

COMPREHENSIVE SEXUALITY EDUCATION

A REFERENCE BOOK FOR SECONDARY
SCHOOL TEACHERS

Level: S1 – S6

*Developed by Rwanda Education Board in collaboration
with United Nations Population Fund (UNFPA)
2018*

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ACKNOWLEDGEMENTS

The **Reference Book on Comprehensive Sexuality Education (CSE)** for secondary school Teachers is in line with Rwanda Education Board's (REB) commitment to strengthening Teachers' capacity in CSE as one of the eight cross-cutting issues in the competence-based curriculum under implementation since 2016.

The topics and training materials in this reference book are premised on experiential learning methodologies. The wealth of information and techniques they provide are meant to enable secondary school teachers to be more knowledgeable and confident about teaching CSE; specifically, to equip learners with knowledge, skills and attitudes required to make positive and healthy choices for realizing their full potential.

The Rwanda Education Board wishes to acknowledge the efforts of a number of organizations and individuals who contributed to the development of this resource material. We would like to acknowledge the technical and financial support from the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on HIV and AIDS (UNAIDS).

We appreciate the time and invaluable contributions provided by REB departments, CSE Master Trainers in the development and review of this reference book. Their unwavering support and commitment made Rwanda the first country in East African region to have achieved the 2013 East and Southern Africa ministerial commitment target in 2015 (CSE integration in national curriculum).

Special thanks to our teachers and children of Rwanda! You are our hope in helping to nurture an empowered present and future generation.


Dr. NDAYAMBAJE Irénée
Director General



Rwanda Education Board
Kigali, Rwanda

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ABOUT COMPREHENSIVE SEXUALITY EDUCATION (CSE)



WHAT IS COMPREHENSIVE SEXUALITY EDUCATION (CSE)?

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives (International Technical Guidance on Sexuality Education, 2018).

The content of CSE adheres to the following principles:

- i. **Age-appropriate:** the content of CSE is based on the age and development of learners; that is; responsive to the changing needs and capabilities of the child and the young person as they grow
- ii. **Culturally relevant:** CSE fosters respect and responsibility within relationships, supporting learners as they examine, understand and challenge the ways in which cultural structures, norms and behaviours affect people's choices and relationships within a specific setting.
- iii. **Scientifically accurate:** the content of CSE is based on facts and evidence related to Sexual and Reproductive Health, sexuality and behaviours.
- iv. **Non-judgemental:** respects the views and opinions of learners
- v. **Comprehensive:** CSE addresses sexual and reproductive health issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS
- vi. **Learner-centred:** learners construct their own knowledge on the basis of interaction with the environment and the inputs provided

WHAT ARE THE GOALS OF SEXUALITY EDUCATION?

The primary goal of sexuality education is that children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships.

Sexuality education programmes usually have several mutually reinforcing objectives:

- to increase knowledge and understanding;
- to explain and clarify feelings, values and attitudes;
- to develop or strengthen skills; and
- to promote and sustain risk-reducing behaviour.

School settings provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering an appropriate structure (i.e. the formal curriculum) within which to do so.

In a context where ignorance and misinformation can be life-threatening, sexuality education is part of the responsibility of education and health authorities and institutions. Teachers in the classroom have a responsibility to act in partnership with parents and communities to ensure the protection and well-being of children and young people.

Sexuality education is the responsibility of the whole school via not only teaching but also school rules, in-school practices, the curriculum and teaching and learning materials. In a broader context, sexuality education is an essential part of a good competence-based curriculum.

CSE TOPICS

CSE covers eight (8) key topics which are equally important, mutually reinforcing and intended to be taught alongside one another. These include:

1. Relationships
2. Values, Rights, Culture and Sexuality
3. Understanding Gender
4. Violence and Staying Safe
5. Skills for Health and Well-being
6. The Human Body and Development
7. Sexuality and Sexual Behaviour
8. Sexual and Reproductive Health

The CSE Reference Book that follow has attempted to break down the above 8 CSE topics into 13 sub-topics so as to provide a comprehensive package of information to learners.

INTRODUCTION FOR THE TEACHER

Welcome to the Teacher's reference book on COMPREHENSIVE SEXUALITY EDUCATION! This reference book is designed to assist you as a teacher to prepare young people in Rwanda to face the challenges of growing up and to make complex decisions about their sexual and reproductive health as well as to develop and sustain positive health behaviours.

Preparing children and young people for the transition to adulthood has always been one of humanity's great challenges, with human sexuality and relationships at its core. In many societies, attitudes and laws stifle public discussion of sexuality and sexual behaviour – for example in relation to contraception and young people intimate relationships.

Parents and families play a vital role in shaping the way we understand our sexual and social identities. Parents need to be able to address the physical and behavioral aspects of human sexuality with their children, and children need to be informed and equipped with the knowledge and skills to make responsible decisions about sexuality, relationships and protect themselves from HIV and other sexually transmitted infections including unintended pregnancy.

Young people therefore, must acquire knowledge and skills necessary to function well in society. They must establish relationships with peers of the same and opposite sex and maintain loving relationships with their family members while becoming independent.

Young people must also learn to manage their developing sexuality, both physical and emotional, as they prepare to make their own decisions about reproduction. The magnitude of these developmental tasks and the difficulties that surround adolescence today are reflected in the increasing numbers of teenage pregnancy, dropouts, drug users and sexual and reproductive health problems including STIs, including HIV/AIDS.

Effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives.

Teachers remain trusted sources of knowledge and skills in all education systems and they are a highly valued resource in the education sector. Teachers can often lessen the burden of adolescence with information that provides young people with the knowledge and skills they need to maneuver safely through this most difficult period. If we are to make an impact on children and young people before they become sexually active, comprehensive sexuality education must become part of the formal school curriculum, delivered by well-trained and supported teachers.

ABOUT THIS REFERENCE BOOK

This reference book has been designed with several assumptions in mind, including the following:

- young people can make good choices and decisions if they have complete information, the right attitudes and skills;
- young people need opportunities to gain the appropriate information and skills;
- adults who trust and believe in young people, and who are skilled in working with them, can help provide these opportunities;
- experiential learning, including role plays, games and songs, is an excellent way to learn;

One of the most crucial assumptions that this reference book makes is about you, the teacher. You are the key to success of CSE. Since sensitive issues related to sexuality, values and violence will be discussed, you should:

- like working with young people;
- be knowledgeable about human sexuality, sexual behavior and health;
- be respectful of others;
- be enthusiastic about teaching this subject;
- have good communication and group facilitation skills;
- be non-judgmental;
- be comfortable discussing sexuality issues with parents, colleagues and students;
- have a sense of humour;
- be adept at using a variety of experiential teaching methods.

OBJECTIVES OF THIS REFERENCE BOOK

The main objectives are to:

- build capacity of teachers on CSE and deal with their own value conflicts before they can assist learners to do so;
- provide children and young people in Rwanda with an opportunity to learn more about themselves, their interests, strengths, family and personal values and the factors that influence their feelings about themselves;
- assist children and young people in Rwanda to establish goals and make decisions related to parenthood and to encourage them to achieve their goals;
- increase learners' knowledge, skills and attitudes in three key areas: human sexuality, reproductive health and communication.

The reference book provides a wealth of exercises that you can use to help young people to:

- gain knowledge about themselves, sexuality, pregnancy prevention and sexually transmitted infections, relationships and other related topics;
- explore attitudes and values about growing up, gender roles, risk taking, sexual expression and friendship;
- practise the skills of decision making, goal setting, communication, negotiation, and resisting pressure.

HOW TO USE THIS REFERENCE BOOK

This reference book is intended for classroom teachers who are responsible for teaching CSE, but it can also be used by curriculum developers and teachers to train other teachers. In total, the CSE Teacher's Reference book has 13 topics. Each topic has several sessions which are organized as follows:

- Topic title
- Topic objectives
- Purpose of the Topic
- Topic Overview
- Materials
- Handouts
- Advance Preparation
- Session Title
- Step 1-Step 'n'
- Key Messages
- Discussion Points

Topic Title

The topic title names the main theme covered in the session.

Topic objectives

Topic objectives state what learners should be able to do by the end of the topic.

Purpose of the Topic

The purpose of the topic summarizes the content of the topic and the sessions.

Topic Overview

It breaks down the titles of sessions in each topic.

Materials

Specific materials needed to prepare for the topic and each session are listed. You should always have scissors, masking tape, flip chart paper and markers available for use. Be sure to bring these training aids to each session or store them in some place secure in the meeting area, as they should always be on hand for use. Learners should have notebooks to use for note-taking and working on various activities throughout the program. Markers and a flipchart OR chalk and a chalkboard are needed for most sessions.

Handouts

Most topics require handouts for the learners. The handouts should be prepared in advance and each learner should have a copy to refer to during the session or to take home and read for future reference.

Advance Preparation

Advance preparation explains what needs to be done before you present the session to the learners. Being prepared for the learning session will make your job much easier and help the session to run smoothly.

Session Title

Each new session starts on a new page and indicates the title of the session.

Step 1-Step 'n'

Each session has detailed content and the suggested method you should use to present it. All the sessions have experiential activities that address the topic's objectives in a variety of interesting ways. Some sessions have 'Teacher's tools' which provide you with details about relevant session background information and additional knowledge on the content.

Key Messages

At the end of every topic, there is a set of key messages. These key messages (or take home messages) summarize what the topic has been about are the most important points to emphasize and that you want learners to remember.

Discussion Points

Every session in the Reference book has a set of key messages and ends with Discussion Points to 'process' the activity. Processing simply means talking with learners about what they experienced during the activity. It allows you to assess and reinforce learning. It also allows anyone to raise a concern or question. Processing may include repeating or summarizing some of what was said and, as the activity is ending, drawing the learners' attention to key points and issues. You will not want to process each activity to the same extent, but be careful to process any activities that seem to cause any learner(s) conflict or concern. Though the discussion points can guide you, the following questions might also be useful:

- What did we just do?
- Why? What was the objective?
- How did you feel about this activity?
- What did you learn?
- Do you still have any questions?
- Did you learn to do anything you did not do before?
- What can we do to improve this activity?

At the end of the reference book, the appendices contain a glossary of terms used in the reference book and a list of references from which the material in this reference book has been cited. Throughout the reference book, the words ‘**Teacher,**’ or ‘**Teachers,**’ may be used interchangeably.

To design/prepare lessons tailored to the needs of learners, you need to do the following:

- Familiarize yourself with the entire Reference Book. In particular, you should note that one topic has several sessions. You should try to do one session each time you meet with your learners. If you cannot finish the session, do as many of the steps as possible. Note that all text typed in italics represents possible answers or responses that should come from the learners. If those answers are not forthcoming, present them to all learners for their consideration.

Many of the activities contained in the Reference Book require no more than pens, and Handouts for the learners and board and chalk or newsprint and markers for you. Others require index or manila cards, masking tape, extra paper, scissors, a basket or a container of some sort. A few activities require a guest speaker or a panel of speakers, so this must be planned well in advance.

- Have a ‘Question Box’ or a ‘Suggestion Box’ available in the school/classroom premises. Anonymous question boxes provide young people with an opportunity to ask questions without having their names associated with the question. Anonymous question boxes may help to elicit more meaningful questions, especially when teaching about a sensitive topic. For example, a Teacher can ask young people to write questions on index cards (without names), and then place their questions in a basket. The Teacher reads the questions out loud to the learners and provides answers or can elicit answers from the learners. When students are given the opportunity to ask any question without having their names associated with it, they are likely to ask more questions. They also are more likely to ask questions that might otherwise be embarrassing for them to ask in the classroom.
- Teachers can also occasionally add their own questions to emphasize or clarify particular points or to make sure that needed questions are asked. Encourage the learners to write any questions they have and assure them that there is no such thing as a ‘dumb question’. Giving the learners an opportunity to ask questions anonymously helps ensure that you can address their concerns promptly and appropriately. Make sure you read the questions in the question or suggestion box daily and reply to them the following day.

Learning Principles and Practices to Keep in Mind

The box below is a reminder of some important principles and practices of young people learning to keep in mind as you lead each session. Remember that you, the teacher, do not have all the answers. The learners come to the sessions with a great deal of questions, but learners may also have something to contribute to the lesson. It is important that all learners (including you) teach and learn.

Important Principles to Remember

- Create a **safe** learning environment.
- Give feedback to the learners and **praise** them for their efforts.
- Think about ways of making the topic **useful** to all learners present.
- Promote conversations and questions that allow young people to **explore** and **clarify** their values as they develop a sense of self.
- Use a **variety** of activities that are appropriate for different maturity levels to cover learners' many developmental stages.
- Make the learning **relevant** to learners' current situation. Be cautious about asking them to project far into the future.
- **Anticipate** that learners may have limited experience with a topic. Simulations or stories may have to substitute for real-life experience.
- Be sure that throughout the session there is an opportunity for **thinking, acting, and feeling**.
- Include current **media** to ensure relevance of the topic and to promote discussion.
- **Engage learners' families and communities** to connect with the national curriculum and CSE, understand its content, and support the learners in changing behaviors and meeting goals.
- Encourage humor and use interactive games so that the training is dynamic and fun.

**TOPIC 1:
PERSONAL,
FAMILY AND
COMMUNITY
VALUES**

TOPIC 1: PERSONAL, FAMILY AND COMMUNITY VALUES



PURPOSE OF THE TOPIC

The purpose of this topic is to introduce and define the concept of values and to help learners and young people to identify values learned from families. The topic assists learners to articulate and explain their personal values and to examine the relationship between values and behaviour.

OBJECTIVES

By the end of this topic, learners should be able to:

- explain the meaning of values;
- identify personal, family, religious and cultural values;
- explore where values come from;
- discover which values are most important at a personal level;
- examine the relationship between values and behaviour;
- learn to make decisions consistent with personal values;
- practice communicating values to others;
- practice accepting the values of others.



TOPIC OVERVIEW

- A. Introduction to Values
- B. Family Messages
- C. Earthquake
- D. Values Voting
- E. Values and Behaviour



MATERIALS:

Newsprint and markers, or board and chalk,
Cards or paper marked 'Agree', 'Disagree', and 'Not Sure',
paper, pens; coins/bills.

HANDOUTS:

Handout 1.1 Exploring My Values

Handout 1.2 How Does Your Family Feel About...?

Handout 1.3 Values and Behaviour



ADVANCE PREPARATION:

- Write out the four ways of identifying one's values.
- Prepare three cards marked 'Agree', 'Disagree', and 'Not Sure'.
- Read 'Tips for Facilitating Values Exercises'.
- Have enough copies of the handout on 'How Does Your Family Feel About'...?

PROCEDURE

A. Introduction to Values



Steps

1. Begin by placing several coins or notes of different value on the table. Ask one of the learners to come to the table and to choose a coin or note. Ask him/her why he/she chose it. Help the child to articulate that he/she chose the one that has the highest value.

2. Write the word 'value' on newsprint or on the chalkboard. Explain that, in this situation, value refers to the worth of each coin or bill. Ask the class for more examples of what has value. Write these on the flipchart or chalkboard.

3. Ask the learners what things they value most or like or want. If the class only lists tangible things such as food, clothes or a new television, ask for examples of something intangible such as peace, respect, love or honesty, that cannot be seen or touched but has value. Also ask from whom or where did they learn these values.

Additional possible answers may include things like: good grades, friendship, kindness, hard work, talent. List the responses on the newsprint or board and add any of your own.

4. Ask three learners to each choose one of the intangible values or things on the list and explain why they consider it important. Circle their choices. Point out that it is easy to know which tangible things have the most value, but it is difficult to define the value of intangible things.

5. Explain that 'value' has several meanings. One is the actual worth of an object or an item, in francs. Another meaning involves a more personal measure of worth, such as how important certain beliefs, principles or ideas are to someone.

Different things are worth more or less to different people, meaning they have more or less value. The things, ideas, beliefs and principles that are of worth to you shape your values. Our values help to define who we are and help determine our behaviour. Give the following examples:

- *A child who values his/her friends will put positive peer pressure on them to do the right thing and will take responsibility for self-action.*
- *A child who values his/her health will have a healthy diet, exercise regularly and avoid alcohol, tobacco and other drugs.*
- *A child, who values his /her education, will study hard to get good grades and pass examinations.*

Ask for one or two more examples from the class. Ensure that they relate the answers given to values, for example, if a man enjoys drinking or spending money on drinks, this reflects his value.

6. Draw a large rectangle on the chalkboard. Ask the learners to imagine this is football field. Ask learners to think about the value of “Liberty”. What does it allow a person to do? (Possible answer: to move around anywhere he or she wants on that field). Now think about “Justice” as the two sidelines and the two endlines or four boundary lines. Ask what happens when someone steps out of bounds. Then ask for examples of behaviour when someone is “out of bounds” Possible answers include:

- *Illegal (any act against the law or violating the rules),*
- *Verbal abuse (insults, cursing, slander).*
- *Hurting self (recklessness, drug abuse, attempted suicide), and*
- *Hurting others (assault, extortion, murder).*

Persons who step on these lines are “out-of-bounds.” Their behaviour is a reflection of their values. They subject themselves to the consequences of a penalty designed to fit the seriousness of stepping out of bounds. Ask learners for examples of what happened when they stepped out of bounds either at home, in school or in the community.

7. Give each learner a copy of Handout 1.1 Exploring My Values. Ask the learners to work in pairs to rank each value for its importance. Allow time for this and then share their responses in the class by asking the following questions:

- *Which values ranked highest within the family? List these on the flipchart.*
- *What values are ranked lowest within the family? List these on the flipchart.*
- *Which values are ranked highest within the community/society? List these on the flipchart.*
- *Which values are ranked lowest within the community/society? List these on the flipchart.*

Now ask the class to think about what they value most as an individual. Ask them to share what they value with their friends.

8. Remind the class that in this session they identified their own values, those tangible and intangible things that are very important to them. Display the following statements on a manila card or write them on the chalkboard and go through each statement, reminding the learners how a person can tell what her or his values are:

- *Things you are for or against*
- *Things chosen freely -- no one has forced you to choose your values, although your family and others have certainly influenced you*
- *Things you believe in and are willing to stand up for*
- *Things that guide your behaviour and life*

Ask the learners to write down two of their own values under each heading. Ask some of the learners to share their responses.

9. Conclude this activity by using the Discussion Points.



Discussion Points

1. Where do you think we get our values?

Possible Answers: family, religious teachings, culture, friends, media

2. What is one example of a value your family feels is very important?

3. What is an example of a religious value you may have been taught?

4. Which of your values come from cultural beliefs?

5. Which of your values is in conflict with your culture? Why?

B. Family Messages



Steps

1. Remind learners that values are those qualities, principles, beliefs and ideas we feel strongly about. Point out that a person's values are important and meaningful. People have different values. Explain that, on the one hand, people who make decisions based on what they value, feel happy about their decisions. On the other hand, people who make decisions that are in conflict with their values, are unhappy about it and come to regret it. It is important to make decisions and live life according to personal values.
2. Tell the learners that the family is one of the most important and powerful sources of messages about values. Learners learn and acquire many of their family's values.
3. Distribute Handout 1.2 'How Does Your Family Feel About...?' and ask the learners to write down their family's (mother's, or father's or both) message on each topic. Allow learners time to do this.
4. Divide the learners into 3 groups and ask the first group to discuss the first five messages, the second group to discuss messages 6- 10 and the third group to discuss messages 10 - 15.

Each group should share her family's message on each of the five topics. Each group should be prepared to report on their assigned topics. If the messages they received are very different, ask them why they think this is so.

5. Ask each group to report. After the reports, open the discussion to anyone who has a comment on any of the messages? Conclude this activity by using the Discussion Points.



Discussion Points

1. Were you aware of your family's values on all of these messages? Are there values in your family that, though no one speaks openly about them, are clear anyway? Which ones? How did you get the message? Was this an important value in your home? Why/why not? Is it important to you now? Is this a value that can change for you over time? If so, how? If not, why not?
2. What are some of the nonverbal ways your family members communicate their values to you?
3. Do the men in your family give you different messages than the women? On what messages?
4. Were there any common messages among the families in this group of learners?

C. Earthquake



Steps

1. Remind the learners that values are those qualities, principles, beliefs and ideas we feel strongly about. Point out that a person's values are important and meaningful. People have different values.

Ask learners to recall that, on the one hand, people who make decisions based on what they value feel happy about their decisions. On the other hand, people who make decisions that are in conflict with their values, are unhappy about it and come to regret it. It is important to make decisions and live life according to personal values.

2. Explain to the learners that they will have the opportunity to explore their values in the following game. Divide the learners into 3 or 4 groups. Display the flip chart with the following information:

The Problem:

Next, we have to decide which six (6) of the 10 people listed below will be saved from an earthquake. The six we save may be the only six people left to start the human race over again. Which six people would you choose? Don't let yourself be swayed by pressure. (This does not mean never give in!) Try to make the best possible choices. If you don't make a choice, you are choosing to let all 10 fight it out—with the risk that more than four might perish.

The Cast of Characters:

Herdsman, 31 years old
His wife, six months pregnant
School teacher, male, 48 years old
Farmer, male, 42 years old
Female gospel singer 25 years old
Banker, male, 37 years old
Religious leader, male, 54 years old
Doctor, female, 29 years old
College student, female, 19 years old
Policeman with gun, male, 35 years old

Explain the rules of the game.

- Only one member of the group talks at a time.
- Don't talk about anyone outside the cast of characters.
- Each member of the group is free to speak or not to speak.
- Don't pressure anyone into saying what he/she doesn't want to say.
- Don't attack anyone's opinion. Don't ask "why"?
- Invite people to say what they feel about their choices.
- Listen, but don't give advice.
- Pledge to be honest.
- Go around to the different groups and listen to their discussion.

3. After a brief period of time, stop the discussion and ask each group to report back to the entire class. As each group reports, ask them to answer the following questions:

- *What guided you to choose the person who should survive?*
- *What guided you to choose the person who should not survive?*
- *What values influenced you to choose who should/should not survive?*

4. Conclude this activity using the Discussion Points.



Discussion Points

1. How does it feel to stand up for your values when friends disagree with your position?
2. What influences people to behave in ways that are consistent with their values?

Possible answers: It feels good to follow one's values; parents and other adults reward behaviour that reflects the values they teach.

3. What influences people to behave in ways that are inconsistent with their values?

Possible answers include: People often want to experiment or 'try' someone else's values; friends pressure others to do things not in keeping with their values, /it seems there is a danger in losing friends; there is an opportunity for personal gain; there is an opportunity to make someone else angry, as a way to rebel to get attention.

D. Values Voting



Steps

1. Point out that being able to take a stand in front of others shows an individual is clear about his or her values. People who truly value something are usually proud to tell others.

Values clarification means sorting out one's own 'real' (intrinsic) values from the values of the outside world (extrinsic) separating one's personal beliefs from the beliefs of others. It means saying what we really mean. Too often we say things we don't really mean, because we think that is what others want to hear.

2. Explain to the learners that you will ask them to express their feelings about particular values. Give the instructions for this activity.

- *I will read several statements aloud. (See Value Statements at the end of this section. The Teacher should feel free to adapt or modify this list by adding statements appropriate to the age and class of the learners.) Each statement is either for or against a particular position.*
- *When I read the statement, decide whether you agree, disagree, or are unsure about it.*
- *When I tell you to, find the sign on the wall that matches your position about the statement. For example, if you agree with the statement, stand beneath the sign that says 'agree'.*
- *It is okay to stand between two signs if your position is somewhere in between. This would be 'unsure'.*
- *There are no right or wrong answers, only opinions based on your values.*
- *Do not try to influence other people's positions.*

3. Read the first statement and have learners move to their positions. Then, beginning with the minority point of view, ask the learners at each position why they chose to stand there. Repeat this process with as many value statements as you have time for. Make sure you hear different points of view. Remember that processing statements and sharing reasons for the learners' positions is the most valuable part of this activity.

4. Conclude this activity by using the Discussion Points



Discussion Points

1. How easy was it to decide your position?
2. Was one statement more difficult to decide about than others? Why do you think this was so?
3. Did you feel peer pressure during this activity? Does peer pressure influence your decisions in other situations? Why do you think this happens?

E. Values and Behaviours



Steps

1. We have just looked at some of our own values. Let's look at how our values relate to our behaviour. Remind the class that values are things we feel strongly about, things we are either for or against. Ask the class to name people they know or people in the media who have felt very strongly about something and have acted because of their values. Give an example, if necessary, to get the class going.

Example: Nelson Mandela - spent many years in prison rather than give up his struggle to abolish apartheid in South Africa. President Kagame- fought against ethnic repression and stopped the genocide against the Tutsi in Rwanda

2. As the learners give examples, write the names of the people, their values, principles or beliefs and the specific behaviour on newsprint or the board in three columns titled 'person', 'value', 'behaviour'.

3. Now ask the learners to think of examples of values that have influenced their own lives in some way. Give one example of a behaviour that resulted from your values, (such as donating money to help others.)

4. Tell the learners to think of guiding principles learned from their families, culture, traditions, and religious leaders that have influenced their behaviour.

Possible responses: Duty to God, Duty to Country, To help others at all times, Do not cheat, Do not lie, Take care of your brothers and sisters. Ask how such principles have influenced their behaviour.

5. Give the instructions for the following activity to the class.

- *Take out a piece of blank paper.*
- *I will read several statements, followed by a series of questions. Do not answer the questions out loud, just think about them and write notes on your paper for discussion later.*
- *Each statement reflects a value. The questions will be about behaviours that support or ignore the value.*
- *When I have finished, we will talk about the results.*

6. Distribute the Handout 1.3 on Values and Behaviour

7. Tell the class to reflect on their answers to the questions for a few minutes and then write an ending to the following sentence:
'Sometimes young people don't behave according to their values because...'
Ask the class to share their responses.

