session.

Terms

Aggressive: Delivering a message forcefully without thinking of the other person's feelings; expressing oneself in a confrontational manner.

Assertive: Delivering a message by honestly expressing one's thoughts and feelings; being direct and clear without putting down the rights of others; showing mutual respect.

Attack: Take aggressive action against.

Attributes: A quality or feature that is characteristic of someone.

Avoid: Keep away from.

Passive: Accepting or allowing what happens, or what others do, without active response or resistance.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Passive, Assertive, Aggressive

(30 minutes)

Ages: 10 to 19 years



Explain: “We are going to have a brainstorming session for two words: ‘attacking’ and ‘avoiding.’ We will start with the word ‘attacking.’ When I say go, you will call out what the word means to you. Go!”

Note the ideas on the flipchart or chalkboard. Allow a few minutes and switch to “avoiding.” There may be good and bad feelings expressed about each word.

If participants did not cover the following examples during the brainstorm, explain that some examples of attacking and avoiding behaviors are:



Explain: “In this session we are going to talk in depth about these different kinds of behavior. ‘Attacking’ behavior, when someone explodes or interrupts and persists is a type of behavior we call ‘aggressive.’”



Ask: “What are some examples of aggressive behavior?” [See list of ‘attacking’ behaviors below.]

When it seems clear that the group understands the connection between “attacking” and “aggressive,” move on to the “avoiding” description.



Explain: “You have also told me what ‘avoiding’ means to you, and thought of ideas like sulking in silence or trying to forget about something. This type of behavior is called ‘passive.’”



Ask: “What are some examples of passive behavior?” [See list of ‘avoiding’ behaviors below.]



Instruct: “Now think about the feelings associated with both attacking and avoiding behavior.”



Ask:

- “What is the difference between these types of behaviors?”
- “Are either of them effective types of behaviors?”
- “Is there another way to act?”
- “What would be a more effective approach to interactions with each other?”

Allow the answers to these questions to lead to the idea of “assertiveness”.



Ask: “What does ‘assertive’ behavior mean?” [Delivering a message by honestly expressing one’s thoughts and feelings, being direct and clear without putting down the rights of others; showing mutual respect.]



Explain: “To be ‘assertive,’ it is not necessary for someone to be in the powerful or powerless position—in other words, it is not necessary to attack or avoid. Instead, it is possible to reach a balance between those two behaviors. We call this type of behavior ‘assertive.’”

Distribute copies of Activity Sheet 4: Passive – Assertive – Aggressive Chart to each participant (or write the content on the chalkboard or flipchart if copies are not available). Review each of the definitions with the group. Ask participants to give you examples of each type of behavior.

Attacking: Nagging, Shouting, Persisting (I am right!) Revenge (I'll get you back) Warning (If you don't) Interrupting, Exploding, Sarcastic, Insulting, Correcting

Avoiding: Withdrawal, Sulking in silence, Taking it out on the wrong person, Saying that you are being unfairly treated, Talking behind someone's back, Feeling ill, Being polite but feeling angry, feeling low and depressed, not wanting to hurt the other person, trying to forget about the problem

Activity 2. Role Plays

(30 minutes)

Ages: 10 to 19 years



Explain: *“Now we will do two role-plays to help us fully understand the differences between passive, assertive, and aggressive behavior. While you watch the role-plays, try to identify any passive, assertive, or aggressive behavior.”*

Ask for two volunteers to do Role-play 1 (below). Instruct them through the role-play while the rest of the group watches.

After Role-play 1, lead a discussion with the following questions:

- *“Is Paulo’s behavior passive, assertive, or aggressive?”* [aggressive]
- *“What did Paulo do to make you decide he was aggressive (include what he said, how he said it, and the body language he used)?”* [Answers may include: body language – moving closer to Chikondi and occupying her physical space; standing “nose to nose” or with “hands on hips”; interrupting; speaking in a loud voice; insulting Chikondi by calling her “childish”]
- *“Is Chikondi’s behavior passive, assertive, or aggressive?”* [passive]
- *“What did she do to make you decide she was passive (include what she said, how she said it, and the body language she used)?”* [Answers may include: body language – head down, soft voice; giving in to the will of others – putting herself down, “I know you’ll think I’m silly, but ...”]

Follow the same procedure for Role-play 2 (below).

Use the following questions to lead a discussion on Role-play 2:

- *“Is Tana’s behavior passive, assertive, or aggressive?”* [assertive]
- *“What did she do to make you decide she was assertive (include what she said, how she said it, and the body language she used)?”* [Answers may include: spoke in calm, firm voice – discussed her needs; made her feelings clear – checked to see if Kamel was comfortable with her statements; body language – faced Kamel, looked him in the eye]

Role-Play 1

Paulo has been seeing Chikondi for about one month now. He wants her to come to his house because his parents are not home. Because he often talks about getting into a more physical relationship, Chikondi feels pressured to be alone with Paulo. She tries to speak about her feelings a few times, but Paulo keeps interrupting her. Chikondi, her head down, finally says to Paulo in a soft voice, *"I know you'll think I'm silly, but..."* Paulo interrupts again, approaches Chikondi nose to nose, and says loudly with his hands on his hips, *"You are silly, and not only that, you're childish too!"* Chikondi hangs her head down, looks at the ground, and agrees to go to Paulo's house.

Role-Play 2

Tana has been upset with Kamel. When she sees him, she says, *"Kamel, I need to talk to you right now. Could we talk where no one is around?"* Moving to another room, Tana sits straight with her hands on the table and looks Kamel in the eye. She says in a calm but firm voice, *"I've thought about your suggestion for our date, but I feel uncomfortable about it. I think we need more time to be close friends before being alone. I really like you and I know you'd like for us to be alone, but I'm not ready for that yet. Is that OK with you?"*

Wrap-Up 

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Reach a balance between attacking and avoiding by being assertive.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should practice being assertive among their peers. Inform them that they should be prepared to share their experiences practicing assertiveness in the next session.

Passive, Assertive, Aggressive Chart

Passive Behavior

- Giving in to the will of others
- Hoping to get what you want without actually having to say it
- Leaving it to others to guess or letting them decide for you
- Taking no action to assert your own rights
- Putting others first at your expense
- Remaining silent when something bothers you
- Apologizing a lot
- Acting submissive (e.g., talking quietly, laughing nervously, nagging shoulders, avoiding disagreement, hiding face with hands)

Assertive Behavior

- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your own rights without putting down the rights of others
- Respecting yourself as well as the other person
- Listening and talking
- Expressing positive and negative feelings
- Being confident, but not “pushy”
- Staying balanced—knowing what you want to say; saying “I feel” not “I think”; being specific; using “I” statements; talking face-to-face with the person; no whining or mocking; using body language that shows you are standing your ground, and staying centered

Aggressive Behavior

- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- Standing up for your own rights with no thought for the other person
- Putting yourself first at the expense of others
- Overpowering others
- Reaching your own goals, but at the sake of others
- Dominating behaviors (e.g., shouting, demanding, not listening to others; saying others are wrong; leaning forward; looking down on others; wagging or pointing finger at others; threatening; or fighting)

20. Alcohol and Substance Use

Session Description

Participants will gain awareness on the impact of drugs and alcohol on young people's lives.

Learning Objectives

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

1. Understand the negative consequences of drug and alcohol use, and the impact this can have on young people's lives.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Drugs (20 minutes)
- Alcohol (30 minutes)
- Wrap-Up (10 minutes)
- Real World Practice (5 minutes)

Materials

- None

Pre-Session Preparation

- None

Facilitator Notes

- None

Terms

Addiction: The condition of being dependent on a substance, thing, or activity.

Alcoholic: An individual who consumes alcohol in excess and has difficulty functioning without alcohol.

Alcoholism: The addiction to alcohol.

Depressants: Drugs which reduce the functioning of nervous activity; make the body react slowly.

Drugs: Substances other than food which affect the chemistry and function of the body causing changes in behavior, including substances intended for use in the treatment or prevention of disease.

Drug Abuse: The habitual taking of illegal or addictive drugs; considers the frequency, attitude toward, effects of, and physiological responses caused by the use of drugs, and the age and level of dependency of the user.

Substance Use: The consumption of drugs or alcohol.

Hallucinogens: Drugs which cause hallucinations that changes the way a person sees, hears, or feels.

Medicine: A drug used for the prevention or treatment of a disease

Mind-Altering Substances: Drugs that affect brain function resulting in alterations in perception, mood, consciousness, cognition, and behavior.

Recreational Drugs: Drugs used for enjoyment.

Stimulants: Drugs which increase the level of nervous activity to make the body speed up.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Drugs

(20 Minutes)

Ages: 10 to 19 Years



Explain: “Drugs are substances other than food that affect the chemistry and function of the body, causing changes in behavior. The term ‘drug’ generally includes medicines, substances used for the treatment or prevention of disease, as well as recreational drugs, which are used for enjoyment. Medicinal drugs are legal, meaning they are permitted by law, in certain doses, though some may require prescriptions. Some non-medicinal drugs are legal also, like tobacco or alcohol.”

Many drugs are illegal, meaning they are not permitted by the law and someone can get in trouble for using them. These drugs usually have extreme effects on the mind and body. Some examples of illegal drugs include: cocaine, heroin, mandrax, opium, and cannabis. Each country has different laws about what drugs are illegal.

The ‘use’ and ‘abuse’ of drugs and alcohol are not the same. Use of drugs may come before abuse of drugs and does not necessarily lead to abuse. Drug abuse is not defined by frequency of drug use alone but also considers the age of the drug

user, physiological responses, levels of dependency, attitudes about substance use, and the effects that the drug uses has on other areas of the user's life."

Ask: "What are some examples of different types of medicine that can be abused?" [e.g., Coartem can be used for treating malaria, but if deliberately taken in high doses, it can terminate an unwanted pregnancy, which is regarded as an abuse of that drug. Also Panadol may be ideal for aches and pains, but can be abused if taken for any and every slight discomfort.]

Explain: "Drugs used to create an altered state of consciousness are called mind-altering substances. Drugs that speed a person up are called 'stimulants,' (e.g., tobacco, cocaine, and angel dust). Drugs that slow a person down are called 'depressants' (e.g., alcohol, sleeping pills). Drugs that change the way a person feels, sees and hears are called 'hallucinogens,' e.g., Mandrax, dagga. There is still another category of substances used neither medicinally nor recreationally, but to alter the body's functioning nonetheless. These would include drugs like diet pills. Tobacco and alcohol are among the most widely used 'recreational' drugs."

Ask:

- "What are some examples of these types of drugs?" [See example responses in Table 2: Drugs and Their Side Effects below.]
- "What are their possible side effects?" [See example responses in the table below.]
- "What do these drugs look like?" [Plants, cigarettes, pills, liquid substances, beer, wine, liquor, etc.]
- "How are these drugs used?" [Smoked, chewed, inhaled, injected, drank]

Ask: "What does the term 'addiction' mean?" [The condition of being dependent on a substance, thing, or activity.]

Explain: "Drug addiction occurs when the normal functions of the body are altered in such a way that the body begins to require the drug to function. Addiction can be psychological or physical, depending on the drug. The person who is addicted cannot function normally without the drugs of addiction. Many people cannot function without the stimulant caffeine found in coffee, tea and an assortment of softies. Some cannot socialize without alcohol or marijuana. Without the drugs, the addict feels poorly, is anxious and restless and may even neglect himself or herself. Drug addiction is a serious problem requiring professional help to break the habit."

Table 2: Drugs and Their Side Effects

Nicotine (the substance in cigarettes): A highly addictive stimulant, increases heart rate, constricts blood vessels causing the heart to work harder
Alcohol: Addictive depressant that can cause drunkenness, loss of coordination, personality changes, interference with learning and memory, increase in accidents, increase in destructive acts
Marijuana (hallucinogen, stimulant, and depressant - all): Altered perception, slowed reflexes, poor memory, short attention span
Inhalants (gasoline, glue, paint, cleaning fluid, etc.): May cause serious, permanent damages to liver

Activity 2. Alcohol

(30 Minutes)

Age: 10 to 19 Years



Explain: “Alcohol is the most common mood-altering drug in many communities.”



Ask: “How does alcohol consumption affect the mind and body?” [Possible responses include:

- if you drink a lot of alcohol over a period of time, it can seriously damage your body and mind;
- alcohol acts as a depressant on the body. It slows our reflexes, constricts blood vessels and influences the way we see and interpret events around us;
- drinking too much can make men impotent (they can't keep an erection); and
- for a pregnant woman, drinking can damage her unborn child.]



Explain: “People exhibit different responses to alcohol based on body weight, amount of alcohol consumed, presence of other drugs in the system, general health and how recently the person has eaten.”



Ask: “What does ‘alcoholism’ mean?” [The addiction to alcohol.] “What is an ‘alcoholic?’” [Someone who consumes alcohol in excess and has difficulty functioning without alcohol.]



Explain: “Alcoholics cannot control their drinking. Alcoholism can affect anyone – young, old, rich or poor. It is a myth that most alcoholics are living on the fringes of society. Alcoholics are people you see in your everyday routines. Alcoholism tends to run in families; children of alcoholics are much more likely to have a drinking problem than children of nonalcoholic parents. It is possible that alcoholics have a different chemical make-up that might be passed from one generation to the next. Developing an awareness of the dangers of alcohol may enable young people like you to resist pressures to drink in excess. Knowing when to stop is a part of this awareness.”



Ask: “What are some warning signs that someone’s drinking is becoming a problem?” [Possible responses include:

- drinking very fast, gulping your drinks;
- hiding your drinking from friends and family;
- drinking in secret;
- feeling badly or frightened after drinking too much;
- feeling that you need a few drinks to get your confidence level up;
- drinking early in the day;
- losing control when you drink saying or doing things you regret; and
- not remembering what you did after a night of drinking.]

“What are some possible health problems that alcoholism can cause?” [Possible responses include:

- memory loss,
- liver and heart damage,
- “black-outs,”
- shaky balance, and
- mood swings; may have outbursts of violence or depression while drinking]

“What are some serious consequences can result from alcohol and drug use?” [Possible responses include:

- young people’s normal growth and development is often stopped;
- drug abuse and addictive behaviors interfere with the establishment of healthy relationships;
- drug use impairs judgment in critical areas;
- accidents, missed opportunities, unintended pregnancies, academic failure and STI infections are more likely when you can’t think straight; and
- drug addiction and alcoholism also diverts needed financial resources from more constructive endeavors.]

Wrap-Up



Ask:

- “Why do people use drugs? Alcohol?” [Drugs: for fun/recreation, for medicinal purposes, to experiment, to look ‘cool,’ etc., alcohol: for fun/ recreation, to ‘feel better,’ to look ‘cool,’ etc.]
- “What are some of the effects of drug and alcohol use?” [Memory loss, bad decision-making, more exposure to HIV and unplanned pregnancy, loss of coordination, etc.]
- “What are the dangers involved with drug and alcohol abuse?” [Permanent damage to liver, heart, and/or brain, defects in unborn child of pregnant woman, neglect of family, hygiene, and job, impotence in men, etc.]
- “What drugs do young people use in your community?”
- “What drugs do adults use?”
- “What alternatives are there to drug and alcohol use for young people?” [Playing games (especially sports), starting a business, helping parents, hanging out with friends, visiting the cinema or other social events, school and drama groups, etc.]

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Drugs and alcohol have many negative consequences, which young people should be careful to avoid.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should discuss with a peer or younger sibling/child about the long-term side effects of alcohol and drug use.

21. Peer Pressure

Session Description

Participants role-play to explore ways of resisting peer pressure.

For more sessions like this, see the *Life Skills and Leadership Manual's*  *Making Decisions*, p. 154. *Negative to Positive*, p. 191.

Learning Objectives

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

1. Describe common situations faced by young people.
2. List several strategies for dealing with peer pressure.
3. Identify the strategies they are most comfortable with using.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Peer Pressure Role-plays (50 minutes)
- Wrap-Up (10 minutes)
- Real World Practice (5 minutes)

Materials

- Various props for the role-plays such as empty bottles, radios with tape players, cloth or clothes, and others
- Trainer Material: Peer Pressure Scenario Cards

Pre-Session Preparation

- None

Facilitator Notes

Peer influence does increase during adolescence, but the influence of caring adults can remain strong if a solid relationship has been established during earlier years. Peer pressure can be subtle, which is why practicing saying ‘no’ to peer pressure is important. Finding creative ways to refuse alcohol, tobacco, drugs, and sex requires humor and takes lots of practice. When creating your role play scenarios, it is best for you to explore with your community the most common risk situations a young person might face in your area. You may wish to highlight peer pressure as one of the most powerful issues in the life of anyone, especially a young person.

Terms

Peer Pressure: Influence on another person’s decisions or the exertion of influence on someone to manipulate them into following certain behaviors or beliefs of people in their social group.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 


Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Peer Pressure Role Plays

(50 Minutes)

Ages: 10 to 19 Years

Divide the group into five small groups (see [Appendix 1. Group Formation Activities](#)  for ideas), and give each a card from the Trainer Material: Peer Pressure Scenario Cards (scenarios also listed at the end of this session). For illiterate groups, identify girls in each group who can read out the scenario. If there is no one who can read, read the scenario on the card to each group.



Explain: *“Meet with your group to talk about the peer pressure situation on the card. Come up with a realistic reaction or response for the problem. Then you will create a role-play showing the situation and how the young person resists peer pressure, and finally perform it for the larger group.”*

Note to facilitator: Emphasize that the solution presented in the role-play should be realistic. Often, when adults do this activity, the solution seems to be easy– the character “just says no” or preaches the right way to live and everyone accepts it. When young people do the role-play, it is seldom that simple. The reason peer pressure is so powerful is that young people want to “fit in.” They care what other people their own age feel and think about them. The exercise is most valuable if the small groups develop some realistic strategies to help themselves out of these situations without making them “lose face” or become ostracized by their friends. When doing this exercise with young people in your community, note the strategies that they use, as these may be the most effective ones available to them.

After each group of participants finishes presenting a role-play, process the situation and responses with the entire group by asking the following questions:

- “Was the role-play realistic?”
- “Would the resistance demonstrated actually work in the situation?”

Activity 2. Peer Pressure Discussion

(15 Minutes)

Ages: 10 to 19 Years

Lead a discussion on the following questions:

- “What is peer pressure?” [Social pressures by members of one’s peer group to take a certain action, adopt certain values, or otherwise conform in order to be accepted.]
- “What types of peer pressure do you face?” [e.g., pressure to wear certain clothes, pressure to like certain things, pressure to do certain things, pressure to try alcohol or drugs, pressure to have sex, etc.]
- “Where does peer pressure come from?” [Peer pressure may be present at school, home, or in the community]
- “Why does peer pressure arise?” [Someone may tell you what to do, sometimes you think it in your own head – feeling different from the group, sometimes it happens naturally if you and your peers normally do certain activities or have certain habits.]
- “How can one avoid or manage peer pressure?” [Hang out with people who have the same interests as you, say ‘no’ using assertive techniques, stand-up for someone to help them feel it is okay to do what they choose, try not to judge others.]
- “Where can someone go for help if they face too much peer pressure?” [e.g., older siblings, close friends, parents, teachers, community leaders, mentors, etc.]

Wrap-Up

Go around the room and ask each participant:

- “*What is one specific strategy that you would be comfortable using to resist peer pressure?*”

This activity may help you to gauge how likely it is for participants to use these strategies for their own situations.

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Peer pressure is common during adolescence, but remember, it is always okay to say ‘no.’

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should practice resisting peer pressure (or standing up for others who are experiencing it). They should be prepared to share their experiences in the next session.

Peer Pressure Scenario Cards


1. A group of girls are sitting together and talking about the latest fashions. They start making fun of one of the girls who has not been able to buy any new clothes lately. The girls say that she doesn't have the money. The other girls tell her that she should ask for money from Paul, her neighbor who is 10 years older than she is. The girl says that she knows he would give the money, but then he would eventually expect her to have sex with him. Create a role-play showing how this girl could handle this situation assertively.
2. A group of boys are hanging out watching a football match. They are joking around and are having a really good time together. One of the boys in the group takes some alcohol out of his backpack. He starts drinking and tries to get the others to drink, too. He says that there is more to drink outside and tries to pressure his friends to join him in drinking. Some of his friends agree. Create a role-play showing how the friends who do not agree could handle this situation.
3. A group of boys is talking about the girls in their neighborhood. Most of them say they have had sex, and are teasing their friend about the fact that he has not had sex and is still a virgin. Create a role-play showing how this teenager could handle this situation assertively.

4. A group of friends is chatting about their boyfriends during break time. Each of them is bragging about how much time she spends with her boyfriend instead of studying. One of the friends tells the others the importance of education and spending time studying, instead of just being with a boyfriend. Create a role-play showing how the girl uses her persuasion skills and assertiveness to influence her friends positively.
5. A group of friends are hanging near the market. They are talking about how bored they are. They really wish they had something to do. One of them suggests that they go to the grocery store and steal some chocolate. Some of the friends agree—excited to do something on this boring day! As the group walks to the store, one of them is not comfortable with the idea and suggests that they go to her place and watch a movie. To convince her friends not to steal, she explains to them the dangers of stealing. She also explains how exciting and fun it will be for all the friends to spend time together and watch a movie. Create a role-play showing negative and positive peer pressure and the benefits of avoiding negative peer pressure.

★ 22. Making Good Decisions

Session Description

Participants discuss the steps involved in making good decisions, and learn the importance of considering the consequences of each decision they make.

For another session like this, see the *Life Skills and Leadership Manual's*  session on *Making Decisions*, p.154.

Learning Objectives

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

1. List the four “Good Decision-Making Steps”.
2. Describe some of the important factors to consider in decision-making.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Small Group Work (20 minutes)
- Did I Make a Decision Today? (20 minutes)
- Decisions and Consequences (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Trainer Material: Decision-Making Scenario Cards

Pre-Session Preparation

- None

Facilitator Notes

One of the most important aspects of decision-making is looking ahead to see what might happen. 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. Key steps for good decision-making include:

- Describe the problem, situation, or issue that needs 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.
- Be sure you carefully considered all the alternatives and feel comfortable with the choice you made.

Terms

Consequences: Good or bad things that can result from a decision or action.

Decision: A choice between two or more options.

Decision-Making: The process of reaching a decision.

Process: A series of actions or steps taken to achieve something.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Small Group Work

(20 Minutes)


Ages: 10 to 19 years



Explain: “Good decision-making skills can help someone avoid risky activities. For instance, if you are thinking of trying to drink alcohol, you have to decide between ‘yes’: doing it, and ‘no’: not doing it. You might decide to do it if you see other people around you who are doing it and having fun, but are not aware of the dangers it can bring like we discussed in the session about alcohol.”



Ask: “What steps might young people take if they have to decide something crucial? What should they do first? Next? Should they seek advice? From whom?”

Divide participants into seven small groups (see **Appendix 1. Group Formation Activities**  for ideas). Give each group a card from the Trainer Material: Decision-Making Scenario Cards (scenarios also listed at the end of this session).



Explain: “Each group should:

- Discuss the situation on the card.
- Decide what the people in the scenarios who are trying to make a decision should do first.
- List the steps that the people should take in trying to reach their decision.
- Finally, as a group, discuss the situation and make a decision for the scenario on the card.
- Then, on the flipchart or part of the chalkboard, write (or draw) the steps to making a decision, what decision the group would make for the scenario, and the reasons for the final decision.”

Note to facilitator: You may wish to emphasize that the actual decision the groups reach is less important than understanding the “process” someone might go through to make such a decision and the factors to be considered.

Activity 2. Did I Make a Decision Today?

(20 Minutes)

Ages: 10 to 19 Years



Instruct: “Now I want you to think about this day, from when you woke up to right now.”



Ask each participant: “What is one decision you have made today?”

Pick one decision point, based on the most popular response (e.g., what to wear, what to eat, who to talk to, which way to walk to the market/club), and lead a discussion on it with the group. Emphasize that we make decisions every day but we often don't think about them.



Instruct: *“Turn to the person next to you and explain about a time when you have made a difficult decision. Make sure you tell the person what the decision was and what happened as a result of it.”*



Explain: *“In order to make good decisions, it is important to follow four steps. The steps are:*

- *“Stop and think.”*
- *“Consider the consequences of your decision.”* [Consequences are good or bad things that can result from your decisions or actions.]
- *“Know the facts.”*
- *“Execute your decision.”*
- *“Now let's look at the list of decision-making steps you made with your groups from the first activity, and see how those steps compare to these four.”*

Most of the steps participants listed should fit into one of the four steps above (i.e., talking to a friend or trusted adult could be part of considering the consequences and knowing the facts).

“Talk to the person sitting next to you again and see if they went through these four steps when making their decision. If they did not, discuss how these four steps could have been helpful.”

Activity 3. Decisions and Consequences

(20 Minutes)

Age: 10 to 19 Years



Explain: *“The next activity is a ‘decision points’ game and is an opportunity for you to practice making decisions. I am going to read a story about Oto and Beatrice. Whenever I stop the story, you should clap your hands twice (CLAP, CLAP). Clapping means Beatrice and Oto need to stop and make a decision. You will work together to make a decision for Beatrice and Oto.”*

READ:

“A young man, named Oto, stops his car to talk to a girl, named Beatrice, and eventually he asks if she wants a ride.”

STOP, clap your hands twice (CLAP, CLAP), and **ask:**

Consequences:

- *“What could happen if Beatrice gets in the car with Oto?”*
- *“What can happen if she doesn't get in the car?”*

Know the facts:

- “What does Beatrice know about Oto?”
- “What does she know about others who have accepted rides from Oto? Or others like him?”

READ:

“Beatrice accepts the ride and Oto offers to stop by the bar and buy her a beer on the way home.”

STOP, clap your hands twice (CLAP, CLAP), and **ask:**

Consequences:

- “What could happen if Beatrice agrees to have a beer with Oto?”
- “What could happen if Beatrice doesn’t have a beer with Oto?”

Know the facts:

- “Why is Oto offering Beatrice a beer?”
- “Does Beatrice know about the effects of alcohol on herself? On Oto?”
- “How will she get home if Oto is drunk?”

READ:

“Beatrice tells Oto that she will go to a bar with him if he agrees to have one beer only and then take her home. He agrees. Inside the bar he orders one beer each and then several more for himself, until he is drunk. Beatrice tries to leave the bar, but Oto grabs her and harasses her. Beatrice is able to make it outside the bar but once she gets outside she sees that it is dark. She needs to get home.”

STOP, clap your hands twice (CLAP, CLAP), and **ask:**

Consequences:

- “How could she get home safely?”
- “What could happen if she tries to walk? Or goes and waits for him?”
- “What could happen if she contacts a friend or family member?”

Know the facts:

- “What are her other options?”
- “Can she ask someone else? Or call a person for help?”

End the session by leading an overall discussion on the story with the following questions:

- “What were the decision points within this story?” [When Oto asks Beatrice if she wants a ride; when Oto buys Beatrice a beer; when Beatrice wants to get home.]
- “What were the consequences of Beatrice’s decisions?” [Her decision to get in the car with Oto led to him buying her a beer, which led to him harassing her, which led to her wanting to get home and not knowing how.]
- “Would you have made similar decisions if you were in the same situation? Why or why not?”

Wrap-Up

Remind participants of the importance of accepting responsibility for your decisions and their consequences.

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Decision making skills will help you to avoid the negative consequences of decisions and positively shape your lives!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to practice the following good decision-making skills that we discussed today:

Stop and think.

1. Consider the consequences
2. Know the facts.
3. Execute your decision.

Decision Making Scenario Cards

1. You are a 15-year-old girl living in a small town. You are taking care of four younger siblings, and you cannot find money for food. You have a friend near the market that has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a rest house (inn or motel). What will you do?
2. You are a 20-year-old man, and you have recently married. You and your wife are students at the university. You want to start a family, but you also want to finish your degrees and get jobs. Your wife has suggested using something to prevent pregnancy.
3. You are a 12-year-old girl who is in the final term of primary school. You have been washing clothes for neighbors on the weekends to earn money, most of which you have saved. You were planning to use these savings to purchase a new dress for your cousin's wedding, which is in one month. Your older sister is in her final term at secondary school and wants to go to college to get a diploma in computer science. She is confident that this will help her find a job. She asks you for money to contribute to her school fees.

4. You and your girlfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your girlfriend has been suggesting that you have sex now. After all, you are truly committed to each other and are getting married anyway.
5. You are a 17-year-old boy in secondary school. Your HIV/AIDS prevention club has been very active lately, and you have been thinking a lot about HIV/AIDS. You think that your past experiences may have put you at risk to be HIV-positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.
6. You are a 16-year-old girl who is not enrolled in school. Along with helping your mother with household chores and taking care of your younger brothers and sisters, you try to earn some extra money on the side by selling eggs at the market. You planned to buy books with this money so that you could study even though you are not in school. One day, your friend found your saved cash under your mattress when she was visiting. She is now trying to convince you to use the money at the salon to get your hair done and to buy lotions and perfumes.
7. You are a 20-year-old boy just entering the final grade in secondary school. Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. You are hopeful that you can get a placement at university if you are able to take the college entrance exams. But, because there is no money for school, you are considering trying to find some work for a few years and returning to school later.

23. How to Communicate with Adults

Session Description

Participants practice skills for dealing with situations when they may disagree with an adult or wish to ask for something from an adult.

Learning Objectives

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

1. Communicate with adults.

Time – 65 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- How to Handle Disagreements (25 minutes)
- How to Communicate with Adults (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- None

Facilitator Notes

See Introductory Sessions – Session 5: Communication

Terms

See Introductory Sessions – Session 5: Communication

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.


Activity 1. How to Handle Disagreements

(25 minutes)


Ages: 10 to 19 years

Ask:

- “How do you usually communicate with adults?”
- “What are some examples of how you communicated with adults when you were very young?”
- “What are some examples of how you communicate with adults now?”
- “How has the way you communicate with adults changed over time?”
- “What are some disagreements you have had with your parent/guardian in the past six months?”

Divide the group into pairs (see [Appendix 1. Group Formation Activities](#)  for ideas). Assign each pair of participants a disagreement from their answers to the last question. If you need additional disagreements, use the following:

- Your parent/guardian told you not to spend time with a certain boy. Your older sister saw you with the boy and reported it to your parent/guardian.
- Your mother wants you to wake up early in the morning to help with the household chores but you want to sleep in.
- Your father/guardian saw you drinking alcohol.

 **Explain:** “In each pair, one person is the adolescent and the other is the parent. Together, you will make a role-play about the disagreement. Then switch roles and have another disagreement.”

Find three groups to volunteer to perform their argument for the rest of the participants. After each role play, ask the group:

- “What helped the adult understand the adolescent?”
- “What didn’t help/made it harder for the adult to understand the adolescent?”

- *“How could the situation be improved?”*
- *“What could the adolescent and the adult do to understand each other better?”*

Activity 2. How to Communicate with Adults

(20 minutes)

Ages: 10-19 years

In addition to the strong communication skills learned in previous sessions – including assertiveness, there are specific skills that youth can use to improve communication with parents/ guardians. These are called the “convincing” skills:

- Be prepared: Know what you are asking for and think through the consequences of your request.
- Pick the right time: When the situation at home is relaxed.
- Be calm: Present your topic calmly and with facts.
- Listen to what your parents or guardians have to say: Consider their point of view and whether they might be right. Remember that parents generally have your best interest at heart.



Instruct: *“I am going to read out some scenarios. For each scenario, we will have a discussion on how the people in the scenario could practice “convincing” skills.”*

Read the following scenarios and go lead a discussion to apply the “Convincing” skills to each scenario:

- Scenario 1: Sonya wants to ask her uncle for school fees so she can go back to school.
- Scenario 2: Jose wants to ask his father to go with him to the clinic so he can get condoms.
- Scenario 3: Maria’s teacher has been pressuring her to go out with one of his friends
- Scenario 4: David wants to take the bus to the next town over to watch the football match with his friends. He knows his parents are worried that there will be alcohol and they do not want David to attend.



Explain: *“Using convincing skills can help you communicate with adults so that they can better understand your point of view. Often they lead to outcomes, which are satisfactory for both you and the adult.”*

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Good communication skills help when asking an adult for something or in resolving disagreements with adults.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to practice the following four convincing skills we learned today when speaking to an adult:

1. Be prepared.
2. Pick the right time.
3. Be calm.
4. Listen to what your parents say.

24. How to Communicate with a Partner

Session Description

Participants learn the importance of good communication, think about the consequences of having sex, and role-play to practice talking to a partner about sex.

Learning Objectives

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

1. Outline steps for decision-making on assessing whether to start or to continue a sexual relationship.
2. Name at least two advantages to communicating with a partner.
3. Demonstrate how to talk to a partner.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Talking to Your Partner About Sex and Sexual Health Issues (5 minutes)
- Am I Ready? (20 minutes)
- Talking to My Partner (40 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Pen and paper for each participant

Pre-Session Preparation

- Review the questions in Activity 2 and adapt based on their relevance to the adolescents in your group – that is, if they are sexually active or not.
- Review the list of role-play options in Activity 3 to see if there are other ideas that would be more relevant to the adolescents in your group.

Facilitator Notes

If participants have initiated sexual activity or already have a child, then the questions in Activity 2 should be adapted to include both girls thinking about being sexually active and those who have already started.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1.

Talking to Your Partner about Sex and Sexual Health Issues

(5 minutes)

Ages: 15 to 19 years



Explain: “Communication is an important part of a sexual relationship. Communication with a sex partner is important for ensuring that both people are consenting to engage in sexual activity.”

Effective communication can help people protect their own and their partners’ well-being. This protection includes: guarding against sexually transmitted infections, including HIV, protecting against unwanted pregnancy, and reducing the likelihood of a conflict that could lead to violence.

Communication can also increase mutual trust and pleasure. Communication is important for clarifying expectations and limits. Such expectations and limits may relate to: feelings, the exchange of money or material goods, or other factors. Gender norms often affect the way people communicate — or do not communicate — about sex.

Everyone can learn to communicate comfortably and effectively about sexuality. Practicing helps!”

Activity 2. Am I Ready?

(20 Minutes)

Ages: 15 to 19 years



Explain: *“It is beneficial to date someone your own age; you will have more in common and find it easier to communicate about mutual needs and limits. Also, men who are older have likely had more sexual partners in the past and are more likely to be infected with HIV or other STIs than boys your own age. That means that your risk of getting infected with HIV or other STIs is higher when you have sex with an older man than with someone your own age. Remember, as we discussed in a previous session, you can still refuse even if you have started having sex.”*

Distribute a pen or pencil and paper to each participant.



Instruct: *“On your paper, you should write the numbers 1 to 10 on the left side. I am going to read 10 questions and you should write the answer: yes or no (or draw an o (yes) or x (no)). Your paper will be an “Am I ready” checklist to help you to think about the right things when making decisions related to sex, whether for the first time or if you have already started having sex.”* Read the following questions, waiting for girls to write their responses between each one:

- *“Would my parents approve of me having sex now if they knew?”*
- *“If I get pregnant, am I responsible enough to provide for the baby’s emotional and financial support?”*
- *“Does the man/woman I’m with make me feel good about myself?”*
- *“Will I be glad when I am older that I lost my virginity at the age I am now?”*
- *“If the relationship breaks up, will I be glad I had sex with this person?”*
- *“Am I sure no one is pushing me into having sex?”*
- *“Am I able to comfortably talk to my partner about sex, and his sexual history?”*
- *“Am I absolutely sure my partner is not infected with an STI or HIV?”*
- *“Do I know how to talk about using condoms or other methods to prevent pregnancy, HIV and STIs?”*
- *“Do I feel safe with my partner?”*



Explain: *“Going through this checklist of questions can be part of decision-making skills: ‘Stop and Think,’ ‘Consider Consequences,’ ‘Know the Facts’ and ‘Execute your Decision.’”*



Ask:

- *“Do most people ask themselves these questions before initiating sexual activity or continuing sexual activity?”*
- *“Why is it important to ask these questions before initiating or continuing sexual activity?”* [To evaluate whether or not initiating or continuing the sexual activity is the right decision and if so, if it is being done in the safest and healthiest way.]



Explain: *“If you answered no to any of the questions on the checklist, then you should consider not starting a sexual relationship or perhaps ending the one you are in. Decisions today affect a girl’s future, so best to be sure before starting or continuing sexual activity.”*

Going through this checklist of questions can be part of decision-making skills we learned in Session 7: “Stop and Think,” “Consider Consequences,” “Know the Facts,” and “Execute your Decision.”

Activity 3. Talking to my Partner

(40 Minutes)

Ages: 15-19 years



Ask: *“What are the benefits of talking to partners about relationship or sexual issues?”* [Ensuring both people are consenting to sexual activity; protect own and partner’s well-being (against STIs, HIV, unwanted pregnancy, conflicts leading to violence); increases trust and pleasure; clarify expectations.]



Explain: *“We can use strong communication skills when talking to our partners. Remember the STRONG communication we discussed in previous sessions:”*

- **“I feel ...”** The emotion that she is experiencing, e.g., “I feel scared and anxious.”
- **“When you...”** What the other person did that caused her to feel the emotion, e.g., “When you drive quickly, it makes me feel afraid.”
- **“Because...”** Why the action caused her to feel the emotion, e.g., “Because I know bad accidents can happen when people drive too quickly.”
- **“And I would like/want/need...”** What she would like to have happen in order to feel better, e.g., “And I would like for you to please try to drive more slowly in the future.”

Instruct participants to form into groups of four.



Explain: *“Now we are going to practice communicating with a partner. Each group should prepare two 3-minute role-plays. The first role-play will show how things can go wrong when talking to a partner and the second role-play should demonstrate how communication can work to resolve situations when using the strong communication skills. Some ideas for role-play scenarios are:”*

- *“Talking to a partner about using a condom.”*
- *“Talking to a partner about delaying sex.”*
- *“Asking a partner to share his feelings about your relationship—for example deciding to be only with each other, if they have other partners.”*
- *“Asking a partner to go for joint STI or HIV testing.”*
- *“Asking a partner if he can cut back on drinking.”*
- *“Talking about getting support for you to complete your studies.”*

After sufficient practice time, allow each group to perform both role-plays. After each role-play, discuss how the role-play demonstrated strategies for how to talk to partners.

Wrap-Up



Explain: *“The choices you make today will affect you tomorrow. Before you engage in sex or continue a sexual relationship it is important for you to practice decision-making skills (Stop and Think, Consider Consequences, Know the Facts) to make sure you are making a decision that will be good for you.”*

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Talking to a partner can be challenging, but girls can use strong communication skills to ask for what they need in order to have a healthy and happy relationship.]

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should ask their friends a few of the questions from the “Am I Ready?” checklist and see what kind of responses they get.

25. Managing Stress, Anger, and Conflict

Session Description

Participants learn what stress means, symptoms of stress, and tips for managing anger and resolving conflict.

For more sessions like this, see the *Life Skills and Leadership Manual's*  *Stress and Emotions*, p.86 and *Surviving Tough Times* p.100.

Learning Objectives

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

1. Define conflict.
2. Use “I” statements to express their feelings.
3. Distinguish between appropriate and inappropriate responses to anger.
4. Successfully deal with situations that cause stress, anger, and/or conflict.

Time – 90 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Managing Stress (20 minutes)
- Dealing with Anger (25 minutes)
- Anger and Conflict Role-play (25 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- None

Facilitator Notes

Managing Stress: Stress occurs on a daily basis and can be healthy. Sometimes, though, stress can be overwhelming and adolescents may have trouble dealing with it. Adolescents are faced with a number of issues and make many major decisions, such as the decision to have sexual intercourse, the kind of career they want, what they want to do in the future, how to manage their money wisely and save for the future, or the attempt to develop a unique identity, which contribute to their burden of stress. Too much stress can seriously affect adolescents' physical and mental well-being. Overtime, recurrent stress can lower self-esteem, decrease academic effectiveness and create a cycle of self-blame and self-doubt. Stress is unique and personal to each of us. What is relaxing to one person may be stressful to another. The key to reducing stress is to find strategies that work for the individual.

Effects of Anger and Conflict: Unresolved anger or conflict can cause people to feel indifference, resentment, or rage. It can lead to physical or verbal violence, withdrawal, depression, mean gossip, or even addiction or other self-destructive behavior. When anger and conflict are unresolved, relationships can be damaged and youth can suffer social consequences such as rejection, teasing, or humiliation. It is important to be able to manage anger and conflict effectively.

Terms

Stress: A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.

Well-Being: A state of being comfortable, healthy, or happy.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Managing Stress

(20 Minutes)


Ages: 10 to 19 years




Ask: “What do you understand by the word ‘stress?’” [A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.]

After some discussion, **explain the following:** “Stress can be defined as the body’s reaction to a change that requires a physical, mental or emotional adjustment or response. It is commonly experienced as a feeling of tension, anxiety or pressure. When you are under stress you may experience the following feelings, thoughts, behaviors, and physical symptoms.”

Review Table 3: Symptoms of Stress below.

 **Ask:** *“When was a time when you were under stress?”*

Divide participants into groups of four or five (see **Appendix 1. Group Formation Activities**  for ideas).

 **Explain:** *“Now discuss different techniques that can be used to help manage stress for a few minutes. Then we will return to the large group and a representative from each of the smaller groups will share the stress management techniques you discussed.”*

As each group presents, write a list of the techniques they mention for managing stress on the chalkboard or flipchart. After each group has presented, mention any techniques that participants did not list, using Box 5: Stress Management Techniques on the next page as a guide.


 **Explain:** *“There are many different ways to manage unhealthy stress, and everyone needs to find ways that work best for them!”*

Table 3: Table of Symptoms of Stress

Feelings:	Anxiety, Irritability, Fear, Moodiness, Embarrassment
Thoughts:	Self-criticism, Difficulty concentrating or making decisions, Forgetfulness or mental disorganization, Preoccupation with the future, Repetitive thoughts, Fear of failure
Behaviors:	Stuttering, Difficulty speaking, Crying, Acting impulsively, Nervous laughter, Yelling at friends/family, Grinding teeth, Jaw clenching, Increased smoking, alcohol or other drug use, More prone to accidents, Increased or decreased appetite
Physical:	Tight muscles, Cold or sweaty hands, Headaches, Back or neck problems, Sleep disturbances, Stomach aches, More colds & infections, Fatigue, Rapid breathing, Pounding heart, Shaking hands, Dry mouth

Box 5: Box of Stress Management Techniques

Take a Deep Breath!: Stress often causes us to breathe shallowly, and this almost always causes more stress! Try taking a minute to slow down and breathe deeply

Talk It Out: Keeping feelings inside can increase stress. Sharing your feelings with a friend, family member, teacher, or church leader can help you see your problem in a new way. Even if it is slightly embarrassing, asking for help soon after a problem occurs may help you avoid serious problems later. Writing down thoughts and feelings can also help clarify the situation and give you a new perspective.

Take a “Minute” Vacation: You cannot always run away, but you can dream. Take a moment to close your eyes and imagine a place where you feel relaxed and comfortable. Notice all the details of your chosen place, including pleasant sounds, smells and temperature.

Pay Attention to Physical Comfort: Be as physically comfortable as the situation will allow. Wear comfortable clothing. If it's too hot, go somewhere where it's not. If your chair is uncomfortable, move. Do not wait until your discomfort turns into a real problem.

Get Physical: When you feel nervous, angry or upset, release the pressure through exercise or physical activity. Try to find something you enjoy and make regular time for it. This can be anything from playing a game with friends to doing some regular physical work that you like doing. Running, walking or dancing can be done anywhere. Working in the garden, cleaning, or playing with younger children can relieve stress, relax you, and energize you! Remember, your body and mind work together.

Take Care of Your Body: Healthy eating and adequate sleep fuels your mind as well as your body. Avoid eating too much caffeine and sugar. Well-nourished bodies are better able to cope with stress, so eat well.

Laugh: Maintain your sense of humor, including the ability to laugh at yourself. Share jokes and funny stories with your friends. Laughter is good for you!

Manage Your Time: Plan ahead. Make a realistic schedule for yourself and include time for stress reduction. Trying to take care of everything at once can seem overwhelming. Instead, make a list of what you have to do, then do one thing at a time, checking them off as they're completed. Do the most important or unpleasant ones first, and then the rest of your day will be less stressful. Recognize when you are most stressed and allow yourself some reasonable breaks, like taking a walk or otherwise changing your scenery.

Know Your Limits: A major source of stress is people's efforts to control things over which they have little or no power. When in a stressful situation, ask yourself: is this my problem? If it isn't, leave it alone. If it is, can you resolve it now? Once the problem is settled, leave it alone. Do not agonize over the decision, and try to accept situations you cannot change. There are many circumstances in life beyond your control.

Must You Always Be Right?: Do you get upset when things don't go your way? Consider cooperation or compromise rather than confrontation. It may reduce the strain and help everyone feel more comfortable.

Have a Good Cry: Big boys and girls do cry. A good cry during stressful times can be a healthy way to bring relief to your stress, and may prevent a headache or other physical consequences of stress. However, crying daily can be a sign of depression.

Look for the Good Things Around You: It is easy to see only the negative when you are stressed. Your thoughts can become like a pair of very dark glasses, allowing little light or joy into your life. Commit yourself to actively noticing five good things around you, like positive or enjoyable moments or interactions.

Activity 2. Dealing with Anger

(25 minutes)

Ages: 10 to 19 Years



Explain: *“Anger is a completely normal, usually healthy, human emotion that ranges from mild irritation to intense rage. When it gets out of control and turns destructive, it can lead to problems. Like other emotions, it causes physical changes. When you get angry, your heart rate, blood pressure, and energy hormone levels go up. You could be angry at a specific person or event. Worrying about personal problems or remembering traumatic events can also cause you to feel angry.”*

“Anger is a natural, adaptive response to threats and inspires powerful, often aggressive, feelings and behaviors, which allow us to defend ourselves when attacked. A certain amount of anger is necessary for survival. We cannot, however, physically attack every person or object that irritates or annoys us; laws, social norms, and common sense place limits on how far our anger can take us.”



Ask:

- *“What are some inappropriate expressions of anger?”* [Yelling, hitting, humiliating someone, name-calling, damaging property, throwing things, or refusing to help someone in need.]
- *“What are some appropriate expressions of anger?”* [Calmly expressing an opinion, leaving the situation, or counting to ten before reacting.]



Explain: *“Anger can be managed. The goal of anger management is to reduce both your emotional feelings and the physical responses that anger causes. You cannot get rid of, or avoid, the things or the people that make you angry, nor can you change them, but you can learn to control your reactions.”*



Ask: *“What are some ways to manage anger?”* [See Box: Anger Management Tips below for possible responses.]

List the brainstormed ways to manage anger on a chalkboard or flipchart.



Explain: *“People use a variety of both conscious and unconscious processes to deal with their angry feelings. The three main approaches are expressing, suppressing, and calming.”*

- *“Expressing your angry feelings in an assertive, not aggressive, manner is the healthiest way to express anger. To do this, you have to learn how to make clear what your needs are, and how to get them met, without hurting others. Being assertive doesn’t mean being pushy or demanding; it means being respectful of yourself and others.”*
- *“Anger can be held in by not thinking about it or focusing on something positive. The purpose is to convert your anger into more constructive behavior. However, keeping anger in is not always the best strategy. If anger is not allowed out it can cause physical and emotional harm. Anger turned inward may cause hypertension, high blood pressure, or depression. Or people can become hostile and critical, which can negatively affect their relationships with others.”*
- *“You can calm down inside. This means not only controlling your behavior, but also controlling your internal responses, taking steps to lower your heart rate, calm yourself down, and let the anger go away.”*

“Psychologists now say that it is dangerous to express all of your angry feelings because it can actually make you angrier and does not help resolve the situation. It is best to find out what makes you angry, and then develop ways to keep those things from making you angry.

“Sometimes, our anger and frustration are caused by very real, unavoidable problems in our lives. Not all anger is wrong, and often it is a healthy, natural response to difficult times. Not all problems have a solution. In these situations, try not to focus on finding the solution, but on how you handle the problem.”

Anger Management Tips

- Ask yourself if this will matter ten years from now? Chances are you will see things from a calmer perspective.
- Tell yourself, “it’s frustrating, and it’s understandable that I’m upset about it, but it’s not the end of the world and getting angry is not going to fix anything.
- Have you ever done the same thing to someone else, even if by accident? Do you get angry at yourself? Ask yourself if the person did it on purpose. In many cases, you will see that they were just careless or in a rush, and really did not mean you any harm.
- Remind yourself that getting angry is not going to fix anything, and that it won’t make you feel better (and may actually make you feel worse).
- Try counting to ten before saying anything. This may not address the anger directly, but it can minimize the damage you will do while angry. Or try counting to ten with a deep slow breathe in between each number. Deep breathing helps people relax. I
- Imagine a relaxing experience. Close your eyes, and travel there in your mind. Make it your anger-free place.
- Non-strenuous physical activities, like walking, can relax your muscles and help you feel much calmer.
- Give yourself time and space alone. Physically move away from situations that make you angry.

Activity 3. Anger and Stress Role-Play

(25 minutes)

Ages: 10 to 19 years

Divide participants into groups of four or five (see **Appendix 1. Group Formation Activities**  for ideas).



Instruct: *“Together with your group, brainstorm a scenario to act out about someone who is angry and/or stressed. To come up with ideas for the scenario, think of a time when you were very angry or in a stressful situation, and try to reenact it. Use the tips we discussed to deal with stress and anger to act out a 1-2 minute role-play and resolve the scenario.”*

After groups have decided on a scenario, ask the groups to present their role-plays. Discuss what happened in the role-plays with the following questions:

- “What happened in the role-play?”
- “How did you feel in that role? Why did you have that feeling?”
- “Was the problem solved in the role-play? How?”
- “What would you change about the role-play?”
- “What advice would you give the person in the role-play?”
- “What have you learned that can help you the next time you face a similar situation?”

Wrap-Up



Ask: “Which strategy will you try next time you feel stress? Which strategy will you try next time you feel anger?”

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Recognizing and managing stress and conflict can lead to positive outcomes.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.


Real World Practice

Participants should practice the tips we discussed today for minimizing their anger and stress. They should be prepared to explain how the tips affected the outcomes of their stress/anger situations during the next session.

26. Conflict Resolution and Problem Solving Skills

Session Description

Participants learn conflict resolution and problem solving skills that are essential for dealing with conflict situations.

For more sessions like this, see the *Life Skills and Leadership Manual's*  *Solving Problems*, p.206, *Looking at Conflict*, p.220, and *Collaboration*, p.231.