8. Remind the class that the topic they have been learning about is on personal, family and community values. Tell the class to write down on a

sheet of paper each of these headings:

- Personal Values
- Family Values
- Community Values

Under each heading they should write down 3 values. Tell the learners that every week we will select one of these values and demonstrate and practice it in the class and school. The teacher will post a new value from the list each week on the bulletin board or chalk board with the following points:

How do I practice/demonstrate this value?

Why is it important?

How can I improve on it?

9. Conclude this topic by sharing the key messages and using the Discussion Points.



Key Messages

- Values guide our behavior.
- You need to stand up and be proud of your values.
- You acquire your values from your family, culture and religion.
- Basic core values will stay with you throughout your life and define who you are as a person.
- Our behaviour is an outward reflection of our inner values.
- Examine your values and behaviour so that they are aligned.



Discussion Points

1. How does it feel to stand up for your values when friends disagree with your position?

2. What happens when your behaviour is not in line with your parents' values?

Possible responses: *We argue with our parents; we may have to sneak or lie, we don't talk to avoid making our parents angry.*

3. What if your behaviour is out of line with religious or spiritual teachings?

Possible answers: *Some people stop attending religious services, and avoid spiritual leaders because they feel guilty or embarrassed or angry.*

4. What influences people to behave in ways that are consistent with their values?

Possible answers: *It feels good to follow one's values; parents and other adults reward behaviour that reflects the values they teach.*

5. What influences people to behave in ways that are inconsistent with their values?

Answers include: *People often want to experiment or 'try' someone else's values; friends pressure others to do things not in keeping with their values,/it seems there is a danger in losing friends; there is an opportunity for personal gain; there is an opportunity to make someone else angry, as a way to rebel to get attention.*

6. Will your values change or remain the same as you get older? Why do you think this is so?

7. If your values and behaviour are different, which should you take another look at-- your values or your behaviour? Why?

8. When is a good time to re- examine your values and their effect on your future life?

Possible answers include: *Every time you are being pushed into an uncomfortable situation, when you have a new or different experience, or when more scientific information and knowledge is available.*

CONCLUSIONS

Attitudes play an important role in many cognitive behavioural theories that posit that attitudes affect behaviour and that changing attitudes will lead to behaviour change. These theories are supported by multiple studies that have demonstrated that attitudes, values and beliefs about having sex or using condoms or other contraceptives are related to actually having sex or using condoms or contraception. In addition, multiple studies have found that programs can change attitudes about sex and using condoms or contraception.

To change attitudes and values, you need to identify exactly which attitudes, values and beliefs are most important to address for the students population. Then, instructional activities should increase the extent to which learners critically assess and integrate new information. Schools should strive to increase adolescents' ability and motivation to thoughtfully assess the attitudes and behaviours.

Instructional activities should present strong relevant arguments and include interactive activities. They also should strive to generate positive thoughts about protective behaviours and negative thoughts about risk behaviours. If possible, activities should be delivered by people whom teens like and respect and with whom they are connected. When instructional activities improve perceptions of peer norms about sex or contraceptive use and increase self-efficacy to avoid undesired sex or to use condoms/contraception, they also can improve attitudes.



HANDOUT 1.1

EXPLORING MY VALUES

Please rank each value according to how important it is to your family and to your community/society. Rank them from 1-10 with 1 being the most important.

Value	In my family	In my community / society
Making money	_____	_____
Finishing secondary school	_____	_____
Getting a university education	_____	_____
Getting married	_____	_____
Having a good job	_____	_____
Having a child/being a parent	_____	_____
Being healthy	_____	_____
Being in love	_____	_____
Being honest	_____	_____
Having good friends	_____	_____
Being loved by parents	_____	_____
Owning a car	_____	_____
Attending religious services	_____	_____
Practicing your cultural traditions	_____	_____
Participating in sports	_____	_____
Working hard	_____	_____
Supporting your family	_____	_____
Being independent	_____	_____
Achieving life goals	_____	_____
Caring for others	_____	_____
Volunteering in the community	_____	_____



HANDOUT 1.2

HOW DOES YOUR FAMILY FEEL ABOUT...?

Write down the messages your family has given you on each of the following:

1. Doing well in school
2. Staying in school
3. Going out to discos or dances
4. Using alcohol or other drugs
5. Having sex before marriage
6. Going to live and work in an urban area
7. Remaining a virgin before marriage
8. Helping with family chores
9. Helping neighbours
10. Attending church, temple or mosque
11. Your being male or female
12. Getting married
13. Making money
14. Your friends and peers
15. Obedience



HANDOUT 1.3

VALUES AND BEHAVIOUR

1. Your health is important to you.

- Do you exercise regularly?
- Do you eat a nutritious diet?
- Are you a non-smoker?
- Do you avoid using alcohol and other drugs?

2. Girls and boys should have equal opportunities.

- Do you encourage your sisters to study science courses? Do you encourage your brothers to study domestic science courses?
- Do you think a girl's place is in the kitchen?
- Do you think boys should help with domestic house chores?

3. Men and women should share the responsibilities in a relationship or in the family.

- Do you encourage your friend or partner to take responsibility for using contraception?
- Do you plan to share childcare responsibility with your life partner?
- Do you discourage your friend or partner from trying to force or trick you into having sex?
- Do you plan to share financial responsibility with your life partner?

ADDITIONAL MATERIAL FOR TEACHERS

TIPS FOR FACILITATING VALUES EXERCISES

1. Young people may feel personal and family values strongly, and discussing these values may arouse emotions. Be sure that ground rules are in effect at all times.
2. Emphasize that individual values differ and there are no 'right' or 'wrong' answers. Allow open discussion as long as it does not get out of hand. Encourage learners to use 'I' statements and to defend their values.
3. Be aware of your own personal values and do not be judgmental. Monitor your verbal comments and body language so as to avoid taking one position or the other.
4. Support young people so they will not feel pressured by the values and opinions of their peers. Make it clear that it is alright to change one's mind based on new information or a new way of looking at an issue.
4. You will be asked about your own values related to various topics. It is appropriate to share some of your personal values and to discuss the values that you learned from your family, held as a young person, or those that helped you make positive decisions about vocational goals and education.

VALUE STATEMENTS FOR DISCUSSION

- It's okay to have a child before marriage.
- Boys should pay when a boy and girl go out on a date.
- Raising a child by yourself makes more sense than marrying the father of the child if you don't love him.
- Having a job you enjoy is more important than earning a lot of money.
- People with HIV should not have sex without telling their partners they have the virus.
- When a man and a woman have sex, contraception is the woman's responsibility.
- Women cannot be raped by their husbands.
- It's not okay for a boy or a man to cry.
- You should only have sex with someone you love.
- Waiting to have sexual intercourse until you are an adult is a good idea.
- In a family, financial support is the man's responsibility.
- Women should understand that men need to have extra-marital affairs.
- A girl who dresses in miniskirts and sexy clothing is asking to be raped.
- Women should not be allowed to inherit properties.
- A man, who fathers a child but does not assume responsibility for the child, should be punished by our legal system.
- It is more important to maintain certain cultural traditions and practices than it is to change behaviour to prevent STI and HIV/AIDS.
- A man's sexual drive is greater than a woman's.
- A 15-year-old girl who wants to use contraceptives because she is sexually active should be able to get it without difficulty.
- When a girl says no to having sex, she really means yes.
- Having a baby will hold a marriage together.

ADDITIONAL INFORMATION ON VALUES

The values and attitudes we live by affect how we relate to other people and to all our activities in the environment, and so are a major influence on our prospects for achieving a sustainable future. Although they cannot be separated from cognitive understanding, values and attitudes relate to the affective (or emotional) dimension of human behaviour.

Values are generally long-term standards or principles that are used to judge the worth of an idea or action. They provide the criteria by which we decide whether something is good or bad, right or wrong. Attitudes predispose us to respond in particular ways to people and events. They are not so deeply felt as values and quite often change as a result of experience.

Where do children learn values? Values are the guidepost and rules that guide the lives of people who society would say are “good people”. What makes a good person is a subjective thing, but there are certain earmarks that are universal, and that people would agree upon when they are teaching children values. Here is a look at some things that are important to consider when you are teaching children, and moulding them to become people to be proud of.

Teaching children good values is an essential aspect of raising responsible children. As a parent and teacher, children’s personal values are your responsibility, and you and you need to ensure that you shape them into the adults that you truly want them to become. This is a lesson that lasts throughout childhood and over the course of the child’s lifetime. If you expect your children to grow into adulthood with good values, you should teach children values. There are several steps you can take to teach children values.

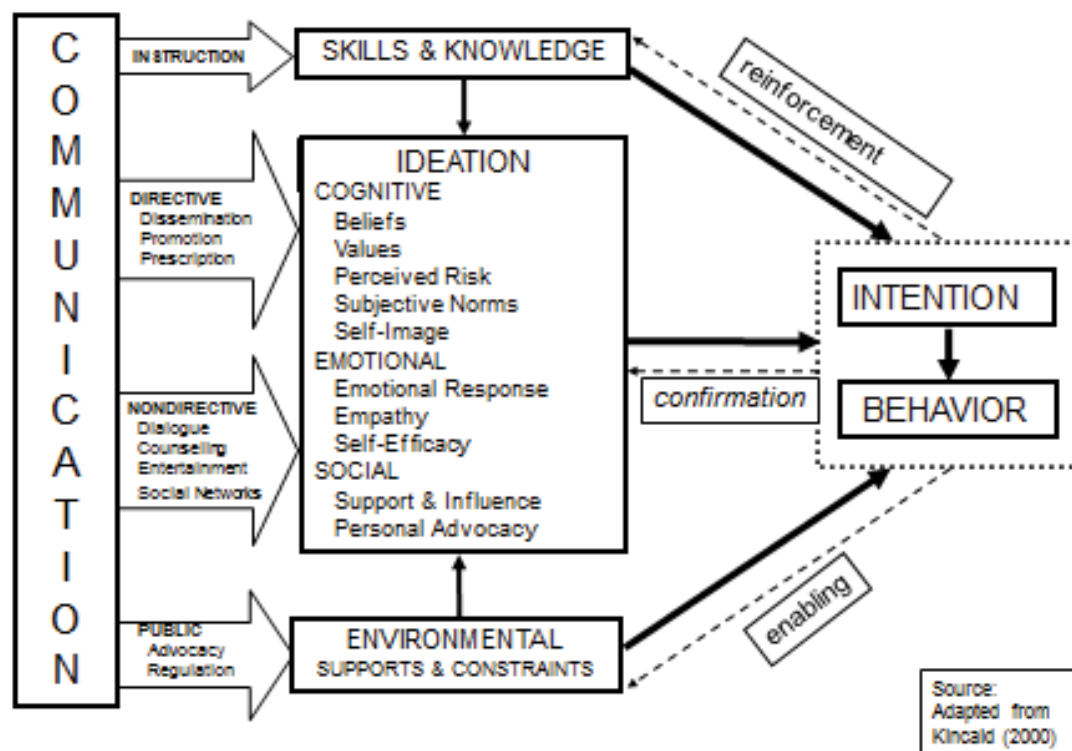
- Live an exemplary life. Children learn by watching adults and then copy what they see. They learn what they are shown and taught. Your child is watching the way you live and how you react to life. Live a life worthy of emulation if you want to instill good values in your child. Live in a way that shows good values and your child will learn from you.

- Start early to teach values to children. This will implant strongly in their mind and carry them through their teen years. Talk to the children about the importance of living with good values and let them understand that it makes the world a better place for everybody.

- Pay attention to what your children are watching. Children learn from watching television programs, looking at magazines and even from looking at the Internet. These resources show examples of both good values and poor values, and make a great impact on a child's life. Pay attention to what shows or pictures your children are looking at or learning from. Talk to your children about what they see. Let them know that those who are exemplifying poor values will reap the repercussions of those values.
- Be consistent of what you say to children. What this means is that you should not be saying one thing and then do another thing. Children are very observant to what the grown-ups do. Children have no respect for people who are inconsistent. Children get confused in a scenario like this and they will never believe you again in whatever you teach them. If you want to earn their respect, you must live what you teach them. That is an effective way of teaching children.
- Teach your children about money management. This an essential lesson a child should learn right from a young age. Sometimes you have to say no to their request if it's not a necessity. Be firm when you say no, and be sure that you explain to them why you will not buy it.

Many theories and bodies of research address this topic. In fact, these theories can be placed on a continuum. However, all of the theories provide important perspectives on how to change attitudes, values and beliefs. The following theory of communication is useful in addressing this issue.

A HEURISTIC MODEL OF COMMUNICATION AND HEALTH BEHAVIOR



Attitudes are positive or negative evaluations that people have toward other people, objects, activities, concepts and many other phenomena. For example, young people most likely have attitudes about a variety of things, including cars, cleaning the bathroom, going to dances, work, English class, chocolate cake and so on.

People who have a “positive attitude” toward some behaviour are more likely to engage in that behaviour; if they have a “negative attitude” toward something, they are less likely to engage in that behaviour. According to many social psychologists, attitudes have at least two components:

A cognitive component, which includes one’s beliefs about something (e.g., “abstinence from sex prevents pregnancy” or “condoms reduce chances of contracting and transmitting STIs.”) An affective component, which includes one’s evaluation of the same thing, implying a liking or disliking or favourable or unfavourable view—e.g., “I like the idea of abstinence so that I don’t have to worry about pregnancy” or “I like condoms because they reduce the chances of pregnancy and STI, but I don’t like how they feel” (Breckler 1984; Ajzen 1989; Breckler and Wiggins 1989).

These two components mean that people have both thoughts and feelings associated with their attitudes. According to psychologists, individuals differ in terms of the weight they give to their thoughts (cognitive) versus their feelings (affective) in shaping their attitudes. This is partly a function of their general temperament. However, when there is a conflict between thoughts and feelings, Feelings generally have a greater role in shaping attitudes (Hall 2008).

For example, when it comes to sex, adolescents’ attitudes and decisions are not determined entirely by rational thought. Indeed, their decisions about sex are markedly affected by their feelings such as love, sexual attraction, fear, insecurity and invulnerability, to name a few.

Attitudes and values

Attitudes also are different from values, although again the distinction is not always clear. Our values are what we consider important or of great worth. Generally, we apply the term “values” to more fundamental things, such as health or freedom, rather than more specific, superficial things, such as history class, cleaning house or singing. Values nevertheless can include a wide variety of items or qualities, such as respect, honesty, caring, meaningful relationships, trust, responsibility, family, education, money, success, freedom, power and citizenship.

Values can serve as guidelines to help us make decisions about larger life choices and individual behaviours. As a general rule, when we act in accordance with our own values, we tend to feel good about ourselves and our action. When we act in a way that violates our values we tend to feel bad about ourselves and our actions. Thus, our values affect how we feel about the rightness or wrongness of things.

Some psychologists believe that many values are determined rather early in life and may be partly genetically determined (D'Onofrio, Eaves et al. 1999). However, values also evolve as we gain experience during our lifetimes. Many of the principles for changing attitudes also apply to addressing values and changing beliefs. Thus, most of the remainder of this chapter will talk about attitudes, but also will apply to beliefs and values (to the extent that the latter can be changed).

Impact on behaviour

Attitudes, values and beliefs are important because they influence behaviour. They play an important role in numerous theories of health behaviour, such as the theory of reasoned action (Fishbein and Ajzen 1975) the theory of planned behaviour (Ajzen and Madden 1986), social cognitive theory (Bandura 1986) and the information-motivation-behavioral skills model (Fisher and Fisher 1992).

The impact of attitudes on behaviour is determined by several factors:

- **Direction:** If an attitude toward a behaviour is positive, then people are more likely to engage in that behaviour; if the attitude is negative, people are less likely to engage in that behaviour.
- **Strength:** If an attitude is stronger, it will have a greater effect on behaviour.
- **Specificity:** If an attitude is more specific, it will have a greater effect on behaviour (“I do not like condoms because they reduce sensation” versus “I do not like to use protection against pregnancy or STIs”).
- **Relevance:** If an attitude is more relevant to a person’s life and behaviour, it will have a greater effect on that behaviour.

Summary of Principles

- Attitudes that result from thoughtful critical examination of arguments new to an individual tends to be stronger, last longer be more resistant to change and have a greater impact on behaviour than do attitudes that result from little or no thought. When people are more able and motivated to consider new arguments, they are more likely to thoughtfully consider them.
- Creating desired environmental conditions (e.g. lack of distractions or disruptions) can increase people’s ability to thoughtfully consider new arguments.
- When issues are considered personally relevant, attitudes have a greater impact on behaviour.
- When arguments reveal inconsistencies between deeply held attitudes and values on the one hand and behavior on the other, the arguments are more likely to lead to behaviour change.
- When arguments are appropriate for the stage of change, they may be more effective.

- Tailoring can increase the ability and motivation to thoughtfully process a message and to accept it. It also can focus more precisely on those attitudes that most need to be changed.
- Including strong arguments in messages is important.
- Both arguments and messages should be pilot tested to see which are strongest for particular groups.
- When arguments are presented by someone with accepted expertise and respect, they are more likely to be considered and accepted.
- When arguments are presented by someone with whom there is a strong connection, the arguments are more likely to be attended to and accepted. Messages can still have an impact on attitudes, even if people do not critically examine the arguments but do unconsciously associate the arguments with some desired qualities or outcomes. A particularly impactful combination is a strong argument presented clearly and reinforced overtime by a respected source with which there is strong connection.

**TOPIC 2:
THE SOCIAL
CONSTRUCTION
OF GENDER**

TOPIC 2: THE SOCIAL CONSTRUCTION OF GENDER



PURPOSE OF THE TOPIC:

Gender is determined socially - it is what society expects of us and teaches us as being the roles, behaviours and characteristics of boys and girls, men and women. Gender roles are learned and can therefore be changed. Gender roles vary from one society to another and change as society changes. Because gender roles are created by society, it is possible to change them.

OBJECTIVES:

By the end of this topic, learners should be able to:

- Define gender;
- Explore ways in which gender inequality is driven by boys and girls, women and men;
- Explain the meaning and provide examples of gender bias and discrimination;
- Explain the dynamics of gender-based violence, including its definitions, various dimensions, extent and consequences;
- Define sexual abuse and give examples of harmful practices;
- Dispel myths and misconceptions about gender-based violence;
- Demonstrate the ability to argue for the elimination of gender role stereotypes and inequality, harmful practices and gender based violence.



TOPIC OVERVIEW:

- A. Definition of gender and gender roles
- B. Gender bias and discrimination (10 minutes)
- C. Dynamics of gender based violence
- D. Sexual abuse and harmful practices
- E. Responding to gender based violence



MATERIALS:

Newsprint, markers, masking tape, basket, index cards



ADVANCE PREPARATION:

Prepare a number of papers with different occupations that are traditionally done by men as well as by women.

Write 'the myths about rape' statements on pieces of paper and place them in a basket.

For Session D write each scenario on a sheet of paper or photocopy it for use in small groups.

PROCEDURE:

A. Gender and Gender Role



Steps

1. Introduce this activity by asking the learners to brainstorm and define the following terms:

- **sex:** refers to the biological differences between men and women. You are either born a male or female. Generally, these differences are permanent that is, they cannot be changed. The term is also used to refer to sexual intercourse.
- **gender:** refers to the differences between men and women created by society on the basis of sex. Gender includes:
 - *Unequal treatment*
 - *Unequal power between men and women*
 - *Different roles taught to boys and girls*
 - *Our idea of what is male and female and roles ascribed to them*

Gender roles—ideas about how men and women should behave—are created by society, culture and traditions. As they grow up, girls and boys learn about how women and men should behave from their parents, community, religious institutions, schools, and the media. Gender roles are also different for people of different ages—for example, young girls may be given very different tasks and levels of responsibility from their grandmothers.

- **stereotype:** (the belief that all people that belong to a certain learners- gender, age, tribe - do, or should, act alike; does not allow for individuality.

Explain that stereotypes also influence:

- *the way we feel about ourselves,*
- *how we behave,*
- *what we believe we can do,*
- *what goals we set for ourselves.*

2. On a flip chart or the chalk board, draw two columns entitled Male and Female. Ask the learners to identify characteristics that describe either male or female and write their responses under the appropriate column. Possible responses include:

Male

Earn money for family
Are strong and brave
Make decisions
Leaders
Like sports
Have beard and moustache
Have a penis
Protect their family
Take good decisions
Doesn't cry
Are aggressive

Female

Care for children
Are gentle
Can breast feed
Can give birth to children
Can't inherit property
Talk too much
Do the house-work
Are emotional
Like dressing up
Can give birth to children
Are obedient

Make sure social and biological characteristics are listed (i.e. women giving birth, males having a beard/moustache). Discuss the list as you develop it. After the list is completed ask if there are any questions.

Point out that if young people believe they are limited in what they can do with their lives because of their gender, then they will probably set different goals for themselves. Because gender roles can severely limit our expectations of ourselves, as well as the goals we hope to achieve, it is important that we become more aware of them. Once our awareness increases, then we may be able to overcome some of our 'stereotyped' thinking.

3. Write the following two statements on separate sheets of newsprint:

Boys may believe that to be masculine they should...

Girls may believe that to be feminine they should...

Mention that some of the most damaging stereotypes are related to gender. Ask the learners for examples and list them on the newsprint. Add any of the following if they are omitted:

Boys may believe that to be masculine they should:

- *be in control and appear unemotional;*
- *be the dominant partner in a relationship;*
- *exert pressure or force on their sexual partners;*
- *become sexually active early and have many partners;*
- *work in careers that are mechanical or analytical;*
- *assume responsibility as the 'head of the family';*
- *achieve status by having many children and by earning lots of money;*
- *take risks to prove their manhood;*
- *resolve conflicts with violence;*
- *show they can drink a lot;*
- *avoid traditionally 'female' work in the home and work place.*

Girls may believe that to be feminine they should:

- *be emotionally sensitive and vulnerable;*
- *submit to the wishes and demands of a sexual partner;*
- *have many children, regardless of personal wishes;*

- *meet the needs of others before their own;*
- *be physically attractive by someone else's standards;*
- *tolerate sexually harassing behaviour without complaint;*
- *assume responsibility for violence, sexual assault or rape;*
- *avoid non-traditional careers in maths or in the sciences.*

4. Divide the class into four small groups. Two groups will be male and two groups will be female. Ask two groups to come up with as many endings as they can for the following sentences:

Male groups--- I'm glad I'm a man because:

Female groups--- I'm glad I'm a woman because:

Ask the groups to put their responses on VIPP cards. Allow time for this activity. Then ask the groups to think of as many ending as they can for another sentence:

Male groups--- If I were a woman, I could...

Female groups--- If I were a man, I could...

Ask the groups to put their responses on newsprint. Allow time for this activity. Ask if there are any stereotypes for women/men. Draw a line through any responses the learners concludes are stereotypes.

5. Divide the class into two smaller groups. Give one learners a flipchart with the following heading:

Act Like a Man: Look Like a Man

Give the other learners a flipchart with the following heading:

Act Like a Woman: Look Like a Woman

Ask each learners to describe how men/women are expected to act and appear in our society. Allow time for this activity. To help them with this activity, hang up the flipchart with the following questions:

- What does his/her body look like?
- How does he/she solve problems?
- What does he/she think about sex and romance?
- What does he/she wear?
- How does he/she treat children?
- What recreation activities does he/she enjoy?
- What emotions does he/she show?
- How does he/she treat women/men?
- What does he/she think of marriage?
- What does he/she think of housework?
- What food does he/she eat?

When the groups have finished, share the lists in plenary and point out that there are many influences on the identity of a man/woman, such as culture, religion, economic status, education and the media. Ask the learners which ones they think have the greatest influence and why.

6. Play the game **Roles People Play**. Prepare three flipcharts, each with one of the following titles and put them up in three different areas in the room:

Boys/Men
Girls/Women
Both Sexes

Give learners the following instructions for the game.

“In order to explore roles people play, we will play a game. Three flip charts have been put up. I am going to read out a series of statements. After each statement, you need to decide whether it is statement related to ‘boys/men’, ‘girls/women’ or both sexes, and stand under the corresponding flip chart”.

Remind learners that they should think freely, for themselves, and that it is okay to have different opinions. Once the instructions have been understood, play the game. Start the game by reading the first statement (Teacher’s Tool 1). When there is a difference in opinion (for example, some learners standing under each of the different headings/flip charts) ask the following questions to each learners:

- *Why do you think this statement applies to your learners?*
- *Who can try to persuade those standing in the other place to join you?*

In the course of discussion, if anyone wants to change, he/she is free to do so. Briefly discuss why they are standing under each heading and sum up whether the role was gender or sex. Continue playing the game until you have read all the statements. Then discuss with the class using the following points:

- Through this exercise, we challenged learners to think about all the things women and men are able to do, including those tasks and responsibilities which are not traditional roles and expectations.
- From doing this exercise we can understand how the traditional roles of men and women can change and that women and men should not be stopped from doing something just because of their gender. Taking on different roles will benefit the family and community.

Ask learners the following questions:

- *What did you learn from this exercise?*
- *Did any statements surprise you?*
- *Do the statements indicate that gender is inborn or learned?*
- *Do you think it is true that women and men can only be and do certain things as society expects?*

7. Brainstorm with the learners all the words describing 'masculine' and 'feminine' characteristics that they can think of. Write each word on a card or piece of paper. Shuffle the cards and then give each learner a card and ask them to pass the cards among themselves until you say stop.