Learning Objectives

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

1. Understand elements of conflict and different methods of resolving conflict.
2. Understand steps in problem solving.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Tug of War Game (15 minutes)
- Conflict Role-play (20 Minutes)
- Conflict Resolution and Peacemaking Rules (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- A long rope, twisted sheet or cloth
- Tape or string to mark a border on the floor
- Ball

Pre-Session Preparation

- Prepare the board or three separate sheets of flipchart paper with information on the following topic areas: Peacemaking Rules; Core Values in Conflict Resolution (see information to be written on flipchart paper in Activity 2)

Facilitator Notes

Remember to use local language terms if possible.

Terms

Conflict: A serious disagreement or argument, typically one that lasts a while

Conflict Resolution: Methods, strategies and/or processes involved in facilitating the peaceful ending of social disagreement or problem

Communication Blockers: Barriers or things that interfere with good communication

Positive Conflict: A conflict which is functional or constructive

Negative Conflict: A conflict which is dysfunctional

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 


Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. “Tug of War Game”

(15 Minutes)

Ages: 10 to 19 years

Divide participants into two groups (see [Appendix 1. Group Formation Activities](#)  for ideas). Place an object on the floor between the two groups that represents a border. Place a long rope, twisted sheet, or cloth across the border so that half of the rope is on either side.



Explain: “Now we will play a game to see how conflict arises. Each team will pull on opposite ends of the rope. Whoever crosses the border loses.”

After a few attempts, **ask:**

- “Why did your group win or lose?”
- “Were there any conflicts within the group?”
- “If there was a conflict, what was it?”
- “Was the conflict resolved?”
- “If it was resolved, how?”



Explain: “In life we experience both positive and negative conflicts. A positive conflict could be something like having to choose what to wear, what to eat, etc. Negative conflicts may be something like choosing to fight over talking it out. Both are conflicting dilemmas. The later examples, however, have serious consequences that may even be life threatening.”



Ask:

- “What are some negative conflicts that can occur within family relationships?”
- “How does it impact the individual, family, community, etc.?”

List responses to these questions and discuss.

Activity 2. Conflict Role-Play

(20 minutes)

Ages: 10 to 19 Years

Divide participants into groups of four or five (see **Appendix 1. Group Formation Activities**  for ideas). Assign the groups one of the following scenarios (below).



Explain: “Use your group’s scenario to develop a role play. You can also think of your own scenario if you do not like the one assigned to you.”

After participants have practiced their role-plays, allow about a short time for each group to perform their role-play. After each performance, ask participants:

- “What was the relationship between the two persons?”
- “What was the nature of the conflict?”
- “Was the role-play realistic?”
- “What other conflicts may arise?”
- “Could this situation be avoided or handled differently? If so, how?”
- “What was the impact of the conflict on the individual, family, community, etc.?”

List responses to the questions on a chalkboard or flipchart and discuss each point.



Explain: “Good communication during a conflict can help resolve the situation. However, there are things that interfere with ‘good’ communication during a conflict, such as name-calling, cursing, insulting, and accusations, etc. These are called ‘communication blockers.’”

Write the term “communication blockers” on the chalkboard or flipchart.



Ask: “What are some other ‘communication blockers?’ [e.g., interrupting, ignoring, sarcasm, insulting, threatening, stereotyping (statements which label people and make them angry/resentful, judging, blaming, starting opinions as fact, expecting someone to read your mind, hitting, punching, slapping, screaming, etc.)]”

List answers on the flipchart or chalkboard and discuss.



Explain: “‘Communication-blockers’ can lead to violence. In fact, violence is increasing in many countries. The environments in which many young people grow up do not encourage peacemaking attitudes and behaviors. While young people need to know how to avoid conflicts and how to resolve them peaceably, it is equally important for them to know how to survive in a hostile climate. They need to practice different methods of resolving conflicts to see which ones are more effective.”

Role-play Scenarios

Daniel is upset because his mother told him he was not allowed to go to a football game with his friends on Saturday afternoon, even though he had already made plans with his friends. What should Daniel say to his mother?

Alice has a big exam at school on Friday. On Thursday afternoon, she realizes that she is not well prepared for the exam and is worried that she will not pass. Her sister wants Alice to help her make dinner, but Alice wants to study. What should Alice do?

Isaac notices that his friend Joseph is wearing the same jacket that was stolen from him last week. Joseph tells him that another friend let him borrow the jacket. How should Isaac talk to Joseph?

Margaret stopped seeing her boyfriend George. Now he is telling other boys at school that they had sex, even though it is not true. What should Margaret say to George?


Activity 3. Anger and Stress Role-Play

(30 minutes)


Ages: 10 to 19 years




Explain: “Conflict is natural and happens in almost every relationship. Since conflict is unavoidable, we must learn to manage it. Conflict is a sign of a need for change and an opportunity for growth, new understanding, and improved communication. It is normal for people to disagree, but it is important to address conflict with the people involved and resolve these disagreements in a constructive and healthy way.”

 **Ask:** “What are some of the techniques you have learned through this class/group for resolving conflict?” [See Box below: Tips for Conflict Resolution for possible responses]

Write a list of responses on the chalkboard or flipchart. Use Box below if needed.

 **Explain:** “An ‘I’ statement is a useful way to share your opinion or perspective without placing blame on someone else. For example, instead of saying, ‘You made me feel angry’ you can say, ‘I feel angry.’ Using an ‘I’ statement is a constructive way to convey your message without making any demands. ‘I’ statements should be clear, concise, and free of judgment. Remember when we practiced this at the beginning of the program (see Introductory Sessions – Session 5: Communication)?”

 **Ask:** “What are some ‘I’ statements that can help adolescents cope with or avoid a conflict?” [e.g., “That upsets me, and I would like to talk with you about it,” “It hurts my feelings when...,” “It upsets me when...,” “I think we should talk about this situation. Tell me how you feel about...”]


Write the following on the chalkboard or flipchart (if you have not already prepared them on flipchart paper before the session):

Peacemaking Rules

1. Identify the problem.
2. Focus on the problem, not the person.
3. Attack the problem, not the person.
4. Listen with an open mind.
5. Treat the other person’s feelings with respect.
6. Take responsibilities for your own actions.

Core Values in Conflict Resolution

1. Cooperation
2. Affirmation
3. Empowerment
4. Neutrality
5. Confidentiality

 **Instruct:** “Reform your groups from the role play activity and use the role play scenarios to practice how you would use ‘I Statements,’ ‘Peacemaking Rules,’ and ‘Core Values in Conflict Resolution’ to resolve conflicts.”

When participants have practiced their role plays using the “Peacemaking Rules” and “Core Values in Conflict Resolution” ask a few to present.

Tips for Conflict Resolution

Respond, don't react. If you keep your emotions under control you have a better chance of hearing what the other person is trying to say. Listen carefully without interrupting. Ask questions and wait for and listen to answers. Acknowledge the other person's thoughts and feelings. You do not have to agree with the other person to acknowledge his or her feelings.

Give respect to get respect. Treat people the way you would like to be treated if you were in the same situation. Communicate clearly and respectfully so your viewpoint can be understood. Identify points of agreement and points of disagreement. Agree wherever you can. Your underlying interests may be more alike than you imagine.

Be open to change. Open your mind before you open your mouth. Look forward, not backward. Live in the present, plan the future, and do not dwell on the past. Stay focused on the topic at hand. Don't expand an argument. If there are a number of issues, deal with them one at a time.

Work together. Commit to working together and listening to each other to solve conflicts. Conflicts don't have to end with a winner and a loser. Try to find a solution that is acceptable to both parties. Be creative. Generate silly options to begin thinking "outside of the box" of original positions. Be careful not to give in simply to avoid conflict or maintain harmony. Agreements reached too early usually do not last. Be specific when problem solving. Clarify terms that each person may interpret differently.

Wrap Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Good problem-solving skills can make conflict resolution easier and lead to better outcomes for all people involved!



Ask:

- "What is the difference between a positive and negative conflict?" [Positive conflict: a conflicting dilemma without serious consequences; Negative conflict- a conflicting dilemma with serious consequences.]
- "What are three 'Communication Blockers' that contribute to negative conflicts?" [Interrupting, ignoring, sarcasm, etc.]
- "What are three strategies to avoid conflicts?" [Respond, don't react, communicate clearly, work together.]
- "What are three methods for resolving conflicts?" ["I" statements, cooperation, listen with an open mind.]

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should practice the tips we discussed today for minimizing their anger and stress. They should be prepared to explain how the tips affected the outcomes of their stress/anger situations during the next session.

27. Violence/Abuse⁵

Session Description

Participants learn about three different types of violence/abuse and will identify trusted adults with whom they can easily open up and share problems.

Learning Objectives

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

1. Define violence/abuse and recognize the three types of violence/abuse: emotional, sexual, and physical.
2. Examine the possible effects and consequences of violence/abuse.
3. Explain risks and consequences of violence/abuse to women, men, girls, and boys.
4. Identify trusted adults with whom they can easily open up and share problems.

Time – 110 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Violence/abuse (20 minutes)
- Three Types of Violence/Abuse (20 minutes)
- Gender-Based Violence (30 minutes)
- What is a Trusted Adult? (20 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Flip charts or blank sheets of paper
- Markers

⁵ United States Agency for International Development Office of Women in Development, *Doorways 1: Student Training Manual On School-Related Gender-Based Violence Prevention and Response* (Washington, D.C.: United States Agency for International Development, 2009).

Facilitator Notes (please read carefully)

This is an OPTIONAL session when conducting Life Skills programming. If completing this session with participants, it could be done after Session 3: His and Hers (Gender Roles).

Violence and abuse, whether emotional, physical, or sexual, is present in many of the communities in which Peace Corps Volunteers work. Young girls and women are particularly vulnerable to violence and abuse, but men and boys may also be at risk. Volunteers may have an important role in raising awareness in communities and building their capacity to develop strategies to address violence and abuse. In particular, volunteers' work in addressing Life Skills can be vital in empowering youth in this way.

The topic of violence/abuse, including gender-based violence/abuse, is very delicate. This issue can be difficult to discuss, so you want to help participants feel as comfortable as possible when approaching this subject. It is very important to be sensitive to the fact that some of the participants may have been abused (physically, emotionally, or sexually) themselves. They may feel an incredible amount of shame about this, may blame themselves, and their community may blame them as well. To be sensitive to that possibility, please offer everyone the choice of opting out of participation before each of the activities of this session. It may be best to make participants aware of this option the day before the actual session. Participants should also be made aware that they may step out of the room or the learning space at any time. If they do, one of the facilitators should go with that participant and offer them support (see below). For this reason, it is best to have two facilitators for this session. Due to the sensitivity of these issues, it is important to visit two ground rules:

- Everyone has the right to participate at his or her own level of comfort. Therefore, everyone has the right to pass at any time.
- Everyone should honor confidentiality within the group.

Throughout this session, you must build in check-in times with the group. At the beginning of the session and several times throughout, especially at the beginning and end of a new activity, be sure to check how everyone in the room is feeling. You should also take time to lead the group in some relaxation exercises such as deep breaths or stretches. Take time for fun icebreakers if you feel the group needs it. Use statements such as:

- *"How is everyone doing?"*
- *"Is it okay if I continue to the next activity?"*
- *"We know this is very difficult material."*
- *"Let's take some deep breaths together."*
- *"Everyone stand up and stretch."*

It is possible that a participant will disclose to you or your counterpart that he or she has been abused. If that happens, it is important to immediately convey the following messages:

- *"I believe you."*
- *"I am glad you told me."*
- *"I am sorry this has happened to you."*
- *"It is not your fault."*
- *"I need to speak to other adults in order to help you and try to make sure this does not happen to you again."*

Responding to abuse

When responding to abuse or neglect, it is essential that a community member (your counterpart, if appropriate) be the one to report this to the proper authorities. That individual can also provide important information regarding rights and hotlines to children or adults being abused or neglected.

If appropriate and possible, you may be able to discuss the counseling and emotional support for the youth with suitable community members, such as your counterpart, a caring family member or guardian, or community leader, and link the youth to appropriate professionals.

There may very well be safety and security concerns if you report the abuse or neglect you have observed or know about. Remember, your safety and security is paramount. If the alleged abuser thinks that you know about the abuse or might make an official complaint, the alleged abuser may feel threatened and act against you in some way.

If there is any uncertainty about YOUR safety and security at your site due to reporting, Peace Corps managers will err on the side of caution and take every measure to ensure your safety, including possibly removing you from your site.

When you feel it is necessary to report confirmed or suspected abuse or neglect yourself, you must report such allegations to senior staff at your Peace Corps post, such as an APCD, program manager, country director, or safety and security personnel.

Refer to the Peace Corps Child Protection Policy, MS 648, contained in Appendix 5 for more information.

Actions that comfort:

1. Be available immediately to provide assistance and support.
2. Bring the participant to a safe place outside the room, away from his or her peers. Make sure the place is safe and is not seen as a threat to the participant.
3. Focus on the participant. Ask what the participant would like to do at that moment (e.g., go home, not participate in the session but remain in the room, not participate in the session and sit outside or in another location within the room, talk to a counselor or supportive person immediately or the next day, etc.). Help the participant follow through with whatever he or she decides.
4. Be nonjudgmental. Provide support and information to the participant regardless of personal feelings, beliefs, or attitudes.
5. Do not overwhelm the participant with information, questions or advice. Do not assume the participant is ready for all the resources or help.
6. Listen to what the participant is saying. Provide the participant with understanding, support, and assistance. Do not attempt to tell the participant how he or she feels. Assure the participant that it is normal to feel upset. Assure them that it is not their fault.
7. Be flexible in order to meet the participant's needs. Be prepared to call in a backup facilitator, call for an extra-long break or call on a co-facilitator should a participant need immediate emotional support.
8. Always follow up with the participant. Following up shows the participant you care and are dedicated to his or her recovery and well-being.

Terms

Violence is any single act that results in, or is likely to result in, physical, sexual, or emotional harm or suffering against another.

Abuse is defined as violence that occurs over time. In this session we will use violence/abuse to indicate that they have different meanings.

Gender-based violence/abuse: Any act (or acts) that results in, or is likely to result in, physical, sexual, or emotional harm or suffering against someone (boy or girl) based on gender role expectations and stereotypes.

Emotional violence/abuse: the actual or likely adverse effect on the emotional and behavioral development of a child caused by persistent or severe emotional ill treatment or rejection.

Physical violence/abuse: any non-accidental physical injury or injuries (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child.

Sexual violence/abuse⁶: the employment, use, persuasion, inducement, enticement, the manipulation, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, including for the purpose of producing a visual depiction of such conduct (i.e., photography, videography); or the rape, molestation, prostitution, or other forms of sexual exploitation in children. It includes any behavior that makes it easier for an offender to procure a child for sexual activity (i.e., grooming of a child to engage in sexual activity). Non-penetrative sexual violence/abuse is termed as sexual assault, penetrative is termed rape.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Violence/Abuse


(20 minutes)

Divide participants into groups of four.

Give each group a piece of paper or flip chart paper.

Tell the participants to think about the words “violence/abuse” and to draw images that they associate with violence/abuse.

⁶ Peace Corps Office of Global Operations (OGO), *Peace Corps Manual: Child Protection* (Washington, D.C.: Peace Corps, 2014).

 **During** and **after** this activity, check in with the group. **Ask** “*How is everyone doing?*” and/or say “*I know this is difficult material*” or similar questions or statements. If needed, lead the group in taking some deep breaths, stretching together, or conduct a fun icebreaker. Ask the group for permission to continue by **asking**: “*Is it okay if I continue?*” Remind them that they may step out at any time if needed.


Ask several groups to present what they have drawn or written.

 After each group has presented, **ask**:

- “*Do you notice any recurring themes?*” [Guns, physical violence/abuse, beating, shame...]
- “*Are there images or words that appeared in all the presentations?*”

Activity 2. Three Types of Violence/Abuse

(20 minutes)

 **During** and **after** this activity, check in with the group. **Ask** “*How is everyone doing?*” and/or say “*I know this is difficult material*” or similar questions or statements. If needed, lead the group in taking some deep breaths, stretching together, or conduct a fun icebreaker. Ask the group for permission to continue by **asking**: “*Is it okay if I continue?*” Remind them that they may step out at any time if needed.

 **Explain:** *Violence/abuse falls into three categories: physical, emotional, and sexual.*

 **Ask:**

- “*What are some examples of physical violence/abuse?*”
 - Punching or hitting, slapping, caning, shaking, choking, forced labor, burning, excessive exercise drills, painful body positions, forced ingestion (swallowing soap or spices), etc.
- “*What are some examples of emotional violence/abuse?*”
 - Verbal harassment or abuse, bullying, teasing, threatening, abusive language from peers or adults, emotional manipulation, making youth feel ashamed for experiencing abuse, verbal taunting of girls and boys whose behavior does not fit gender norms.
- “*What are some examples of sexual violence/abuse?*”
 - Forced or unwanted sexual activity without consent, sexual assault, rape, exposing a child to pornography, harassment or sexual attention, indecent touching, groping and exposure.

Tell the groups to go back to the posters that they created in Activity 1 and determine what type of violence/abuse they drew or described. They should label examples of physical violence/abuse with “PH,” emotional violence/abuse with “EM” and sexual violence/abuse with “SE.” As emotional violence/abuse is the least visible of the three types of violence/abuse, participants might not list examples. Be prepared to provide examples of emotional violence/abuse.



Ask:

- “Is it possible for one act of violence/abuse to actually be two or more types of violence/abuse?”
- Yes. Girls can be made to feel ashamed of their physical appearance (sexual abuse) as well as their intellectual abilities (emotional abuse).
- “Which types of violence/abuse are the most common in your community?”
- “How can these types of violence/abuse cause shame in individuals and in the community?”

Activity 3. Gender-Based Violence Scenarios⁷

(30 minutes)



During and **after** this activity, check in with the group. **Ask** “How is everyone doing?” and/or say “I know this is difficult material” or similar questions or statements. If needed, lead the group in taking some deep breaths, stretching together, or conduct a fun icebreaker. Ask the group for permission to continue by **asking**: “Is it okay if I continue?” Remind them that they may step out at any time if needed.



Explain: “An additional type of violence/abuse is gender-based violence/abuse (GBV). GBV is any act that results in, or is likely to result in, physical, sexual, or emotional harm or suffering against someone (boy or girl) based on gender role expectations and stereotypes. Today, we are going to examine several scenarios that illustrate different types of GBV.”

Tell the groups they have 15 minutes to read the scenarios and respond to the following questions:

1. What type(s) of violence/abuse is the young person experiencing?
2. What are the gender aspects of the incident?
3. How do local customs influence attitudes toward this type of violence/abuse?
4. What are the effects of this type of violence/abuse on youth? Are there potential consequences to one’s health or emotional well-being if the violence/abuse goes unchecked? What are they?



Explain: “After your small group discussion, we’ll come together and talk about the type(s) of violence/abuse in these scenarios, the gender aspects, and the emotional and health effects of these types of violence/abuse on students if they go unchecked.”

Distribute one scenario to each group.

After the groups have finished their discussions, ask each group to come up to present their discussions. After each presentation, ask if anyone has anything to add and add any missing details. It’s important to address the concept of shame that the young person might feel in each scenario and how the community might support the young person to address that shame.

⁷ Peace Corps Office of Overseas Programming and Training Support (OPATS), *Student-Friendly Schools Training Package* (Washington D.C.: Peace Corps, 2013).

Activity 4. What is a Trusted Adult?

(20 minutes)

Ages: 10 to 19 years



During and **after** this activity, check in with the group. Ask “How is everyone doing?” and/or say “I know this is difficult material” or similar questions or statements. If needed, lead the group in taking some deep breaths, stretching together, or conduct a fun icebreaker. Ask the group for permission to continue by **asking:** “*Is it okay if I continue?*” Remind them that they may step out at any time if needed.

Read “Molly’s Story” (below) out loud or have a few volunteer participants do it as a role-play.



Ask:

- “*Who is the trusted adult in this story?*” [The elderly person who was her neighbor and mother’s friend.]
- “*What makes someone a trusted adult?*” [possible responses include:
 - Someone you know who will help them if they need help;
 - Someone you can talk to about anything, especially your problems, or if you are feeling scared, ashamed, confused or uncomfortable;
 - Someone you feel happy being around;
 - Someone who listens to you and cares about your problems;
 - Someone who has helped you before; or
 - Someone who would help you solve a problem, be understanding, get help and work to keep you safe.]
- “*What steps did Molly take to get help?*” [She identified an adult in her community whom she could trust and one who could help her.]
- “*How did the elderly person help Molly?*” [She advised her not to get gifts from strangers and offered her a solution to her problem; she assured her that it was not her fault.]
- “*How did Molly feel when the elderly person helped her?*” [She was glad because the elderly person offered her help and advice.]



Explain: “*If anyone approaches you and tries to hurt you, touches you in a way that makes you feel scared, ashamed, uncomfortable, or confused, or if you feel that you are in danger, you should tell a trusted adult immediately.*”



Instruct: “*Make a list of possible trusted adults in your notebooks.*”

Go around the room and **ask:** “*Who are some of the trusted adults in your lives?*” [Potential responses include: mother, uncle, police officer, father, neighbor, coach, grandmother, big brother/sister, church person, grandfather, principal/headmaster, friend’s parent, aunt, teacher, etc.] “*What role could these people play if they were faced with a report of sexual abuse or violence?*” [Potential responses include: counseling the victim, making sure the victim knows it is not his/her fault, helping the victim find medical care, ensuring the case is followed up, seeking justice, etc.]



Explain: “Remember that not all adults are trustworthy. While there are adults who may try to harm you, there are also many adults who will help you. You should go to someone you feel comfortable and secure around. If anyone does anything to you that is not appropriate, you should go to a trusted adult for help immediately. If the first person you tell does not believe you, you should keep on trying until someone does.”

Molly’s Story

My name is Molly and I am 13 years old. I walk the same way to school every day. It is the only way I can walk to school. The route passes by the bus depot and bar, and each day an older man offering to buy me a drink approaches me. He said he would buy me whatever I wanted and that a schoolgirl needs a special treat from time to time. One day he gave me a pretty perfume bottle, and I took it. Last week, he asked me to go on a walk with him after school. I said no, but he still asked me the same thing, and he got more and more persistent. Sometimes he gets close to me, and it’s hard for me to get away from him without stepping into the traffic. Walking to school became a nightmare, because I was also scared of this man who harassed me. He continued harassing me until I decided one day that I had to tell someone elderly in my community who I trusted. It was difficult for me to speak to this elderly person about my problem although she was my neighbor and my friend’s mother, but I told her that a man had approached me while I was walking through the bus depot. I told her I was scared and wanted to avoid the man, but did not know what to do because the man was persistent. She asked me if I had taken any gifts from the man. I admitted that I had. She told me that I should not take gifts from strangers, because sometimes people use gifts to get favors or to trick young girls. She also assured me that it was not my fault and I should not feel ashamed. She told me that many young girls have similar experiences. She then advised me to walk to and from school in the company of other pupils or teachers and she offered to help me identify pupils or teachers who took the same path I walked to school. Although I was scared, I was glad that I told one of the elders about my problem because she listened to me and offered me help. I feel so relieved now that the situation has been resolved and I can walk to school safely.

Wrap Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Violence/abuse, be it sexual, physical, or emotional, affects the entire community - men, women, boys, and girls. It is important to be aware of the violence or abuse in your community and who may be able to offer support if needed. Violence or abuse in any form is unacceptable. Community members should not blame victims of violence /abuse and victims should be supported without judgment.

Distribute the list of telephone numbers and organizations for participants to use if they experience sexual violence/abuse. The list should include teachers, social workers at nearby schools, police, clinics, churches, and/or community elders.



Instruct: “Choose three people who you consider to be trusted adults and write their names in your notebooks. For example: My three trusted adults are: _____, _____ and _____. “
(Demonstrate on a chalkboard or flipchart paper.)



Explain: *“No matter what happens, violence/abuse and abuse is not your fault. You should never feel ashamed or guilty, and you should never make someone else feel ashamed or guilty for experiencing violence or abuse. If someone tells you not to tell or threatens you or anyone you know, you should tell a trusted adult immediately.”*

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should write a short journal entry on (or spend 10 minutes thinking about) how gender-based violence/abuse affects their lives and communities.

Gender-Based Violence Scenario Cards

Scenario 1:

I am 12 years old and I am tall and muscular. The older boys hang out with me because I am good at football. I like the older boys because they are popular and they know all the older girls in the school.

Last month, an older girl approached me and said I was handsome and that if she weren't dating this other guy, Kweku, she would like me. I was so surprised by her comment and flattered, but I didn't say anything because I am shy around girls. The next day after school I was walking to the football field with all the guys when I noticed that we were taking a different route than usual. Also, the girl who told me I was handsome was walking with us, which was unusual. I didn't say anything to her because her boyfriend, Kweku, was also with us. He is very jealous and easily angered. After a while, out of nowhere, I felt someone jump on me and knock me to the ground. I could hear a girl screaming and I felt several fists on my head, back, and face. I closed my eyes and hoped that I would live through this. At the end of the beating, Kweku kicked me in the face and told me to never talk to his girlfriend again or he would kill me. Kweku held his girlfriend up close to me so that she was looking right at my bloody face. I was crying and Kweku said to her, “Why would you talk to him? He is not even a man.”

I couldn't go to school for a week because my face was swollen. I lied to my parents about what happened. I am so frightened that Kweku will kill me. I go to school alone and walk straight home after school. I also quit the football team because some of those guys were on the team. Every day they taunt me and say I am not really a man because I didn't fight.

Violence/abuse: physical, emotional

Scenario 2:

My name is Anna. My favorite subject is math. My math teacher has taken an interest in me because I am so smart. Last Tuesday, my teacher offered me extra tutoring if I agreed to carry his briefcase home for him. Honestly, I was uncomfortable with this, but I really don't want to anger the teacher of my favorite subject, so I agreed.

The first day he thanked me, but inappropriately brushed his hand against my breast when I left his yard. I was relieved it was over and that I didn't have to do it again. The next day, Wednesday, my teacher asked me again to carry his briefcase home. I agreed, but this time he pressured me into entering his home. When I said no, he started calling me rude and ungrateful for declining a cold drink. He was so angry that I finally agreed. Once inside, the teacher pulled me into his bedroom and forced himself on me. I tried to fight, but he told me that I was a stupid girl and threatened that if I screamed or told anyone he would fail me. After that, I ran all the way home, feeling sick and bruised. I feel so stupid and am convinced that what happened was my fault. The next day at school, all of my friends made fun of me and called me the teacher's girlfriend. I am thinking about quitting school and going to live with my aunt in another village.

Violence/abuse: sexual, emotional, physical

Scenario 3:

I walk the same way to school every day. It's the only way I can walk to school safely, because there are sometimes bandits in the fields and I am afraid to walk through the fields alone, especially when the crops are high. So each day I walk past the bus depot and bar to get to school, and each day I am approached by an older man offering to buy me a drink. He says he'll buy me whatever I want and that a schoolgirl needs a special treat from time to time. One day he gave me a pretty perfume bottle, and I took it. Last week, he asked me to go on a walk with him after school. I said no, but every day he asks me the same thing and he is getting more and more persistent. Sometimes he gets close to me and it's hard for me to get away from him without stepping into the traffic. Tomorrow, I am going to walk through the fields even though I am scared of the bandits, because I am also scared of the man who has been harassing me.

Violence/abuse: sexual, emotional

Scenario 4:

Everyone makes fun of me and says I am "like a girl" because I don't like math and science. All my friends at school are girls. I like being around girls because in my house I am the youngest boy, with six sisters. Boys are not fun to play with because they like to fight and pretend they are fighting in a war. When the other boys try to fight with me and I tell them I do not like to fight, they call me names like "sissy" and "coward." I like to study, but when I am at school I sometimes cry when the older and bigger boys pick on me. One day I was crying and my teacher asked me why. When I told the teacher why I was crying, she said, "Well, you should quit acting like a girl and playing with girls." I don't understand why I shouldn't play with girls if we really have fun together.

Violence/abuse: emotional

HIV, AIDS, and STIs

Sessions 28-33



HIV, AIDS, and STIs

★ 28. HIV and AIDS

Session Description

Participants learn what HIV and AIDS are, and what behaviors do and do not put one at risk of being infected with HIV.

Learning Objectives

By the end of this session, participants 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.

Time – 90 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Shaking Hands (25 minutes)
- HIV and AIDS Overview (15 minutes)
- Definition of HIV and AIDS and Modes of Transmission (15 minutes)
- Risky and Non-Risky Behaviors and Practices (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Index cards or slips of paper (several per participant)
- Trainer Material: Multiple Concurrent Partners Chart

Pre-Session Preparation

- Prepare small pieces of paper or index cards for each participant as instructed (see Activity 1 advance preparation)

Facilitator Notes

In 2013, there were over 2.1 million people around the world newly infected with HIV and 35 million living with HIV. Although new infections have fallen by 38% worldwide since 2001, there are still 35 million people living with HIV. Half of those living with HIV do not know their status.⁸ Worldwide, women and adolescent girls are at a much greater risk for HIV infection, particularly in Eastern and Southern Africa⁹. For more information about the basics of HIV/AIDS; please see the Peace Corps HIV/AIDS e-learning module and materials presented during training.

Terms

AIDS: Acquired Immune Deficiency Syndrome; the final stage of HIV disease, which causes severe damage to the immune system.

HIV: Human Immune Deficiency Virus; the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid, and breast milk.

Immune System: The body's natural defense system for fighting off disease.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. “Shaking Hands”

(25 Minutes)

Ages: 10 to 19 years


Advance Preparation: Cut many small pieces of paper, enough for each participant, and divide the paper into five groups. Mark the papers as follows: Group 1: One piece with a small ‘x’ in the corner Group 2: One piece with a small ‘z’ in the corner Group 3: Three pieces with a small ‘c’ in the corner Group 4: Three pieces with the instructions ‘Don’t follow any of my directions’ Group 5: On the rest of the pieces write ‘Follow all of my directions’

Note to facilitator: If participants are not literate, carefully explain the instructions for groups 4 and 5.


⁸ Joint United Nations Programme on HIV/AIDS (UNAIDS), *Fast-Track: ending the AIDS epidemic by 2030* (Geneva, Switzerland: UNAIDS, 2014).


⁹ Office of U.S. Global AIDS Coordinator (OGAC), *Preventing HIV in Adolescent Girls and Young Women: Guidance for PEPFAR Country Teams on the DREAMS Partnership* (Washington, D.C.: Office of the U.S. Global AIDS Coordinator (OGAC), 2015).

Distribute one piece of paper to each participant as they enter the learning space. Tell them that each paper has special instructions on it. Inform participants to keep the special instructions secret and to follow them.

 **Explain:** *“Now stand and shake hands with three people. When you shake hands with someone, that person must sign your paper with their name. Make sure you move around the room while you do this!”*


Once the participants have collected three signatures, have them take their seats. Ask participants with the ‘z’ and the ‘x’ on their papers to stand up. Then ask everyone who shook hands with a standing person to stand up. Continue this until everyone is standing, except for the non-participants with papers that read ‘do not follow any of my instructions.’

 **Explain:** *“Now pretend the person with the paper marked with an ‘x’ was infected with HIV and instead of shaking hands, that person had unprotected sexual intercourse with the three people whose signatures she collected. Also, pretend that the person with the paper marked ‘z’ was infected with genital herpes and instead of shaking hands, that person had unprotected sexual intercourse with three people whose signatures she collected.”*

 **Ask:** *“Those that are still seated, why haven’t you been standing?”* [We were told not to follow any instructions.]

 **Explain:** *“These people chose to abstain from sexual intercourse, and were therefore protected from HIV and STIs.”*

Ask participants to check if they had a ‘c’ marked on their paper. If so, tell them they can sit down.

 **Explain:** *“Fortunately the participants with papers marked ‘c’ had used condoms and were not at significant risk for infection.”*

Tell all participants to sit and remind them that this was only a game. Lead a group discussion about the game by asking the following questions:

- *“How did person ‘x’ feel?”*
- *“How did person ‘z’ feel?”*
- *“How did you feel towards others when you found out they were infected?”*
- *“How did people who were instructed not to participate in the exercise feel at beginning?”*
- *“And then later?”*
- *“Who had a ‘do not follow my instructions’ paper but got signatures anyway?”*
- *“Why did you get signatures anyway?”*
- *“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?”*

Show and explain the Trainer Material: Multiple Concurrent Sex Partners Chart depicting how a sexual network of people with multiple partners can quickly connect many different people and spread disease.

MULTIPLE CONCURRENT PARTNERS CHART

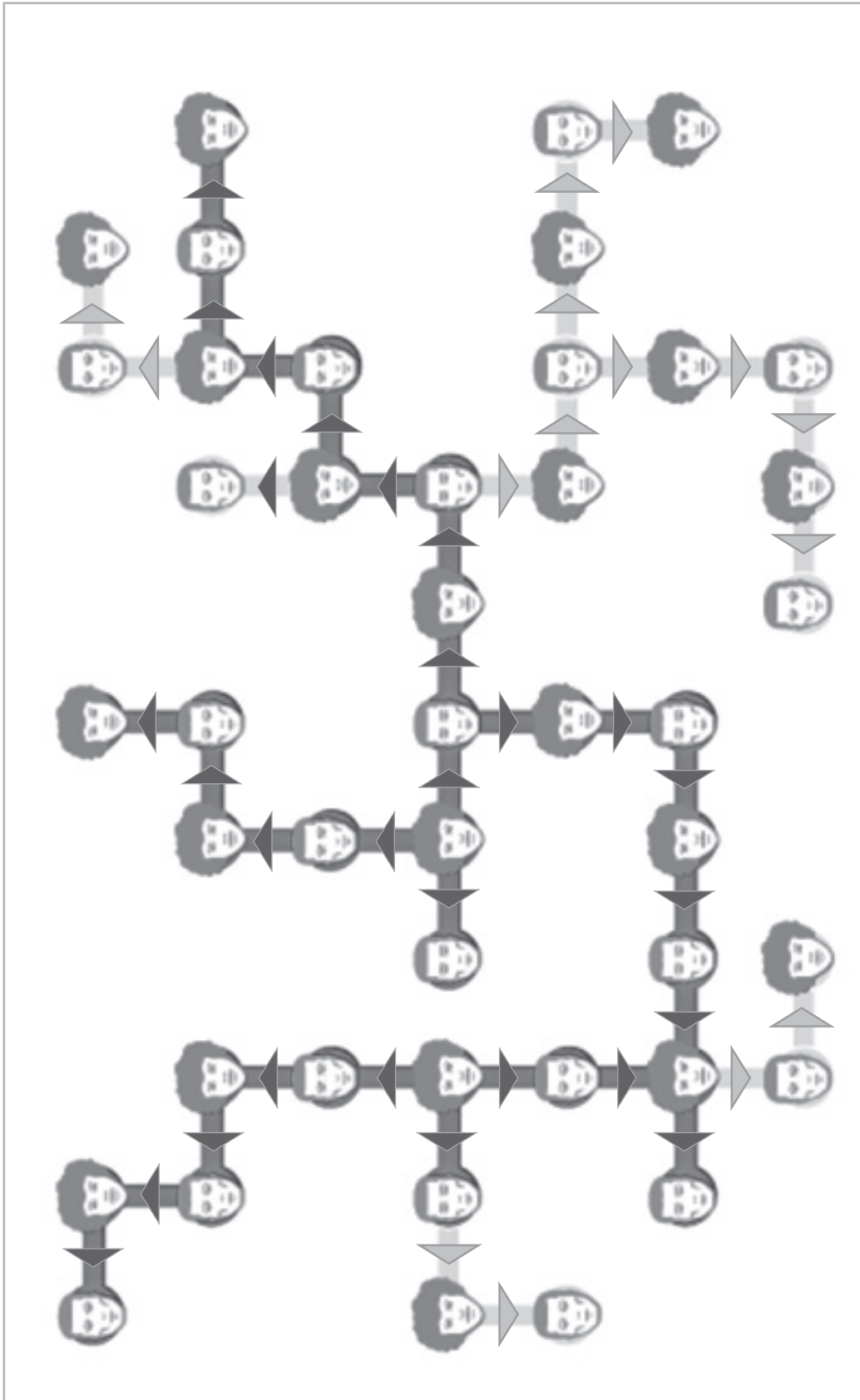



Illustration reprinted with permission from Population Council. *Life Skills and Health Curriculum for the Adolescent Girls Empowerment Program (AGEP)*


Activity 2. HIV and AIDS Overview


(15 minutes)

Ages: 10-19 years

Give two slips of paper to each participant.

 **Instruct:** “Write on each paper (or draw an illustration representing) something that you have heard people in your community say about HIV or AIDS (this does not have to be something you agree with).”

Collect all the slips of paper and shuffle them. Divide participants into four groups (see **Appendix 1. Group Formation Activities**  for ideas), and deal out the slips of paper to the groups at random.

 **Explain:** “Now each group should sort out their slips of paper into three categories: ‘AGREE’, ‘DISAGREE’ and ‘DON’T KNOW’.”

Write these categories on the chalkboard or flipchart. When all the groups have finished, reassemble. Have each small group present to the main group any statement they found difficult to reach agreement on. The main group can offer opinions on the difficult statements.


Activity 3.

Definition of HIV and AIDS and Modes of Transmission


(15 Minutes)


Ages: 10-19 Years

 **Ask:** “What is HIV?” [Human Immunodeficiency Virus]

 **Explain:** “The definition of HIV: The name indicates that it is a virus found in humans that makes the immune system deficient (lacking in something), and therefore weakens the system. The immune system is the body’s defense against disease. With a damaged immune system the body is exposed to a range of infections and diseases. The person becomes weaker and eventually develops AIDS.”

 **Ask:** “What is AIDS?” [Acquired Immune Deficiency Syndrome]

 **Explain:** “The definition of AIDS: Acquired means that it is passed from one person to another; it does not just develop spontaneously. It is passed from exposure to an infected person’s blood, sexual fluids or breast milk. AIDS is a condition where the body’s immune system is destroyed by HIV. It has no cure and eventually kills the infected person. It can be controlled with drugs, but they are costly and not widely available.”

 **Ask:** “How can you get HIV?” [Sexual intercourse, blood transfusion (donated blood is now screened), pregnancy, childbirth, breastfeeding, sharing knives, needles, or syringes (for circumcision or drug use).]

Tell participants the answers if they do not mention all of them.



Explain: *“HIV is different from other diseases because it does not pass through air. We cannot catch it from being in the same room as an infected person or by hugging or touching a person. We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person’s cup. But we can choose to not become infected if we abstain from sex or always use a condom when having sex. HIV can be prevented by being in a mutually faithful relationship with an uninfected person and by never sharing needles or other equipment such as razors, circumcision knives.”*



Ask: *“Is HIV easy or difficult to get?”* [HIV is easy to get if one is not careful, i.e., having unprotected sex. Certain factors increase the chances of catching HIV such as having STIs, being uncircumcised (for males), etc.]



Explain: *“There is no cure for AIDS, however there are ways to treat the symptoms. Treatment means the use of a drug, injection, or intervention that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection.”*

Activity 4. Risky and Non-Risky Behaviors and Practices

(15 minutes)

Ages: 10-19 Years

Write “Risk” on one sheet of paper and “Not a Risk” on another piece of paper. Hang the sheets of paper on opposite sides of the room.

Tell the participants to stand in the middle of the room. You may also move participants outdoors if more room is needed.



Explain: *“You will now have a chance to assess your own risk of being infected with HIV, if you do certain things. I am going to read a list of activities. If you think the activity puts you at risk for HIV, move to the ‘Risk’ sign. If you think the activity does not put you at risk for HIV, move to the ‘No Risk’ sign.”*

Read each statement from the list of “HIV Risk Assessment Statements” below. After participants move to either the “Risk” or “No Risk” signs, ask for volunteers from each side to explain why they think the activity poses a risk or why it does not pose a risk. After participants have shared their reasoning, explain the correct answer.

HIV Risk Assessment Statements

- If you hug, kiss or massage your friend. [Not a risk]
- If you don’t protect yourself when handling blood. [Risk]
- If your sexual partner has sex with others. [Risk]
- If you drink beer or other kinds of alcohol. [Risk –can lead to other risky behavior]

- If you masturbate. [Not a risk]
- If you are bitten by mosquitoes. [Not a risk (for HIV, but is a risk for malaria!)]
- If you allow semen or vaginal fluid to touch your normal skin, but not mucus membranes around the penis, vulva, anus or the mouth. [Slight risk, if you have a scratch or the fluid does reach a mucus membrane]
- If you have sex with more than one person. [Risk]
- If you or your partner has had an STI in the past. [Risk]
- If you share a razor with a person with HIV or AIDS. [Risk]
- If you only have sex with one partner. [Less risky if you are BOTH faithful, use protection and have both been tested for HIV and STIs]
- If you live, work or play with a person with HIV or AIDS. [Not a risk]
- If you don't know if your sexual partner is HIV positive or has an STI. [Risk]
- If you have injections, tattoos, or piercings. [Risk – if needles are shared]
- If you use the same condom two times. [Risk]
- Deep kissing [Not a risk]

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?”*

Wrap-Up

Ask for a volunteer to read the following story:

When Awa's husband died, she thought that he may have died from AIDS. She was very worried that she may also be infected. Awa got tested and learned that she was HIV positive. Awa had joined a group that helped her start her own business. Her business is important because it is her family's only source of income. When everyone began to suspect that Awa was HIV-positive, they acted differently. Some of the women whispered when Awa came in and no one would sit near her at the meetings. Awa's son told her that everyone in the village knew that his father had died of AIDS. Some of them were saying that Awa gave the disease to her husband! She often thought, “How can they think this? I have always been a faithful wife. My husband was the only man I have ever had sex with in my life!” Worse yet, Awa's business was not going well. Even her best customers stopped buying from her. People who used to greet her warmly now turn away when they see her. It seems they are afraid to be near her, afraid they will get AIDS if they touch anything she has touched.



Instruct: *“Now, imagine you are visiting and offering support to Awa. Write down some practical things she can do, and how you would comfort her. Remember to treat her as you would like to be treated if you were in her situation. When you are done, turn to a partner and share what you would do.”*

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message: HIV and AIDS are incurable and affect millions of people worldwide.
Practicing non-risky behaviors protects you from HIV and AIDS.**

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should discuss with a friend about what puts someone at risk for HIV and how those risks can be avoided.

★ 29. Myth or Fact

Session Description

Participants learn whether various statements are myths or facts about HIV and AIDS through a fun, participatory guessing game.

Learning Objectives

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

1. Differentiate between myths and facts related to HIV.

Time – 90 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Myth or Fact (45 minutes)
- HIV Rumors Role-play (25 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)


Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- Choose the statements you will use for Activity 1 from Activity Sheet 5: HIV and AIDS Statements (provided at the end of this session)

Facilitator Notes

The activities in this session are fun exercises that dispel some of the myths and misunderstandings surrounding HIV and AIDS. Remember, do not simply read through all the statements one by one; that would defeat the purpose of the exercise. You must keep the exercise quick and spontaneous to avoid it becoming boring. If you'd like, you can add energizers from [Appendix 2. Icebreaker Ideas](#)  or allow quick breaks between 10-15 minute sessions of reading statements.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Myth or Fact

(45 Minutes)

Ages: 10 to 19 years

Advance Preparation: Read through the list of myths and facts on the Activity Sheet: HIV and AIDS Statements (located at the end of this session) and choose a selection that you will use in this session. Pick a handful of statements depending on the time available and the capability of your group. Choose statements that are appropriate for the age of your group, as well as the environmental and cultural context of your community. Be sure to include some statements from each of the provided lists.

Move the tables and chairs to one side, and ask participants to stand in the center of the room whilst you run through the rules of the activity.



Explain: *“This session will blow away some of the myths and misunderstandings surrounding the topic of HIV and AIDS. During this activity, try to remember what we discussed and learned in the previous session about HIV and AIDS.”*

“When we begin, stand, scattered around the room, facing the front. Do not look at each other or make a noise.”

“I am going to read a number of statements. When I call out each statement, think silently about whether the statement is a Myth or a Fact (False or True).”

“When I count to three, you have to decide if the statement is a fact or a myth. If you believe the statement is a fact, you must jump up in the air and shout “Fact!” at the top of your voice. If you believe the statement is a myth, you will bob down and touch the floor, and shout “Myth!” If you cannot make up your mind, you can stay still.”

“It is ok to guess incorrectly, the point is for everyone to learn the facts while having fun! Everyone must take part in this activity, so that on the count of three the silence will be broken by a disorderly, but fun, burst of shouts and jumps. Read a statement from the Activity Sheet: HIV and AIDS Statements (at the end of this session) to the group, and count out loud to three. After participants have responded with “Myth” or “Fact”, reveal whether the statement is indeed a myth or fact, and explain the correct information.”

Tips

- You might choose to ask one of the participants who got it right to explain why the statement is true or false, or you might choose to explain it yourself.
- Open the floor to questions and have a quick discussion where appropriate.
- Attention should not be brought to who is right and who is wrong, what is important is that everyone gets involved and the truth is shared in the end.

Repeat with other statements you have selected from Activity Sheet 5: HIV and AIDS Statements. Be sure to mix up the fun statements with the serious ones. Be aware that Serious Statement Sheet – 15 to 19 Year-olds only from the activity sheet found at the end of this session may only be appropriate for participants ages 15–19 years old.

Activity 2. HIV Rumors Role Play**(25 minutes)****Ages:** 10 to 19 Years

Seek out five volunteers to conduct a role play. Away from the other participants, present the scenario below to the volunteers:

HIV Rumors Role play

A group of people is sitting around discussing the following rumors about HIV and AIDS. In the course of the discussion, present the correct information (i.e., explain why each rumor is not true). The rumors 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.

After they have had time to practice, ask the volunteers to conduct the role play to the group. Allow the group to make suggestions to explain why each rumor is not true. Make sure the correct information is presented.

Wrap-Up 

Instruct participants to write (or draw illustrations representing) the most important facts and myths on the chalkboard, or on flipchart, to help remember them.

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: To make the best choices about protecting yourself from HIV and AIDS, know the facts and dispel the myths.

Ask for any final questions or comments. When questions arise, have patience and try to encourage your group to come up with the answers themselves by starting a quick discussion about the topic.

Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to talk to a friend about myths surrounding HIV in their communities. Participants should dispel these myths with their friends with the knowledge they gained during this session. If they hear a new myth, they should be prepared to discuss and dispel it with the group at the beginning of the next session.

Activity Sheet: HIV and AIDS Statements

Local adaptation: Below are some examples of fun statements that could be used for this activity. Facilitators, however, should amend this list to include culturally appropriate and relevant statements.

Fun Statement Sheet

- Cows eat grass. [FACT]
- The sky is green. [MYTH]
- Chickens are taller than giraffes. [MYTH]
- Milk is bad for your health. [MYTH]
 - On the contrary, milk is very good for your health, especially as a child.
- Paper is made from trees. [FACT]
- Children deserve an education. [FACT]
 - All children have the right to an education.
- There are more chickens in the world than human beings. [FACT]
 - Chickens are the most populous birds on earth and their predicted population is 8 billion! There are only 7 billion human beings.
- The first tree was invented almost 1000 years ago in the year 1042AD. [MYTH]
 - Of course, trees have been on the earth for much longer than that.
- Camels are able to fly when they are born, but lose their wings when they are between 3 and 4 months old. [MYTH]
 - Camels cannot fly. That's just silly!
- English is the most popular language in the world. [MYTH]
 - It is Chinese Mandarin. Remember the population of China is approximately 1.3 billion; that is more than all the English speaking countries combined, plus those who speak English as a second language.

- There are over 1800 languages spoken in Africa. [FACT]
- Football (soccer) is the best sport in the world. [FACT/MYTH]
 - Obviously, this one is open to interpretation
- The strongest muscle in the human body is the tongue. [FACT]
- Children have different rights than adults. [FACT]
 - Children’s rights take into consideration that boys and girls have special needs that must be catered for, extra to their “human rights.”
- More than 90% of the world’s population has access to a telephone. [MYTH]
 - In fact, more than 50% of the world’s population has never even made or received a phone call.
- There are more children than adults living in Sub-Saharan Africa. [FACT]
 - A recent UNICEF statistic stated that 51% of the population of Sub-Saharan Africa is under 18 years of age.

Serious Statement Sheet – Transmission Related

- The only way to get rid of HIV is to give it somebody else. [MYTH]
 - Firstly, there is no known way of getting rid of HIV from the body; it stays with you for life. Secondly, giving it to somebody else has no impact on the level of HIV in your own body.
- Mosquitoes can spread HIV from one person to another. [MYTH]
 - This is a common misconception. Mosquitoes do not transfer any blood into people when they bite – they only withdraw the blood. In the process of withdrawing the blood, the mosquito injects its saliva into its victim. However, HIV cannot be transmitted through saliva, so there is no chance of HIV being transmitted through mosquito bites. (On the other hand, the malaria infection IS carried in mosquito saliva, so this illness can be passed on by mosquitoes) Furthermore, HIV lasts for only a very short time in insects, so if the blood in the mosquito’s belly WAS to pass on to another human being, the virus would have already been neutralized and there would be no chance of infection.
- Contraceptive pills help protect the body from HIV infection during sex. [MYTH]
 - Contraceptive/birth control pills do nothing to guard against HIV infection, they just work against pregnancy.
- Nits/head-lice can pass HIV from one person to another. [MYTH]
 - HIV can be passed on ONLY through blood, sex and mother to child transmission.
- Kissing cannot pass on HIV. [FACT]
 - The only way that the virus can be passed on is through sexual fluids, blood and mother to child transmission. HIV cannot be passed on through saliva, and therefore kissing. Having said that, if two people have open sores in their mouths when they kiss, this opens up a slight risk of infection.
- Sharing toilets with somebody puts you at risk of infection. [MYTH]
 - You cannot pass on the virus by using the same toilet.

- Girls are more likely to get HIV than boys. [FACT]
 - Females are thought to be three times more likely to contract HIV than males in the 10-24 age group. This is due to both physical and social factors. Boys are by no means immune to infection; they too can contract HIV through blood, unprotected sex and mother to child transmission.
- Playing sports with someone who is HIV positive puts you at risk of infection. [MYTH]
 - The virus can only be transmitted through bodily fluids.