When you say stop, ask the learners to tape the card to the front of their clothes. Ask each learner in turn to describe how they feel about the characteristic on their card.

Discuss on how attaching fixed roles to males and females can limit opportunities for men and for women.

Ask the class to imagine a world where there are no differences in the way girls and boys are treated in the family. Ask a few of the learners to describe what they imagined.

8. Conclude this activity using the discussion points.



Discussion Points

1. Why do you think society gives certain roles and qualities to women and men?"
2. Do you think some women feel limited by these roles? Do some men?"
3. Can these roles change?"
4. Can you think of some examples of things girls/women could not do in the past but that are now acceptable for them to do? (Answers could be: wear trousers, go to university, vote, ride bicycles etc.) What about for boys/men?"
5. What if you were born the opposite sex—would you like the expectations society has for you? Why or why not?"
6. How do these expectations limit our potential as human beings?"

B. Gender Bias and Discrimination



Steps

1. Begin this session by asking learners to recall the definition of stereotypes. The belief that all people that belong to a certain learners- gender, age, tribe - do, or should, act alike; does not allow for individuality. Then ask learners to think of examples of someone they know or heard of who broke the stereotype.

- *What did the person do?*
- *How was the person treated?*
- *How did the person react to the treatment?*
- *What did the person's family/friends think about that behaviour?*

2. Write the words bias and discrimination on the chalkboard and ask learners the meaning of these words. Write their definition on the board. Ensure the following points are made:

Bias often refers to **favouritism or preference**.

Discrimination refers to the act of **separation or victimization** based on someone's beliefs or preferences.

Now ask learners if they can think of examples of bias and discrimination based on gender. Discuss their examples.

Read the following statement:

Many societies value men and boys more highly than women and girls:

Girls are less likely to go to school or to complete school and their brothers' education is given priority.

Ask learners to give additional examples which best illustrate this statement. Then add the following points:

- Girls are expected to help with domestic chores in preparation for being wives and mothers.
- Women may not be allowed outside the household alone or at all.
- Girls are married, and become mothers, at a very young age in some countries.
- Girls who become pregnant often have to drop out of school and may be rejected by their families, whereas boys who father children usually stay at school.
- Girls and women cannot own or inherit land or property or decide about divorce or obtain custody of children in some cultures.
- Girls and women are more likely to be subjected to violence, especially sexual violence.
- Girls and women are not allowed to work or to do certain types of jobs and often receive lower pay for doing the same work as men.
- Women are under-represented in decision-making bodies.

- The wife is the property of the husband and so has less power than the master. He is the breadwinner and has the freedom to move around. You can't say no.
- At 10 years old I was circumcised and married to a man twice my age. I have had 14 children and am abused by my husband's family if I produce a daughter. I am not allowed to go out of the house. I cannot get a divorce because I will lose my home and children.

3. Ask learners how they think boys and men may be discriminated against. Ensure the following points are made: Boys and men are:

- expected to be 'strong' and not to show emotions
- unable to play some games that girls play, they may be discouraged from spending time with their mother and other women
- expected to defend their family and to fight in areas of civil conflict or in national wars
- expected to marry and have children
- expected to work and support their family and may have little time to spend with their children.

4. Now ask the learners to imagine they are recently married and expecting a child. Ask them to think what sex they would choose for this child, and the reason for their choice. Go around the circle asking each person to say what sex and why—put the choices and reasons on two separate sheets of paper. Write the total number who would choose a girl and the total who would choose a boy.

Discuss the reasons and assumptions about girls and boy (for example, boys will continue the family name, support the family and care for parents in their old age, girls will help in the home, get married).

Ask the learners if they think that this will happen to them. Have some of these assumptions changed?

5. Divide the class into smaller groups. Give each group a large sheet of paper and ask them to divide it into three columns: female, male, either.

Category	Female	Male	Either
Clothing			
Tasks around the house			
Sports			
Careers			

Ask them to first think about clothing and to write under the columns which types of clothes they think it is OK for females to wear, which for males and which either can wear. Repeat the activity for other categories such as jobs and tasks around the house, playing sports, careers. Process and discuss what they wrote.

6. Explain to the learners that they are going to have a debate. The statement they are going to debate is:

‘The world would be a better place if men and women respected each other’

Divide the class into two groups. Ask the first learners to discuss among themselves arguments to support this statement. Ask the second learners to discuss among themselves arguments against this statement. Tell the third learners they will judge the debate and vote in favour or against the statement. Allow time for the groups to develop their arguments.

Bring the two groups back together. Facilitate the debate, with each learners taking it in turn to put forward their arguments. Allow time for the debate.

At the end ask the learners to vote in favour or against the statement. Ask the learners if any of them have changed their minds after hearing the arguments.

7. Conclude this session using the discussion points.



Discussion Points

1. How does your community view girls/boys?
2. Are your views different from those of the community?
3. What ideas about girls would you like to change?
4. What ideas about boys would you like to change?
5. What can we do to change them?

C. Dynamics of Gender Based Violence

Gender-based violence is a long standing, complex, global problem, and a public health priority about which society has tended to remain silent. Gender-based violence takes many forms. It is deeply rooted in the way we are raised and socialised – to believe that men have the right to expect certain things from women and the right to use physical or verbal force if these expectations are not fulfilled. It is also linked to the power and privileges that men enjoy in society. Recognising gender-based violence as a problem and addressing it successfully is an important first step for all learners.



Steps

1. Start this session by reminding learners that everyone wants to feel safe from violence. However, and unfortunately, violence including interpersonal (between individuals) violence is common.

Make this distinction: Men are more likely to be victims of violence outside of the home, as they are more likely to be involved in warfare or gang violence.

Women and girls are more likely to experience violence in private spaces such as the home. Often women are harmed by someone they know, usually a spouse/husband or boyfriend.

2. Ask learners what they call violence that is directed against a person on the basis of gender. Note their response on the chalkboard. Write the phrase gender- based violence. Also point out that sometimes it is called “domestic violence,” because it often takes place in the home.

Tell learners that gender-based violence is a violation of human rights and that it is always wrong. It is not the fault of the victim. How common it is, also changes over time, even in the same society. This is because attitudes regarding how much power a man should have in a relationship vary in different places and over time.

Lastly tell learners eliminating gender-based violence is an important step towards achieving gender equality.

3. Now ask learners to present the following role play they should have prepared before the start of the session. (3 learners- father, mother and girl)

A 16-year-old girl is very keen to continue her education. Her father informs her he has accepted a marriage proposal for her. He says there is no need for her to complete her education. She protests saying that she wants to study further and become a teacher. Her father gets angry and upset and tells her that if she does not do as he says, he will lock her up in the house and not allow her to go out at all. Her mother tries to intervene but is pushed away by the father. He shouts at 'not to interfere'.

After the role play, ask the class the following questions:

- What was this role play about?
- What possible outcomes are there for the girl? The mother? The father?
- Does this happen in our community?
- What can be done to help the girl and her mother?
- What can be done to help change the father's behaviour?

4. Explain to the learners that there are many definitions of gender-based violence- that the definitions vary according to country, community and legal context; however, the UN Declaration on the Elimination of Violence against Women, is a good definition. Put up the definition (Teacher's Tool 2) and ask a volunteer to read out aloud. Encourage everyone to ask questions, if the definition is not clear.

5. Display the following flipcharts on the walls in the classroom, listing the different forms of violence

- physical
- sexual
- emotional
- economic
- harmful traditional practices

Tell learners to move from one chart to the next and write down examples of each type of violence. Allow time for this. When learners have finished writing, gather around each chart and discuss what was written and what they all have in common.

Then show the following flip chart to help learners develop a common understanding of the term violence.

Violence is the use of force or the threat of force by one individual or learners that causes harm to another. Violence may be:

- Physical (beating, kicking, burning, stabbing, feticide, infanticide, etc.)
- Mental and emotional (deliberately ignoring, insulting or manipulating, humiliating, confinement or isolation, irrational suspicion or verbal (taunting, shouting, making threats, etc.)
- Economic (depriving someone of money, paying less than what is due, restricting access to money and property etc.)
- Sexual (rape, sexual harassment, coerced sex etc.)
- Harmful traditional practices (female genital mutilation, forced divorce or marriage etc)
- Violence may lead to physical injury, mental and emotional trauma, loss of self-esteem and even death. The harmful effects of violence are thus numerous and very serious.

6. Write the following sentence on the flipchart:

Anger is one letter away from danger.

Ask learners to write their feelings about the sentence. Summarize the feeling expressed by the learners.

7. Ask learners what skills they need to prevent anger from turning into danger. List the skills on the flipchart and add any of the following if the teachers did not mention them:

- Lower one's stress level when upset
- Listen carefully to another person's problems or concerns
- See a situation from the other person's point of view
- State your needs or wants using "I" statements
- Concede (give up) your needs or wants, if the situation looks dangerous
- Get help if you need it.

8. Show the following flipchart:

- Where does violence generally happen?
- When does violence generally happen?
- Why, does violence generally happen?

Ask learners to form 3 groups and to write down their answers to these questions. Allow time for this. Then in the same three groups, ask learners to write down T or F for each of the following statements:

- Most violent behavior occurs in a fit of temporary insanity
- The victim and the assailant in a violent crime are usually not strangers.
- Most violent crimes are committed under the influence of alcohol or other drugs.
- Adults are more likely to be victims of violent crime than young people
- Violence is a normal and instinctive response to feelings of anger and aggression, especially for men.
- Violence is much more likely to occur in families living in poverty.

When the groups have finished, ask each group if the statement is either true or false. Then read the information that supports or refutes the learners's position. Ask learners how they did on the quiz and congratulate them for a job well done.

1. **False** When a person commits a violent act, they usually know what they are doing even if they do not always understand why. Violence occurs when someone gets so frustrated and angry that she or he resorts to the violence they have learned from watching others in their environment and through the media.
2. **True** The data suggests that about half of all murders occur between people who know each other; 16% are family members and 33% are friends or acquaintances. At least half of all rapes occur between two people who know each other or are dating.

3. **True** The data suggests that about 80% of stabbings and 75% of shootings are alcohol related. Acquaintance rape occurs most often under the influence of alcohol or other drugs.
4. **False** Young people are much more likely to be victims of violent crime than adults of any age.
5. **False** Violence is a learned behavior, not a biological instinct. It occurs in cultures in which children grow up seeing adults or older children behaving in violent ways and in which children are often the targets of violent acts. In cultures that do not practice violence, children do not learn it. Violent behavior is also not related to gender. In some cultures, women are more aggressive and violent and men are more passive and nonviolent because they are reared that way and see adults of the same sex behave that way.
6. **False** Many families experience violent behavior. Consider the following facts:
 - a. Almost every adult today was spanked or beaten as a child
 - b. One out of five husbands approves of slapping his wife's face
 - c. Violence in middle class families is widespread, although such families are less likely to end up in court or to be investigated
 - d. Most homicides occur between marriage partners
 - e. Most children see some violence in their families.

9. Now remind learners that violence is not caused by a biological instinct, a desire for money or an attack of temporary insanity. Ask learners to brainstorm in with their neighbors' and list the factors that cause most violence. Write their responses on the flipchart and add any of the following that were not mentioned:

- A desire to feel powerful
- Peer pressure to gain a 'reputation' amongst friends
- A desire to hang out and do what the learners is doing
- Uncontrolled anger
- Lack of conflict resolution skills
- Alcohol and other drug use
- Lack of employment and job opportunities
- Violence in the media
- The stress of living in poverty

10. Now tell learners that we are going to focus on anger as a cause of violence, since this is one thing they can do something about. Remind them that 'anger is only one letter away from danger.' Ask them to close their eyes for a minute and recall a recent incident that made them angry and to concentrate on how they felt about it. Ask one or two volunteers to share their experiences. Put up a flip chart paper with the title 'How I feel when I'm angry'. Make two columns: Physical sensations and Psychological experiences.

11. Now ask learners, ‘what do you do when you are angry?’ See if there is any connection between feelings and actions and point out that feelings and actions do not have to be linked. You can feel one way, but do something different about it.

12. Remind learners that anger is often the result of feeling hurt. Being ignored, rejected, disrespected or injured hurts a person’s feelings. When a person’s feelings are hurt, it is often easier to react with anger than to express the hurt because is how we have learned to behave. Little children are often told not to cry or complain about hurt feelings. Boys especially are told to ‘act like a man’ and not cry. Being hurt is often seen as a sign of weakness, especially in males. Often boys and men refuse to show hurt feelings, turning instead to anger.

13. Draw the following illustration on the flipchart.

Hurt feelings Anger Violence (hurt someone else)

Ask learners to work in pairs and share examples of when someone hurt their feelings and they were angry. Tell them to feel angry now.

Ask them to identify an **inappropriate way** to express their anger and a **more appropriate way** to express their anger. Allow about 5 minutes for this. Then ask them to share.

Ensure to mention ‘telling the person how you feel’.

14. Ask learners to stand in the middle of the room. Point out the three flip charts in different parts of the room. Explain to further clarify the meaning of violence, we will play a game. Three flipcharts have been put up. I am going to read out a description a situation (Facilitator Tool 3). If you think the situation is a case of violence, then go and stand near the flip chart that says ‘Violence’. If you think it is not a case of violence, then stand by the flip chart ‘No Violence’. If you are unsure, then take your place near the flip chart ‘Not Sure’.

I will ask each group to explain their reasons for taking that particular position.

Each group should try to convince the other groups about their position. If anyone wants to change sides, s/he is free to do so. I will sum up at the end of each situation. Encourage the learners to participate fully and discuss each situation and the reasons why they chose their position. Do as many situations as time allows.

15. Summarize this activity by noting that some forms of violence are obvious- eg rape or physical abuse cases for dowry or man beating his wife. In other cases it is less clear. A man constantly taunting his wife is also a form of violence; or a group of boys passing remarks about a girl’s clothes or physical appearance is also violence, even though the boys may think that it is “harmless” or “just for fun”. We need to recognize that these other forms of violence have an equally harmful impact. Also note that:

- Violence takes many different forms. In each case, the person at the receiving end suffers either physical or emotional hurt.
- When we try to decide whether an action is an act of violence or not, we need to look at two things – the intention of the person committing the violence and the impact on the person at the receiving end. So, even in a situation, where there may be no intention to cause hurt, if someone does get hurt there is violence. In other words, while the violence may be deliberate in some cases, it may not be deliberate in other cases.
- Women who experience violence are at high risk for further abuse.
- In many societies men feel entitled to be served by women, and failure to meet men’s expectations can lead to violence. Some women have also accepted this, and believe that violence against them is appropriate.
- Many cultures sanction ‘abuse’ as a way to correct women’s behavior.

Distribute **Handout 2.1** on violence and forms of violence and tell learners to read it in their free time and to ask any questions they may have about gender violence.

16. Explain to the learners that they are now going to think about the consequences of violence against women. Divide the class into 4 groups and assign the following task. Each group should have a piece of newsprint and complete the following sentence:

Group 1 Women and girls who experience violence may

Group 2 Men who are violent toward women may:

Group 3 Children who witness violence may:

Group 4 Communities who remain silent about violence may:

Allow time for this activity and share each group’s responses with the whole class. Discuss and process their responses. See Teacher’s Tool 3 for some expected responses.

17. Ask learners to perform the role plays. (See Teacher’s Tool 4). After each role play ask learners the following questions:

What was this role play about?

How can this be prevented?

What advice can you give?

Is this something that happens in our community?

18. Ask learners to brainstorm on what should be done to prevent violence against girls and women. Point out that we all have the power and the responsibility to work to prevent violence in our relationships, families, and communities and to support women experiencing violence. Write their responses on the chalkboard under the following three headings:

Me Parents and Teachers Community

Ensure the following points are made under **Me**:

- Take responsibility for myself and my relationships
- Commit to never accepting or using violence in my relationships
- Talk with boys and men who are using their power over girls and women
- Role model respect, dignity, and the responsible use of power
- Be assertive with my partner: No means no, not maybe or yes
- Through words and actions, demonstrate the belief that men and women are equally valuable

Ensure the following points are made under Parents and Teachers

- Create a family rule: Violence is not accepted here!
- Foster in boys and young men a respect for girls and young women
- Teach girls they are just as smart and valuable as boys
- Go beyond promoting abstinence with young people. Talk about sexuality openly.
- Encourage young women and men to respect each other's rights and to communicate openly about all matters related to intimate relationships.
- Emphasize that having sex is a joint decision that requires active consent from both people.
- Recognize that many young girls and women turn to transactional sex for school fees and other expenses

Ensure the following points are made under Community

- Work with the community to spread the word that violence against women is not acceptable in your community
- Organize events where community members talk about violence and how to prevent it
- Work with your local leaders and school principals to foster community values that reject violence against girls and women.
- Organize activities with neighbors, members of your church or mosque, or social groups that promote equal power in relationships.
- Stop tolerating the violence in your neighborhood or community. Get organized and respond.

19. Distribute Handout 2.2 on Responding to Violence Against Women. Read it over with the class and ask if they have any comments, questions or additional points.

20. End this session by explaining that it is okay to have negative feelings (anger, jealousy, disgust, but it is important to express negative feelings so they do not build up and cause stress or illness. They must be expressed in ways that do not risk any danger to yourself or others. Feelings can become a problem if they are expressed by hurting someone or something, using drugs or alcohol to numb the feelings, denying that the feelings exist.

21. End this session using the Discussion Points.



Discussion Points

1. What could you do to reduce some of the potential for violent behavior in your life?
2. What if you do all the right things and are unable to stop a family member, or any man from being violent with you? Does that mean you didn't try hard enough? What should you do? (**Answer:** *Whenever violence occurs, regardless of what was or was not said or done to prevent it, it is never the victim's fault. If you have experienced any form of violence, get help immediately and do not feel guilty.*)
3. Is it easy to always respond with a safe behavior when you have angry feelings? What makes it easier/more difficult?
4. What is a safe way to let off anger? Would you try this the next time you are angry?
5. What three messages would you give to your brother about men who are violent with any member of the opposite sex?
6. Do you think women commit violence against boys and men? What can be done about this?
7. How can you promote equality in relationships between women and men?
8. Why is it unhealthy to keep anger inside us and not say or do anything about it, especially when a trusted adult, friend, parent or romantic partner hurts us? (**Answer:** *The anger may build up and come blasting out if it is not vented, destroying the relationship all at once, that person may think he/she can continue to hurt your feelings if you do not do or say anything.*)

D. Sexual abuse and harmful practices



Steps

1. Start this session by reminding learners that their body belongs to them and only them. For example, you have the right to privacy for your body. You have the right to tell others not to touch your body when you do not want to be touched. When you keep your body safe, it helps you be healthier and more confident. If someone hurts you and fails to recognize you as the owner of your own body, that person is abusing you. This behaviour is called sexual abuse.

Also remind learners that sexual abuse or violence is any act that limits a girl's or a woman's control over her body, her sexuality, or her reproductive health. Sexual violence can cause serious physical and emotional harm. Sexual violence is not natural or 'excusable'. It is always wrong to abuse another person's body. Remember, it is never the fault of the victim (the person abused).

2. Ask learners to give examples of sexual violence and write their responses on the chalkboard. Ensure the following points come out:

Sexual violence includes:

- forced sex - being physically forced into having sex by a partner, acquaintance, or stranger; (also called rape);
- coerced sex - being pressured into having sex—emotionally, socially, or economically, for example, being pressured to have sex without protection or with the knowledge or fear of exposure to HIV;
- sexual assault- a form of sexual violence, is any involuntary sexual act in which a person is threatened, coerced, or forced to engage against their will;
- sexual harassment- means unwelcome and repeated sexual advances, requests for sexual favours, and verbal comments of a sexual nature. Sometimes the victim's job or school grade is at stake if he/she does not give in. Sexual harassment may include:
 - » fondling or pinching a person's buttocks, breasts,
 - » offensive or vulgar remarks of a sexual nature.
 - » whistling, jeering and derogatory (hurtful/negative) remarks.

Point out that sexual violence is a common yet often unacknowledged problem in our communities. Many women and men do not identify their experiences or acts as sexual violence. Ask learners if this happens in their community.

3. Write the word “rape” on the chalkboard and ask learners in pairs to discuss the meaning of this word. Ask for a few pairs to give their definition and write these on the chalkboard as well. Point out the following:

- » Rape occurs when a person uses physical violence, manipulation, or threats to force another person to have unwanted sexual intercourse
- » Rape, whether by a stranger or an acquaintance, is an act of aggression that uses sex to show the victim that the rapist has power over another person
- » People who commit rape do so in many different circumstances – they may rape someone they know well, someone they know casually, or a complete stranger
- » Rape happens at home, at parties, in hidden places, and elsewhere. Young people may be at higher risk of rape in many situations
- » Books and movies often suggest that women are turned on by the force of rape and may even fall in love with the rapist, but a victim of rape never experiences the act in a positive way, even in a date situation in which the beginning of the sexual encounter was pleasant
- » Alcohol and/or drugs are very often involved when acquaintances rape occurs. Being drunk or high makes women less able to set clear sexual boundaries and men less inclined to listen to, or abide by, those boundaries
- » Nothing a woman does – using drugs or alcohol, going to “risky” places, wearing mini-skirts or other “European style” clothing, kissing and sexually touching or even having previously had sexual relationship with a man – gives a man the right to force her to have intercourse against her will.

4. Ask for a volunteer to choose one of the following statements (**Teacher’s Tool 5 myths about rape**) from the basket, read it aloud and then say whether or not it is true or false and give reasons for their answer.

Have other volunteers do the same.

Now ask for volunteers to demonstrate or role play how they would try to prevent a sexual activity from taking place by ‘communicating directly’ and ‘backing up your words with your body.’ Give the following example of a risky situation to get things started:

A couple has been kissing and touching each other for a while. The girl is starting to feel nervous and wants to stop, but the boy has begun to take off her blouse and push her down on the ground/bed. What does she say or do to stop?

Encourage the learners to ‘coach’ volunteers to demonstrate very strong verbal and nonverbal communications skills. Discuss this with the learners.

5. Write the following on the chalkboard: nurturing touch, confusing touch, exploitative touch. Tell the learners they will now learn about each of these types of touches. Give each learner a copy of Handout **3.6 Touch Continuum**. Give examples of the three different types of touch mentioned in the handout and ask the learners to complete the touch continuum as they discuss various examples. Allow time for this and tell learners to be prepared to share their answers with the rest of the learners.

6. Divide the class into 4 small groups and give each group on the following sexual abuse and family violence scenarios. Ask each group to read through the scenario and prepare to present to the entire class the answers to the following questions:

- What is this scenario about?
- What advice would you give?
- Does this happen in our community?
- What did these stories have in common?

7. Explain to learners that up till now, we have been discussing various forms of sexual violence including sexual harassment, sexual assault and rape. Ask them to identify other forms of sexual abuse and violence they have heard about or know. Write their answers on the chalkboard and ensure the following points are made:

- Female Genital Mutilation (FGM)
- Forced/early marriage
- Incest
- Child labour
- Sex trafficking

Point out that people of all ages, including children, suffer sexual abuse. The abuser may be a stranger, a family friend or acquaintance, or a family member.

Ask learners to explain what incest is. Note that any sexual activity between blood relatives such as parent-child, brother sister or between cousins is called 'incest'. (In some societies, relationships and marriage between cousins is considered permissible.) Incest usually begins with touching and petting when the victim is very young. The child may be forced to look at or touch the genitals of the abuser, or to perform other sexual acts. Explain the dangers of engaging in incest.

Then note that someone who sexually abuses a child demands secrecy from the abused person. The child is often threatened with harm if he/she tells anyone.

The child may also be told that nobody will believe him/her. As a result, it is very important for young people to be encouraged to report when an adult, even a family member, touches them inappropriately or makes sexual advances at them. Children should be reassured that they are not to be blamed and that they did the right thing by speaking out.

8. Ask learners to define what forced or early marriage entails. Point out that early or child marriages are still being contracted all over the world, usually by a parent or guardian of the child, in cultures that permit this. With or without the girl's consent, it is still a violation of the child's human rights. In some cases, girls are married off before the age of 10 years. Ask learners to brainstorm on the impact of early and/or forced marriages on girls. Write their responses on the chalkboard.

The following points should come out:

- Girls are denied educational opportunities;
- Girls do not acquire skills and training;
- Early marriage leads to early and prolonged period of childbearing which can have a negative effect on a young woman's body and health;
- Young girls often give birth to premature or low weight infants;
- Young girls and their infants often suffer from various birth complications.

For each of the above points, ask the learners what they feel they can do to reduce the incidence of early or forced marriage.

9. Now ask learners to identify any community they know which practises wife inheritance. Write their responses on the chalkboard. Explain that wife inheritance is a harmful practise because it facilitates the spread of STIs, HIV/AIDS. It also denies the woman the right to decide her future.

10. Ask learners to brainstorm on what they think they should do in the event of sexual violence. Ensure the learners understand the four following key points. In the event of sexual violence, the victim should:

- Leave the scene immediately, and go to a safe place.
- Report to a trusted adult immediately. If the first adult you speak with does not believe you or does not take immediate steps to make you safe, find another trusted adult. There are also young people-friendly non-governmental organizations that provide services and support to sexually abuse victims.
- Get a medical examination with a doctor as soon as possible, before you remove your clothes or clean your body especially after forced intercourse. This may be important for collecting evidence against a rapist. A doctor may also be able to offer early treatment to help prevent pregnancy or HIV.
- Report the abuse to the police, preferably taking along a supportive adult.

11. Show learners the following check list of what they can use to reduce their risk of being sexually abused.

Discuss it with the learners and ask if they have any questions or points to add.



Reducing My Risk

- » Know your rights – your body belongs to you. No one has the right to make you have sexual intercourse when you do not want to.
- » Say 'No' to strangers who offer you a lift, gifts, or other favours.
- » Tell a trusted adult if an adult makes sexual advances at you, or if anyone touches you in a way that makes you feel uncomfortable.
- » Discuss rules and sexual limits before going on a date. Communicate these limits clearly.
- » Avoid going alone to parks, isolated areas and areas you are not familiar with, especially when it is getting dark.
- » Never leave your door unlocked, even for short period of time.
- » Do not open your door to strangers. Get a spy hole or door chain.
- » To help you remain in control, always carry enough money to take a bus or taxi home.
- » Watch what you drink when you go to parties or visit friends. Alcohol or hard drugs weaken your judgment and lower your inhibitions, making it more likely that you might be taken advantage of
- » Do not leave drinks unattended; you may be drugged.
- » Do not meet people at home alone, whether to do homework, assignments or for other reasons, especially if there is no adult supervision.
- » Do not assume other people will protect you; take care to be on the lookout for dangerous situations.

12. Conclude this activity using the discussion points.



Discussion Points

1. What would it take for girls like you to say to your parents 'Enough! I do not want my body or sex life interfered with!'
2. What do young girls say to their parents/families about FGM even though the topic is not openly discussed? Why do you think this is so?
3. Some men beat their wives. What does their child feel and think when he or she sees that?
4. What consequences do you think gender-based violence can have on a woman's body and her mental health?

E. Responding to gender based violence



Steps

1. Start this session by explaining to learners that we have been talking a lot about gender-based violence – what it is, what types of gender violence exist, the reasons and causes for the violence, and the consequences of gender violence.

Emphasise that gender violence hurts us all and that we all have the responsibility to address it. That's why in this session we will look at what you can do to prevent and respond to gender-based violence.

2. Ask the learners to brainstorm what kinds of help girls and women experiencing gender-based violence might need to reduce harmful consequences. Write their responses on the chalkboard and learners their responses. After a few examples of responses, label the groups by sector: health, psychosocial, security, legal justice for example:

- » Health: Treat injuries, test and treat for STI's, emergency contraception,
- » Psychosocial: emotional support and counseling
- » Economic: skills training, income generation
- » Security: report to police, investigate case, arrest abuser, file charges with the court
- » Legal justice (formal and traditional): apply appropriate laws, hold perpetrators accountable

Explain that not all girls and women experiencing violence may need—or want— all of this help. But it is important to identify whether these services are available, accessible, and are able to offer support the women needs.

3. Give each learner 1 index card and ask them to write down who they think is important stakeholder in their community who could help with victims of gender based violence and why? Explain it could be a community member (religious leader, nurse, neighbour), an organization or a group. Tell them to think of the different sectors who work with gender-violence such as the health, legal, security and traditional authorities. Allow time for this. Then share their responses with the entire class.

4. Ask learners to be in pairs. Give each pair another four index cards and a marker pen. Tell them to think about 2 actions they can take and 2 actions the community can take to respond to gender-based violence. Write one per card.

Explain that they should use four or five words to describe each action and to be specific. For example, if they say 'sensitize, they have to specify how and whom. Remind them to think of actions which target women being abused and also the person doing the abusing. Explain that to address gender-based violence both must be addressed. Allow time for this. Then ask each pair to read out their ideas to the whole class in order of priority (most urgent first) and stick them on a bare wall. Cluster the cards with similar ideas by sticking them next to each other on the wall. When everyone has read their ideas, there should be several clusters.

Ask the learners to do a 'gallery walk' around the room for a few minutes to review the cluster of ideas on the wall. As they are thinking about the other learners' ideas, invite them to add more suggestions to the appropriate clusters.

With the entire class, discuss the actions and ideas the groups have suggested:

- are they realistic?
- are they feasible?
- how could they be implemented? What resources are needed?
- who would implement them?
- What are some of the opportunities and challenges you would face and how would you address them?
- are there any actions to target the abusers (remind the learners that to deal with gender violence, every act of violence involves the person being abused and the person doing the abusing, both must be addressed).

5. Ask learners to write their own personal declaration and vow to fight against gender based violence. Then ask what the key messages they learned about gender are.



Key Messages about Gender

Do Not Abuse Others – Ever!

- Everybody, especially men, need to learn that sexual violence is always wrong and will not be tolerated
- Interact with all genders in respectful and appropriate ways.
- Affirm your own sexual orientation and respect the sexual orientations of others.
- Affirm your own gender identity and respect the gender identities of others.
- Violence happens in our community , it is usually violence by a man against a woman
- Violence is about power and control
- Violence causes pain that could be one or more of the following: physical, emotional, sexual or economic. To deal with this pain a 'multi-sectoral approach is needed
- Saying 'gender-based violence is wrong' is not enough. Act against violence as an individual and as a community, think big – but start with something small. Let's Talk about it!
- Violent behaviour is learnt. So such behaviour can be changed.
- Men and women, as individuals and as couples, and the community as a whole must work together to end violence against women. Gender-based violence hurts all- men, women, children and the whole community
- In order to end gender-based violence, all of us should reflect on our attitudes and challenge the fixed ideas of masculinity that contributes to gender inequality; and support women against whom violence has been committed.

6. End this session using the Discussion Points.



Discussion Points

1. Can you think of at least one way that institutions in the community can help to reduce gender based violence?
2. Do you think gender-based violence will become more common in the future, or less common?
3. What are the facts or ideas that inform your prediction?
4. What can young people do to ensure that governments who ratified and signed the conventions implement them at the local and national levels?

Teacher's Tool 1

Roles People Play

Use the following statements to determine whether each statement refers to sex (S) or gender (G). If time-bound, select some key statements to use in the exercise. Make sure you include the biological characteristics

- We wear dresses (G)
- We cannot cry (G)
- We are doctors (G)
- We are head of the household (G)
- We can get angry and this is generally accepted (G)
- We get the biggest piece of meat (G)
- We breast feed (S)
- We can move without fear after dark (G)
- We are not supposed to express our opinions (G)
- We give birth (S)
- We are celebrated when we are born (G)
- We are the ones to look after the sick (G)
- We expect our partners to obey us (G)
- We fix things when they are broken (G)
- We are allowed to play more as children (G)
- We grow beards (S)
- We initiate sex (G)
- We are carpenters (G)
- We can drink with friends in the evening (G)
- We should be sexually available (G)
- We are strong (G)
- We get to rest more often (G)
- We are responsible for financial welfare of the household (G)

Teacher's Tool 2

The UN Declaration on the Elimination of Violence against Women General Assembly Resolution 48/104 (1993)

Article 1 defines violence against women as: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Gender-Based Violence is violence involving men and women, in which the female is usually the victim due to the unequal power relations between men and women. Violence is directed against a woman because she is a woman, or affects women disproportionately.

- It can take many forms: physical, sexual, emotional, economical and harmful traditional practices
- It is any threat or act of violence
- Often used to maintain power and control
- Occurs in the home, among the family, in the community, within institutions and the state

Teacher's Tool 3

Situation 1

A girl is standing near a movie theatre, waiting for her friends. A learners of boys, who are also waiting, call out to her and pass remarks on her clothes and make-up. They ask her if she wants to join them.

Q: Do you think there is any violence involved in this situation? Why?

Sum up: The boys' behaviour is an act of sexual harassment, even if the boys were just doing it for 'fun'. This is also a form of sexual violence. Even though they might not have harmed the girl physically, their remarks could have hurt and humiliated the girl; since she was alone, she might have been frightened as well.

Situation 2

A 12-year-old girl has just come home with her examination results. She has failed. Her parents shout at her; her mother refuses to give her any food that day, while her father threatens to teach her a lesson she will not forget.

Q: Do you think there is any violence involved in this situation? Why?

Sum up: the girl's father has threatened physical violence which will definitely hurt the mother's behaviour can also harm her physically and mentally. Therefore, what the parents did to the girl can be described as violence. It is natural for the parents to be angry at their daughter's behaviour, and they do have a right to tell her off, to improve her performance the next time. But 'disciplining' their daughter cannot be an excuse for using physical force or depriving her of basic necessities.

Situation 3

A woman and her husband work in the same company. The woman has just got a promotion while the man has not. So he is upset and has stopped talking to his wife; he taunts her in front of his friends, telling them that she is now "too big" for him

Q: Do you think there is any violence involved in this situation? Why?

Sum up: Yes, the husband's behaviour is a form of violence. It will cause emotional and mental harm to the woman. It is his jealousy that is making the man hurt his wife in this manner. Also, most men are brought up to believe that they are 'superior' to women; so when his wife does better than him at her job, he probably feels inferior, he feels he is 'less of a man'. But the fact is that, like a man, a woman too has a right to have a career, and to secure a promotion based on her hard work and good performance.

Situation 4

A well-off couple has employed a 13-year-old girl to work as a domestic help. The girl is expected to do all the housework, including washing the clothes and vessels, cleaning the house, taking care of the couple's three-year-old child and buying things from the market. She is expected to work seven days a week. She gets a salary and two meals every day.

Q: Do you think there is any violence involved in this situation? Why?

Sum up: Yes, this is a form of violence. This is an example of child labour. And every case of child labour causes serious mental, emotional and even physical harm to the child. The law prohibits child labour. However, this is a common situation in our country. Children often work in hazardous and extremely harsh conditions. This deprives them not only of basic rights like education, but they also lose out on their childhood. Children are employed because they provide cheap labour; employing a child does not mean that the employer is 'helping' the child's family.

Employing an adult in the child's place would not only put an end to this practice, but also help reduce the large-scale adult unemployment in our country.

Situation 5

A woman is not feeling well. She is anxious and worried about her mother who is in hospital. At night, her husband wants to have sex with her. She tries to tell him that she does not feel like it. This makes him angry and tells her she is ugly and slaps her. He stays quiet for a little while and then moves towards her again. She moves away. But the husband does not let her. He forces her to have sex.

Q: Do you think there is any violence involved in this situation? Why?

Sum up: Yes, this is violence. It is an example of marital rape. Forcing anyone to have sex against their will is rape. A woman may choose to marry someone and she may or may not want sex with that person at any given time. By consenting to the marriage she has not consented to sex. Although in our society, women are considered to be possessions – belong- to her husband and father, and 'violence a domestic affair', any violence including forced sex is not acceptable.

Rape causes immense physical, mental and emotional trauma to a woman. In addition to this, society often blames her for the rape. In other words rape imposes a double burden on the woman.

Teacher's Tool 4

Consequences of violence against women

Girls and women may:

- Lack self-confidence;
- Avoid participating in activities
- Stop visiting friends and family
- Have visible physical injuries
- Experience sadness and low self-esteem
- Have increased health problems, including being infected with STIs
- Experience anxiety and fear
- Be unable or afraid to make decisions about their health
- Be unhappy at home
- Be fearful of their partners
- Be at increased risk for HIV infection

Men may:

- Have tension in their homes
- Have children who fear and distrust them
- Lack intimacy and enjoyable sexuality with their partner
- Have partners who lack affection and trust for them
- Be rejected by their families and communities
- Feel disrespected by others
- Feel pressure to maintain their power in the home
- Have to spend money on treating injuries caused by their violence

Children may:

- Be fearful of and distrust their fathers
- Feel afraid for their mothers
- Feel sad and depressed
- Perform poorly at school
- Run away from home
- Behave violently toward other children
- Withdraw from activities and friends
- Grow up believing that violence is normal

Communities may:

- Lose out on women's participation
- Spend resources responding to violence against women
- Have increased crime
- Have overburdened social services (health care, police, social welfare)
- Experience lower or slower development rates
- Have higher rates of HIV/AIDS

Teacher's Tool 5

Myths about Rape

Myth: Men don't get raped.

Fact: Wrong! In the majority of rape cases, the male is the offender and the female is the victim. However, men and boys are raped too. Men can be raped by other men; and women can also coerce or pressure men or boys into performing sexual acts that they do not desire.

Myth: Girls who get raped are promiscuous or ask for it.

Fact: Wrong! Anybody can be raped.

Myth: Looking attractive is an invitation to rape.

Fact: No! Attracting attention is not an invitation to rape.

Myth: Girls are raped because of what they wear.

Fact: False! People can be raped even when they are modestly dressed. A person who rapes does not respect any boundaries, taking what he/ she wants no matter what the victim is wearing.

Myth: Women usually say 'No' when they mean 'Yes'.

Fact: Wrong! Nobody wants to be physically hurt, humiliated or degraded. They mean to say 'no' but have not been taught that it is acceptable to say 'no' to a person of authority or an older person.

Myth: Some people get pleasure from being raped.

Fact: Never. The victim is in terror. Anyone who thinks it is possible to enjoy rape does not understand the nature of this terrible violation of human rights.

Teacher's Tool 6

1. All night Marie had been listening to her stepfather yelling and slapping her younger brother, Habimana. He picks on Habimana all the time, but this is different, she thought. She noticed last weekend that Habimana had several bruises on his face and she wondered what happened, but her mother said 'nothing' when she asked. Tonight there had been so much yelling, and poor Habimana was screaming and crying. Marie was scared - she didn't want Habimana hurt either. She didn't know what to do. She decided to get help. What should she do?

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

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

4. Tabaro heard the sounds again. He knew what was going on. His mother's friend, Mugabo, had come in around 9:00 and he had already been drinking. Tabaro's mother had given Mugabo food and another beer. Tabaro always got angry when he watched his mother try to please this crazy man. Now it was almost midnight and he knew what was happening. He knew where his mother's last split lips and swollen eye came from. But he didn't know what made the most sense, whether to go in there and break it up, or to plead with his mother in the morning to leave this guy. Tabaro was really worried about his mother. He thought about the police 'hotline' he had read about in the newspaper the other day. Would they have any ideas? What should he do?

Notes for the Teacher

Every society has its own ideas about what is masculine and what is feminine, this is called gender (see box below). Ideas of gender roles—how girls and boys, men and women should behave—affect all our relationships, including our sexual relationships. Gender roles affect if and when young people have sex, whom they have sex with and if they protect themselves against pregnancy and sexually transmitted infections (STIs) including HIV (Human Immuno-deficiency Virus). But most young people (and older people too!) are not aware of the effect of gender on their lives, or, that because gender roles are created by society, they can be changed.

There are a number of international conventions, which almost all governments in the world have committed themselves to that protect the rights of young people, children, and women and girls. For example: the Convention on the Rights of the Child states that girls and women have equal rights with boys and men and emphasises young people's right to health education and to seek and receive information in the context of enjoying the highest possible standard of health. They also have a right to a safe and supportive environment free from exploitation and abuse (both in their immediate environment of family, friends and service providers, and the wider environment created by social values, norms, policies and legislation) and opportunities to participate in civil society, particularly in decisions that affect their lives.

The Convention on the Elimination of All Forms of Discrimination Against Women includes the rights of girls and women to be protected from commercial sexual exploitation, to participate in decision making, to have equal access to education, training and employment opportunities, to enter into marriage only with their free and full consent, to decide on the number and spacing of their children, and to have equal access to property in marriage.

The Fourth World Conference on Women produced a platform for action that included promoting access to education about sexual and reproductive health for adolescents of both sexes and programmes to sensitize boys and young men to gender equality.

Governments have committed themselves to protecting the rights of girls, promoting their social and physical development, eliminating discrimination, violence and negative cultural attitudes and practices. These include commitments to: establish policies that increase equality of status, welfare, opportunity; make literacy and numeracy programmes available to girls not attending school; ensure that girls and young women have equal access to economic resources; and invest in education and skills development for girls and women.

Governments have also targeted discriminatory attitudes and harmful practices to be addressed including: son preference, restrictions on girls' access to food, female genital mutilation, forced marriage, sexual violence. Other important targets include encouraging a more equal sharing of household work, reducing the heavy workload of women and girls, enforcing a minimum age of marriage, promoting equality, cooperation, mutual respect and shared responsibility between girls and boys and women and men.



HANDOUT 2.1

Violence against Women and Girls.

Violence against women is defined as “any act of verbal or physical force, coercion, or life-threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty and that perpetuates female subordination.

Types of violence against women

Violence against women is not only physical violence—like beating, slapping, or pushing. While this is one type, there are four different types of violence women face:

Physical: Physical violence is any act that harms the body of a girl or woman. Physical violence includes: beating, hitting, slapping, kicking, assault with a weapon, shoving, punching, choking, or killing.

Sexual: Sexual violence is any act that limits a girl’s or a woman’s control over her body, her sexuality, or her reproductive health. Sexual violence includes forced sex - being physically forced into having sex by a partner, acquaintance, or stranger; (also called rape), coerced sex - being pressured into having sex—emotionally, socially, or economically, for example, being pressured to have sex without protection or with the knowledge or fear of exposure to HIV.

Emotional: Emotional violence is any act that involves psychological or verbal abuse and/or controlling behavior. Emotional violence includes shouting, infidelity, humiliation, insults, threats, intimidation, isolation, controlling or manipulative behavior. Women experiencing physical, sexual, or economic violence also experience emotional violence.

Economic: Economic violence is any act that harms a girl’s or woman’s financial well-being or that uses money to control her. Economic violence includes withholding money or food as punishment, preventing a woman from earning an income, taking away money or goods that belong to a woman or that she has earned, refusing her participation in financial decision-making, abandonment.

All four categories of violence against women are serious problems in our communities. All violence is harmful and a violation of fundamental human rights.

Why does violence against women happen? Violence against women happens as a result of an imbalance of power between women and men. In most communities we grow up being taught that men are more important and powerful than women and that they have a right and even a responsibility to discipline and control women. When one adult controls the life and decisions of another adult it is unjust and unfair. In a relationship, when one person uses his/her power to control the other, it is violence. Men’s use of power over women and the community’s silence about this is the root cause of violence against women.



HANDOUT 2.2

Responding to Violence against Women

- Violence against girls and women is never acceptable.
- You cannot be neutral when intervening in cases of violence. The safety of the survivor should always come first.
- The priority is to ensure the safety of the woman and her children, not to mediate or resolve relational problems.
- Any medical, psychological, or legal intervention should include routine questioning about violent acts within the family.
- People who have experienced violence must be treated with dignity, respect, understanding, and great sensitivity, regardless of age, cultural, economic, and educational differences.
- It must be recognized that leaving a violent relationship is generally a long and gradual process.
- People who have been subjected to violence have the right to quality comprehensive care in which the nature of what they have suffered is understood and the emotional and physical symptoms are treated.
- The survivor's decisions must always be respected, even if she decides to go back to the aggressor.
- Celebrate non-violence and positive change!



HANDOUT 2.3

Preventing Acquaintance/Date Rape

Although acquaintance/date rape represents 40 -58 percent of all sexual assaults in the world, it is the least understood type of sexual assault. Not a stranger in the dark streets or an intruder in the home, the rapist is someone the victim knows - an acquaintance or even a date. He or she could be a friend, boyfriend or girlfriend, a neighbour, co-worker or a relative. It doesn't matter if you are male or female, how you are dressed, or how well you know someone. Anyone can be raped.

Acquaintance or date rape is when someone you know forces you into unwanted sexual activity of any kind. This includes unwanted sexual touch or oral, vaginal or anal penetrate or forcing you to touch her/him in a sexual way. Rape happens because of a need for power and control over someone else.

How Can I Protect Myself?

There are ways that you can help to protect yourself against the possibility of acquaintance or date rape. The best thing you can do is trust your instinct! If you feel uncomfortable with a situation or threatened by someone, get to a safe place as soon as possible.

1. **Do not be alone before you're ready.** It's a good idea to go out in group dates with friends, especially when dating someone new. Don't go out as a couple until you have gotten to know each other. Avoid secluded places including someone's home when parents or adults are not at home, your friend's home, empty buildings, or bushes.
2. **Keep others informed.** Always make sure that someone knows where you are going and when you will be home. Carry a friend's phone number with you to call if you need help.
3. **Split the cost.** If you go to a concert movie or restaurant, split the cost in order to prevent your date from thinking that you "owe" sexual favours in return. If you do not have money, eat what you can afford at home.
4. **Think about your sexual limits.** Before going out on a date, think about what you want to do, and do not want to do. A decision to be sexual in anyway should be made together and never forced.
5. **Be clear with your date about your sexual limits.** Give the message that "no" means "NO", not "try harder for a 'yes.'"

6. **Trust your instincts.** If you feel pressured or threatened in any way, do not hesitate to say what you feel. Leave if necessary.

7. **Do not worry about being polite.** Use strong nonverbal techniques to reinforce what you are saying such as pushing away, not smiling, using a firm tone of voice so on.

The following are some actions and attitudes to watch out for. If your partner or acquaintance engages in any of these behaviours, it may be a warning sign that the partner is potentially abusive.

1. **Threats** Verbal or physical threats to force you into sexual activity you do not want. Threats such as: “If you don’t have sex with me, I’ll break up with you” or “I’ll beat you up.”

2. **Jealous** Constant demands to know where you are and who you will be with. Watch out for someone who gets very jealous easily, even of your friendships.

3. **Criticism** Disapproval or scolding about your actions, your clothing, your friends and so on.

4. **Controlling** Failure to acknowledge your needs or wants, and/or not letting go when you try to pull.

5. **Anger or violence** Frequent and noticeable anger or violent acts, including over small disagreements possibly with threats to hurt you or people you know. She or he may later apologize for the behaviour, but that does not change the fact of the abuse.

6. **Verbal** abuse Jokes about your physical appearance or your gender, or constant criticism.

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



HANDOUT 2.4

TOUCH CONTINUUM

Lack of Touch Nurturing Touch (good) Confusing Touch Exploitative Touch (bad) Lack of Touch

Exercise:

a. Write down here what you think are examples of a:

nurturing touch:	confusing touch	exploitative touch
_____	_____	_____
_____	_____	_____

b. Describe how you feel when a touch is:

nurturing	confusing	exploitative
_____	_____	_____
_____	_____	_____

c. Write here what you do when you get:

a nurturing touch	a confusing touch	an exploitative touch
_____	_____	_____
_____	_____	_____

TOPIC 3:
**CULTURE,
SOCIETY AND
SEXUALITY**

TOPIC 3: CULTURE, SOCIETY AND SEXUALITY



PURPOSE OF THE TOPIC

This topic introduces the concept of how culture and society influences our understanding of sexuality and how we behave. The topic also describes the impact of mass media on personal values, attitudes and the way we perceive the messages we get about sexuality from the media.

OBJECTIVES

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

- explain how culture, society and human rights influence our understanding of sexuality;
- describe how cultural norms and taboos related to sexuality and gender have changed over time;
- describe the impact of mass media on personal values, attitudes and behaviour related to sex and gender;
- explain how the mass media has the power to positively influence behaviour and promote equal gender relations.



TOPIC OVERVIEW

- A. Sexuality, Culture and Law
- B. Sexuality and the Media



MATERIALS AND HANDOUTS

Markers, masking tape, paper, pens/pencils, flip chart papers



ADVANCE PREPARATION

Prepare the flip charts and the questions from the Teacher's notes.

PROCEDURE

A. Sexuality and Culture



Steps

1. Begin this session by asking learners to provide a definition of culture. Write their responses on the board and then present this definition.

Culture is the body of learned beliefs, traditions, principles and guides for behaviour that are commonly shared among members of a particular learners. Culture serves as a road map for both perceiving and interacting with the world.

Point out that an individual's culture strongly influences his or her behavior, beliefs, attitudes and values. This is not a surprising statement; we all have an understanding that many of our present-day beliefs and behaviors have their roots in what we learned growing up in our own particular cultures.

2. Explain there are several cultural components that influence our sexuality and behavior. Ask learners to identify them. Write them on the chalkboard. Then add the following to the list

- Language and
- Communication Style
- Health beliefs
- Family relationships
- Religion
- Gender roles
- Sexuality

Divide the learners into 6 groups and assign one component to each group.

Have each group answer the questions you have prepared for them. (**See Teacher's Tool 15.1**). Allow time for this and ask the groups to report to the entire learners.

Discuss each group's presentation and ask if there are any questions.

3. Write this statement on the chalkboard:

Tradition in Africa is stronger than the law and stronger even than religion.

Tell the learners they will hold a debate on this statement. Divide the learners into three teams-one is the pro-group, the other is the contra-group. The third team will be the panel of judges.

Explain that the ‘pro’ learners supports this statement. The ‘contra’ learners is opposed to it. The two groups should briefly discuss their arguments and writing them on papers or as notes for a real debate.

Each group will then express their contradictory views alternatively, either writing them on newsprint or pinning them on the board, or arguing them verbally, as in a real debate.

Each group has to respond to the arguments of the other learners.

At the end of the debate, the judges should announce the winner. Then discuss the points each group raised and answer any questions that the learners may still have.

4. Summarize the debate by pointing out that religion plays an important role in many societies. Religions are organized around spiritual beliefs. However, religious teachings and leaders also influence social norms and public policies in various aspects of life. For example, religious institutions influence attitudes and policies related to gender norms, sexual behaviour, and having children.

Some religious traditions are more egalitarian (equality-minded) with regard to gender. Others are based more directly on a system in which males hold most power. For example, some religions and religious leaders support gender equality in divorce, inheritance, and community life. In some settings, however, religious practices restrict women’s movement, or forbid them equal (or any) rights in terms of inheritance or other family matters.

In some religions, women are denied the opportunity to participate equally with men in religious life. In other religions, women and men can participate equally.