Serious Statement Sheet – AIDS Treatment Related

- AIDS kills. [FACT]
- The earliest symptom of AIDS is a rash that covers the person's body. [MYTH]
 - There are no specific symptoms of AIDS. AIDS is a syndrome caused by HIV when the body's immune system has been weakened so much that it is vulnerable to catch all sorts of different illnesses and diseases.
- There is a cure for AIDS in European Countries, but it is not available in Africa. [MYTH]
 - No cure for HIV or AIDS has yet been discovered anywhere in the world, but the HIV treatment therapy is improving all the time.
- Being HIV positive means having a miserable life. [MYTH]
 - Having HIV does not stop a person living happily. If an HIV patient follows his or her doctor's advice and lives healthily, s/he can lead a normal, enjoyable, meaningful life with a job, a partner, friends and children, for many years to come.
- Anti-Retroviral Therapy (ART) treatment only keeps a patient alive for two years maximum. [MYTH]
 - There is no time limit on how long a person can live with HIV, a lot depends on how strong the person's immune system is, how exposed they are to other infections (such as tuberculosis) and if they lead a healthy lifestyle with a healthy diet.
 - Even without treatment, people have been known to live for many years. With treatment, no one knows how long a person can live happily with HIV.
- If ART drugs are not taken on time, they can stop working. [FACT]
 - An ART treatment program changes people's lives in that they must be very punctual in taking their tablets. If the drugs are not taken correctly and consistently, the body begins to build up resistance to them and in the future the drugs will not work as well against the HIV.
- Having sex with a virgin can cure HIV. [MYTH]
 - There is no cure for HIV or AIDS at all yet. Having unprotected sex with another person will never cure the condition of the HIV positive individual; it will only put the health of his or her partner at risk.
- Anti-Retroviral drugs eventually eliminate HIV from the body. [MYTH]
 - Anti-retroviral drugs do not eliminate HIV from the body, nor do they remove the risk of transmitting it to others. ART contains the virus and does not allow it to get stronger. ART allows you to live a normal life and be healthy WITH the virus in your body.

Serious Statement Sheet – 15 to 19 Year-olds Only

- Teaching young people about condoms and safe sex encourages them to have sex at an earlier age. [MYTH]
 - UNAIDS studies have shown that this is not the case. When young people are informed about sex they tend to delay sexual activity and use a condom when they finally do have sex.¹⁰
- A relative or friend, not a stranger, usually carries out rape. [FACT]
 - You should always try to avoid finding yourself in vulnerable situations. No matter what relationship the rapist has with the victim, it is ALWAYS sexual abuse and it is ALWAYS illegal, so do not be afraid to report it to the police.
- Rape can happen to both men and women. [FACT]
 - Men and boys are also victims of rape and sexual violence; it is not only women and girls who can be victims. These men are at high risk of contracting HIV.
- There are no men in my country that have sex with other men. [MYTH]
 - There are homosexual and bisexual men and women all over the world who have active love lives in same sex relationships.
- Street kids are the children of sex workers. [MYTH]
 - Children who live and work on the street come from all sorts of backgrounds. Some have been forced to leave their home due to abuse, poverty or stigma and have had no choice but to find themselves on the street.

¹⁰ UNESCO Section on HIV and AIDS, *International Technical Guidance on Sexuality Education: The Rationale for Sexuality Education* (Paris, France: UNESCO, 2009).

★ 30. HIV Testing and Counseling

Session Description

Participants learn about HIV Testing and Counseling, and the importance of getting tested and talking to partners about testing.

Learning Objectives

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

1. Define HIV Testing and Counseling (HTC).
2. Explain why people should be tested for HIV.
3. Explain the HTC process.
4. Explain what it means to test positive and to test negative.
5. Define the window period.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Define HIV Testing and Counseling (HTC) (10 minutes)
- Why Should People be Tested for HIV (25 minutes)
- Talking to Your Partner about HTC (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Trainer Material: Equipment Used During HIV Testing (if able to get these)

Pre-Session Preparation

- Identify the nearest HTC center, its location, opening times and other relevant information before facilitating this session. If possible, have a medical provider from your local clinic or testing center facilitate this session, and bring along with them the equipment used to test for HIV.

Facilitator Notes

There is only one way for a person to know if they have HIV, and that is to have a test for HIV. Usually, HIV testing is accompanied by counseling, which usually refers to in-depth discussions with a trained and empathetic person who can help individuals cope with their HIV status and learn how to take care of themselves. In order for an individual to know whether they are truly free from HIV, they will also be asked to come back in another three to six months for another test when the ‘window period’ is over. The window period is the period after infection in which the test may not be able to tell you whether or not you are infected. During this time, you are infected with HIV and can infect others.

Terms

HIV Testing and Counseling (HTC): The process by which a person can learn whether or not he or she is infected with HIV, during which the person is counseled before and after the test regardless of the results. The decision to get tested and receive the results is voluntary.

Window Period: The period between HIV infection and when the body produces antibodies for HIV; HIV testing may not be able to detect infection during this time period.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Define HIV Testing and Counseling

(10 minutes)

Ages: 10 to 19 years



Ask: “Does anyone know what ‘HTC’ is?” [HIV Testing and Counseling; testing for HIV, which involves pre- and post-test counseling, done on one’s own free will.]

Note to facilitator: HTC can be substituted for the locally appropriate terminology and acronym for HIV Testing and Counseling. For example, many organizations are now using the term “HIV Testing Services,” or HTS, because it also describes other HIV-related services they may provide in addition to testing and counseling.



Explain: *“HTC stands for HIV Testing and Counseling. It is the process by which a person can learn whether or not he or she is infected with HIV, the virus that causes AIDS. A person is usually given information before and given either education or counseling after the test depending on the results. The decision to go for testing and to receive the results is voluntary.”*

“If someone is tested for HIV, they have to be careful that they are being tested within the ‘window period.’ If the person is tested before the window period is over, they may have HIV because the body has not yet produced the antibodies that show up on an HIV test, but test negative for HIV, which is called a false negative. That is why it is important to know about the window period.”

“If the test is negative, the counselor will discuss the importance of prevention of HIV and other STIs in detail with the person in order to reduce his or her risks of infection in the future. The discussion will cover not only the methods available, but the person’s individual situation, concerns and attitudes that may influence whether or not these methods are feasible and or acceptable and will be used. The discussion might also include information about other HIV prevention services. Remember: Testing does not prevent you from contracting HIV, but what you do between tests does.”

“If the result is positive, the counselor will discuss with the person all of the behaviors to avoid in order that he or she avoids infecting his or her partner (or children). In addition to this, the major task for the counselor will be to offer compassion, support, and practical advice, including referral to appropriate medical services, to enable him or her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful and long-term support will be necessary.”

If possible to obtain an example, show the participants the Trainer Material: Equipment Used During HIV Testing to explain the process, and answer any questions participants have about the HIV testing and counseling process.

Activity 2. Why Should People be Tested for HIV?

(20 Minutes)

Ages: 10-19 Years



Ask: *“What are the advantages of being tested for HIV?”* [Possible answers include:

- If your result is negative, you can be reassured that you were not infected three months before the test;
- Some of us think we would feel better if we knew our HIV status even if the result is positive;
- If we have a family we may want to know our status so we can plan for our children’s future;
- Some of us want to know whether or not we have HIV because we believe that if we know that we have the virus we can make changes to our way of living which will help us preserve our health and ensure that we live longer or better lives;
- It offers opportunities for early treatment of HIV and of HIV associated infections like TB or pneumonia; and
- It assists infected persons to protect others from being infected and to live positively.]

Write these reasons on the chalkboard or flipchart.



Ask: “*What are the disadvantages of being tested?*” [Possible answers include:

- Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news, how well the person is supported by family and friends, and the person’s cultural and religious attitudes towards illness and death;
- A person who learns he or she is infected with HIV is likely to suffer from feelings of doubt, fear, grief, depression, denial and anxiety; the person must make a variety of changes;
- Partners and family members are likely to suffer from the consequences of an HIV positive test result as well as the infected person; regardless of their status, they are affected; and
- A person who has tested positive for HIV may be discriminated against if the information is found out.]



Ask: “*What are the benefits of HTC to the community?*” [Possible answers include:

- It impacts community norms as regard to testing, risk reduction, discussion of HIV status;
- It reduces stigma as more people go public about being HIV positive;
- It serves as a catalyst for the development of care and support services like aid to orphans; and
- It generally reduces the rate of transmission of HIV.]

Activity 3. Talking to Your Partner About HTC

(30 minutes)


Ages: 15-19 Years



Explain: “*Talking with your partner, family, and others about HIV and AIDS prevention can bring up strong emotions and issues. Although it is difficult, it is important to have open and honest conversations about HIV and AIDS with people who are important to you. If you, or someone important to you, have practiced high-risk behaviors, it is important to be tested. Often it is best to get tested together with your partner. There are four steps to agreement that may help you make a decision together with your partner:*”

- “*Step 1: Say what you feel and want.*”
- “*Step 2: Listen to what the other person feels and wants.*”
- “*Step 3: Restate your point. Do not get sidetracked on other points of conflict.*”
- “*Step 4: Agree to what each of you will do.*”

Highlight the steps in the process above while reading Mary’s Story to the group.

Review the four steps to agreement once more. Then divide participants into pairs (see **Appendix 1. Group Formation Activities**  for ideas), and ask them to role-play Mary’s story using the four steps.

After the pairs finish role-playing, ask the larger group:

- “What suggestions do you have to make the chances of reaching an agreement more likely?”
- “In what other situations could you use these steps to resolve conflicts and problems?”

Mary’s Story

My name is Mary. I know my boyfriend, Thomas, has other partners, so I decided to talk to him about HIV and AIDS in order to protect myself. One day, when Thomas was relaxed and in a good mood, I said to him: ‘Thomas, I have been hearing about HIV and AIDS, and I feel afraid. I want us to protect ourselves from getting it. What do you feel we should do?’

I listened respectfully to Thomas. ‘What do I feel?’ he said, ‘I think you are trying to cover up the fact that you have other boyfriends!’

His words were painful to me, but I did not get angry. Instead, I restated what I felt and what I wanted. ‘Thomas, I can see you are upset, but we must talk about this. I am afraid and do not want you or me to die. What can we do to protect ourselves?’

I continued to listen respectfully to Thomas’ response. ‘You are just changing the subject!’ he said to me in a loud voice. ‘You have other boyfriends! Next you will want me to use a condom!’

I restated what I felt and wanted and said to Thomas, ‘Because I am so worried about getting AIDS – believe me, I will be faithful! I really want to protect both of our lives.’

While Thomas was listening to me, I suggested what we could do. I said to him: ‘Would you use a condom until we both get tested and make sure we do not have HIV? Then we can talk about what we need to do after that. How do you feel about that?’

Thomas and I finally agreed. ‘I do not like it,’ Thomas said, ‘but I will wear a condom until we know we do not have the virus.’

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: It is important for a person and their partner to get tested for HIV so that the necessary steps can be made to plan for the future.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should explain to a friend in their own words why it is important to be tested for HIV.

★ 31. Risky Behavior

Session Description

Participants categorize activities based on how risky they are in terms of contracting HIV.

Learning Objectives

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

1. Discuss behaviors that put young people at risk of HIV infection.

Time – 65 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Risky Behavior Activity Cards (45 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Trainer Material: Risky Behavior Cards (or handmade cards from those listed on the Risky Behavior Cards at the end of this session)

Pre-Session Preparation

- None

Facilitator Notes

- None

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Risky Behavior Activity Cards

(45 Minutes)

Ages: 10 to 19 years



Ask: *“What risky behaviors can you think of related to HIV infection?”*



Explain: *“In attempting to change our behavior, it’s very important to be aware of our own risky behavior and the reasons for these risk activities. We will now do an exercise to help us determine our levels of risk for HIV infection.”*

Pass out the Risky Behavior Cards (see below), one to each participant, and give them time to read their individual cards. Go over the levels of risk as explained below:

No Risk: There is no exchange of blood, semen, vaginal fluids or breast milk.


Low Risk: There is the slight possibility of exchange of blood, semen, vaginal fluids or breast milk.

High Risk: There is a strong possibility of exchange of blood, semen, vaginal fluids or breast milk.



Instruct: *“Now line up according to the level of risk on your card from left to right. On the left side should be cards with ‘No Risk,’ in the middle should be cards with ‘Low Risk’ and on the right should be cards with ‘High Risk.’”*

After everyone has lined up, **explain:** *Now place your card on the wall in the same order, from ‘no risk’ to ‘high risk,’ so that you are able to refer to them as the session continues. Then return to your seats so we can review the statements.*

Go through each statement with the group. Reach an agreement on the levels of risk, changing any answers that are incorrect. There may be a great deal of debate on some cards. Answers can be found in the **Risk Taking Activities Answer Key**  at the end of this session. Use this exercise to launch a full discussion of risky activities and the different levels of risk.

Note to facilitator: There may be a lot of questions and debate during this session. Make sure you take time to clarify and make sure all the participants understand.

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: It is important to be aware of the risks of certain activities so that risks for HIV and AIDS can be avoided!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to think about three ways they will minimize their risk for HIV and AIDS now and/or in the future.

Risky Behavior Cards and Answer Sheet

Risky Behavior Cards

- Using toilets in a public washroom
- Touching or comforting someone living with HIV and AIDS
- Having vaginal sex with proper condom use
- Dry kissing
- Having sex using the same condom more than once
- Swimming with an HIV-infected person
- Sharing needles for drugs, ear piercing or tattoos
- Being sexually faithful to one person whose HIV status you do not know
- Going to school with an HIV-infected person
- Cutting your skin with a knife used by others
- Being bitten by a mosquito
- Donating blood
- Having anal sex without a condom
- Eating food prepared by an HIV-positive person

- Back rub or massage
- Cleaning up spilled HIV-infected blood without wearing gloves
- Wet (deep) kissing
- Receiving a blood transfusion
- Abstaining from sexual intercourse
- Sex with a condom, but the condom breaks
- Body to body rubbing with clothes on
- Oral sex without a condom
- Sharing clothes with an HIV-infected person

Risk Taking Activities Answer Key

The following is an answer key for the Risk Taking Activities – the activities are listed as "no risk", "low risk" and "high risk". Use this list to guide you as you explain the session to the participants.

No Risk

- Abstaining from sexual intercourse
- Being bitten by a mosquito (no risk of HIV transmission, but risk of malaria!)
- Back rub or massage
- Body to body rubbing with clothes on
- Swimming with an HIV-infected person
- Eating food prepared by an HIV-positive person
- Going to school with an HIV-infected person
- Using toilets in a public washroom
- Dry kissing
- Sharing clothes with an HIV-infected person
- Donating blood

Low Risk

- Wet (deep) kissing
- Having vaginal sex with proper condom use
- Oral sex without a condom
- Receiving a blood transfusion

High Risk

- Being faithful sexually to one person whose HIV status you do not know
- Sharing needles for drugs, ear piercing or tattoos
- Having sex with a condom but the condom breaks
- Cutting your skin with a knife used by others
- Having sex using the same condom more than once
- Cleaning up spilled HIV-infected blood without wearing gloves
- Having anal sex without a condom

★ 32. The Relationship of STIs and HIV and AIDS

Session Description

Participants match STI names to lists of their symptoms, learn how STIs are related to HIV transmission, and about STI treatment.

Learning Objectives

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

1. Identify HIV and AIDS risk factors.
2. Describe ways to prevent HIV infection.
3. Identify symptoms of four STIs.
4. Describe how an STI infection increases the risk of HIV transmission.
5. State why it is important to get early treatment for an STI.

Time – 55 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- The Role of Sexually Transmitted Infections (STIs) in HIV Transmission (10 minutes)
- The STI Game (15 minutes)
- Discussion Questions (10 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Trainer Material: Common STIs and Symptoms Chart

Pre-Session Preparation

- Write down the name of each STI from the Common STIs and Symptoms Chart (at the end of this session) on small pieces of paper.
- Hide the names of the STIs on the Trainer Material: Common STIs and Symptoms Chart with paper (if trainer materials are not available, write the names and symptoms of STIs on a chalkboard or flipchart paper and cover the names).
- Know the local methods for treating STIs, and where participants can go for appropriate STI treatment.
- If possible, invite a nurse, peer outreach person or staff from an NGO working on STIs and HIV to come to talk about HIV.

Facilitator Notes

- Some of the terms and other language used in this session may be advanced for younger audiences. The facilitator should be prepared to simplify the language, including using local language if appropriate.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. The Role of Sexually Transmitted Infections (STIs) in HIV Transmission

(10 Minutes)

Ages: 10 to 19 years

Overview the relationship of HIV and STIs:



Explain: *“Having an STI is one of the most important factors in HIV transmission. It can increase the risk of HIV transmission substantially. Recent research showed that the presence of STIs in eastern and southern Africa was one of the two major reasons why there was a higher incidence of AIDS in these regions of the continent.”*



Ask: “*Why does having an STI increase a person’s risk for contracting HIV?*” [A genital sore or ulcer as in syphilis, chancroid, or herpes expands the portal of entry. Discharge associated with gonorrhea or chlamydia means that more white blood cells are present. Since white blood cells are hosts for HIV, a higher quantity of the virus can be transmitted or received when the discharge is present.]

Quick and proper treatment of STIs and immediate referral of partners can be important strategies for HIV prevention. Often women do not have apparent symptoms of sexually transmitted infections, so check-ups and partner referrals are very important. But men too may occasionally not have symptoms, even of gonorrhea; so, it is important that the man seek treatment also if his partner is infected and avoid blaming partners for infection.

Activity 2. The STI Game

(15 minutes)

Advance Preparation: Cover the names of the STIs with paper on the Common STIs and Symptoms Chart provided at the end of this session. Alternatively, write the names and symptoms on chalkboard or flipchart paper and cover the names with pieces of paper. Write the names of STIs that appear on the Common STIs and Symptoms Chart (at the end of this session) on pieces of paper. (Write local or popular names of the diseases in parentheses next to the scientific names.)

Show participants the Common STIs and Symptoms Chart with the names of the STIs covered up with paper (or the handwritten chart – with names still covered – on the chalkboard or flipchart, which you prepared before the session). Put participants in groups, and give each group 2-3 pieces of with the names of STIs written on them. Instruct the groups to match the names of the STIs with their descriptions on the chart. After participants have agreed on the placement, reveal the correct names and discuss anything they got wrong.

Activity 3. Discussion Questions


(10 minutes)

Lead the participants in discussing the following questions:


- “*Where do people in our community go to get treated for STIs?*”
- “*Which of these places is the best place to get treated? Why?*”
- “*What other remedies do people in our community use to treat STIs?*”
- “*What are the risks associated with not seeking professional help?*” [Increased risk of HIV infection, transmit STI to partner(s), develop serious irreversible symptoms of the STI, etc.]
- “*Why is it important to get treated early for an STI?*” [HIV prevention, avoid spreading the STI to others, avoid experiencing more serious symptoms, relieve discomfort, etc.]
- “*Why is it important that your partners get treated?*” [So they do not spread STIs to you, so they are not at an increased risk for HIV, because they may be infected with an STI and not have symptoms.]

- *“How can we tell someone that they have been exposed to an STI without blaming them or getting hurt ourselves?” [Use good communication skills that have been discussed in previous sessions (calmly express the issue, allow the other person to express his/her feelings, listen while the other person speaks, work with the other person to find a solution, etc.)]*

Wrap-Up

 **Explain:** *“The best way to prevent and/or lower the risk of HIV transmission is abstinence. If sexual partners do not practice abstinence, together they can lower their risk of HIV transmission by being faithful to each other (being each other’s only partner), and using a condom consistently and correctly each time they have sexual intercourse.”*

Offer resources to participants, if applicable, about how they can learn more about HIV/STIs and testing.

 **Explain:** *“It is normal to feel uneasy or embarrassed when discussing these topics, but it’s important to get correct information about sexuality regardless of how embarrassing it may be to get it.”*

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Practicing certain behaviors can put a person at risk for STIs, and also increase their risk for HIV.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should ask people in their community about HIV and STIs. If they can find any information that contradicts what they learned today, they should bring that item or idea to the next session for discussion.

Common STIs and Symptoms Chart

1. Gonorrhea

- a.** Signs and Symptoms:
 - i.** Most women who are infected show no symptoms
 - ii.** Some women experience pain during urination, vaginal discharge (milky white or yellow/green)
 - iii.** In men, this infection can cause a burning pain during urination, painful or swollen testicles or a white, yellow or green discharge
 - iv.** Symptoms usually occur 2 to 14 days after exposure
 - v.** Possibly no symptoms
- b.** Effects:
 - i.** Untreated, it can lead to serious permanent health problems in both men and women including sterility and pelvic inflammatory disease in women
 - ii.** Women with this infection can pass it to newborn babies causing blindness (if not treated with drops in eyes), joint infection, or blood infection
- c.** Treatment
 - i.** This infection can be cured with antibiotics

2. Chlamydia

- a.** Signs and Symptoms
 - i.** Most women who are infected have no symptoms
 - ii.** If symptoms do exist they are most likely vaginal discharge
 - iii.** Symptoms in men include discharge from the penis, a burning pain during urination as well as itching around the opening of the penis
- b.** Effects
 - i.** If left untreated, this infection can spread to the uterus or fallopian tubes and cause constant pelvic pain, infertility and miscarriage
 - ii.** This infection can cause eye and respiratory infections in newborns and bring on premature delivery
 - iii.** Women are up to five times more likely to contract HIV if exposed to it while infected with this virus
- c.** Treatment
 - i.** This infection can be cured with antibiotics

3. Chancroid

- a. Signs and Symptoms
 - i. Most women do not show symptoms
 - ii. Symptoms may appear three to seven days after infection and include small painful sores on the genitals or one larger sore
 - iii. Inflammation of lymph gland on one side
- b. Effects
 - i. The presence of sores, the common symptom of this infection, increases a person's likelihood of becoming infected with HIV if exposed to the virus
- c. Treatment
 - i. This infection can be cured with antibiotics

4. Genital Herpes

- a. Signs and Symptoms
 - i. Most people are not aware they are infected
 - ii. Some people will develop painful blisters on the genitals or mouth
 - iii. Other symptoms include headache, fever, muscle aches and chills
- b. Effects
 - i. Sores may reappear periodically throughout one's life
 - ii. This infection can be passed to a newborn and cause blindness, brain damage, and death
 - iii. People with sores from this infection are more likely to contract HIV if exposed to the virus
- c. Treatment
 - i. There is no cure for this infection; however the virus can be treated with antiviral drugs

5. Syphilis

- a. Signs and Symptoms
 - i. Many people have no symptoms
 - ii. Primary stage symptoms include a painless sore on the penis or vagina
 - iii. Sore appears 10 to 90 days after exposure
 - iv. If not treated, the sore will go away and secondary symptoms will appear including: rashes on the palms of the hands or soles of the feet, fever, headache, hair loss and sore throat
 - v. Late stages of the disease are marked by paralysis, numbness, gradual blindness and dementia

- b.** Effects
 - i.** If untreated, this infection damages the internal organs
 - ii.** This infection can lead to blindness, stroke, and death
 - iii.** It can be passed from the mother to child causing deformities and mental illness, possibly death
 - iv.** A sore from this infection can increase the chances of HIV transmission if exposed
- c.** Treatment
 - i.** This infection is easily treated with antibiotics such as penicillin

6. Trichomoniasis

- a.** Signs and Symptoms
 - i.** This infection is caused by a parasite commonly found in the vagina or urethra opening of the penis
 - ii.** Most men do not have symptoms but some may experience mild discharge or a burning pain after urination or ejaculation
 - iii.** Symptoms in women may include yellow green discharge, strong odor, itching or pain during urination or intercourse
- b.** Effects
 - i.** In women, genital inflammation can increase the chance of transmission of HIV if exposed
- c.** Treatment
 - i.** This infection is easily cured with antibiotics

7. HPV (Human Papilloma Virus/Genital Warts)

- a.** Signs and Symptoms
 - i.** Most people do not show symptoms.
 - ii.** Some strains of this infection cause warts in the genital area, which can appear months after infection
- b.** Effects
 - i.** Certain strains of this infection can cause cervical cancer in some women
- c.** Treatment
 - i.** This infection is treatable with medication
 - ii.** Other strains may clear in time

8. Hepatitis B

- a. Signs and Symptoms
 - i. Spread by sex, exposure to infected blood, and to child during pregnancy or delivery
 - ii. Mild initial symptoms: headache and fatigue
 - iii. Later symptoms: dark urine, abdominal pain, jaundice
 - iv. Often no visible symptoms
- b. Effects
 - i. Can develop chronic liver disease.
 - ii. Causes inflammation of the liver and sometimes leads to liver failure and death
- c. Treatment
 - i. There is no cure, but treatment is available

9. Pubic Lice

- a. Signs and Symptoms
 - i. Transmitted by close physical contact, including sexual contact
 - ii. These are small bugs that are visible to the naked eye without the aid of a magnifying glass or microscope living on pubic hair (or any other hair) and are associated with itching
- b. Effects
 - i. This infection affects the skin or hair and causes itching but has no long-term effects
- c. Treatment
 - i. This is often curable with shampoos or easily obtainable medications

★ 33. Stigma and Discrimination in HIV-Positive People

Session Description

Participants learn about stigma and discrimination through stories and pictures.