Religions also vary in their views about reproduction and sexual behaviour. For example, some religious leaders agree that young people need information and services to prevent the spread of HIV and unintended pregnancy; others oppose this. Many, but not all religions put great emphasis on chastity and purity, especially for women.

End this session using the discussion points.



Discussion Points

1. What can you do to bring a spirit of tolerance and respect towards people with whom you interact?
2. How can religious institutions minimize conflict between what human rights promote and what their followers believe?

B. Sexuality and the Media



Steps

1. Start this session by asking learners to identify various forms of mass media. List their responses on the chalkboard and ensure they also mention new forms of social media. Point out that in film, television, and music, sexual messages are becoming more explicit in dialogue, lyrics, and behavior. Too often, these messages contain unrealistic, inaccurate, and misleading information that young people accept as fact.

2. Ask learners what influence advertising has on sexuality. Point out that advertising on television, in magazines and other forms of mass media also contains a significant amount of sexual imagery, including the inappropriate use of children in provocative poses. Sex is used to sell most common products from shampoo to hotel rooms, yet when children and adolescents respond to the cues and become sexually active too young, society seems to blame young people, not the advertisers.

3. Divide learners into four groups. Assign each group one of the following labels:

- Women
- Young people
- People with disabilities
- Men

Hang several flipcharts around the room with the following headings:

- Network television
- Cable television
- Movies
- Magazines
- Internet
- Radio
- Newspapers

Ask the groups to go round the room and give example of how they are portrayed sexually in the various media. They should use a scale from 0 (very negative) to 10 (very positive) in the various media. For example, in magazines, young people are portrayed as glamorous, sexy and attractive. They might score a 6.

4. End this session by pointing out that the media has a role to play by encouraging the broadcast industry to produce programming with responsible sexual content. Mass media should function as a kind of “super-peer,” by promoting and normalizing positive healthy behaviors the young people.

Share the key messages from this topic and then use the discussion points.



Key Messages

Culture is the body of learned beliefs, traditions, principles and guides for behaviour.

Our sexuality is influenced by many different elements including our culture, religion, and the law.

Religious laws, sometimes conflict with civil laws regarding women's rights.

Sexual harassment and sexual abuse are illegal activities punishable under the law.

Everyone has the right to freedom from unwanted or unwelcome sexual talk or activity.

The mass media presents messages and images which contain unrealistic, inaccurate, and misleading information that young people accept as fact.



Discussion Points:

1. Overall, which medium does the best job of portraying sexuality positively? Give examples of positive portrayals.
2. Which does the worst job? Give examples of offensive portrayals.
3. Do other media (such as newspapers, popular book, comic books, music videos, popular radio shows) portray sexuality a positive or negative light?
4. What television show would you encourage a younger brother or sister to watch for a positive view of sexuality?
5. What actions can be taken to persuade the media industry to give positive messages about sexuality?

Teacher's Tool 15.1

Language and Communication Style

- What expressions, gestures and posturing (body language) commonly accompany communication? Is eye contact considered polite or rude? Is usual tone of voice soft or loud? How close do people stand next to each other when speaking? Is touching acceptable?
- Do all members of the family have the same right to speak, or do some family members have more, or fewer, rights?
- Do children, young people and adults speak freely to one another or is there some reserve? What about men and women?
- Are communication forms like joking, story-telling or rapping common? In what circumstances?
- Are emotions freely expressed? All or just some? Which ones? When?

Health Beliefs

- What do people believe causes illness?
- Does individual behavior or fate play a role in who gets sick?
- What types of illnesses do individual behaviors influence?
- How can people prevent illness?
- To whom does one turn when sick? To which family member, if any? To what kind of doctor or healers?

Family Relationships

- Is the family structure nuclear or extended? If extended, who is considered a member of the family? Do people have to live in the same household to be considered members of the family?
- What rights and responsibilities come with family membership? Do they vary by gender? By age?
- Who has authority in the home? Does one adult have power over some decisions, but not others?
- Is there value placed on having many or few children? On having girls or boys? Why?
- Are family members expected to be involved in other family members' decisions? Which ones? Which family members' opinions receive the most respect?
- Do families arrange marriages? If so, how?
- What are the expectations for what parents owe children and what children owe parents? Are children expected to live at home until marriage? After marriage?
- How is privacy treated within the home? What family matters are not to be shared with outsiders?

Sexuality

- What are the "ideal" body types for men and women? Are those ideals different from the images represented in mainstream advertising? How? Are men and women generally happy with their bodies? Why or why not?
- How is intimacy expressed? Do men and women appear to have different needs for intimacy? Is a hand-holding, kissing or other form of public affection considered acceptable or in bad taste?
- How do men express feelings of closeness to other men? Women to other women?
- Is sensuality expressed through clothing? How?
- Who is encouraged to initiate romantic relationships by asking for a date?
- Is contraception commonly used? Who is responsible for using contraception?
- How do people flirt? What is expected behavior for men and for women? What age is seen as an acceptable one for first sexual intercourse? For males? For females? Do young people and older people agree on this? Why or why not?
- Is childhood sexual abuse recognized as a problem? What about sexual harassment?

Gender Roles

- Are tasks within the home assigned by gender? Are some things traditionally done by women and some by men? Which ones? Is that changing? How?
- Are both boys and girls encouraged to stay in school? To excel in school? In which subjects?
- Are both boys and girls encouraged, or expected, to work outside the home? In what kinds of jobs?
- Are both genders expected to express emotions freely? Are some emotions more appropriate for one gender or another? If so, which ones? How are they typically expressed?
- How are children cared for? How are responsibilities and tasks shared by parents?
- Are there different expectations about sexual behavior for both genders? Is one gender supposed to be more knowledgeable, experienced or interested in sex or faithful (monogamous) in a relationship?
- Is one gender supposed to be obedient to the other? In what ways?

Religion

- What religion, or religions, does this group typically adhere to?
- What are the basic beliefs of the religion? In particular, what are the teachings about gender roles, pre- or extra-marital intercourse, contraception, childbirth?
- What role does fate or pre destiny, play in an individual's life?
- How is death viewed? Does this group believe that there is life after death?
- Are young people as religious as older people? Do young people express their religious beliefs differently from their elders?
- How are religious beliefs incorporated into daily life? Are some teachings more followed than others?
- Are religious leaders often consulted by family or community members? On what issues?
- Are there behaviors or foods that are taboo? Which ones? When?

**TOPIC 4:
ADOLESCENT
DEVELOPMENT**

TOPIC 4: ADOLESCENT DEVELOPMENT



PURPOSE OF THE TOPIC:

This topic explains the physical, social and emotional changes that take place in females and males during adolescence; identifies which changes are the same for everyone and which differ by sex and ways of coping with feelings during adolescence.

OBJECTIVES:

By the end of this topic, learners should be able to:

- Define adolescence.
- Describe the physical and emotional changes that occur during adolescence;
- Name the parts of the male and female reproductive and sexual anatomy and their functions; and
- Give a basic explanation of what happens during the menstrual cycle.
- Describe something exciting and something challenging about adolescence.



TOPIC OVERVIEW

- A. What is Adolescence?
- B. The female sexual and reproductive system
- C. Understanding Menstruation
- D. The male sexual and reproductive system
- E. Personal hygiene during adolescence



MATERIALS AND HANDOUTS:

Flipchart paper, marker pens, tape and scissors, A4 paper, drawings or posters: Female sexual and reproductive system (internal and external), Male sexual and reproductive system



ADVANCE PREPARATION:

Have parts of the menstrual cycle in large letters on separate pieces of A4 paper

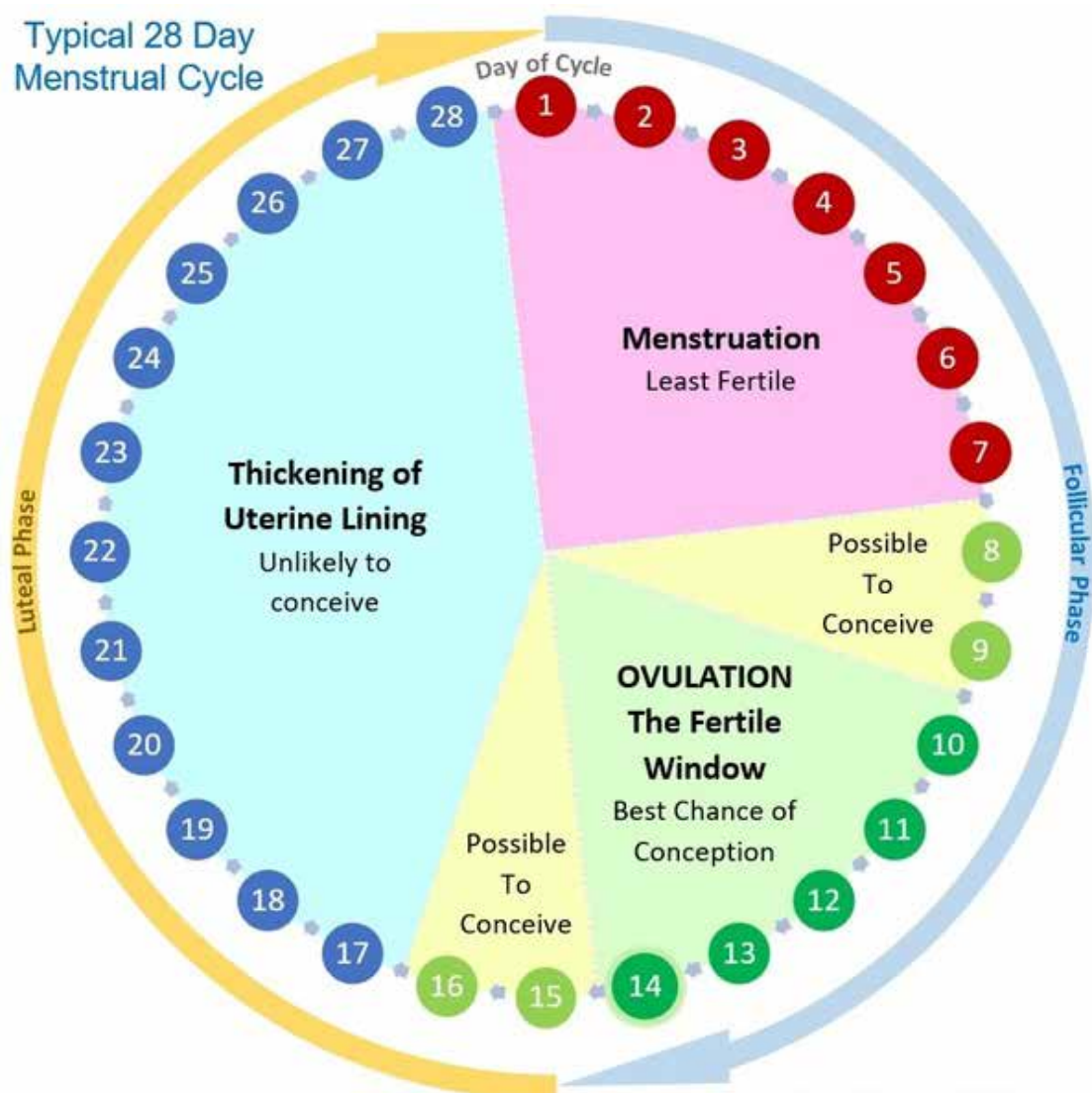
Prepare flipchart/posters of male and female sexual and reproductive systems

Prepare worksheets on: changes that happen during adolescence for boys and girls

Example of a menstrual cycle of 28 days

Menstrual periods usually start between the ages of 9-15.

Average menstrual cycle is about 28 days (as shown on the diagram), but varies widely from person to person.



PROCEDURE



A. What is Adolescence?

Steps

1. Introduce the topic, then ask learners to brainstorm what adolescence means. Write their responses on the flipchart. Most of the following points should come out:

Adolescence is:

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

2. Ask learners:

- What do you think is difficult during adolescence? What challenges do young people face during adolescence?
- What is exciting during adolescence?

3. Ask learners to summarize the discussion. Add any of the following points that are not mentioned.

- **Adolescence is the time in life when we move from being a child to becoming an adult.**
- **Adolescence is both challenging and exciting.**
- **Adolescence can be confusing because sometimes you feel or are treated more like an adult and sometimes you feel or are treated more like a child.**

4. Tell learners that during adolescence, many changes take place and that you will look at those changes in depth.

5. Divide learners into 2 groups and ask learners to do the following:

Group 1: to list at least four changes that happen only to boys and four changes that happen only to girls;

Group 2: to name at least four changes that happen to both boys and girls

Give the groups the list below to choose from and allow time for this activity:

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

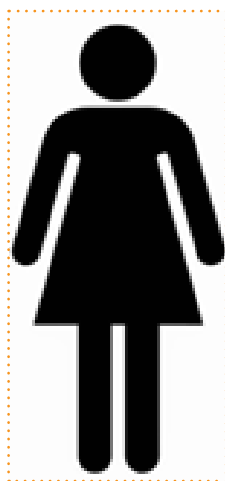
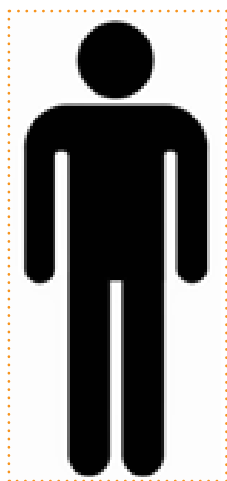
6. When they have finished, ask each group to present their work and to explain two ways that they can manage their feelings during adolescence. Check if the changes are presented in the correct order.

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

SOCIAL PHYSICAL EMOTIONAL

SOCIAL PHYSICAL EMOTIONAL

SOCIAL PHYSICAL EMOTIONAL



8. Post the pictures that you prepared at the front of the room. Divide participants into seven groups. Tell them that each group will get four pieces of paper that have some changes written on them. In their groups, they will discuss and decide if the change is something that happens to only boys, only girls or both boys and girls. Then they will decide if the change is physical, social or emotional.

9. Give them time to discuss in their groups. Then call their attention back to the front and to present their work.

10. Ask the first group to have one of their members come to the front with one of the changes and tell everyone where the group decided it should be posted. Ask if the others agree. If it is correct, have them post it in the correct place. For physical changes, they should post them on the body shown in the picture. Use the Teacher's Information: Physical, Emotional and Social Changes in Boys, Girls and Both Sexes During Adolescence as a guide to the correct answers. As you go through the changes, ask them if they have any questions and discuss as needed.

11. Move from group to group taking one change from each group and following the same process until you have gone through all of the changes. Keep the activity moving at a rapid pace.

12. Ask them if they have any questions about any of the changes. Conclude the activity using the following Discussion Points:



Discussion Points:

- What do you notice about the changes that are different for boys and girls? (**Answer:** *They are all physical.*)
- Are the changes mostly the same for boys and girls or mostly different? (**Answer:** *They are mostly the same.*)
- How do these social and emotional changes make you feel? (Possible answers: Shy, confused, worried, happy, excited, among others.)
- What are the positive ways to manage the moods and emotions during adolescence?
(**Answer:** *Some examples of coping strategies are:*
 - *Exercising or doing some physical activity*
 - *Eating well*
 - *Discussing emotions with family, friends or religious leaders*
 - *Listening to music*
 - *Laughing*
 - *Doing something you enjoy, like a hobby*
 - *Participating in community activities*
 - *Reading or watching TV*



Key Messages for learners

- As a group, girls start puberty earlier than boys.
- Puberty changes do not start at the same age for everyone.
- The social and emotional changes are the same for girls and boys, but some physical changes are different for boys and girls.
- These changes can make us feel confused or worried.
- There are many different ways to manage our feelings, including talking to friends or others about what we are going through.

INFORMATION NOTE FOR THE TEACHER: CHANGES DURING ADOLESCENCE

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

B. The Female Sexual and Reproductive System



Steps

1. Brainstorm what the word 'reproduce' means. (Answer: to have children or offspring.)

2. Tell learners that this activity is about the female sexual and reproductive system. Write the following words onto the flipchart:

- Vulva
- Mons pubis
- Outer lips
- Inner lips
- Clitoris
- Urinary opening
- Vaginal opening
- Hymen

3. Divide learners into groups of four or five. In their groups, they should discuss the words listed on the flipchart paper and label the parts on the picture.

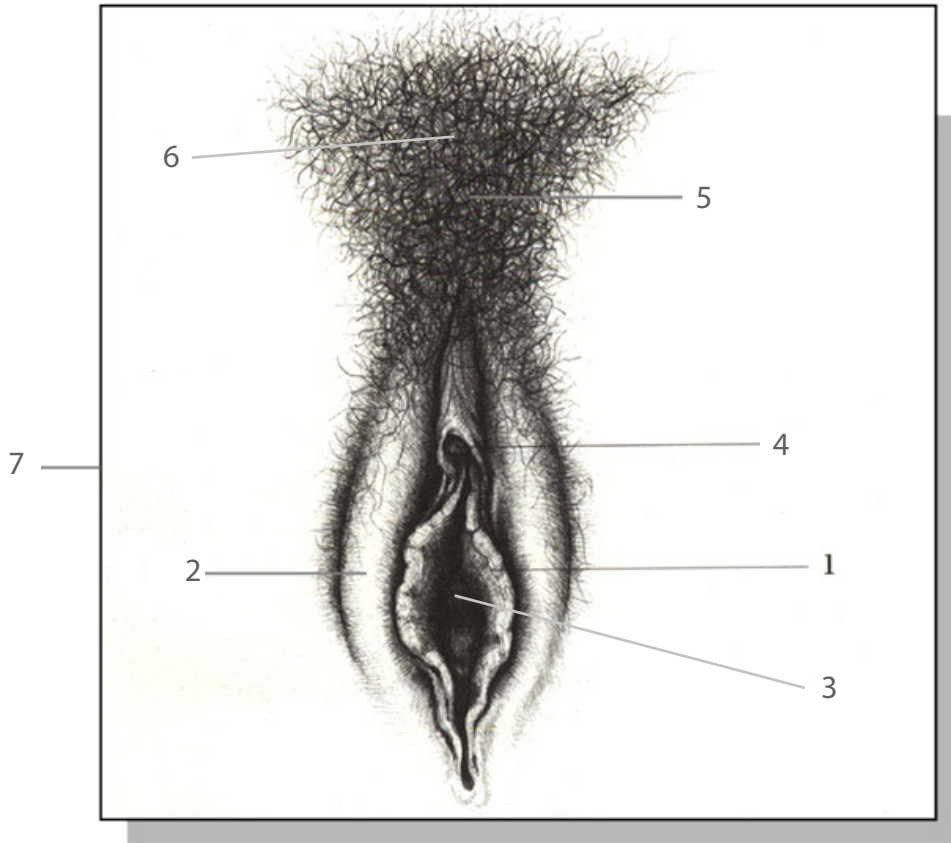
4. Put up the poster of the Female Sexual and Reproductive System, External (showing the external parts). Go through the answers by pointing to each body part and asking the following two questions for each one.

- What is this part called?
- What is its purpose?

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

POSTER AND WORKSHEET: THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM

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



Answer key: Parts to be shown are:

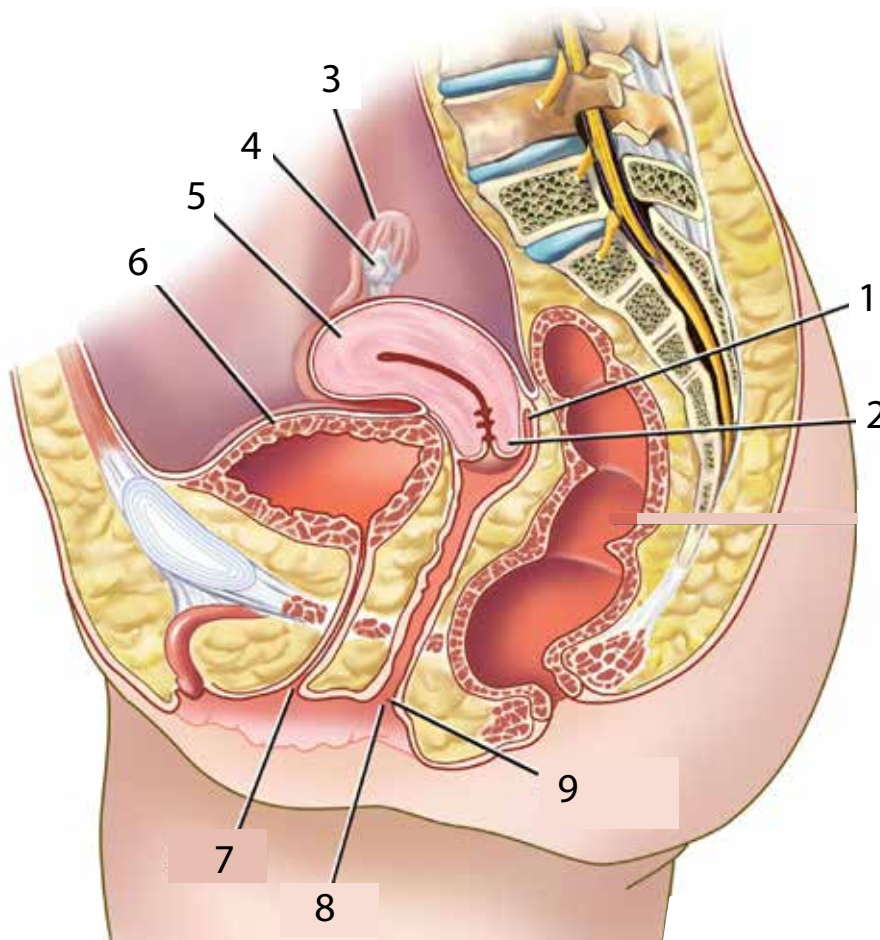
Vulva	Clitoris
Pubic hair	Vaginal opening
Mons pubis	Outer labia
Inner labia	

5. Put up the poster of the Female Sexual and Reproductive Systems, Internal and go through each part, asking learners the following questions for each:

- What is this part called?
- What is its purpose?

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

POSTER: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM, INTERNAL



Answer Key: Parts to be shown are:

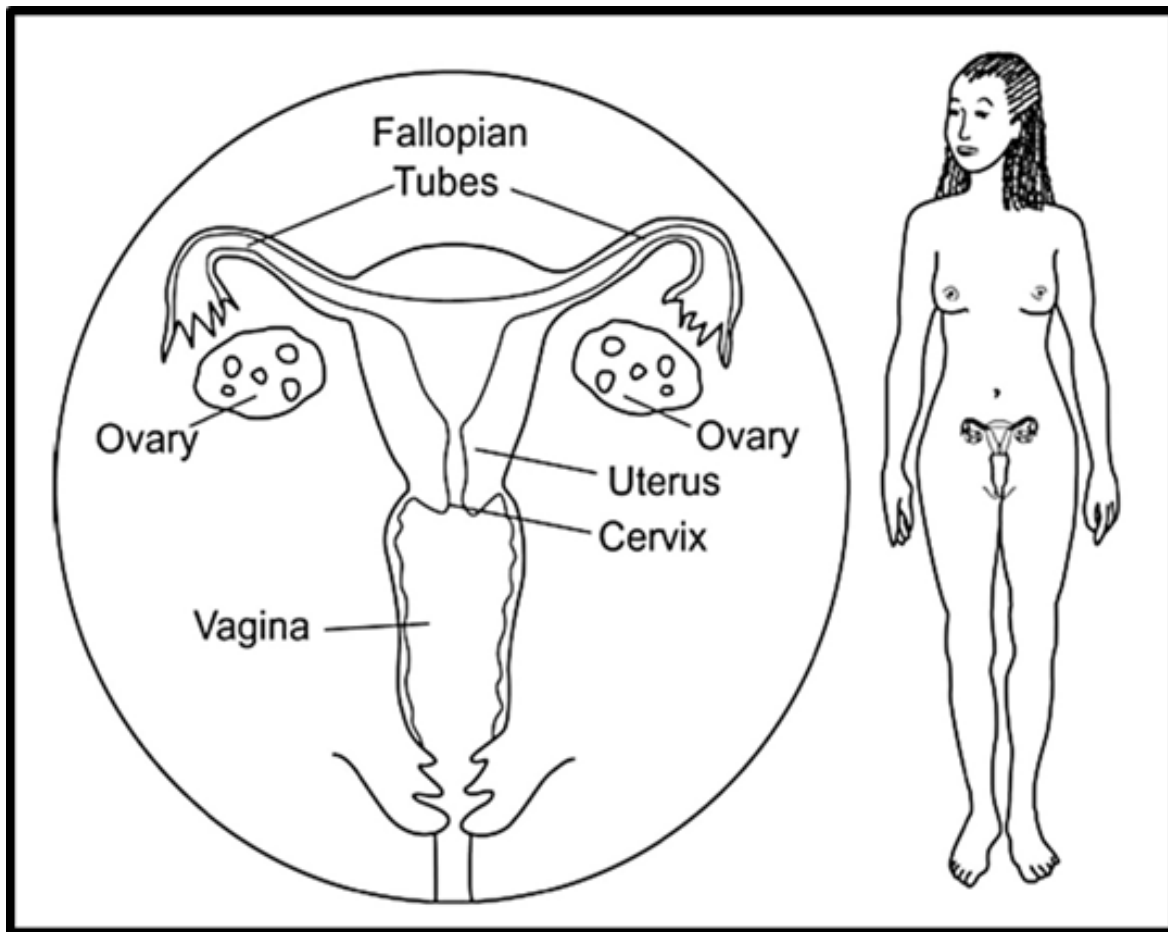
Ovary	Posterior fornix	Cervix
Bladder	Bartholins gland	Vagina
Fallopian tube	Urethra	Uterus

6. At the end of the discussion remind learners that if they have questions that they don't want to ask in front of others, they can put them in the Anonymous Question Box.