Learning Objectives

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

1. Define the terms stigma and discrimination.
2. Describe the types of stigma and discrimination.
3. Explain the effects of stigma and discrimination.
4. Explain different ways of reducing stigma and discrimination.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Stigma (30 minutes)
- Discrimination (15 minutes)
- Reducing Stigma and Discrimination (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Pencil, pen or marker, and paper for each participant
- Chalkboard and chalk OR flipchart and markers
- Trainer Material: Stigma Illustration

Pre-Session Preparation

- Write the True/False statements from Activity 3 on the board or flipchart
- Create the Trainer Material: Stigma Illustration
- Draw a picture of children playing and one child in the corner, very miserable and denied being able to play with others

Facilitator Notes

- None

Terms

Discrimination: Treating someone differently because of perceptions or prejudices about them

Stigma: Severe disapproval of, or discrimination against, a person on the grounds of characteristics that distinguish them from other members of a society

External Stigma: Enacted or expressed stigma

Internal Stigma: Self-hatred, shame, or blame; feeling of being judged by others; also called self-stigma

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Stigma

(30 minutes)

Ages: 10 to 19 years



Ask: “*What is ‘stigma’?*” [Unfavorable attitudes and beliefs directed towards someone (e.g., pointing fingers, gossiping, making a person feel uncomfortable, other more direct types of discrimination)]



Explain: “*An example of stigma is when people who are HIV-positive are discriminated against or shunned in their communities because of misunderstandings or misconceptions about HIV and AIDS in the community.*”



Ask: “*Can you think of other examples of stigma?*”

Distribute paper and pencils if the participants do not have their own.



Instruct: “*Now draw pictures showing examples of stigma in your community and at school.*”

When the participants have finished their drawings, ask volunteers to show their illustrations and discuss how stigma is represented in them.

Show the picture in the Trainer Material: Stigma Illustration. Have the participants discuss what they think the picture shows in relation to discrimination.



Explain: *“Internal stigma” is when someone has his or her own negative feelings/beliefs about having HIV and AIDS. It is also called self-stigma.*

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]
- *“Are people generally reluctant to talk about HIV and AIDS? Why do you think so?”* [fear]

Find a participant to volunteer to read aloud the story about Miguel to understand internal stigma, or self-stigma:

Miguel’s Story

Miguel has HIV and AIDS, but no one knows about it except him. He goes to school and tries to play with some friends, but he is feeling tired and they are not willing to play. Miguel gets angry at himself and at them, thinking that they do not want to play with him because he is HIV-positive. Miguel refused to go to school again and stays at home, locked up in his bedroom.

Discuss how the story demonstrates internal stigma.



Explain: *“External stigma” refers to stigma expressed by the external 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.*

Read the story about Florence. Then,



Ask: *“What are the different forms of external stigma in the story about Florence?”* [Gossiping, using Florence as a bad example, calling her names (nicknaming), composing songs about her, refusal to share food/utensils.]

Florence’s Story

Florence is in grade 7 at _____ Primary School. She is HIV-positive. Almost everyone in her class and school know about it. When she arrives in the morning, nobody wants to sit with her, and they leave her to sit alone. They talk badly about her and call her names like “walking dead body” and “kaslim.” They even have composed songs about her. No one wants to share their snacks with her during break-time. And whenever the teacher is teaching, he uses her as an example of all the bad things. One day he was talking about the woman in the Bible who had leprosy and said that woman was like Florence. She feels very bad, she cries when she goes home, and she is sad most of the time.

Activity 2. Discrimination

(15 minutes)

Ages: 10-19 years

Read the story about Victor (below):



Ask:

- “*What is ‘discrimination?’*” [When someone is treated unfairly as a result of stigma, treating someone differently because of perceptions or prejudices about them.]
- “*How is discrimination shown in Victor’s story?*”
- “*Would anyone like to share different stories you have heard or gone through that demonstrate discrimination?*” (It is all right if no one feels comfortable sharing)
- “*What are the possible effects of stigma and discrimination?*” [Possible answers include:
 - leads to absenteeism from school,
 - leads to low self-esteem,
 - fear to discuss and share with friends because of discrimination, and
 - fear to associate in different groups.]

Victor’s Story

Victor is an orphan who stays with his grandmother and uncle. Whenever his grandmother keeps food for him so that he can eat after school, his uncle throws it away and even breaks the plate if he has eaten from it. He says it’s a waste of food and if they eat from that plate, they will get AIDS.

Activity 3. Reducing Stigma and Discrimination

(15 minutes)

Ages: 10-19 years

Read the story about Victor.



Ask: “*What are the different ways of reducing stigma and discrimination?*” [See true statements from the list below: True and False for Stigma and Discrimination for possible responses.] Write the content from Table 4: True and False for Stigma and Discrimination (below) on the chalkboard or flipchart. Go through the table with participants to discuss ways of reducing stigma and discrimination.

True and False for Stigma and Discrimination

Ways of Reducing Stigma and Discrimination

1. Learning to live and cope with the situation. [TRUE]
2. Educating community through testimonies, especially key people in the community such as teachers and religious leaders. [TRUE]
3. Involving infected people in local and national initiatives to help reduce stigma. [TRUE]
4. Continuing to laugh at people with HIV in the community. [FALSE]
5. Building a school for only HIV-positive children. [FALSE]
6. Talking about how he or she feels and what he or she needs help with among family, friends, and caregivers. [TRUE]

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: People who are HIV-positive may be discriminated against or stigmatized in your communities, but sharing your knowledge about HIV and AIDS can help reduce this!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

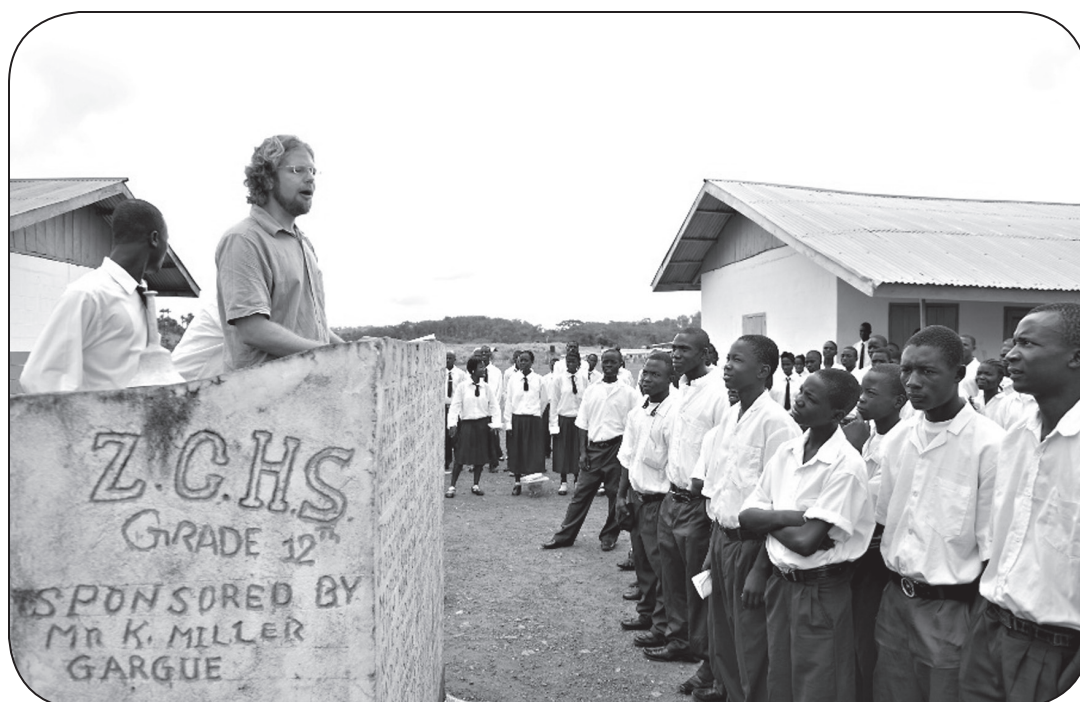
Thank them for their participation.

Real World Practice

Ask an older sibling or friend if they have ever seen anyone stigmatized. Discuss with the older sibling or friend what the person was stigmatized for and then ask for advice on what someone can do to avoid stigma for that reason.

Leadership

Sessions 34-35



Leadership

34. Leadership

Session Description

Participants explore the emotional implications of leading and blindly following, think about what makes an effective leader, and consider how to avoid negative leadership.

For more sessions like this, see the *Life Skills and Leadership Manual's*  Unit 4 on *Teamwork and Leadership*.

Learning Objectives

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

1. Understand the importance of leadership.
2. Identify the qualities of good and bad leadership.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Car and Driver (30 minutes)
- Good Leader, Bad Leader (25 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers

Pre-Session Preparation

- For Activity 1: Arrange seats in a circle. To make the exercise more challenging you can scatter obstacles like chairs and tables throughout the space


Facilitator Notes

- None

Terms

Leadership: the art of motivating a group of people to act towards achieving a common goal or a state of being in control of a group of people.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.


Activity 1. Car and Driver

(30 minutes)

Ages: 10 to 19 years

Randomly divide the group into pairs (see [Appendix 1. Group Formation Activities](#)  for ideas). Assign one participant from each pair to be the car. The other participant will be the driver.

Note to facilitator: To make the exercise more challenging you can scatter obstacles like chairs and tables throughout the space and pair participants together who do not know each other well. Please also make sure that participants know that they do not have to participate if they are uncomfortable with the activity.

 **Explain:** *“The role of the participant who is the car is to keep his or her eyes closed and follow the driver’s instructions. The role of the participant who is the driver is to keep his or her eyes opened and protect the car from collisions. Talking is not allowed in this activity so the drivers must communicate to the cars with the following touch signals.”*

(Demonstrate as you describe):

- *“A touch on the middle of the back means walk.”*
- *“Subsequent touches on the middle of the back mean walk faster.”*
- *“A touch on right shoulder means turn right.”*
- *“A touch on left shoulder means turn left.”*
- *“A touch on head means stop.”*

“Cars should be touched gently and all cars and drivers should be very careful! Make sure everyone understands their roles and the signals, and then start the exercise. Ensure that there is no talking during the exercise – or that talking is at least kept at a minimum. After one or two minutes stop the exercise and have each pair switch roles. Cars become drivers and vice versa. Stop the second round after one or two minutes and have the group return to their seats.”

Discuss the following with the group:

- *“How did it feel being a car?”*
- *“How did it feel being a driver?”*
- *“Which did you prefer? Why?”*
- *“What were some of the challenges of being the car?”*
- *“What were some of the challenges of being the driver?”*
- *“What did you enjoy most about each role?”*
- *“What did this exercise teach you about leadership?”*
- *“What does it mean to be an effective leader?”*
- *“Is there any value in following?”*
- *“Does following have a role in leadership? If yes, what is it?”*

Activity 2. Good Leader, Bad Leader

(25 Minutes)

Ages: 10-19 Years

Arrange seats in a circle and place flipchart paper where everyone in the circle will see it or use a chalkboard visible to the circle of participants. Draw two columns on a sheet of flipchart paper. Write ‘Good Leader’ at the top of one column and ‘Bad Leader’ at the top of the other.



Ask: *“What do you think leadership means?”* [The action of leading a group of people or an organization.]
“Why is it important for everyone to have some good leadership skills?” [Advancement of your own goals, use your resources to reach your vision, they strengthen communication and decision-making, increase productivity, etc.]

Hand out paper and pencils or pens to each participant (not necessary for low/illiterate groups).



Instruct: *“Think of a leader you admire (e.g., mother, community leader, celebrity, politician) and write (or think of) three qualities you believe makes that person an effective leader. Next think of a leader you dislike (e.g., Adolf Hitler, a celebrity or politician, or a character from a well-known story) and write (or think of) three qualities that make that person a bad leader.”*

Allow sufficient time for participants to write (or think of) these responses. Request each participant to share what they have written. Record the qualities listed on the chalkboard or flipchart paper under the column ‘Good Leader’ or ‘Bad Leader’. Discuss the similarities and differences in the qualities that were suggested:

- *“Was anything surprising?”*
- *“Are there any similarities with the qualities for a good leader and for a bad leader?”*
- *“Do the leaders we do not admire have similar qualities to ones we do admire?”*
- *“How can we avoid becoming bad leaders?”*
- *“What can we do to be effective leaders?”*



Explain: *“Now I will go around the room and ask each participant to list:*

- *A positive quality that you believe you already have.*
- *A positive quality that you would like to develop.*
- *A negative quality that you would like to manage or eliminate.”*

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Leaders in our communities, families, and countries possess qualities causing different types of leadership. You can be a leader too!

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Ask participants to identify community leaders near their homes. Explain that in the next session they will share who they identified.

35. Community Service – Putting Leadership into Action

Session Description

Participants use drawings to represent their community, design a community service action plan, and learn about democracy.

For more sessions like this, see the *Life Skills and Leadership Manual's*  Unit 4 on *Teamwork and Leadership*.

Learning Objectives

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

1. Practice leadership skills by designing and carrying out a local community service project.
2. Improve skills/knowledge in public speaking, democratic processes, and teamwork.

Time – 75 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Brainstorming (20 minutes)
- Discussion (10 minutes)
- Develop a Plan of Action (25 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Flipchart and markers(colorful)
- Tape or tacks

Pre-Session Preparation

- Draw a map of the community in a creative way (see Activity 1)

Facilitator Notes

- None

Terms

Anarchy: A state of disorder due to absence or non-recognition of authority.

Community Assets: Positive characteristics that benefit communities.

Community Service: An activity that is performed by one or more people for the benefit of the public or its institutions.

Democracy: A system of government in which the whole population, or all eligible members of a population (e.g., elected representatives), vote.

Dictatorship: A ruler with total power over a country, typically one who has obtained power by force.

Ripple Effect: The continuing and spreading results of an event or action.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Brainstorming

(20 minutes)

Ages: 10 to 19 years

Advance Preparation: Draw a map of the community. Try to do it in a creative way. It does not have to be a literal map of the community but can be a representation through symbols, such as a town represented as a flower with different petals.




Ask:

- “*What are some examples of communities?*” [e.g., family, church, school, town, Europe, world]
- “*What are some characteristics of a community?*”
- “*What makes a community a community?*” [e.g., common needs and interests, respect, a population, set of governing rules]
- “*Do you think that we have formed a community in this group with our regular meetings? Why?*”

Show participants the map of the community that you have drawn. Explain your map if necessary.



Then tell participants: *“Community assets are positive characteristics and aspects that benefit our communities.”*

Divide participants into groups of five or so (there should be an even number of groups) (see **Appendix 1. Group Formation Activities**  for ideas).

Pass out magic marker (every color but black) and big paper.



Explain: *“Now you and your group should draw a map of the community. Be creative!”*

When the groups have finished drawing their maps, have the small groups move around their room and partner with another small group to present their map. Show the facilitator-drawn community map again.



Explain: *“We will now add community problems, issues, and challenges to the community map in black (demonstrate on the facilitator-drawn community map). No community is perfect. Draw the problems, issues, and challenges you and your group can think of to your maps.”*

As participants draw on their maps, you can also add to yours. In the end, participants should hang their maps on the wall using tape or tacks to display.

Activity 2. Discussion

(10 Minutes)

Ages: 10-19 Years

Lead a discussion on the mapping activity.



Ask:

- *“What did the maps have in common?”*
- *“How does your community affect your self-esteem?”*
- *“How does it affect our values?”*
- *“What was the point in making these maps?”* [To remind ourselves of the many assets in our community and to learn about our problems.]
- *“What is community service?”* [Voluntary work to help people in a particular area.]



Explain: *“The ‘ripple effect’ is like when you throw a stone into the water and the rings spread across a pond. If we do something positive for our community, it can have a positive impact on our world just as doing something negative has an impact on our world. An example is if you throw a piece of trash in a river, it will make the river look ugly, kill the fish, people won’t have anything to eat, pollute the drinking water, etc.”*

Give an example of some volunteer work that you (the facilitator) have done. Tell the participants who you worked with, when you did it, what the work was, where the work took place, why you did it, and how it made an impact on the lives of others. List the positive and negative outcomes of your experience (e.g. maybe you felt stressed or worked in the hot sun, but you were able to provide hungry citizens with food). Stress the fact that the positives outweigh the negatives.



Ask:

- “*Why do community service?*”
- “*What can you learn from community service?*”

Activity 3. A Plan of Action

(25 Minutes)

Ages: 10-19 Years

Make sure participants are still in their small groups from Activity 1.



Explain: “*In your groups, choose one issue, problem, or challenge to work on in your community over the next year.*”

Regroup the participants into one large group.



Explain: “*Now as a group, we will agree on one issue – out of all those that you brainstormed – that we want to address. To address the issue, we will use the skills that we learned in the goal setting sessions, including: a) identifying a mission statement; b) answering the questions who, what, when where, why, and how; c) listing the positive and negative outcomes; and d) drawing a timeline.*”

First have the group share the issues they brainstormed. Then have the group agree on one issue – make sure it is realistic! Follow the steps to address the issue, as in the following example:

- Mission Statement? Over the next year we will teach students in 12th grade about the dangers of smoking.
- Who? 12th grade students.
- What? Education on the dangers of smoking.
- When? After school.
- Where? On school grounds.
- Why? To prevent these students from taking up smoking and avoid health problems, which result from smoking.
- How? Interactive learning sessions and activities.
- Positives? Educate the students on a new subject, get to know students well, serve as a mentor or role model for the students, practice leadership skills.

- Negatives? Teaching sessions are unpaid, inconvenient, and take lots of time to prepare lessons.
- Timeline? Over a year long period.

Determine when the community service activity will begin or take place, and make necessary plans for the execution of the plan. If there is extra time, have the group repeat this process with more topics.

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Leadership starts on a small scale- with you! You can be a leader in your own community by working with a team on small initiatives.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to think of an issue or challenge they face in their daily lives, and then a simple plan for how they can address this issue, e.g., household chores take too much time. Explain to them that they will share their ideas at the beginning of the next session. Carrying out the steps to address the challenge between now and the next session is even better!

Human Rights

Sessions 36-38



36. Human Rights and Children's Rights

Session Description

Participants learn about human rights, draw posters to illustrate various rights, and learn what to do if their rights are violated.

Learning Objectives

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

1. Recognize that everyone has human rights regardless of age, sex or ethnicity.
2. State that rights are inalienable and cannot be taken away.
3. Explain responsibilities in relation to upholding human rights.

Time – 85 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- What Are Human Rights? (20 minutes)
- Illustrate Rights (30 minutes)
- What to Do If Your Rights Are Violated (15 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)


Materials

- Chalkboard and chalk OR flipchart and markers
- Container
- 1 copy of Activity Sheet 8: Children's Rights (provided at the end of this session) cut into strips
- Copies of Activity Sheet 8: Children's Rights for each participant
- Poster paper (flipchart paper) and markers

Pre-Session Preparation

- None

Facilitator Notes

Rights are something every person should have or be able to do. The rights for children are listed in the **UN Convention on the Rights of the Child**  (CRC). Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. In this session, it is not necessary to ensure that participants know the numbers of the articles in the CRC, as it can be overwhelming. It is important, however, that they know that everyone has rights. Participants should be familiar with the rights that pertain to them as young people.

In some countries, there has been a backlash against children's rights because the topic has been misunderstood. Some adults worry that if children have rights, then children will be free to do whatever they wish, including disobeying their parents or other authority figures. This is not true. Children's rights help teach young people respect and are not a threat to adult authority. They encourage children to be respectful, not only of themselves, but of their teachers and other children as well. Think about rights in terms of what is the best for children in a situation and what is critical to life and protection from harm. As children grow, they have more responsibility to make choices and exercise their rights.

Children's rights are a special case because many of the rights laid down in the Convention on the Rights of the Child have to be provided by adults or the state. However, the Convention also refers to the responsibilities of children, in particular to respect the rights of others, especially their parents (Article 29). Children are expected to listen to what adults tell them to do. Given that, adults should always act in the best interest of the child. Unfortunately, this is not always the case. Adults, including teachers, have sometimes used their power to take advantage of young people. This session is meant to equip young people with the skills they need to exercise their rights and to grow in an environment free from violence and abuse.

Terms

Children's Rights: Legal, social, or ethical principles stating that all children should be free from or entitled to certain things.

Convention on the Rights of the Child (CRC): A UN document in which the rights of children are listed.

Human Rights: Legal, social, or ethical principles stating that all humans should be free from or entitled to certain things.

Rights: A moral or legal entitlement to have or obtain something or to act in a certain way.

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. What Are Human Rights?

(20 minutes)

Ages: 10 to 19 years

On a flipchart or chalkboard, write “What Are Human Rights?”

Ask participants if they have ever heard of human rights. Let them share their answers, and record them on flipchart paper.

Explain human rights in your own words.

For example: *“Everyone has rights. Human rights are about respect for everyone. It does not matter if the person is old or young, a man or woman, a girl or boy or where he or she lives. Everyone has a right to have his or her needs met, to be safe and to have a say in what happens in his or her life.”*



Ask: “What are some examples of human rights? [e.g., everyone has the right to:

- education (go to school);
- employment (have a job);
- movement (travel from one place to another);
- ownership of property (own land, a house, a shirt, etc.);
- government services (use roads, parks, hospitals, schools, etc.);
- clean water (drink water that will not cause disease);
- access to information (research and learn any information, not including private information);
- practice religion (go to any church, believe in any god (or not));
- live free from violence (not have to worry about being hurt);
- health care (access to medical services);
- vote (in country or local elections); and
- be protected from economic or sexual exploitation (protected from being scammed, robbed, raped, and abused).]

Record answers on the flipchart or chalkboard.



Explain: “There are many rights and they fall into three basic categories:

1. *Rights to things they need, such as a home, food, health care and places to stay and learn.*
2. *Rights to keep them safe from harm.*
3. *Rights to take part in decisions that affect their lives.”*

Write the rights from Activity Sheet – Children’s Rights provided at the end of this session on the chalkboard or flipchart. Discuss the rights using the other information provided on Activity Sheet – Children’s Rights as a

guide, and relate them to those that were covered in previous sessions, such as avoiding violence and being able to access health services. The following are examples of responsibilities that are associated with rights.



Explain: *“Rights come with responsibilities. For example:*

- *With the right to be treated equally comes the responsibility to treat others equally.*
- *Children have the right to be protected from abuse, cruelty, exploitation and neglect, but they also have the responsibility not to bully or harm others.*
- *Children also have responsibility for their own learning, which includes respecting their teacher and the rules in the classroom.*
- *Children have a right to a clean environment. They also have a responsibility to do what they can to look after their environment.*

Rights and responsibilities are inseparable!”

Put the slips of paper cut from the Activity Sheet – Children’s Rights in a container. Let participants take turns picking one of the rights out of the container. Ask them to read the right and its explanation.

Activity 2. Illustrate Rights

(30 Minutes)

Ages: 10-19 Years

Divide the participants into groups of three or four. Give each group one of the eight rights from the slips of paper cut from Activity Sheet – Children’s Rights. Also, distribute flipchart paper and markers. Some groups may have the same right if there are more than eight groups.



Explain: *“You are going to create informational posters about your assigned right on your slip of paper. The posters will be displayed around the community to inform your peers about human rights. On your posters, don’t forget to include information about the responsibilities that come with the rights too.”*

When participants have finished, let the groups share their posters. Put the posters up around the community.

Activity 3. What to Do if Your Rights are Violated

(15 Minutes)

Ages: 10-19 Years

Read the Bwalya’s Story (below):

Bwalya’s Story

Bwalya is a grade 12 pupil and very dedicated to achieving her academic goals. She is an orphan and lives a homeless life, mainly surviving on the streets. Bwalya washes clothes in people’s homes and sells fritters and tap water on the streets to raise money for her education. Her boyfriend John impregnated her before she sat for her final exams. John is very abusive and often beats her up whenever she performs well at school. When he learnt she was pregnant, he

beat her up until she began to bleed, and he threatened to kill her if she did not get rid of the pregnancy. When Bwalya was 9 months pregnant, she secretly gave birth to a baby girl and dumped her at a nearby church.

**Ask:**

- “Which human rights violations happened in this scenario?” [Possible responses include: the right to education; the right to live free from violence; the right to employment; the right to health care; the right to be protected from economic or sexual exploitation, etc.]
- “Who was the victim of the violations?” [Bwalya and her baby daughter]
- “Who is responsible to ensure that children’s rights are not violated?” [responses should include: Everyone has a responsibility to work together to uphold rights, and that includes:
 - students,
 - family,
 - community,
 - school, and
 - government.]

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Everyone has human rights, which cannot be taken away. Everyone also has certain responsibilities to meet so that these human rights are upheld for themselves and others.



Explain: “We’re going to go over the definition of human rights in simple terms:

- *Human rights are about respect for everyone.*
- *Everyone has the right to have his or her needs met, to be safe and to take part in decisions that affect him or her.*
- *Everyone has rights, as well as responsibilities.*
- *Adults (both men and women) and children (both boys and girls) have rights and responsibilities. With rights come responsibilities. Participants have rights, but they also have responsibilities to themselves, their peers, their parents and other adults.”*

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should write down (or think of) three rights that they have, and the responsibilities they must uphold in order to maintain those rights.