7. Ask learners to summarize what they learned during the activity. Add any of the following points that are not mentioned.

- **The woman's sexual and reproductive organs are located inside and outside her body.**
- **The uterus is where a fertilized egg grows into a baby.**
- **The female clitoris is the only organ in women whose only function is sexual pleasure.**

Another pictorial view of female internal sexual and reproductive system



TEACHER'S INFORMATION: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM

Outer sexual and reproductive parts

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

The vulva includes:

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

Inner reproductive parts

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

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

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

The **fallopian tubes** are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called fimbria) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slow down the tube towards the uterus.

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

Other (not part of the sexual and reproductive system)

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

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

C. Understanding Menstruation



Steps

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

Menstruation begins.

During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.

The follicle (or sac) that holds the maturing egg releases estrogen that causes the lining of the uterus to start to build up.

Ovulation - the ovary releases a mature egg.

The egg is pulled into the fallopian tube.

If sperm do not fertilize the egg, it disintegrates.

If the egg is not fertilized, the level of hormones goes down causing menstruation and the next menstrual cycle to begin.

6. Then ask learners the following questions:

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

7. Ask if they have any questions and answer them.

8. Tell learners that they are now going to do a true-false activity to see how much they know about menstruation. Put up two signs in different places in the room, one that says '**True**' and one that says '**False**.' Tell them that you will read out a sentence and they should go stand next to the sign that they think is the correct answer. Then you will discuss.

9. Read the following statements one at a time. After learners have moved to their signs, ask each group why they are standing at that sign. Then give the correct answer, confirm why it is correct, and provide any additional information, using the information provided, as needed.

- **Ovulation always falls in the middle of the menstrual cycle.** (**Answer: False.** Ovulation usually happens 12-16 days before menstruation begins. If a woman's cycle is shorter or longer than 28 days, ovulation will not occur in the middle of her cycle.)
- **A woman can't get pregnant from sex during her period.** (**Answer: False.** Sperm can live inside the woman's body for up to seven days. If a woman with a short cycle has unprotected sex during the last two days of her cycle, for example, and ovulates 3-4 days later, the sperm can still be alive and waiting to fertilize the egg. If they ask questions, you can use the chart below to show how this can happen. For example, if a woman has unprotected sex on the last day of her period and ovulates four days after finishing her period, sperm could still be alive in the fallopian tubes when she ovulates.)

- **Women get their period once a month. (Answer: True.** Different women have different cycle lengths. The length of the cycle can be anywhere between 21 and 35 days or even longer. So how often a woman gets her period will depend on the length of her cycle. It can be shorter or longer than one month. Her cycle can also be regular (always about the same length) or irregular (often different lengths). More than 4 out of 10 women have cycles that vary by more than 7 days.
- **Medication can change the length of the menstrual cycle. (Answer: True.** Medication, illness, stress, depression, poor nutrition, and travel can all change the menstrual cycle.)
- **During the first two years of menstruation, girls often have irregular cycles or miss periods completely. (Answer: True.** When they first start menstruating, their bodies are still adjusting to the changes).
- **It is 'safe' to have unprotected sex in the days immediately after a girl's period ends – she won't get pregnant. (Answer: False.** The days immediately after the period ends can be very risky for getting pregnant, depending on the girl's cycle. The only safe time during the menstrual cycle is the days after ovulation. However, it is difficult to know exactly when ovulation has occurred unless you have special training.)
- **Having painful periods is more common during adolescence. (Answer: True.** Many adolescents have painful periods. They can take a common pain medication like Panadol or ibuprofen. Taking contraceptive pills also reduces period pain. Periods usually get less painful when women are older.)
- **Some women and girls experience other physical and emotional changes before their periods start. (Answer: True.** In the days before menstruation, some girls and women get tender breasts, stomach cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed or irritable. This is called pre-menstrual syndrome or PMS.)
- **To know what is normal for her, a girl needs to keep a record of her own menstrual cycle. (Answer: True.** Every woman has her own cycle. It is useful for a woman to know her own cycle. To keep a record of your periods, write down the day that bleeding starts in a notebook. You can then count how long your cycle is. You can also write down the day the bleeding stops to find out how long your periods usually last.)

10. Invite questions and comments from learners and allow general discussion on issues raised. Emphasize that menstruation is a completely natural process and one that is necessary for people to have children. There is nothing to be ashamed of or to make fun of.

Conclude the activity with the following key messages about menstruation



Key Messages About Menstruation

- Menstruation happens when the egg is not fertilized by sperm.
- Every girl is unique and has her own menstrual cycle that she needs to keep track of.
- Sperm can live in the woman's body for up to 7 days.
- It is possible for a girl to get pregnant if she has unprotected sex during her period or in the days immediately after it ends.

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

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

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

After ovulation, the finger-like ends of the fallopian tube pull the egg into the tube. If the egg meets sperm in the fallopian tube, it may be fertilized. If this happens, the fertilized egg is moved down the tube to the uterus. When the egg reaches the uterus, it attaches itself to the lining and the woman becomes pregnant.

If the egg is not fertilized within 12 to 24 hours, it dies and is absorbed by the body. The woman's hormone levels will go down and, usually after 12-16 days, the next cycle and menstruation start again. Depending on the woman, the cycle may be from 20 to 35 days long or longer. A woman's cycle length often varies from month to month and it changes with age. During the first few years of menstruation, many girls miss periods or have irregular periods and the number of days between their periods may vary greatly.

Things like travel, stress, depression, poor diet, and illness can also affect the length of the cycle. Depending on the length of a woman's cycle, the fertile period may or may not be in the middle of it. Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every woman to know her own cycle.

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

D. The Male Sexual and Reproductive System



Steps

1. Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag.

- Testicle
- Seminal vesicle
- Vas deferens
- Prostate
- Bladder
- Epididymis
- Urethra
- Cowper's glands

2. Put up the poster of the Male Sexual and Reproductive System and ask learners to study it for a minute. How many parts can they name?

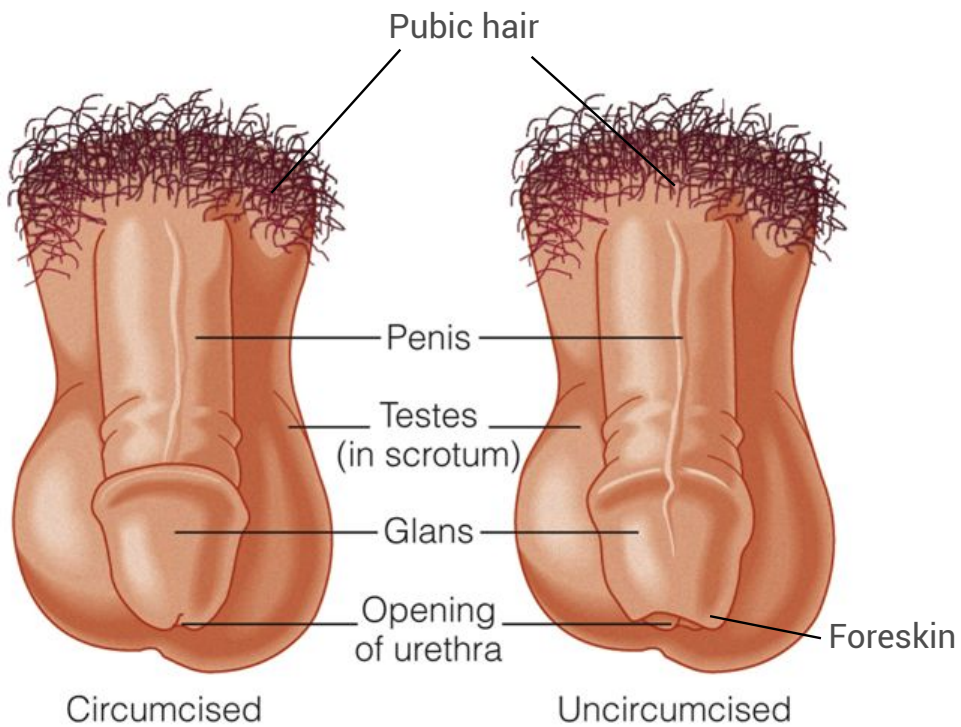
3. Explain that the names of the parts are on pieces of paper. You will ask for volunteers to come up and take one piece of paper. They will then see if they can put the name on the correct part of the male sexual and reproductive system. They can get help from others if they have difficulty.

4. Invite learners to take one piece of paper from the box or bag and to put it in the correct place on the poster. If they have trouble, ask other learners to help.

5. As each part is labelled, ask learners to say what its function is. Use the Teacher's Information: The Male Sexual and Reproductive System to add to what they say, but do not read it.

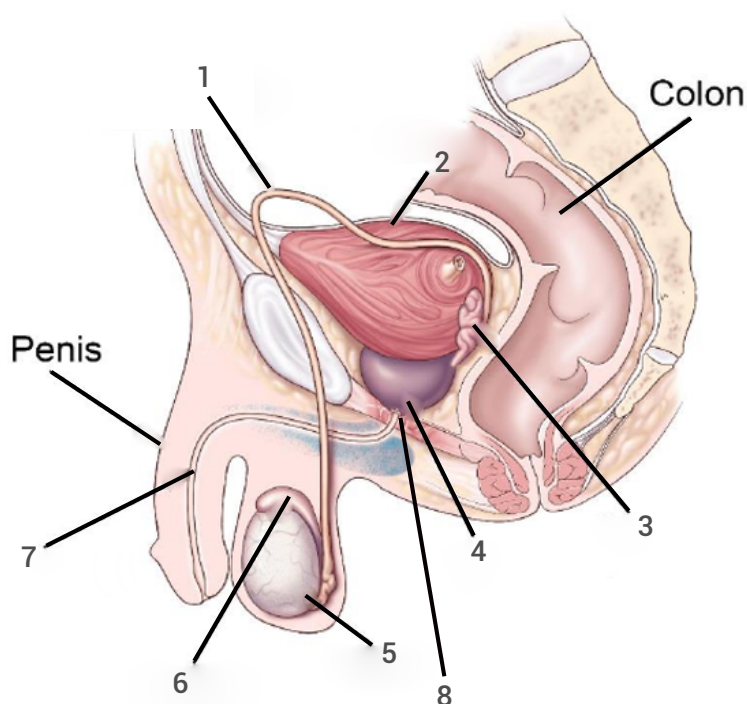
POSTER: MALE SEXUAL AND REPRODUCTIVE SYSTEM

a. External parts



b. Internal parts

Provide an answer key based on the picture below:



Answer Key: Parts to be shown:

Testicle	Epididymis	Prostate
Seminal vesicle	Vas deferens	Urethra
Bladder	Cowper's glands	

6. Ask learners to summarize what they learned during the activity. Add any of the following points if not mentioned by the group.

- **A boy's first ejaculation means that he is producing sperm and can cause a pregnancy.**
- **A single ejaculation has 150-500 million sperm in it.**
- **Most boys and some men have wet dreams or ejaculations while sleeping. They are normal.**
- **It is common for boys to have many sudden erections during puberty.**

Conclude the activity using the following questions:

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

TEACHER'S INFORMATION: THE MALE SEXUAL AND REPRODUCTIVE SYSTEM

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

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

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

The internal reproductive and sexual organs of males are:

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

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

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

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

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

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

The **urethra** is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation.

Other (not part of the sexual and reproductive system)

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

Learners may ask questions about erections and wet dreams:

Wet Dreams

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

Spontaneous Erections

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

E. Personal Hygiene during Adolescence



Steps

Explain to learners that during adolescence, their body is growing and changing from that of a child to an adult – and it requires a tremendous amount of work.

Therefore, you need to:

- eat well to fuel your body;
- exercise to build strong muscle and bones and help your body relax;
- get enough rest and sleep;
- keep yourself clean;
- make good choices. It isn't cool to be in trouble at school or with your parents, trying out drugs, or staying away from school.
- work at being a positive person.

Tell learners they will learn more about adolescence in other lessons.

2. Ask the learners to give examples of things young people of their age do for their health and hygiene that they did not do when they were children. **Answers may include:** *menstrual hygiene, bathing more often or using deodorant to avoid body odour, carefully cleaning skin to avoid pimples, shaving, wearing a bra or an athletic supporter and so on.*

3. Tell the learners that you want to see how much they already know about the health behaviours adolescents and adults practice.

Distribute Handout 4.1 Health and Hygiene Matching Game and go over the instructions:

- Choose a partner to work with.
- Look at the 10 health behaviours in the left -hand column. Next to each behaviour, in the right-hand column, is the explanation for a health or hygiene practice.
- At first glance, it looks like many of the pairs of behaviours and explanations belong together, yet, only one pair is correctly matched. All the others are incorrect. Some are very tricky!
- Read each behaviour in the left column and decide if the explanation beside it matches that behaviour. If not, find the appropriate explanation in the right column.
- Write the number of the behaviour in the box next to the appropriate information that matches it.

4. Go over an example with the learners. Ask: Does avoiding vaginal infections really help prevent acne by eliminating blackheads? No! So what can help prevent acne?" You do not have to give the right answer, just get the pairs started. Go round the learners and help if necessary.

5. Go over the handout, asking learners for the matching explanation. See reference material at the end of this topic and give additional information as appropriate. As you discuss a behaviour, display any relevant personal hygiene products and pass them around so the girls can become familiar with them.

6. Conclude this topic by asking for any comments or questions. Then share the key messages and use the Discussion Points.



Key Messages

Personal hygiene during adolescence is key to good grooming and good health.

Good personal hygiene enhances your body image and sense of self.

Good hygiene practices are part of healthy behaviours.



Discussion Points

1. What did you learn from this activity that surprised you?

2. What is a hygiene behaviour that is important enough to tell a brother or sister or friend about?

3. Is there anything you learnt today that your parent(s) or friends would disagree with? Things that they do differently than the way you just learned? How will you handle that?

4. Is there any hygiene behaviour discussed in this activity that people in your culture are taught to do differently? What does your culture teach about that particular behaviour? Why do you think that it is so?



HANDOUT4.1

Health and Hygiene Matching Game

FREQUENT BATHING	NECESSARY, EVEN WITH REGULAR BATHING _____
USING COTTON WOOL OR SANITARY TOWELS OR TAMPONS	A NORMAL, HEALTHY WAY TO RELIEVE SEXUAL TENSION _____
BREAST SELF- EXAMINATION EALTH _____	IMPORTANT FOR SEXUAL AND REPRODUCTIVE
USING SOAP AND DEODORANT	CLEANS THE GENITALS DAILY AND KEEPS THEM ODOUR
USING FACIAL CLEANER	PROTECTS YOU AND YOUR PARTNER FURTHER INFECTION _____
AVOIDING VAGINAL INFECTIONS	PREVENTS ACNE BY ELIMINATING IBLACKHEADS _____
MASTURBATION	CAN DETECT SMALL LUMPS THAT COULD DEVELOP INTO CANCER ____
MALE CIRCUMCISION	DOES NOT AFFECT SEXUAL OR REPRODUCTIVE HEALTH _____
BEING TESTED AND TREATED FOR STIs	DEPENDS ON SEXUAL LIFE STYLE, BATHING AND OTHER HEALTH BEHAVIOURS _____
HAVING A REGULAR PELVIC EXAMINATION MENSTRUATION__	USED DURING

Reference Material for the Teacher on Adolescent Health and Hygiene

1. FREQUENT BATHING- Cleanses the genitals regularly and keeps them odour free. Oil and sweat glands in the genital areas of boys' and girls' bodies become active at puberty, so frequent bathing and showering is important to keep the genitals clean and free of odour.

2. USING TAMPONS - Tampons are thin rolls of cotton and/or other fibres that are placed in the vagina to absorb menstrual flow. Attached to one end of the tampon is a string that extends through the vagina and hangs outside the vulva. The string is gently pulled to remove the tampon after use. Tampons should be changed at least every four hours and pads should be used if there is a heavy menstrual flow. Cotton wool should also be changed at least every four hours. If tampons are left for more than four hours, they can absorb germs which can cause toxic shock syndrome.

3. BREAST OR TESTICULAR SELF-EXAMINATION - Can detect small lumps that could develop into cancer. These self-examination techniques are very important to detect early signs of breast or testicular cancer.

Breast self-examination consist of:

(a) looking in the mirror at the breasts

(b) feeling each breast in a circular motion to search for any lumps or thickening that could signal cancer.

Teenagers rarely get breast cancer, but getting in the habit of doing breast self-examination once a month is a good idea. By age 25, all women should examine their breasts once a month because breast cancer is very common among women.

Testicular self-examination consists of rolling each testicle entry between the thumb and fingers, feeling for a lump the size of a small pea. This is best done just after a bath or shower when the scrotum is relaxed. Most men will notice a ridge along the top and back portion of their testicles; this ridge is the edge of the epididymis, the place where sperm are stored until they mature.

Teenage boys should examine their testicles once each month. Testicular cancer is rare, but it is more common among teenagers than among males over 35.

4. USING SOAP AND DEODORANT - Is necessary even with regular bathing. Bathing regularly and wearing clean clothes keeps a person smelling clean and fresh. Sweat glands do become more active during adolescence and some people like to use a deodorant and/or antiperspirant product. Deodorants are designed to cover up natural body odours; antiperspirants are designed to absorb perspiration in the armpit and reduce underarm wetness. Each person has to decide whether her or his body odour or amount of perspiration requires the use of one of these products.

5. USING A FACIAL SOAP OR CLEANSER - Can help prevent acne by eliminating blackheads. Blackheads occur when the extra oil produced by adolescents' glands clog pores in the skin. If blackheads are not removed, oil continues to back up in the oil gland below the pore, causing pressure and inflammation. If germs get into the pore, pimples can develop. Teens who have blackheads often find using an abrasive soap or cleanser will help. Such a soap has tiny cleansing grains that scrubs the blackheads loose and removes them. Keeping the skin clean and free of excess oil is the best way to prevent pimples and acne. Washing the skin two or three times a day with regular soap may be enough for some teens, while others need to use a special soap with ingredients that kill bacteria.

6. AVOIDING VAGINAL INFECTIONS - Depends on sexual and other health behaviour: Sharing of infected clothing and poor personal hygiene may also contribute to vaginal infections. Some vaginal infections, like yeast infections, are common among adolescents girls. The first sign of a vaginal infection is generally a change in a woman's discharge. This may be accompanied by itching around the private parts. All women and adolescent girls have a normal vaginal discharge; this is nature's way of cleansing the vagina regularly. The normal discharge is usually clear or cloudy and has no unpleasant odour, as long as a woman's vagina is free of infection. Vaginal infections can often be avoided by practising good health habits:


- Keep the vulva clean and dry by bathing and showering frequently and wearing cotton underwear;
- Wipe from front to back after using the toilet, to keep bacteria from faeces away from the vaginal opening;
- Avoid tight fitting clothing such as nylon underwear or tight jeans, especially in warm climates.
- Avoid irritating chemicals such as commercial douches, bubble baths, hygiene sprays and deodorized tampons.

7. MALE CIRCUMCISION - Male circumcision does not affect sexual or reproductive health. Male circumcision occurs when a circumciser or a doctor removes a fold of skin, called the foreskin, from around the top of the penis. It is often done as a part of an initiation rite around the age of 12-14 years. Some communities who practice circumcision do so because they believe that circumcision is necessary for male health and hygiene. Male circumcision is not necessary if the man practices good personal hygiene. Uncircumcised boys and men need to gently pull the foreskin back and wash the head of the penis when bathing.

8. BEING TESTED AND TREATED FOR STIs - Can protect you and a partner from further infection. Sexually transmitted diseases, or STIs, can only occur if there has been sexual contact with another person. Any adolescent who has engaged in sexual intercourse of any kind may be infected with an STI. Many STIs have no symptoms, especially in females, and can only be detected by a medical exam or after they have caused damage to a woman's reproductive organs. Testing is important to keep STIs from infecting internal reproductive organs and from spreading to another person. Treatment is usually very effective and teenagers can be treated in private or government health facilities without a parent's permission.

9.HAVING A REGULAR MEDICAL CHECK UP - Examination of the breast and the pelvis at regular intervals is important to ensure that sexual organs are normal and healthy and to detect early signs of infection or other medical problems. Digital or instrumental pelvic examination is not indicated in virgins. A health practitioner should instead recommend other forms of medical imaging e.g. ultrasound or X-ray if any abnormality is suspected. Many girls are nervous about having their first pelvic exam, but the exams need not be painful and are very important for maintaining reproductive health.

During a pelvic exam, the health practitioner first examines a woman's external pelvic area and genitals, then inserts a speculum - a plastic or metal instrument that gently spreads apart the walls of the vagina - to see the lining of the vagina, the cervix and the lower part of the uterus. The nurse or doctor wipes a plastic or wooden spoon across the cervix to take a pap smear - a test for cervical cancer that saves thousands of lives each year. To take charge of their own reproductive health and lives, all women should make an annual medical check-up a part of their routine health care.



**TOPIC 5:
HUMAN
SEXUALITY**

TOPIC 5: HUMAN SEXUALITY



PURPOSE OF THE TOPIC

This topic introduces the concept of responsible sexuality and provides an opportunity for young people to identify messages about sexuality. The topic helps learners to recognize and articulate some of the emotions that accompany adolescence.

OBJECTIVES

By the end of this topic, learners should be able to:

- define sexuality;
- describe the five circles of human sexuality
- explain what human sexuality is and how it affects behaviour;
- become more comfortable talking and asking questions about sexuality.



TOPIC OVERVIEW

- A. Introduction to Sexuality
- B. Human Sexuality
- C. Feelings, Fears and Frustrations
- D. Sexual Desire



MATERIALS AND HANDOUTS

Newsprint, markers, masking tape, signs labelled 'A', 'B,' 'C,' 'D,' paper, pens/pencils

Handout 5.1 Circles of Sexuality

Handout 5.2 Quiz on Sexual Desire



ADVANCE PREPARATION

Newsprint and/or handouts of Circles of Sexuality.

Read the Reference Materials for the Teacher on Circles of Sexuality.

PROCEDURE

A. Introduction to Sexuality



Steps

1. Start this session by explaining to learners that in this topic they will learn about human sexuality. Ask the learners what they think about when they hear the word sexuality? Write these points on the board as you present them.

Explain that when most people see the words `sex` or `sexuality` they think of intercourse and other kinds of physical sexual activity. Tell the learners that sexuality is much more than sexual feelings or sexual intercourse.

2. Write the word `sexuality` on the newsprint and ask for more definitions. Write these on the chalkboard. The following points should come out:

- Sexuality includes an awareness and feelings about your own body and other people's bodies;
- The ability to be emotionally close to someone else;
- A clear understanding of what it means to be male or female;
- Feeling of sexual attraction to other people;
- The physical capacity to reproduce.

Explain to learners that sexuality begins when a person is born and ends when he/she dies. It is a central aspect of being human throughout life and includes all of the following elements:

- » sex
- » gender identities and roles
- » sexual orientation
- » eroticism
- » pleasure
- » intimacy
- » reproduction

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviours of being a girl or a boy a female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

Ask learners if they have any questions about the definition.

3. Explain to learners that caring for our sexual and reproductive health is as important as caring for any other aspect of our health. Ask learners what they do when they are not feeling well, when they have a flu or fever or diarrhoea.

(Possible answers: take medicine, lie down, go to the doctor). Likewise, when any part of the body related to our sexual and reproductive health is not well, we should take care of it. However, there are many things we can do to prevent any problem with our sexual and reproductive health.

Ask learners for a few examples of what they can do to prevent any illness or problem with their sexual and reproductive health. **(Possible answers: keep private parts clean, avoid risky behaviour, abstain from or practice protected sex, have regular check-ups).**

4. Explain to learners that the attainment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual and reproductive rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws. Ask learners to recall or give examples of such documents. Write them on the chalkboard.

Then list the following rights which are critical to the realization of sexual and reproductive health:

- the rights to equality and non-discrimination;
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- the right to privacy;
- the rights to the highest attainable standard of health (including sexual health) and social security;
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage;
- the right to decide the number and spacing of one's children;
- the rights to information, as well as education;
- the rights to freedom of opinion and expression;
- the right to an effective remedy for violations of fundamental rights.
- The responsible exercise of human rights requires that all persons respect the rights of others.

5. Explain to the learners that at times, people use their sexuality in unhealthy ways to influence, control or tease another person. This can range from flirtation and seduction to sexual harassment and abuse. Learners should not use their sexuality as a tool to get something or to tease or hurt someone else.

6. Form 4 groups and tell each learners they will have a different assignment:

Group 1 will list what their parents have said about sexuality;

Group 2 will list what their friends have said about sexuality;

Group 3 will list what they have seen or heard about sexuality through the media.

Group 4 will list what different religions say about sexuality.

Allow time for the groups to brainstorm and write their lists on the newsprint.

Each group will share its ideas with the others. Remind the groups that there are no right or wrong answers. Circulate and give suggestions to the groups. For example, parents might say 'Sex should wait until marriage;' friends might say 'Everyone is having sex;' a common media message is 'You'll be sexier if you use our product.'

7. Ask each learners to share their list with the entire learners. Conclude this activity using the Discussion Points.



Discussion Points

1. How are the messages from parents, friends and the media similar? Different? Why do you think so?
2. Which messages do you agree with? Disagree with?
3. What other sexuality messages have you heard from religious leaders?
4. Which of these messages might make a person feel uncomfortable talking or learning about sexuality?
5. Are there any messages which you think are incorrect and that you want more information about?

B. Human Sexuality



Steps

1. Write the word 'sexuality' on the board and draw a box around the letters 's-e-x'. Point out that s e and x are only three of the letters in the word sexuality.

2. Display the five circles of sexuality on the newsprint or an overhead transparency and give each learner Handout 5.1 'Circles of Sexuality'. Explain that there are five different components of human sexuality: sensuality, intimacy, identity, behaviour and reproduction, and sexualization. Everything related to human sexuality fits in one of these circles.

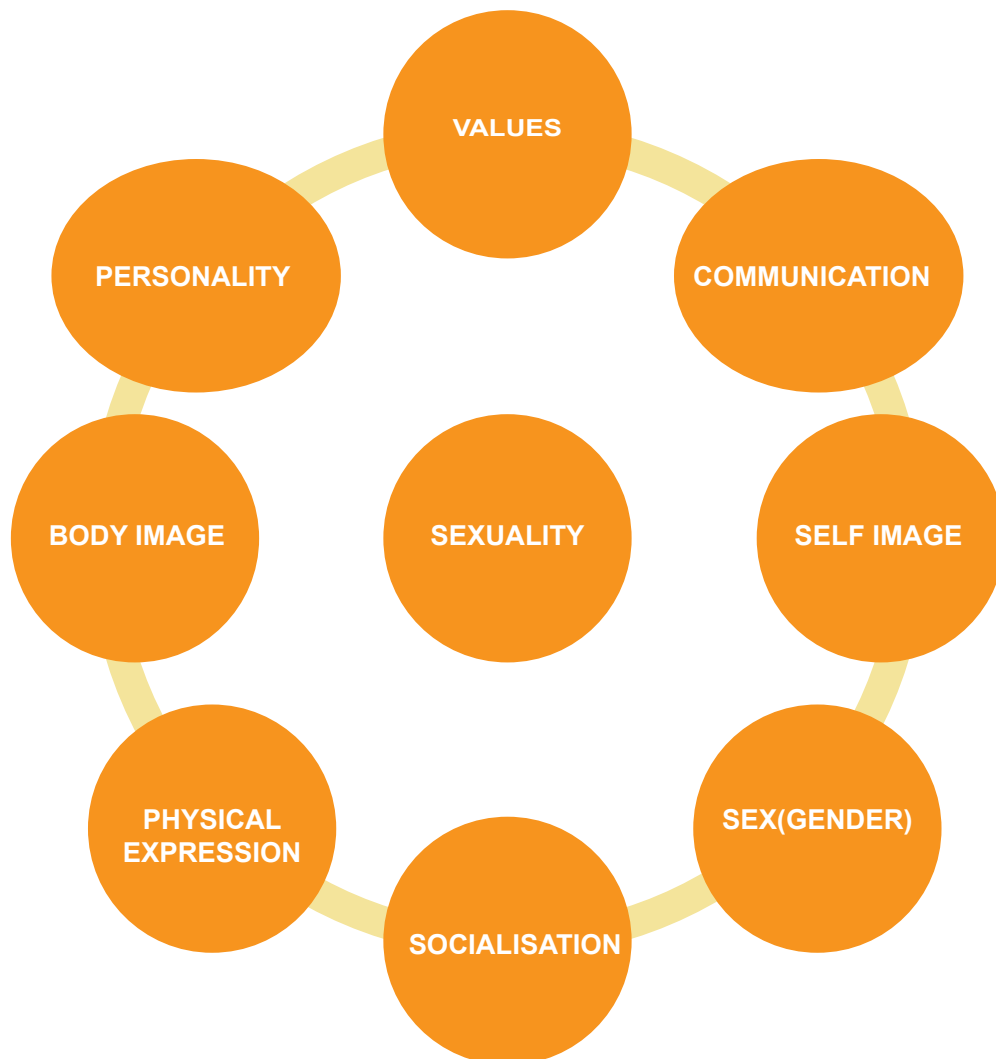
Show power point 5.1 and beginning with the circle labelled 'sensuality' explain each circle briefly. Take ten minutes to:

- Read the definition of the circle aloud and point out its elements;
- Divide learners into 4 groups and give each learners 5 cards and ask them to write one example of a behaviour that would fit in each circle. Have them put the cards in the correct circle. Process this information and determine if any cards should be moved to another circle. (For example, in the circle on sensuality, when someone compliments you on how smart you look, you are aware of your own body).
- Ask for and answer any questions about elements the Circles of Sexuality contain.
- Point out that just as the circles intersect and there is a common area among them, so do some of the behaviours. They can belong in more than one circle.

3. Explain to the learners that there are many ways to express their sexuality without having sex. Ask them to write down the ways they know to do this. Allow time for this and then share their lists with the whole learners. Also make the following points:

- Being a sexually healthy person means that you can express your sexuality in ways that are not harmful to yourself or to anyone else. You can feel attractive and good about your body. You can have sexy thoughts and feelings.
- You don't need to have sex when you have sexual feelings. You can feel emotionally close to someone else and enjoy being touched and hugged.
- Delaying the onset of sexual activity, keeping your virginity and waiting to have sex when you are ready, will keep you safe. You can feel attracted to another person, but not have sex.
- Even if you have had sex before, you can always decide to stop having sex.

4. Show learners the following “sexuality wheel” and ask them to explain how each of the outer circles relates to or influences their sexuality.



5. Conclude this activity using the Discussion Points.



Discussion Points

1. Which of the sexuality circles feels the most familiar? Why do you think that is so?
Is there any part of these five circles that you never thought of as being ‘sexual’ before? Please explain.
2. Which circle is most/least important for friends your age to know about?
3. Which circle would you be interested in discussing with your parents? If none of them, why not?
4. Which circle would you be interested in talking about with your friends or partner?

C. Feelings, Fears and Frustrations



Steps

1. Write the words feelings, fears and frustrations on the board and ask the learners to define these terms. The following points should be made:

- feelings are an expression of our emotions, we sense them internally;
- fears are worries or a feeling of being afraid;
- frustrations are the feelings of failure or not working out the way you wanted.

Then write the word 'adolescence' on the newsprint.

Ask the learners to recall the description of adolescence in a single word or phrase. List these on the newsprint or board, and then summarize the responses. If no one else has, add 'changes' to the list and explain that most people describe adolescence as being a period of time of change.

Ask the learners, 'Besides your bodies, what other things have changed for you since you became an adolescent?' Ask them to spend five minutes writing about these changes.

2. Ask several learners to share what they have written. Begin a list on the newsprint entitled 'Changes' and write the major things learners have written about. Ask if any other learners wish to add to the list. When the list is complete, it should include the following:

- feelings and moods
- relationships with parents
- relationships with friends
- feelings about yourself
- feelings about someone you like
- the way others think about you
- things you like to spend time doing
- things you think about
- plans for the future
- responsibilities
- feelings of independence

3. Emphasize that while body changes are happening on the outside, feelings are changing on the inside, where no one can see.

Ask the learners how can their feelings affect their behaviour and self esteem? (Possible answers: negative feelings affect your self-esteem and may result in negative behaviours).

Then ask the learners who they should share their feelings with. Point out that it is important to talk about feelings with family, friends, and other adults you trust, because feelings affect a person's relationships, self-esteem and behaviour.

4. Tell the learners that they are going to spend some time talking with each other about the different feelings they experience as adolescents. Give them the following instructions:

Each of the four corners of the room is labelled with a letter- 'A' 'B' 'C' and 'D.'

I will read four different feelings about a topic - for example, feelings about parents- and tell you which corner represents each feeling. (**See Teacher's Tool 5.1.** Feel free to add more).

- Once I have read the feeling statements, choose the corner that is closest to how you feel about the topic and go stand there.
- Find a partner in your corner to share your feelings on this topic. Both partners should share their feelings in the time allowed. When time is over, ask for several volunteers to share their feelings with the entire learners.

5. Conclude this activity using the Discussion Points.



Discussion Points

1. How did you feel talking about your feelings with your friends or partner?
2. What causes both positive and negative feelings about being an adolescent?
3. What are some of the reasons that changes occur in adolescence?

Possible answers: *hormones that affect growth and development, hormones that enable us to be attracted to others in a physical way, changes in school situations, new pressures from family and friends, changes at home, sexual maturity.*

4. Who would you talk to, or where would you go, if you were feeling especially bad about something?

Possible responses: *parent, other adult in family, religious leader, friend, counsellor, doctor or nurse, a trusted teacher.*

D. Sexual Desires



Steps

1. Start this session by asking learners to describe what sexual desire is. Discuss their answers and then explain that there are many ways that people experience sexual desire – a longing for sexual expression or a feeling of sexual attraction.

2. Explain that a longing for sexual expression or a feeling of sexual attraction is normal. Almost every person experiences sexual desire, sometimes of an intense nature. People may feel desire for another person (of the same sex, of the other sex, or both).

People’s level of sexual desire may change over a short time or over the course of their lives. They may experience sexual desire until the end of their lives, although their physical response may change with age. There is no one “normal” way to experience sexual desire.

3. Ask learners what they think influences sexual desire. Write their responses on the chalkboard. Remind them of the circles of sexuality and the sexuality wheel. Then explain that people experience sexual desire in response to a wide range of stimuli including:

- personal preferences
- life experiences
- cultural norms
- various social, emotional, and physical factors shape people’s desire to express themselves sexually.

4. Put up three cards on the chalkboard:

Physical

Social

Emotional

Divide learners into three groups and assign one card to each group. Ask the group members to identify the factors that relate to their card that influence sexual desire. Allow time for this and then share their findings with the entire class.

5. Remind learners that these factors often are interrelated. Some factors are related to the body, such as hormone levels, alcohol and certain drugs, fatigue, or illness. Some factors are related to emotions, such as feeling respected and understood in a relationship or having suffered an experience of sexual abuse.

The social environment can also influence the expression of desire. For example:

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

6. Ask learners to recall the exercise they did on love vs infatuation. Remind them that we 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.

7. Lastly, explain that sexual desire is not the same as sexual activity. A person experiencing sexual desire may choose to act on it or not. Sexual activity may or may not spring from desire. Engaging in sexual activity may or may not increase desire. For many people, fantasy may create or increase desire. Thinking about a sexual act is normal, not shameful. Fantasizing about an act does not necessarily mean wanting to engage in that act. It does not mean the person having the fantasy is going to act upon it.

8. Tell learners they will now do a quiz on sexual desire. Distribute **Handout 7.2** and ask learners to complete it. Allow time for this. When they have finished, ask them to exchange their paper with their neighbour and go over the correct answers. Ask learners if they have any questions about sexual desire.

9. Ask learners to think what are the key messages they have learned about human sexuality? Show the following key messages about human sexuality.



Key Messages about Human Sexuality

- Human sexuality is more than just sex or intercourse.
- We can prevent almost any problem related to our sexual and reproductive health.
- We can prevent an unintended pregnancy.
- Being a sexually healthy person means that you can express your sexuality in ways that are not harmful to yourself or to anyone else.
- You can feel attractive and good about your body. You can have sexy thoughts and feelings.
- You don't need to have sex when you have sexual feelings. You can feel emotionally close to someone else and enjoy being touched and hugged.
- Delaying the onset of sexual activity, keeping your virginity and waiting to have sex when you are ready, will keep you safe.
- You can feel attracted to another person, but not have sex.

10. End this session with the Discussion Points.

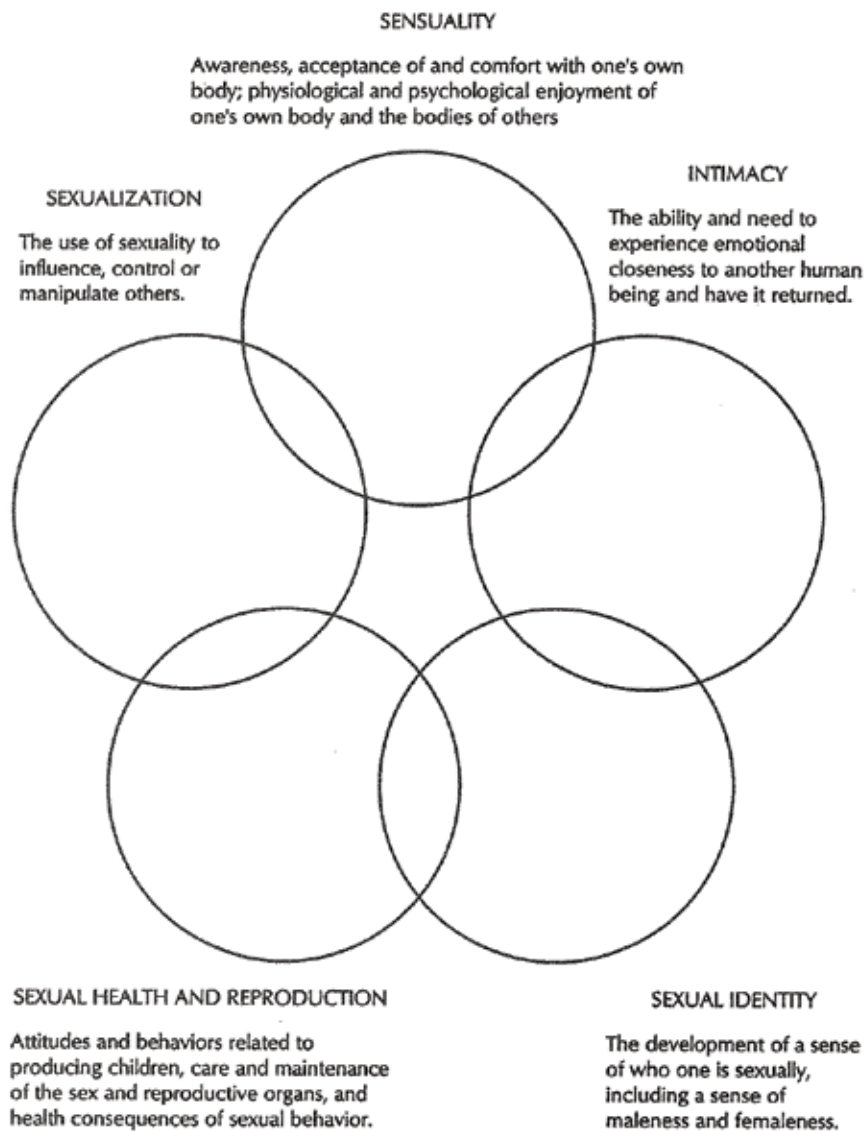


Discussion Points

1. Why are we sexually attracted to someone who may not be sexually attracted to us?
2. What are sexual fantasies? What role do the media play in sexuality?
3. Is it a good idea to act on your sexual desires every time?
4. What other ways can you express your sexuality without having sex?

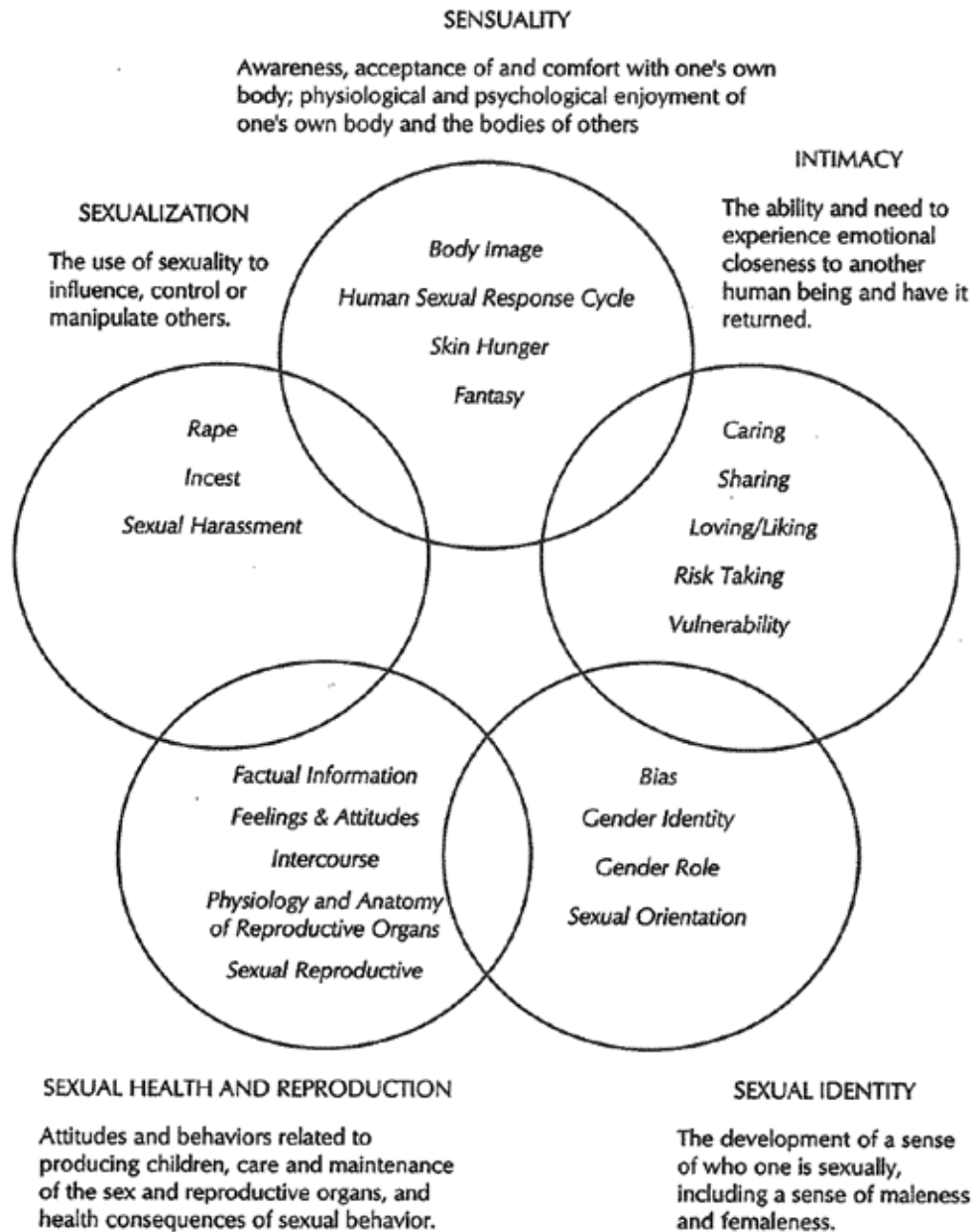
Handout

Circles of Sexuality



Leader's Resource

Circles of Sexuality



REFERENCE MATERIAL FOR THE TEACHER

AN EXPLANATION OF CIRCLES OF SEXUALITY

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what he or she will become. It includes all the feelings, thoughts and behaviours of being male or female, being attractive and being in love, as well as being in relationships that include sexual intimacy, and physical sexual activity.

Sex is a more limited term, referring to one's reproductive system and genital behaviour as male or female. It has to do with biology, anatomy and physiology. It is a crucial element in everyone's sexuality.

Circle 1

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behaviour in several ways:

- It shows the need to understand anatomy and physiology;
- It reflects our body image-whether we feel attractive and proud of our own body;
- It helps us to experience pleasure and release from sexual tension;
- It satisfies our need for physical closeness -- to be touched and held by others in loving and caring ways;
- It helps us to feel physical attraction for another person-- the centre of sensuality is not in the genitals, but in the brain;
- It helps us to have fantasies about sexual behaviours and experiences.

Circle 2

Sexual intimacy is the ability and need to be emotionally close to another human being and have that closeness returned. Sharing intimacy is what makes personal relationships rich.

While sensuality is about physical closeness, intimacy focuses on emotional closeness. Aspects of intimacy include liking or loving another person.

To have true intimacy with others, a person must open up and share feelings and personal information. As sexual beings we can have intimacy with or without having sexual intercourse.

Circle 3

Sexual identity is a person's understanding of who she or he is sexually, including the sense of being male or female.

Sexual identity can be thought of as three interlocking pieces, that together, affect how each person see himself or herself. These 'pieces' are:

Gender identity -- knowing whether you are male or female;

Gender role -- knowing what it means to be male or female or what a man or woman can or cannot do because of their gender;

Sexual orientation -- whether a person's primary attraction is to people of the same gender (homosexuality), the other gender (heterosexuality) or both genders (bisexuality). In Africa, a person's primary attraction is predominantly to the other gender (heterosexuality).

Circle 4

Reproduction and sexual health are the capacity to reproduce and the behaviours and attitudes that make sexual relationships healthy, physically and emotionally. Specific aspects of sexual behaviour that belong in this circle are:

- Factual information about reproduction;
- Feelings and attitudes;
- Sexual intercourse;
- Information on the prevention and control of STIs;
- Responsible sexual practises and contraceptive information.

Circle 5

Sexualization is using sex or sexuality to influence, manipulate or control other people. Behaviours include flirting, seduction, withholding sex from a partner to 'punish' the partner or to get something you want, offering money for sex, selling products with sexual messages, sexual harassment, sexual abuse and rape.

Teacher's Tool 5.1

Statements about Feelings

1. When I think about how things are between me and my parents, I feel:
 - a. good, things are fine.
 - b. okay, things are not great, but not bad either.
 - c. pretty bad.
 - d. miserable, it couldn't get much worse.

2. When I think about my best friend or friends, I feel:
 - a. anxious about our friendship.
 - b. good, things are good between us.
 - c. jealous of other people they hang out with.
 - d. angry that things between us have changed.

3. When I think about meeting or going out with someone I really like, I feel:
 - a. excited.
 - b. nervous.
 - c. scared.
 - d. my parents will be upset with me.

4. When I think about what I will do after I finish school, I feel:
 - a. worried.
 - b. happy.
 - c. indifferent or uncaring.
 - d. just okay.

5. When I think about finding or changing my girl/boy-friend, I feel:
 - a. I'm too young to get serious.
 - b. I'm looking for someone who really cares about me.
 - c. my school work will suffer.
 - d. I'm now ready to make a commitment.



Handout 5.2

QUIZ ON SEXUAL DESIRE – WHAT IS THE TRUTH?

Put a **T** after the statement if it is **True** or put an **F** after the statement if it is **False**.

1. Most women do not really desire sex _____
2. If you desire sex, you have to have it. _____
3. The social expectation that women should not want sex can affect their level of 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. _____
5. Some women want to have sex more than their sex partners do. _____
6. People have sexual fantasies about things that they do not desire to experience in real life. _____
7. Fear of becoming pregnant or of becoming infected with a STI can affect sexual desire.
8. Everyone's level of sexual desire changes over time and with different circumstances. _____
9. If you are male, then you want to have sex all the time. _____
10. Most older people still feel sexual desire. _____
11. If a man does not get an erection in a sexual situation, he does not desire the person he's with. _____
12. Some medications affect sexual desire. _____
13. A person can feel sexual desire for someone he or she does not love. _____
14. It is normal for men not to want sex sometimes. _____
15. If you desire sex, you will become sexually excited. _____

ANSWERS TO THE QUIZ ON SEXUAL DESIRE

1. **False** Most women do desire sex. However, if a woman does not get pleasure from sex, she may lose interest.
2. **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. **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. **False** Erections and lubrication can occur for no reason or for reasons not related to desire. For example, many males may 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. **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. **True** Fantasies are often just fantasies. A person may not want to experience the fantasy.
7. **True** Emotional states, such as fear, can affect a person’s sexual desire.
8. **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 should talk with a sexual health professional.
9. **False** Men do not always desire sex. They experience variations in their levels of desire, as do all people.
10. **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. **False** A man may not get an erection in a sexual situation for many reasons, including medical conditions (for example, 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. **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. **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. **True** There are times when men do not desire to have sex. They may be stressed or face problems in the work place or other personal issues which decreases their desire.
15. **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.

TOPIC 6: **RELATIONSHIPS**

TOPIC 6: RELATIONSHIPS



PURPOSE OF THE TOPIC

This topic introduces the learners to the concept of relationships and assists them to understand what enhances or damages a relationship. The topic helps the learners to identify the qualities of a good friend. The topic introduces the learners to the concept of decision making and helps them to practise the application of the decision making model. Lastly, the topic enables the learners to evaluate the arguments for and against having sexual intercourse as a teenager or young person.

OBJECTIVES

By the end of this topic, learners should be able to:

- explain which behaviours can enhance or destroy a relationship;
- identify qualities that develop and define friendship and romantic relationships;
- explain how to make effective decisions and the consequences of choices;
- practise making difficult decisions;
- apply effective decision making to sexual decisions;
- practise resisting pressure to change a decision.



TOPIC OVERVIEW

- A. Introduction to relationships
- B. Assessing relationships
- C. Who makes a good friend?
- D. Qualities in a relationship
- E. Introduction to decision making
- F. Three C's to good decision making
- G. Practising making decisions
- H. Sexual decision making



MATERIALS AND HANDOUTS

- Markers, pencils, pens, 4 small dark plastic or paper bags, banana, bottle filled with water, small cabbage, stapler
- Handout 6.1 Assessing Relationships
- Handout 6.2 Decision Making Model
- Handout 6.3 Tough Decisions
- Handout 6.4 Are you Ready for Sex?
- Flipchart 6.1 What do girls and boys want in a relationship?



ADVANCE PREPARATION

Draw a large ship on newsprint, with lines beneath it to depict water and waves. Label the drawing 'RelationSHIP.' Take five sheets of newsprint and give each a title as follows:

Relationship with parents
Relationship with brothers/sisters
Relationship with aunts/uncles, cousins, grandparents
Relationship with friends of the same gender
Relationships with friends of the opposite gender

Using a large marker, number 4 bags 1 - 5. Put the following objects in the corresponding bags:

- **Bag 1:** banana and condom
- **Bag 2:** bottle filled with water
- **Bag 3:** cabbage
- **Bag 4:** RF 5000 note

Shut the bag tight and staple it, so that no one can see inside.