Activity Sheet – Children’s Rights

1. You have the right to an education.
 - You have the right to go to school and get an education. You should be encouraged to go to school to the highest level possible.
2. You have the right to be protected from harmful practices.
 - Some traditional practices are bad for your health and against your rights, such as early and forced marriage or someone forcing you to have sex against your will. You have a right to know about the danger of such practices and to be protected from them.
3. You have the right to be as healthy as possible and to be able to access the best possible health care service.
 - You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment and information to help you stay well.
4. You have the right to privacy and confidentiality.
 - If you tell a medical person or teacher something that you don’t want anyone else to know, they should respect your privacy. However, if you have been abused, adults may have a duty to inform others who can protect you.
5. You have the right to freedom from abuse and exploitation.
 - No one, including your parents, relatives or teachers, should physically, sexually or mentally abuse you. The government should make sure that you are protected from abuse and must take action if you experience violence or abuse.
6. You have the right to take part in important life decisions.
 - When decisions are made about your life, you have a right to take part in making those decisions. Your feelings and opinions should be listened to and taken into consideration.
7. You have the right to freedom of association.
 - You have the right to meet friends and form groups to express ideas, as long as no laws are broken. You have a right to ask publicly for your rights to be met. Some ways of doing this include meeting with friends and discussing issues or forming groups.
8. You have the right to freedom of expression.
 - Young people have the right to think and believe what they like, as long as it does not harm anyone else. You have a right to form your own views.

37. Sexual and Reproductive Health Rights

Session Description

Participants review the concept of human rights, are introduced more specifically to sexual and reproductive health rights by analyzing a story of sexual rights violations, and explore the idea of raising awareness for rights in their own lives.

Learning Objectives

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

1. List strategies to minimize the chances that their sexual rights are violated.
2. Identify a rights issue they care about and make positive change to their own lives.

Time – 80 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Relating Human Rights to Sexual Rights (30 minutes)
- A Problem I Care About (30 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Chalkboard and chalk OR flipchart and markers
- Copies for each participant of Activity Sheet – A Problem I Care About provided at the end of this session or write the content on the chalkboard or flipchart ahead of time if copies are not available.

Pre-Session Preparation

- None

Facilitator Notes

When human rights relate to people’s sexuality or reproduction, we call them “sexual rights” or “reproductive rights.” Sexual rights and reproductive rights sometimes overlap. However, sexual rights generally include individuals’ control over their sexual activity and sexual health. Reproductive rights usually concern controlling the decisions related to fertility and reproduction.

People’s romantic and sexual experiences can become human rights issues. Only when our basic rights are honored (both by governments and by other individuals) can we make optimal decisions about intimate relationships, sex, and childbearing. For example: Individuals can make decisions about if, when, and with whom they will form a romance, a long-term relationship, or a marriage. They can decide if, when, with whom, and under what circumstances to have sex (free from sexual abuse and coercion). They can negotiate condom use to prevent infection. They can decide whether or when to become pregnant or have children. They can obtain contraceptive information and services. They can have a safe abortion.

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


Girls living in poverty are more likely than other girls to suffer early or forced marriage, unwanted pregnancy, unsafe abortion, and sex trafficking (coercive relocation of people for purposes of sexual exploitation). Some people’s sex partners (including some who pay for sex with cash or gifts) refuse to wear a condom. Many people face discrimination when they try to seek necessary sexual health information and services. This problem is particularly severe among young people and among people living with HIV and AIDS. Unfortunately, economic and social barriers and violations are so common that they are typically excused, overlooked, or seen as culturally “normal.” These barriers and violations take different forms around the world.

Terms

Raising Awareness: Public support for or work to promote a specific cause

Sexual Rights: The right of an individual to control their sexual activity and sexual health

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see [Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Relating Human Rights to Sexual Rights

(30 minutes)

Ages: 10 to 19 years



Ask:

- “What does the term “human rights” mean to you?” [Legal, social, or ethical principles stating that all humans should be free from or entitled to certain things.]
- “What human rights do you have?” [e.g., the right to: education, employment, movement, ownership, etc.]
- “What they consider to be basic human rights for all people, including those with HIV and AIDS?” [Possible answers include: the right to medical care, employment, housing, education, reproductive rights, etc.]

Read Gloria’s Story (below).

Gloria’s Story

Gloria is 12 years old and really enjoys school. Lately, she has been having trouble in math and her teacher has offered to give her extra help. One day she stayed after school and the teacher grabbed her breast and told her she was turning into a beautiful young woman. Gloria felt very uncomfortable but was afraid to speak up to the teacher. She decided she would fail math instead of asking this teacher or any other teacher for help again.



Ask:

- “Which rights were violated for Gloria?” [The right to protection from abuse and sexual exploitation.]
- “How can the student, family, community, school, and government help make sure that Gloria’s rights are upheld?” [Possible responses are:
 - A student should speak up and tell someone that the teacher has abused her;
 - Her family should protect her from abuse by the teacher;
 - the community should make sure the school is a safe space and that teachers are not abusing students;
 - The school should ensure that teachers are not abusing the students; and
 - The government should ensure that teachers are not abusing students. If a teacher is found guilty of abusing a student, he or she should be fired or prosecuted.]



Explain: “Sexual rights’ generally include individuals’ control over sexual activity and sexual health. These sexual and reproductive rights also apply to young people; that is, children have the rights to develop a positive sense of their bodies and sexuality. Children have the right to be free of abuse and inappropriate touching. Thus young people have the right to obtain information to protect their health, including their sexual and reproductive health.”



Ask: “What can you do to make sure your sexual rights are not violated?” [Responses should include those listed below.]

- Say “no.” You have a right to say “no” to anyone who touches you in a way that makes you feel uncomfortable or afraid.

- Some secrets should never be kept. There are some secrets that you should never keep.
- Even if you are asked not to tell or you promised not to tell. Often people who do bad things to children tell them not to tell and threaten to hurt them or someone they love. They know they are doing something wrong, and they are afraid of what will happen. Do not be afraid to tell.
- Hugs and kisses are great, especially from people you like! No one should ever ask you to keep a kiss, hug or touch a secret. If someone says, “It is our little secret,” you should tell a trusted adult.
- Your body belongs to you. Learn the names of your body parts and remember the difference between “good touch” and “bad touch.” No one should touch you in a place that makes you feel bad. Remember, if you get a feeling that makes you uncomfortable, use one of the phrases you learned. Always tell a trusted adult if someone touches you, even if you are not sure if it is a “good touch” or “bad touch.”
- Run or get away. If a stranger or someone you know tries to harm you, run and get away. Get help. Make sure to run to a place where there are people.
- Yell! It is all right to yell and shout if someone is trying to hurt you. You should not feel embarrassed. Yell and call for help.
- Do not take gifts. Do not take any candy, money or gifts from anyone without telling your mother, father or guardian. It is usually OK to take gifts from family and friends. But some adults, maybe even ones that you know, might try and give you gifts or money to trick you into doing something wrong.
- Tell a trusted adult. If you are being physically, psychologically or sexually abused or bullied, tell a friend, teacher, your parents or a trusted adult. It can be hard sometimes, but remember your courage and that you are resilient.



Ask: *“From these ways to ensure your sexual rights are protected, what could be hard to do in real life?”*
[e.g., tell a trusted adult, say “no,” run or get away, etc.]

Acknowledge that it is not always easy to do the things listed above. Discuss challenges and strategies that participants can use to stand up for their rights.

Activity 2. Problem I Care About

(30 Minutes)

Ages: 10-19 Years



Explain: *“We have learned about various sexual and reproductive health issues that have an impact on our lives.”*




Ask: *“What are some of the sexual and reproductive health issues we studied?”* [e.g., gender-based violence, unwanted pregnancy, abortion, negotiating condom use, gender roles, etc.]




Instruct: *“Each of you should identify a sexual or reproductive health issue that you care about. It should relate to an issue we have discussed.”*


Distribute a copy of Activity Sheet – A Problem I Care About to each participant (or write the content on the chalkboard or flipchart if copies are not available).

 **Explain:** *“Review the list of issues, asking yourself: ‘Which issues do I care about?’ You will see that the list is divided into two categories (sexual health, and sexual rights). Check off two topics that interest you. They can all be in one category or they can come from different categories. You may also add an issue that you care about that is not on the list.”*


Put participants into groups of four.

 **Explain:** *“In your groups, discuss one or more of the issues that matter to you. Share what you find compelling about your choices, or why you want to learn more about them. You may have a story to share.”*

Bring the group back together.

 **Ask:** *“Would anyone like to share which problem or problems they selected, and why?”*

Next introduce students to the concept of working for social change (raising awareness).

 **Explain:** *“Some people get involved in big campaigns to change the world. ‘Raising awareness’ often refers to big changes. But even a small effort can make a meaningful change for the better — in your own life or the life of someone around you. Imagine and consider a small step you can take to make a difference, specifically to improve gender equality or to protect the sexual or reproductive rights of yourself or of another person.”*

 **Ask:**

- *“Have any of you heard of actions people have taken to fix one of the problems on the worksheet that you or your classmates care about?”*
- *“What is an example of a change that such actions have brought about in the world?” [e.g., ending the practice of female genital mutilation, increasing numbers of girls in school, men joining campaigns against gender-based violence, legalization of abortion, and allowing pregnant girls to stay in school, etc.]*
- *“Can you think of a situation you have seen in your own life where someone made a positive change, whether large or small?”*
- *“What benefits or growth can a person have by engaging in raising awareness?” [e.g., feeling empowered to know you can have an impact on others, building new relationships, strengthening leadership skills, being assertive, admiration from others, etc.]*
- *“What are some risks that a person can face by engaging in advocacy?” [e.g., disapproval, distraction from schoolwork or other important parts of life, disappointed if you do not achieve the changes you aim for, being arrested or facing other dangers, etc.]*
- Remind students that it is important to be safe when raising awareness for human rights issues.

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: Youth are particularly vulnerable to sexual rights violations, but advocating for our sexual rights (and other human rights) can bring positive change.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Instruct participants to talk to a friend about sexual rights. Participants and their friends should brainstorm three sexual rights they have.

Activity Sheet – A Problem I Care About

Sexual Health Issues

- Adolescents do not have access to sexual and reproductive health services that are youth-friendly.
- It is difficult to get condoms.
- Many of my peers do not know about HIV.
- Many schools in our area do not teach about HIV.
- Many people don't know their HIV status.
- Young people do not have basic information about their own bodies.
- The rate of sexually transmitted infections among young people is far too high.
- People don't know or care enough about maternal mortality.
- Abortion is legally restricted — and as a result, dangerous — in many places.
- Other: _____

Sexual Rights Issues

- Many girls are being sexually exploited by “sugar daddies.”
- Rape is too common, and even tolerated.
- Girls sometimes have to drop out of school to raise children if they have early pregnancies.

- Girls who get abortions are stigmatized by their families and communities.
- People do not realize that boys are also at risk of sexual abuse.
- Sometimes trusted adults may not believe reports of sexual or gender-based violence.
- Many young people, do not feel that they really have a right to insist on condom use.
- People living with HIV and AIDS don't get enough support and respect.
- Other: _____

38. HIV and AIDS and Human Rights

Session Description

Participants explore the concept that protecting the human rights of people living with HIV and AIDS not only helps them to live positive and productive lives, but also helps to prevent HIV transmission.

Learning Objectives

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

1. List at least five human rights of people living with HIV.
2. Identify a link between the protection of human rights for people living with HIV and the prevention of infection.
3. Define what it means to live positively with HIV and AIDS.

Time – 115 minutes

- Icebreaker (5 minutes)
- Review (5 minutes)
- Losing Our Rights (20 minutes)
- Interacting with a Person Living with HIV and AIDS (30 minutes)
- The Loss Exercise (45 minutes)
- Wrap-Up (5 minutes)
- Real World Practice (5 minutes)

Materials

- Five small pieces of paper for each participant
- Pencils
- Tissues
- List of local associations of People Living with HIV and AIDS in your country

Pre-Session Preparation

- A few weeks before this session, visit local organizations of People Living with HIV and AIDS and find out if they have a speakers' component; get to know their philosophy and experience related to public

speaking on personal experiences of living with HIV and AIDS; talk to speakers, explain your purpose, and invite a speaker for your presentation on human rights.

Facilitator Notes

Many HIV support groups now have people living with HIV who are willing to educate groups about HIV and AIDS by sharing their personal experience with the disease. Participants should be prepared ahead of time for this visit, and the facilitator should check with the speaker what types of questions they are comfortable answering. Sample questions could relate to the human rights theme:

- What made the speaker decide to speak publicly about his or her HIV infection?
- Has he or she experienced any discrimination?
- What have been the advantages to speaking out?

The group should make a pact of confidentiality related to the speaker's comments. It is important to select a speaker who is honest, prepared, and eager to speak with groups, and who can model what it means to live positively with HIV. This can be a transformational moment in changing stereotypes about the disease and breaking through denial about personal risk factors.

Terms

- None

Icebreaker

Open the session with an icebreaker of your choice. For ideas, see

[Appendix 2. Icebreaker Ideas.](#) 

Review

- Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.
- Go over the Real World Practice given in the previous session.

Activity 1. Losing Our Right

(20 minutes)

Ages: 10 to 19 years

Give each participant five small pieces of paper.



Instruct: *“On each of your five papers, write down (or draw a picture of) a right that is important to you. Then hold your papers up in your hands.”*

While participants are holding their papers up, walk around the room with a basket and randomly takes slips of paper from the participants. You may skip some participants altogether and take all five from another.



Explain: *“Check to see which papers or rights I have taken from you. You have just lost those rights.”*



Ask:

- *“Which rights did you lose?”*
- *“How did that make you feel?”*
- *“How did you feel about the injustice of the selection process?”*
- *“If you thought you might be infected with HIV and you knew that you would probably suffer discrimination and the loss of human rights, would you want to get tested?”*



Explain: *“Often people living with HIV or AIDS experience a loss of their rights—usually because they are discriminated against. For example, a business owner may not want to hire someone living with HIV or AIDS and that person loses their right to employment. Or their right to be free from violence may be violated if they are targeted with violence because of their HIV status. Losing your rights in this activity was not fair. It is not fair for people living with HIV or AIDS to lose their rights either.”*

Activity 2. Interacting with a Person Living with HIV and AIDS

(30 Minutes)

Ages: 15-19 Years



Ask:

- *“If you knew you were HIV-positive, would you tell your partner or potential partner?”*
- *“If not, could this affect transmission of HIV in our community?”*

Introduce and welcome the guest speaker and initiate a pact of confidentiality between the group and the guest to start a dialogue between the older group members and a person living with HIV or AIDS (a guest speaker) regarding how the disease has affected his or her life.

Activity 3. The Loss Exercise

(45 minutes)

Ages: 10-19 Years

Note to facilitator: This activity could be done with or after another session (particularly for 15-19 year-olds for whom this activity would cause the session to be particularly lengthy), to explore grief and loss. The Loss Exercise provides a powerful framework for discussing empathy for those experiencing grief or loss, especially those infected or affected by HIV and AIDS.

Review some of the issues that you have covered up to this point.



Explain: “We are about to do an exercise to help us to look at HIV and AIDS from a very personal perspective. Clear off your desks of everything except a sheet of paper and a pen or pencil (not necessary for low/no literacy groups, who can simply brainstorm responses in this exercise in their heads). Number your papers with 1 to 5. I am going to read five statements, and you will respond to those statements on your papers. It is very important that no one else in the room should see your papers—and the papers will not be collected. They will not be used at any later time—the papers are your own personal property.”

Go through this exercise slowly and seriously. Participants should feel the full impact of this discussion. One by one, read off the statements (below “Statements Part I”) and tell the participants to write (or draw) their responses on their papers. Reinforce that it will not be shared with others.

Statements Part 1:

1. Write (or draw) the name of the personal possession that you love the most. Maybe it is your house, or a special item your grandmother gave you, or a book, or anything else. What one thing that you own means the most to you? Write that thing on #1.
2. Write (or draw) the part of your body that you are most proud of. Perhaps you really love your eyes, or you are very proud of your hair, or you enjoy your ears the most because they help you listen to music, or you love your voice because it helps you to sing. Write down the one part of your body that you are most proud of on #2.
3. Write (or draw) the name of the activity you most enjoy doing. Maybe it is going to a religious event, or playing football, or dancing, or any other activity. What do you most enjoy doing in the whole world? Write that activity on #3.
4. Think about one secret or very confidential thing about yourself that no one else in the world or only one other person knows about. Every one of us has some secret or very private thing that he or she does not want others to know about. Write (or draw) that personal, private piece of information down on #4. (Or if they prefer, participants can just keep the secret in their minds and write the word “secret.”)
5. Lastly, write (or draw) the name (a picture) of the person whose love and support means the most to you in the world.



After everyone has finished, **explain:** “Now I will now go through the list again. As I go through each statement, imagine that you are living through what I am saying.”

Read the following statements (below “Statements Part II”) slowly so that participants are able to fully envision that they are living through what you are reading.

Statements Part II:

1. Imagine that something terrible happens that causes you to lose the material possession that you love most. Either a theft occurs or a loss of some kind that takes this thing away from you completely. You will never again see the thing listed on #1. Take your pen or pencil and cross out #1 now.
2. Imagine that an accident or other unfortunate occurrence causes you to lose the part of your body that you are proudest of. This part of your body is gone, and you will never have it again as long as you live. Cross out #2 now with your pen or pencil.

3. Imagine that this same accident or unfortunate occurrence makes it impossible for you to do your favorite activity ever again. You will never again, in your entire life, be able to do the activity you wrote on #3. Cross out #3 with your pen or pencil now.
4. Imagine that because of all of the above situations, your secret has been exposed. Everyone now knows what you wrote on #4. It has become public knowledge— everyone in the school, town, church, mosque, and community knows about what you wrote on #4. Circle #4 with your pen or pencil now.
5. Lastly, because of all of these changes (losing your possession, losing your body part, not being able to do your favorite activity, and everyone knowing your secret), the person that you love most in the world leaves you forever. You will never again see this person that you love and who is your most important source of support. Cross out #5 with your pen or pencil now.

When you finish reading, allow a few silent moments for the participants to truly feel what you have just said. People are usually a bit upset and uncomfortable at this point. Give them some time to think about this.



Ask: *“In one word or phrase, how would you describe the emotions you feel after crossing off the items?”* [e.g., sadness, grief, feeling like killing myself, hopeless, alone, miserable, depressed, angry, blaming others, no reason to continue, etc.]

Write the words on a chalkboard or flipchart. Keep brainstorming until all of the possible ideas are exhausted.



Explain: *“Now let’s take a look at the list that you have created or remember the responses you thought of (for low/no literacy groups). Imagine how these feelings might relate to testing positive for HIV and AIDS. You have placed yourselves in the position of a person living with HIV and AIDS and allowed yourselves to experience the very powerful emotions that such a person might be living with every day. These negative feelings are even worse if they experience stigma, discrimination, or violation of their human rights.”*



Ask:

- *“Now thinking of this exercise, what kind of support might you be able to give someone living with AIDS?”*
- *“How can you help someone in the situations we imagined?”*
- *“How would you feel if you or someone you love were involved in this situation?”*

Wrap-Up

Ask participants to summarize what they have learned. Fill in any key points they miss.

Key Message: People living with HIV have the same human rights as anyone else.

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Real World Practice

Participants should draw a picture or write a story about what they learned from this session, or write a letter to the visitor thanking him or her and saying how the speaker's talk influenced their views towards people living with HIV and/or affected their behavior.

Additional Resources for PCVs:

Life Skills and Youth Development Curricula and Activities

- Life Skills and Leadership Manual M0098
- Adolescent Girls Empowerment Project Financial Education Program
- Working With Youth: Approaches for Volunteers M0067

Sexual and Reproductive Health Curricula

- Population Council It's All One Curriculum
- Johns Hopkins Go Girls! Curriculum

Technical Information

- Peace Corps Youth Sexual and Reproductive Health Training Package, including sessions on how to use the Health and HIV Life Skills Manual

References

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Appendices



Appendix 1. Group Formation Activities

Forming Pairs

1. Form pairs by dividing the total number of participants in half. Ask participants to count off up to the number that represents half of the total. For example, if you have 20 participants, they will count off up to 10 and then start again at 1. The two people who have the same number are partners (the 1s, 2s, 3s, etc.).
2. Ask participants to turn to the person on their right (or left). This person is their partner.
3. Create sets of pairs constructed around opposite words or similar objects or first and last names of famous people. The number of pairs you create should equal half the number of participants. Each pair must have 2 parts. Write 1 word of each pair on a slip of paper. Ask participants to draw a slip of paper from a container and find the other half of their pair. This is their partner. Some examples for a group of 10 participants include:
 - a. Opposites: black/white, sad/happy, dark/light, tall/short, wide/narrow
 - b. Matching Objects: bed/sheets, table/chair, camera/photograph, car/driver, shoes/socks
 - c. Famous People: Nelson/Mandela, Bob/Marley, Jua/Kali, Michelle/Obama, Lionel/Messi
4. Ask everyone to pick a number between 1 and (choose the upper number depending on the size of your group). Line them up according to which number they picked. The two people at the end of the line become partners, the next two become partners, etc. Those who have picked the same number become partners. If only one person chooses a particular number, ask them to choose another number.
5. Group lines up according to any variable you can think of to use. Examples are: oldest to youngest; tallest to shortest; alphabetically by first or last name; chronologically by month and date of birthday. If you want to add challenge to the process, do not allow people to talk. The two people at the ends of the line become partners, the next two become partners, etc.

Forming Groups or Teams

1. Count off. For example, ask participants to count off by 4s. One by one, each participant will say a number (the first participant says “1”, the second says “2,” and when it is the fifth participant’s turn, he will start again at 1). When everyone has counted, instruct participants to form groups with people who have the same number. In the end, you will have 4 groups.
2. Make simple puzzles with 3-5 pieces each. Distribute the puzzle pieces to participants and ask them to find all of the others who have the pieces to complete their puzzle. Be sure to use simple puzzles and have the same number of puzzle pieces as participants.
3. Ask participants to stand in line in the order of their birthdays—month and day only—and then count off (such as 1 through 3) to form groups.

4. Assign colors, symbols or pictures at random. Instruct participants to find all others with the same assigned color, symbol or picture.
5. Place the names of four well-known pop culture stars in different places around the room and ask participants to stand next to their favorite. If everyone flocks to the same star, you will have to adjust the exercise so that you end up with than one group. For example you can ask participants to move to their second favorite star.
6. Select four different animals (or whatever number of groups you want to create) and write the name of each animal on several slips of paper. The number of slips will depend on how many participants will be in each group. For example, if you have 16 participants, you can make 4 groups of 4 people. In that case, you will write the name of each animal on 4 slips of paper. Each participant will draw 1 slip of paper from a container. Tell participants that when you say “now”, each person must make the noise of the animal written on her slip of paper. While making their noises, participants must look and listen for those making the same animal noise they are making. These people are their group members.
7. Have everyone cross their arms across their chest. Amazingly, it almost always works out to about 50% cross right over left, and the other 50% cross left over right. Have participants close their eyes and then put their hands together so their fingers are interlocking and their palms are touching each other. Have them open their eyes and look down at their hands. If their right thumb is on top then they are one team and if their left thumb is on top then they go to the other team.

Appendix 2. Icebreaker Ideas

We have found it very effective to use warm-ups and energizers throughout the program to keep the sessions lively and fun. Warm-ups serve two basic purposes:

1. They can serve as a metaphorical introduction to the topic of the session. You can choose a warm-up that evokes some of the issues you will be exploring in the day's session. The general categories noted to the right of titles will help to guide you if you are looking for a specific topic.
2. They can simply be lively exercises to bring the energy back into the group when they are feeling tired or too serious.

There are fun warm-ups, games, and energizers in every culture, so spend some time adding local favorites to the ones listed below, and do not use those that do not seem appropriate for your community. After the first few sessions, consider having peer educators or other participants lead the warm-ups and come up with creative new ones on their own!

Make it Rain

As we go around the circle clockwise, each person will follow the motion of the leader. So you will begin the new motion after the person to your right has begun. Choose a leader (or you can lead the first round) and do the following motions:

- Put palms together and rub hands together back and forth
- Click fingers
- Use hands to slap the tops of the thighs
- Stomp feet

The leader should continue the motion until every person in the circle is doing it. Once this happens, the leader should initiate the next motion. Continuous motion will produce a sound like a thunderstorm. Repeat the cycle a few times. Once the leader has decided the icebreaker should end, she will just place her hands at her sides. This motion should travel around the circle, just as the other motions did, and allow silence

What kind of animal?

Ask participants to divide into pairs and to form a circle. Put enough chairs in the circle so that all but one pair has seats. Each pair secretly decides what type of animal they are. The two participants without chairs are the elephants. They walk around the circle calling the names of different animals. Whenever they guess correctly, the animals named have to stand up and walk behind the elephants, walking in mime. This continues until the elephants can guess no more. Then they call "Lions!" and all pairs run for seats. The pair left without chairs become the elephants for the next round.

Group Statues

Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts “peace.” All the participants have to instantly adopt, without talking, poses that show what “peace” means to them. Repeat the exercise several times.

COCONUT

The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together.

Banana Game

A banana or other object such as a bunch of keys is selected. The participants stand in a circle with their hands behind their backs. One person volunteers to stand in the middle. The facilitator walks around the outside of the circle and secretly slips the banana into someone’s hand. The banana is then secretly passed round the circle behind the participant’s backs. The job of the volunteer in the middle is to study people’s faces and work out who has the banana. When successful, the volunteer takes that place in the circle and the game continues with a new person in the middle.

Bring me

Participants sort themselves into small teams, and the teams stand as far as possible from the facilitator. The facilitator then calls out “Bring me...,” and names an object close by. For example, “Bring me a man’s or woman’s shoes.” The teams race to bring what has been requested. You can repeat this several times, asking the teams to bring different things.

Appendix 3: Optional Activities

Optional Activity 1: HIV/STI Grab Bag¹¹

(45 Minutes)

Ages: 10-19 Years

Materials 

- Bag
- Grab Bag Items: Drinking glass; Picture of man and woman holding hands; Empty alcohol container; Paper with the word “abstinence” written on it; Male and/or female condom or condom wrapper; Baby doll; Money; Birth control pills; Soccer ball or basketball; Telephone; Diploma; Wedding ring made from paper; Drawing of an initiation symbol; picture of a woman with a black eye. If any items are not available, draw a picture instead.

Activity Plan

Advance Preparation: Place “Grab Bag Items” into a bag.

Divide participants into groups of 3 or 4.



Explain: *“The ‘Grab Bag’ is going to be passed around the room. One person from each group should reach into the bag (without looking) and remove one item.”*

Instruct the participants to take 5 to 10 minutes in their groups to discuss how the item they have chosen relates to HIV/STIs. Then, ask each group to present their item and explain how they think it relates to HIV/STIs.

Use the Facilitator Reference Sheet to add any additional information or key points that the groups left out.

¹¹ Johns Hopkins Bloomberg School of Public Health, *Go Girls! Community-based Life Skills for Girls: A Training Manual Curriculum*.

Facilitator Reference Sheet

<p><i>Drinking glass; Soccer ball/ basketball; Telephone</i></p>	<ul style="list-style-type: none"> • There is no risk of transmission of STIs or HIV through a drinking glass, doorknob, telephone, sports, etc. These are called casual contact. HIV and other STIs are not spread through casual contact, such as hugging, using the same chair, etc. • The fluids that do transmit HIV are: Blood, Semen, Vaginal Secretions and Breast Milk. Saliva does not transmit HIV.
<p><i>Picture of man and woman holding hands</i></p>	<ul style="list-style-type: none"> • The couple in this picture is greatly lowering their risk of HIV and other STIs by having sex only with each other during the same time period. • Having more than one sexual partner over the same time greatly increases the risk of HIV transmission.
<p><i>Empty alcohol container</i></p>	<ul style="list-style-type: none"> • Alcohol and other drugs can greatly impair your judgment and decision-making, potentially causing you to do something that may put you in danger or at risk for contracting HIV or another STI. • Alcohol use can cause one to temporarily forget the information they know about STIs and HIV, use a condom incorrectly or do something one otherwise would not do if sober. • Alcohol puts a girl at risk for sexual violence. Even if she wants to say no to sex with someone, alcohol makes it harder for her to enforce that decision. A man who is drunk is less likely to listen when a girl says no. Therefore, it is advisable to avoid bars and other places where alcohol is sold and/or consumed. • It is illegal to consume alcohol if you are not yet 18 years of age.
<p><i>Abstinence</i></p>	<ul style="list-style-type: none"> • Abstinence from any sexual activity is a healthy choice and the most appropriate one for young people. • Complete sexual abstinence is 100% effective in preventing pregnancy and STIs/HIV. • It allows young people to focus on their studies. • Young people should be sure they are ready to have sex. • Young people should find others that will support their decision not to have sexual intercourse. They should also be well informed regarding sex, pregnancy and STIs, contraception and STI prevention. • Young people should get help if someone is pressuring them to have sex or if someone is engaging them in unwanted sexual behavior.

<p><i>Male and/or female condom</i></p>	<ul style="list-style-type: none"> • Greatly reduces the risk of STIs/HIV transmission, when used properly from start to finish, every time. • Condoms are safe.
<p><i>Baby doll</i></p>	<ul style="list-style-type: none"> • Mother-to-child transmission of HIV is when an HIV positive woman passes the virus to her baby. This can occur during pregnancy, labor and delivery, or breastfeeding. When pregnant women take antiretroviral drugs the chances are lower that the baby will be HIV infected. • The best option for an HIV-infected mother to feed her baby depends on her individual circumstances, including her health status and local services. Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of a baby’s life unless replacement feeding using milk formula is acceptable, feasible, affordable, sustainable and safe for them and their infants before that time. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, HIV-infected women are recommended to avoid all breastfeeding. • There are significant responsibilities involved in becoming a father while still in school. For example, a father will have less time to spend on the soccer field and more time working to buy food, shelter, medicine, etc. for the baby and baby’s mother.
<p><i>Money</i></p>	<ul style="list-style-type: none"> • Those who are poor may do things for money that put them at risk of HIV infection when they feel they have no other choice. For example, a young girl may have sex with an old man or have sex without a condom or trade sex for food. • Trading sex for money or another commodity (i.e., clothing, soap, a favor, a job, etc.) increases risk because differences in power affect the ability to negotiate safe sex. • While difficult situations may push people into desperate decisions, other times people may decide to exchange sex for non-survival needs. There are dangers involved in exchanging sex for a cell phone, nice hair braids or alcohol.
<p><i>Hormonal Contraceptive (birth control pills, injectables, etc.)</i></p>	<ul style="list-style-type: none"> • These methods work well for preventing pregnancy, but do not prevent the spread of STIs or HIV.

<p><i>Violence</i></p>	<ul style="list-style-type: none"> • Sometimes a young person does not get to make the decision to have sex or use a condom when force is involved or alcohol abused. • Young people should avoid dangerous places if possible or go in groups. • If a young person is afraid or feeling pressured by someone, they should speak to a helping adult about their fears. • Boys should think about their actions with girls and women. Even if they have witnessed a man they respect acting violently against a girl or woman, boys can be an even stronger man and break the habit of violence. • If a young girl is raped, she should ask an adult to take her to the health center.
<p><i>Diploma</i></p>	<ul style="list-style-type: none"> • Anyone can get HIV, even the well-educated. • Staying in school opens up future possibilities for good jobs and better lives. • HIV, pregnancy or becoming a father before you are ready, can end a dream for an education.
<p><i>Wedding Ring</i></p>	<ul style="list-style-type: none"> • Marriage can protect one from HIV if both partners have been tested, are negative and remain faithful to one another. Even if one partner is already HIV positive, they can protect the other partner from getting HIV. • Others may find that sex is more meaningful if it is saved for marriage. • There may be a discussion about whether waiting for marriage is realistic; this discussion is useful and should be welcomed. • For young girls, early marriage can mean the end of their education and hopes for a better future as well as early exposure to HIV.
<p><i>Initiation symbol</i></p>	<ul style="list-style-type: none"> • For initiations that involve cutting, HIV can be passed through blood from one initiate to another if the same tool is used and not sterilized properly between each child. • Male circumcision if properly done and culturally appropriate can lessen the spread of HIV. • Initiation ceremonies that encourage young people to have sex either with adults or other young people or to take herbs to increase sexual desire can spread HIV by encouraging young people to have sex before they are emotionally or physically ready.

Optional Activity 2 – HIV and AIDS in my Community

(10 minutes)

Instruct participants to describe the situation of HIV and AIDS in their community. Some things they may choose to describe about the situation are:

- 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.

Optional Activity 3 – If Someone Says...

(30 Minutes)

Write the following statements on the board or on flip chart paper:

- *“I’m not worried about having sex with Mary – she’s a nice girl and her mother is a teacher. You only have to worry about dirty girls.”*
- *“You hugged that guy with AIDS. Are you crazy?”*
- *“I don’t believe James has HIV. He looks so healthy.”*
- *“I feel sorry for people who got AIDS from a blood transfusion. But most other people have brought it on themselves.”*
- *“I know you’re not supposed to be able to get HIV from eating with someone, but I’m not eating any food with Jomo, especially if he has cooked it. Suppose these doctors are wrong and two years from now they find out you can get AIDS that way.”*
- *“If we really wanted to get rid of AIDS, we’d test everybody and take everyone who was HIV positive to a deserted island.”*

Divide participants into groups of six (see **Appendix 1. Group Formation Activities for ideas** .



Explain: *“In your groups, you will practice being HIV and AIDS educators who are responding to inaccurate or judgmental statements about HIV and AIDS. Each member of your group will take turns reading a*

statement from the list above and practice responding to it as if they were in a leadership position in the group. After each response, other group members should react to the response by answering the following questions:

- *What part of the statement did you react to?*
- *How did you feel about the AIDS educator's response?"*

Continue until each group member has had a chance to answer a question and ask a volunteer to respond as a leader."

Facilitate a discussion with the following questions:

- *"What was this activity like for you?"*
- *"Which statements were challenging to respond to?"*
- *"Which statements made you angry? Embarrassed? Confused?"*
- *"Did any of the statements try to make other people angry or embarrassed? If not, why would people say these kinds of things?"*
- *"What kind of statements about HIV or AIDS do you hear from your friends and acquaintances? How will you respond to these statements?"*

Optional Activity 4 – Role Play

(20 Minutes)

Ages: 15-19 Years

Have volunteers from the group role play two situations (below). Evaluate how the situations went by asking the following questions:

- *"Were they realistic?"*
- *"Did they achieve the desired outcome— willingness of the partner to get tested?"*
- *"Did partners feel blamed?"*
- *"Are there other ways to reveal this news that would have been more effective at getting the desired outcome?"*

Role play Scenarios

Scenario 1: A male partner informs his female partner that she needs to get treated for gonorrhea because he is having symptoms of that disease.

Scenario 2: A female partner tells her male partner that he needs to get treated for syphilis, because she just learned in her prenatal exam that she has that disease.

Optional Activity 5 – FLASH STI Activity¹²

Life Threatening, Serious Consequences, No Serious Consequences

Advance Preparation: Post three signs around the room: Life Threatening, Serious Consequences, and No Serious Consequences. Write the names of common STIs on individual slips of paper.

Divide participants into groups of two or three. Hand each group one slip of paper.

Tell participants to decide in their groups if their STI is “Life Threatening” meaning the STI could result in death, “Serious Consequences” meaning the STI could result in major illness like increase susceptibility to HIV or could permanently damage the body, or if the STI has “No Serious Consequences” meaning while the STI may be uncomfortable, there are no long-term health consequences. Once groups have decided, they should post their STI under the appropriate sign.

Ask each group to explain why they thought the STI was life threatening, had serious consequences, or had no serious consequences. Fill in any gaps using the Common STI and Symptoms Chart.

Life Threatening:

- HIV
- Syphilis
- HPV

Serious Consequences:

- Chlamydia
- Gonorrhea
- Genital Herpes
- Chancroid

No Serious Consequences:

- Pubic Lice
- Trichomoniasis

¹² 7/8 *FLASH Curriculum* (Seattle, Washington: King County Department of Public Health, 2006).

Curable or Treatable

Advance Preparation: Post two signs on opposite sides of the room: “Curable” and “Treatable.” Write the names of common STIs on individual slips of paper.

Divide participants into groups of two or three. Hand each group one slip of paper.

Tell participants that their group must decide if the STI is “Curable” meaning there is medicine that will completely remove the STI from the body or “Treatable” meaning there is no cure for the STI but medicine is available to slow the progress of the disease. Once groups have decided, they should post their STI under the appropriate sign.

Ask each group to explain why they thought the STI was curable or treatable. Fill in any gaps using the Common STI and Symptoms Chart. Curable: Chlamydia, Gonorrhea, Syphilis, Pubic Lice, Trichomoniasis, Chancroid, Hepatitis C

Treatable: Genital Herpes, HPV, HIV, Hepatitis B

Symptoms

Advance Preparation: Post two signs on opposite sides of the room: “Always Have Symptoms” and “Often Do NOT have Symptoms.” Write the names of common STIs on individual slips of paper.

Divide participants into groups of two or three. Hand each group one slip of paper.

Tell participants that their group must decide if the STI always has symptoms (visible signs of the disease) or if it often does not have symptoms.

Explain that a fever is a symptom of malaria or a sneeze is a symptom of a cold. Some diseases do not have symptoms but the person is still able to pass it on to someone else. Once groups have decided where their STI belongs, they should post their STI under the appropriate sign.

Ask each group to explain why they thought the STI always have symptoms or often does not have symptoms. Fill in any gaps using the Common STI and Symptoms Chart.

Always Have Symptoms: Pubic Lice

Often Do NOT Have Symptoms: Chlamydia, Gonorrhea, HPV, Genital Herpes, HIV, Syphilis, Trichomoniasis

Optional Activity 6 – Elephants and Lions

Ask for one volunteer to come forward and stand at the front of the room.



Explain: *“This person is the baby elephant.”*

Ask for six more volunteers.



Explain: *“These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle and join hands around the baby elephant.”*

To show them the importance of their job, the facilitator should try to hit the baby elephant—you will find that the adult elephants quickly get the point and close ranks to avoid attack. The adult elephants should stand very close to the baby elephant.

Now, ask for four or five more volunteers.



Explain: *“These people are the lions. Their job will be to attack the baby elephant—they should try to jab, hit, kick, punch—whatever they can do to hurt the baby elephant. When the facilitator says, ‘Go!’ the lions should try to attack the baby elephant.”*

Let this go on for a few seconds—until the baby elephant has at least one contact from the lions—but the baby elephant should not be hurt.



Ask:

- *“What is the baby elephant? What does the baby elephant represent?”*
- [The baby elephant is the human body.]
- *“What are the adult elephants?”*
- [The adult elephants are the immune system. Their job is to protect the body from invading diseases.]
- *“So, what are the lions?”*
- [There may be a few people who say that the lions are HIV. That is not so.]
- *“Ask another person to try to tell you the meaning of the lions.”*
- [The lions stand for the diseases, illnesses and infections that attack a person’s body.]



Very dramatically go to each of the lion volunteers—one by one. **Say,** *“These diseases, such as tuberculosis (touch the first volunteer), malaria (touch the next person), diarrhea, and cholera (touch another person) may attack the human body but are they able to kill the human body?”* [Answer:] No, the human body gets attacked by diseases or germs every day, but the immune system (point to the adult elephants) manages to fight them off and protect the body. The human body might get sick (such as the hit or kick that the baby elephant suffered), but it does not die, because the immune system is strong.

“But suppose I am HIV positive? I come to this body (the baby elephant), and I attack and kill the immune system.” At this point, the facilitator should touch all but two of the adult elephant volunteers and ask them to sit down. Touch each person as you remove them, acting as if HIV is killing the immune system. *“Now, will the baby elephant be protected? Will the human body be safe with the immune system gone?”* Next, tell the lions to attack (touch only) on the word “Go!” The lions are able to easily get to the baby elephant this time. Summarize the idea that HIV has killed the immune system. This lack of an immune system makes it possible for diseases like tuberculosis, diarrhea, and so forth, to actually kill the person, rather than just make the person sick.



Ask: *“Does HIV kill the person?”* [No—The diseases killed the person.]



Ask: *“What is the difference between HIV and AIDS?”* [HIV is the virus that causes AIDS. AIDS is the condition where the person’s immune system is destroyed by HIV and the person is susceptible to many different diseases like diarrhea, malaria, and pneumonia.]

Appendix 4. Sample Attendance Log

Participant Name	Age	Sex	Session 1 Date	Session 2 Date	Session 3 Date	Session 4 Date	Session 5 Date

Appendix 5. Peace Corps Child Protection Policy (MS 648)¹³

1.0 Purpose

The purpose of this Manual Section is to set out the policy on proper conduct while working or engaging with children during Peace Corps service or employment. It also establishes the process for reporting instances of child abuse or exploitation by an employee or Volunteer. The Peace Corps strongly supports measures to reduce the risks of child abuse and exploitation caused or perpetrated by an employee or Volunteer.

2.0 Authorities

22 U.S.C. §2504(a); 22 U.S.C. §2506(c).

3.0 Definitions

(a) **Child** is defined as any individual under the age of 18 years, regardless of local laws that may set a lower age for adulthood.

(b) **Child Abuse** includes four categories of abuse:

(1) **Physical Abuse** means any non-accidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child.

(2) **Emotional Abuse** means the actual or likely adverse effect on the emotional and behavioral development of a child caused by persistent or severe emotional ill treatment or rejection.

(3) **Sexual Abuse** means the employment, use, persuasion, inducement, enticement, the manipulation, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, including for the purpose of producing a visual depiction of such conduct (i.e., photography, videography); or the rape, molestation, prostitution, or other form of sexual exploitation of children. It includes any behavior that makes it easier for an offender to procure a child for sexual activity (i.e., grooming of a child to engage in sexual activity).

(4) **Child Exploitation** means any actual or attempted abuse of a position of differential power or trust with respect to a child for sexual or monetary purposes, including, but not limited to, the distribution and retention of child pornography or engaging a child in labor that is mentally, physically, socially, or morally dangerous or harmful, or interferes with their schooling.

¹³ King County Department of Public Health, *7/8 FLASH Curriculum*.

- (c) **Child Protection** is defined as all reasonable measures taken to protect children from child abuse.
- (d) **Employee** means an individual hired by the Peace Corps, whether full-time or part-time, permanent or temporary, and includes individuals performing duties as experts, consultants, and personal services contractors.
- (e) **Volunteer** means any Peace Corps Volunteer or Trainee.

4.0 Policy

- (a) All employees while working with children in the course of their official duties and all Volunteers must adhere to the Child Protection Code of Conduct set out in Attachment A.
- (b) In order to identify individuals who may pose a risk to child safety, Peace Corps will conduct a background investigation in the selection of employees and Volunteers.
- (c) Peace Corps will incorporate the principles of its child protection policy into its regular training for employees and Volunteers.
- (d) Employees and Volunteers must bring to the attention of the Peace Corps any suspected child abuse by any employee or Volunteer.
- (e) Failure to comply with this Manual Section may result in disciplinary action, up to and including termination of Peace Corps service or employment. An employee or Volunteer found to have violated this policy may also be subject to host country and U.S. prosecution.

5.0 How to Report Violations

Employees and Volunteers may report allegations of violations of this Manual Section to the Country Director or other senior staff at post, or the appropriate Regional Director, the Associate Director for Safety and Security, the Associate Director for Global Operations, the Office of Inspector General, or other appropriate offices at Headquarters. Volunteers may confidentially make such reports under the provisions of MS 271 *Confidentiality Protection*. For information on reporting violations of this Manual Section to the Office of Inspector General, see MS 861 *Office of Inspector General*.

6.0 Roles and Responsibilities

6.1 Country Directors

Country Directors are responsible for:

- (a) Ensuring that employees and Volunteers receive appropriate training on child protection issues and on their obligations under this Manual Section.
- (b) Responding in a timely manner to child abuse reports or allegations committed by employees and Volunteers.
- (c) Considering child protection issues and policies in making appropriate site placements and developing relationships with other organizations and agencies.

6.2 Office of Human Resource Management

The Office of Human Resource Management is responsible for:

- (a) Ensuring that new Headquarters and Regional Recruiting Offices employees receive appropriate training on MS 648 Child Protection and on their obligations under this Manual Section.
- (b) Providing notification to current Headquarters and Regional Recruiting Offices employees about their obligations under this Manual Section.

6.3 Office of Volunteer Recruitment and Selection

The Office of Volunteer Recruitment and Selection is responsible for the screening of applicants for Volunteer service in order to identify individuals who have a documented record of child abuse.

6.4 Office of Safety and Security

The Office of Safety and Security is responsible for implementing the screening protocols of potential employees in order to identify individuals who have a documented record of child abuse.

6.5 Office of Overseas Programming and Training Support

The Office of Overseas Programming and Training Support is responsible for ensuring that overseas U.S. direct hires receive appropriate training on child protection issues and on their obligations under this Manual Section during Overseas Staff Training (OST).

7.0 Procedures

Any necessary procedures implementing this Manual Section must be approved by the Office of Global Operations, the Office of Safety and Security, the Office of Volunteer Recruitment and Selection, the Office of Human Resource Management, and the Office of the General Counsel.

8.0 Effective Date

The Effective Date is the date of issuance.

Attachment A to MS 648

Child Protection Code of Conduct

In the course of an employee's or Volunteer's association with the Peace Corps:

Acceptable Conduct

At minimum, the employee or Volunteer will:

- (a) Treat every child with respect and dignity.

- (b) When possible, work in a visible space and avoid being alone with a child.
- (c) Be accountable for maintaining appropriate responses to children's behavior, even if a child behaves in a sexually inappropriate manner.
- (d) Promptly report any concern or allegation of child abuse by an employee or Volunteer.

Unacceptable Conduct

And, at minimum, the employee or Volunteer will not:

- (a) Hire a child for domestic or other labor which is culturally inappropriate or inappropriate given the child's age or developmental stage, or which significantly interferes with the child's time available for education and recreational activities or which places the child at significant risk of injury.
- (b) Practice corporal punishment against, or physically assault, any child.
- (c) Emotionally abuse a child.
- (d) Develop a sexual or romantic relationship with a child.
- (e) Touch, hold, kiss, or hug a child in an inappropriate or culturally insensitive way.
- (f) Use language that is offensive, or abusive towards or around a child.
- (g) Behave in a sexually provocative or threatening way in the presence of a child.
- (h) Perform tasks for a child that the child is able to do for himself or herself that involves physical contact, including changing the child's clothing or cleaning the child's private parts.
- (i) Access, create, or distribute photos, videos, or other visual material of a sexual and abusive nature to or involving a child.

Appendix 6. Getting Community Support Before You Start

Parents, families, and communities hold common misconceptions about sexuality education. They believe that children and adolescents are too young to learn about sexuality and that if they do, they will want to have sex earlier. Neither is true, but addressing such misconceptions is essential for a program's success and longevity.

Assess the level of resistance. Your first step in addressing community fears and building support is to assess the actual degree of resistance among parents and community leaders before you begin. It is easy to overestimate. Hold preliminary meetings with community leaders and parents and listen to their fears. Most parents want to help their children with these difficult issues but are either too embarrassed or ill-informed to do so. Many are grateful for these programs and will be supportive, especially once they are assured that sexuality education is helpful to young people—now and in the future—and part of the solution to existing social problems.

Build a network of supporters. Get support from respected community leaders, parents, and school administrators, and ask them to work with you to gain support from their peers and constituents. Offer to provide educational sessions. Identify ways to keep your network engaged in your work and maintain their support. Network with other sexuality educators within your community and beyond it, and work to support and encourage one another.

Form a small advisory committee of various constituents in your community. Involve a range of interested parties, such as parents, teachers, administrators, community leaders, traditional leaders, health care providers, religious leaders, elected officials, and adolescents both in and out of school. Be certain that at least some members of the advisory committee are strongly supportive of your program. Then you will be in a better position to address opponents' concerns from within.

Educate adults about the reality of adolescents' lives. Present community leaders and parents with facts about adolescents in your community and the issues they face. These may include rates of teen pregnancy, early or forced marriages, abusive dating relationships, HIV/AIDS and other sexually transmitted infections, and abortion complications. Also present evidence, if you have it, of how sexuality education made a positive change in someone's life or in a community. Tell true stories of adolescents who have faced problems and their thoughts about how sexuality education could have helped them. You may also want to invite young people to speak about the importance of sexuality education or have them write short essays to adults. In a forum, divide adults into small groups; then have them analyze the problems facing young people and brainstorm solutions. You might also have them think back to their own adolescence, how they felt, their fears and mistakes, what they wish they had known during that period. Have them write down such thoughts, and then ask them to make a list of what they would like their children to know.

Use research to support the need for your work. Find existing research about adolescents' knowledge, attitudes, and behaviors that shows the need for your work. If none exists, consider doing research to show the need. Qualitative interviews can be a useful source of information. Present research findings in a format that is easily understood by community members, such as a fact sheet. Consider providing information from national or

international studies about the impact of sexuality education. For example, the World Health Organization issued a report in 1993 entitled “Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth?” It reported on the outcomes of 47 sexuality education programs. In 25 cases, the programs neither increased nor decreased sexual activity or rates of pregnancy and disease, in 3 cases (including an abstinence-only program) sexual behavior increased, and in 17 cases, the programs actually delayed sexual activity and reduced unplanned pregnancies and sexually transmitted infections. You can also download a 1997 UN report on HIV/AIDS entitled “Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A Review Update,” available at www.unaids.org.

When You are Ready to Start

Do a pilot program first to see how it is received. A pilot is simply a test-run to measure the effectiveness of materials, identify potential problem areas, and gauge participant and community reactions before a project is done on a larger scale. Pilot programs can be done in many different ways. For example, if you are introducing sexuality education into a school or school system, you could start by teaching only one class or grade level in a school or by teaching a course in the community before starting in the schools. During the pilot, educators should be actively observing and recording feedback.

Get the support and approval of the participants’ parents. Involve them in the program and encourage and promote parent-child communication. Inform parents of the program in writing and allow them to decide whether they want their child to participate. Invite them to an orientation session to let them know what will be taught, the rationale, and the core values of the program. Ask for their support and approval. Consider providing some parent-education sessions.

Get the official support and approval of the institution or organization in which you are working. You may need to provide some sexuality education sessions for organizational leaders so that they also understand what you want to do.

Address and defuse problems if they arise. Answer questions and concerns directly and carefully, but do not make major changes to your program values, goals, or content because of the opposition of a few individuals. Maintain communication with your advisory committee, network of supporters, and parents throughout the program, and call on them for assistance in handling resistance.

Citation:

Andrea Irvin. 2004. *Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates*. New York: International Women’s Health Coalition.

Office of Global Health and HIV (OGHH)

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