Draw the Decision Making Model on newsprint, or make an overhead transparency.

Draw a picture of a balance or scale, or use a power point or a flipchart

Read Teacher's Tool 5.1 for additional information on relationships

PROCEDURE

A. Introduction to Relationships



Steps

1. Ask the learners to name some of the different relationships in their lives. List their responses on newsprint and add others like family relationships, student-teacher relationships, friendships, marital relationships and employer-employee relationships, among others.
2. Ask the learners to brainstorm on what they think makes a relationship between two people successful. Write down their responses.
3. Display the illustration of the ship. Point out that just as there are certain things that keep a ship afloat and moving (calm seas, fuel, a solid hull or base), there are certain qualities needed to keep a relationship afloat. Ask for examples (respect) and write it in the hull or base of the ship. Also point out that there are certain qualities that can ruin a relationship, just as stormy seas or a bad storm can sink a ship. Ask for one example (such as dishonesty) and write it in the water beneath the ship.
4. Divide the learners into 5 groups and give the following instructions:
 - Each group will work on one type of relationship. Give one sheet of newsprint to each learners with either relationship of parents, brothers/sisters, other relatives. Allow time for this activity.
 - Each group draws a picture of its ship in the water. Identify at least 5 qualities that help make that relationship successful. Write them in the hull or base of the ship. Identify at least 5 qualities that could damage or destroy that type of relationship. Write them in the water beneath your ship. Hang your relationship on the wall for the others to see.
5. Conclude this activity using the Discussion Points



Discussion Points

1. What do you notice about the positive qualities listed for the different relationships?

(Possible answers: There are many similar qualities such as communication, love, kindness, honesty, and respect.)

2. What do you notice about the negative qualities?
3. How similar or different were the responses from males and females? Why do you think this is so?
4. Which qualities do you think are the most difficult to find in a relationship?

(Possible answer: Forgiveness or being unable to say 'I'm sorry, I made a mistake'.)

5. What is one thing that surprised you in this activity?

B. Assessing Relationships



Steps

1. Start this activity by explaining that there are several other qualities that make a relationship special. Write these five words on newsprint, leaving room for definitions. Ask the learners to define them. Use their words to create a group's definition.

Respect: To respect others means to honour them, to hold them in high regard or esteem, to treat them as if they are worthwhile even when they are different from you.

Responsibility: To be responsible means that others can depend on you, that you will fulfil your obligations and will be able to distinguish right from wrong. For example, you take responsibility for taking care of your health and well-being and that of your partner.

Understanding: To be understanding means to be knowledgeable about another person, what she or he wants and needs and how she or he feels. It means being able to put yourself in someone else's shoes and imagine what life looks like from another point of view.

To Work Hard At: To work hard at means to put effort into the relationship to benefit both individuals.

Caring: To be caring means to be concerned and interested in another person's feelings, needs and wants and to want what is best for that person. It means feeling love or a liking for a person and wanting to protect, provide for, or pay attention to that person.

2. Point out that the best relationships result from both people contributing all of these qualities. Many relationships are, however, far from perfect. The best ones are those that young people, just like you, work to develop.

3. Tell the learners that they will identify behaviours people can use in their relationships to show their respect, responsibility, understanding, labour and caring for one another. Divide them into five groups and go over the following instructions for this activity:

- I will assign each learners one of the five qualities necessary for a good relationship and distribute brief case studies that describe four different imaginary relationships- with a parent, friend or a person in a relationship.
-
- Your learners should develop two examples of what the young person in each case study could do to demonstrate the assigned quality.

4. Distribute **Handout 6.1** Assessing Relationships to each learners and give the following examples to get started:

- **Respect:** you can show respect for a parent or guardian by obeying the rules they set for you.
- **Responsibility:** you can show your friend responsibility by agreeing to abide by the Guide Promise
- **Understanding:** you can show understanding for a friend who is having problems at home by being a good listener and spending time together.
- **Work at the relationship:** you need to work hard to be tolerant, communicate honestly, and create trust in a romantic relationship.
- **Caring:** you can show caring by helping a family member who is sick, taking them to the clinic or helping them on the land.

5. After the set time, each group will present its results and share with the larger learners.

6. Ask each girl to take out a sheet of paper. Have them describe a relationship in their own life that they would like to improve. Then have them list the various things they can do to try to improve it, using the behaviours from the two previous exercises. Allow time for this. Then ask for volunteers to share how they would improve the relationship that hasn't gone so well in the past.

Encourage the learners to discuss this.

7. Conclude the activity using the Discussion Points.



Discussion Points

1. If you had to give up one quality in your relationship with a parent or another trusted adult, which of the five would you be most willing to give up? What about a relationship with a friend? Romantic partner? Why?
2. Which of the five qualities we discussed would you never be willing to give up? Why?
3. How do we put the five qualities into our relationships? Possible answers- by observing and imitating others in their relationships with us; by listening to what others say about their good and bad relationships; by reading books and magazines that describe relationships and how to communicate better in a relationship.
4. How would you feel about a friend who did not respect you? Who did not put enough work into the relationship? What could you do about it?
5. How would you feel if a parent or guardian didn't understand you? What would you do to improve the relationship?
6. Describe a relationship in your life that makes you feel very good. Say why you are pleased with the relationship.

C. Who Makes a Good Friend?



Steps

1. Begin by stating what the learners already know: during adolescence, relationships with friends become extremely important. Point out that this activity will focus on relationships with friends and examine what kind of friend is worth having.

Explain to the learners friendship is one of the most important kinds of human relationships. It involves a warm and/or intimate relationship with a person one likes and trusts. Everyone wants a friend who offers company, fun, understanding, and support. Friends can help us act in ways that we feel good about. Friends share our dreams and try to help us plan our futures. When we're in trouble, they encourage us and help us with our problems. Friends reassure us about ourselves.

Explain that no two friendships are alike. For example, you may value one friendship because that friend is funny and smart and you have a good time together. Another friendship might be special because you feel truly understood and know that your secrets will be safe with that person. A third friendship might be based more on the fact that the other person notices your feelings and shares his or her feelings with you. For this reason, different friendships may call on different qualities in us. But every friendship should involve mutual respect

2. Ask learners to think why people become friends. Explain that sometimes people become friends because they share common interests or experiences. At other times, people become friends because they have different experiences or backgrounds. Ask learners to give examples of such friends.

Note that often, but not always, people's closest friends are of the same sex. Stress the fact that people can be friends with the opposite sex without any romantic or sexual involvement.

3. Ask each learner to think of a person she calls a good friend, maybe even a best friend. Distribute the index cards or half sheets of paper, and write the following on newsprint and tell the learners to copy it on the card.

' _____ is my good friend because....'
(Name of friend)

Tell the learners to fill in the name of a close friend and complete the sentence with a characteristic or quality that makes the person a good friend. Reassure the learners that no one but you will see their index cards.

4. After a few minutes, collect the cards in the basket. Explain that you will read each one, omitting the name of the friend but reading aloud the qualities mentioned. As you read each card, the co-facilitator writes a list on the newsprint or board of the qualities the Guides identified. Try to translate their descriptions into nouns; for example, 'she always tells me the truth' as 'honesty' or 'she never cheats me' as 'respect.' If a quality is repeated, put a tick beside it to indicate that it was identified more than once.

5. When you have gone over all the cards and the list is complete, divide the learners into groups of four or five and give them the following task:

Work together to list all the qualities you want in a close friend.

- Then rank the 5 most important qualities: '1' for the most important and '5' for the least important.

Allow ten minutes for this activity, then ask the groups to share their choices and rankings.

6. Ask the learners to buzz with their neighbour on how they make friends with other people. After a few minutes, share their responses. Ensure the following points are made:

- being a good listener (and not interrupting)
- being willing to forgive
- staying loyal,
- protecting your friends' secrets
- being helpful
- letting your friends know that you care about and like them
- being honest, showing respect
- being able to 'give and take'
- being acceptable but also helping your friend be a better person who is comfortable being himself or herself.

7. Now explain to the learners that there may be times when someone they thought was a friend turns out not to be a good friend. Ask learners to think about a situation they may have experienced with a person they thought was a friend but turned out not to be. Ask what happened and how they handled it. Then point out that your friendship might be in trouble when someone you consider a friend might:

- gossip about you or share your secrets with someone else
- cheat or lie to you
- put you down or bully you (or others), or gang up against someone
- ignore you except when he/she needs something from you
- be greedy or selfish, and not able to give-and-take
- pressure you to do something that you know is not a good idea or that you don't want to do.

8. Write the words peer pressure on the chalkboard. Ask learners to define this term. Peer pressure involves one person persuading or coercing another to do something. Peer pressure can be positive, as when friends exert social pressure on a friend to give up smoking. However, peers can also pressure each other in negative ways. If you are pressured in ways that make you feel uncomfortable, try to remove yourself from the situation. You may think about ending the friendship.

Point out that some friends pressure us to act in ways that are harmful to ourselves or to others. Part of growing up is learning to understand the difference between positive and negative friendships. This can be very painful, but it is a part of life. Also point out those friends may be a big source of worry for parents.

Ask the learners for examples of friends they have who are either a positive or negative influence on them and how they cope with peer pressure. Tell them they will learn more about this in other sessions.

9. Conclude this activity using the Discussion Points



Discussion Points

1. Was it easy or difficult to decide which five qualities were most important? Why?
2. How did your learners decide which quality was most important? Was there much disagreement? What were some of the other choices in your learners?
3. Did the groups choose friends for different reasons?
4. Which qualities are especially difficult to find in a friend?
5. What qualities do you feel you bring to a friendship?
6. What qualities would you like to develop in the future?

D. Qualities you look for in a Relationship



Steps

1. Explain to the learners that when friendships deepen and become more serious and long term and romantic, there are qualities we each look for in a partner or in a relationship. Ask them to identify these qualities and write them on a newsprint.

2. Tell the learners they will have the opportunity now to first describe [and then to visualize] what they think their ideal partner will be like. Divide the learners into two groups. One learners should be learners and the other group pretend to be boys. Ask the learners group to brainstorm all the various qualities that are important to them in choosing male partners and to put these qualities on newsprint. Then they should rank order those ten qualities which they agree are most important and be prepared to say why these qualities are important. Next, ask them to list 10 qualities, in order of importance, they think would be important for a girl or woman to have, when a boy or man is choosing a partner.

Ask the boys group to do the same thing: First, brainstorm various qualities that are important to them in choosing female partners, and put these up on newsprint. Then they should rank order those 10 qualities, in order of importance, which they agree are most important to them in choosing female partners and be prepared to say why these qualities are important. Then ask them to list 10 qualities, in order of importance, they think would be important for a boy or man to have, when a girl or woman is choosing a partner. Allow time for this.

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

- How similar were the lists?
- What kinds of qualities were similar on the lists?
- Were there differences between the sexes in the order in which they ranked certain qualities?

4. Show Flipchart 6.1 which summarizes what girls and boys want in a relationship. Remind the learners that:

- Strong relationships take time and effort to build;
- At the root of a good relationship is a strong friendship-not simply a strong physical attraction or a sexual relationship;
- In a good relationship, neither person tries to control the other person or pressure them into doing things. Neither person exploits or uses the other in any way;
- Remember you can have a very close relationship without having sex.

5. **[Optional]** Divide the learners into gender groups again and give each group a newsprint, some magazines, newspapers, a scissors and some glue.

Ask each group to make a composite picture of their ideal woman (boys)/ man(learners). They should paste it on the newsprint and be prepared to share it with the entire class.

6. After set time, ask each group to show their picture and to explain the qualities they looked for in their ideal person.

Conclude this activity using the Discussion Points.



Discussion Points

1. What differences do you note between the ideal man and ideal woman?
2. Are there any similarities?
3. How do you find the qualities you are looking for in your ideal person?

E. Introduction to Decision Making



Steps

1. Ask the learners for examples of decisions they have made that day. (**Possible responses:** *what time to get up, what to wear, what to eat for breakfast, what time to get to school or the class*). List their responses on the newsprint. Point out that people make decisions every day. However, other decisions – about sexual activity, about your life goals, or about whom to marry – are more serious.

Serious decisions can affect your health and your whole life. But when it comes to serious matters, it is helpful to have a process for making the best decision. Decision-making is an essential skill.

2. Ask the learners to explain what is involved in decision making. Write their responses on the chalkboard and discuss them. Then explain that decision making is a process of making a choice or reaching a conclusion, especially on important personal, political or business matters. It is also a process of selecting from among alternatives, a preferred course of action. It is the act of making up one's mind about an issue or problem.

3. Ask learners to brainstorm on the factors that influence decision making. They should include the following:

Social norms: profoundly influence the decisions a person makes. These norms may also determine when, how, and even whether a person makes a decision or the decision is made for them.

Family: parents and adults have great influence and control over young people. For example, they may influence children's decisions about a career, when and whom to marry, or what religious learners to belong to. Sometimes decisions are forced on the children. Some families still engage in traditional rites such as female genital mutilation, inscription of tribal marks etc.

These practices continue because societies enforce them and not necessarily because parents want their children to go through such rites.

Religion: religious teachings often reinforce or challenge social norms. A person's religion also influences one's decisions; from the way one dresses to more significant decisions like the choice of a spouse or career.

Media: The media, especially the electronic media, can influence people's decisions. For instance, the way a product is advertised or an issue addressed by the media may influence people's decisions either positively or negatively. It is common to find females with 'beautiful bodies' in most media advertisements. The message is that if we buy these products, we too will look beautiful.

Peer group: Young people often seek the advice of peers and friends before making decisions, especially decisions that have to do with relationships. Even if we don't ask for advice directly we sometimes observe the body language of our peers to see if they approve or disapprove. We may feel that we do not 'belong', if we choose not to drink alcohol when everyone else in the learners is drinking.

4. Now tell the learners they are going to apply their decision making skills in a simple exercise.

Place the four bags on the table or floor where everyone can see them. Ask for three volunteers to choose one of the bags by standing behind it (there will be an extra bag). Tell the learners they cannot touch any of the bags. Explain that the rest of the learners are the audience and that they should try to influence the volunteers to choose a particular bag. Give them an opportunity to do so.

5. After a few minutes, ask the volunteers how they picked their bag. (**Answers may include:** *'It's my lucky number,' 'It was closest to me,' or 'They told me to'*). Point out that volunteers have no information about what is in each bag. Without information it is hard to make a good decision. Now tell the volunteers to lift the bags by the tops only, just a bit off the floor or table, and then put them down. Ask if any volunteer would like to exchange bags or pick the remaining bag. Ask any volunteers who change bags to explain why they decided to do so.

6. Tell the volunteers to pick up the bags one more time and do anything they want except look inside to find out what is there. Once more, give the option to exchange bags, and then tell them to make their final choice. Ask if a new volunteer wants to come up and take the remaining bag. Then have all volunteers open their bags and take out the contents, displaying them for the entire learners to see. Discuss the choice of each bag, making sure to cover the following points:

- Bag 1 looked interesting because it was leaning over. People often decide to do something because they are curious. Bag 1 had a banana in it, something good to eat, and that was a positive consequence. But there was a condom in the bag as well and this could be a potentially embarrassing consequence. Sometimes, the decisions we make can also have an unknown consequence or it might be embarrassing or worse.
- Bag 2 appeared to contain a bottle of soda, but it did not. Sometimes we are fooled by 'misinformation,' in this case, without looking in the bag, you could not make an informed decision. The consequence was disappointment. Some decisions are like that- we do the best we can with the information we have, but the result is less than we had anticipated.
- Bag 3 felt a lot like it had a pawpaw or melon in it. Sometimes we make a decision too quickly and overlook some piece of information that is essential to making the best decision. In this case, the consequence is not very negative, since you can eat the cabbage, and it is nutritious, just as the pawpaw or melon would have been.

- Bag 4 was always an unknown. It probably felt like it was empty. Upon closer examination, you could hear something made of paper rattling around. But there was no way of knowing what the paper was. In this case, you really took a risk by deciding to choose Bag 4. It could have been a RF 1000/note or RF5000/ note, US or other foreign currency, or just a piece of paper cut to feel like money. Taking a risk is okay when you are in a safe situation like this, but there are times when taking a risk can be a lot more dangerous than just losing a little money.

7. Ask volunteers how it felt to make decisions and accept their consequences. Ask them to think through the steps they used to make their decision. Write the steps on the chalkboard:

Step 1: Define the problem

Step 2: Consider all the options

Step 3: Identify the benefits and disadvantages of each option carefully

Step 4: Make a tentative decision

Step 5: Make a plan to implement the decision

Step 6: Reconsider the Decision If Necessary

Remind them that these steps can apply to daily decisions we all make and to more difficult decisions related to our sexual and reproductive health.

Conclude this activity using the Discussion Points.



Discussion Points

1. What is important in decision making? Possible answers include: information, time, examining your options, choices, consequences, misinformation, and possible danger.
2. How did it feel when the group was pressuring you?
3. What other possible negative consequences could have been in the bags?
4. What are three of the riskiest decisions young people might make? Possible responses: using drugs, having unprotected sex, breaking the law, drinking
5. What other things influence decision making? Possible responses include: friends, values, parents' wishes, alcohol and drugs, luck, media, culture and religion.
6. In our daily lives, how do most decisions get made? Why do you think this is so?

F. Three C's to Good Decision Making



Steps

1. Explain that making decisions and knowing the consequences are important skills young people need. Ask the learners to take out a blank piece of paper and write down a serious decision that they or their friends are currently facing. The decision can be about anything- school, a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential.
2. Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions, and write them on the newsprint, editing them to keep confidentiality.
3. Explain to the learners that these are the kind of challenges many young people face, especially as they become independent. Young people must make decisions and learn to live with the consequences.
4. Using an overhead transparency or newsprint, display the chart with the decision making model on it and point to the word 'challenge.' Ask the learners to choose one challenge, then write it on the first line of the model. Now point to the word 'choices' on the model. Ask the learners to brainstorm several choices or options that a person making this decision has. List those beside the word 'choices' and add any others that you can think of. Be sure there are at least three choices.
5. Remind the learners of the consequences in the previous activity. Point to the word 'consequences' on the model. Ask them to think of possible negative and positive consequences for each choice. Add any obvious consequences the learners may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.
6. Tell the learners to look at the choices and consequences and make a choice together. Try for consensus or take a vote to determine the outcome. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
7. Summarize what is on the newsprint and help the learners to articulate the three steps in making a good decision when facing a challenge. Conclude this activity using the Discussion Points.



Discussion Points

1. Do certain decisions warn you right away to choose something else? If so, what are they? (**Possible answers include:** *A risk to health or to your own or someone's life, a risk of going to jail, a risk of losing your integrity*).
2. What negative consequences relate to a person's feelings or values? (**Answers include:** *guilt about choosing against your values, feeling bad for doing something your parents, religion, traditions or culture, or friends, would disapprove of, feeling used or exploited*).
3. When facing a tough challenge, and unsure of the decision to take, who could you turn to for help? (**Possible answers:** *talk to someone who can help, such as a friend, teacher, Guide leader, school counsellor, religious leader, parent or other trusted adult*).
4. How can you explore all the possible consequences of a particular choice? Who can you talk to and how can they help?
5. Are you facing a decision now? Can you use this model to help you?

G. Practising Resisting Pressures When Making Decisions

Preparation: Write out or photocopy each one of the following role plays on a small piece of paper. Each girl will also need a copy of the 'Three C's Model.'



Steps

1. Remind the learners of the 'Three C's' that can guide good decision making: the challenge, the choices and the consequences. Point out that it is important to analyze the 'three C's' for decisions that could have a major impact on a person's health or future.

2. Divide the learners into 4 teams and give each one a role play scenario. Tell the learners that they are now going to have a chance to practise using the 'Three C's' model so they will be able to use it to make major decisions. Present the following instructions for this activity:

- Each team will begin with the decisions from their role play and, using the model, write out the model for each decision on a piece of newsprint or on the handout. Set time for this.
- Then, each team should spend the set time preparing a role play based on your scenario plus the choices you have made, and another 5 minutes to present it to the entire learners.
- After all the role plays have been presented, share your decisions with the entire teams.

3. Make sure the learners understand each role play and the decisions made based on the play. Conclude this activity using the Discussion Points.



Discussion Points

1. Is it difficult to make good decisions? What makes it difficult? (**Possible answers are:** the influence of drugs or alcohol, pressure from peers or a partner or not realizing a decision has to be made). What makes it easier? (**Answers include:** knowing how to resist pressure, being sure about your values and goals).

2. In reality, how are most decisions made? (They are not made consciously, and events or things just happen.)

3. In the past, have you made a decision that affected other people? What happened? Have you ever drifted into a decision or let someone lead you into a decision? What were the consequences?

4. Can you use the model to help you make important decisions?

H. Sexual Decision-Making: Weighing the Options

Preparation: Display the illustration of the scale on the chalkboard or on a newsprint.



Steps

1. Point out that one of the most difficult decisions young people have to make is whether to have sexual intercourse before they marry. Explain that the failure to make good decisions about sex is one reason so many teenagers have unplanned pregnancies and/or become infected with sexually transmitted diseases, including HIV/AIDS. Also point out that young people have a right to understand how the body responds when sexually aroused, that feelings of sexual arousal are natural, and that just because one feels aroused, it is not necessary to act upon those feelings. If a person does decide to act upon their feelings, they must be aware of the consequences of their decision and actions.
2. Tell the learners that since they've spent some time learning about good decision making and practicing making decisions, they will have the chance to focus on sexual decision making in this activity. Display the scale and explain that it represents two choices young people can make about having sexual intercourse: have sex now or wait until the appropriate time.
3. Divide the learners into two groups. Ask one group to brainstorm all the reasons and arguments why a young person would say 'no' to sex now. Ask the other group to brainstorm all the reasons and arguments why a young person would say 'yes' to having sex now. Ask them to put their reasons on newsprint. Allow time for this activity.
4. Ask each group to list their reasons on either side of the balance or scale.

Make sure all of the following points come out.

Reasons for having sexual intercourse as a young single girl:

- To stop pressure from friends/partner
- To communicate loving feelings in a relationship
- To avoid loneliness
- To get affection
- To get/receive presents/gifts
- To receive and give pleasure
- To show independence from parents and other adults
- To hold onto a partner
- To prove one is an adult
- To become a parent
- To satisfy curiosity

Reasons for waiting to have intercourse as a young single girl:

- To follow religious beliefs or personal or family values
- To be ready for intercourse
- To keep a romantic relationship from changing
- To avoid pregnancy
- To avoid STI/HIV/AIDS
- To avoid hurting parents
- To avoid hurting reputation
- To avoid feeling guilty
- To reach future goals
- To find the right partner
- To wait for marriage

Ask them if they agree that some of the reasons (on both sides) seem better or stronger than others. Have them rank the reasons using a scale from 1 to 3 (1 = a reason, but not a very good one, 2= a fairly good reason, and 3= an extremely good reason).

5. Remind the learners that deciding to have or not have sex is a deliberate decision. When a person has sex, it is not nature overcoming or overwhelming him/her. It is the person's choice. Also point out that everyone has sexual feeling, but you don't need to have sex when you have sexual feelings. Sexual intercourse is only one way that people express their sexual feelings.

Distribute **Handout 6.4** and ask each person to complete it. Allow time for this activity. Then explain to the learners that if they answered no, maybe or I don't know to any of the questions, then she and her partner are not ready to have sex. It is definitely a good idea to wait. Distribute **Handout 6.5** and ask learners to read through it. Ask if there are any questions.

6. Ask learners what are the key messages they have learned in this topic on relationships. Show the following:



Key Messages

- Both partners in a relationship have equal rights and responsibilities
- There are key qualities that define all relationships including trust, respect, understanding, responsibility and caring
- Its best to wait to have sex when you are ready
- It's important to understand and apply the decision making process when thinking about relationships
- Don't let anyone pressure you into having sex when you don't want to
- Make good friends who share your values

7. Conclude this activity using the Discussion Points.



Discussion Points

1. What influences her decision about whether or not to have sex as a young single girl? (**Possible answers include:** *sexual feelings, partner's desires, media messages, pressure, parents' teachings, religious beliefs.*)
2. What are the best arguments for saying 'no' or 'yes' to having sexual intercourse?
3. Can someone who decided to wait change her mind?
4. What is the worst thing that can happen to a young single girl who says 'no'? One who says 'yes'?
5. What does a young person need to know or be prepared to do if she is going to say no to sexual intercourse? (**Possible answers include:** *feeling good about themselves, being assertive, communicating clearly, following through with a decision, combating peer and partner pressure or their future goals.*)
6. What does a young person need to know if she is going to say yes to sexual intercourse? (**Possible answers include:** *risks of pregnancy and/or STI/HIV/AIDS, infection, how to talk with a partner about using condoms and contraception, which forms of contraception prevent pregnancy and/or infection most effectively, where to get condoms and other contraceptives, how to communicate with a partner, how to feel good about themselves, how to say no, how to be assertive.*)



HANDOUT 6.1

ASSESSING RELATIONSHIPS

Circle the relationship quality that has been assigned to your learners:

RESPECT RESPONSIBILITY UNDERSTANDING

WORK HARD AT CARING

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

Akaliza lives with her mother and her stepfather, Kamali. She and Kamali don't get along very well, but she is trying to build a better relationship with him.

Akaliza and Mary have become better friends this year. They try to do things together on the weekends, but Akaliza is busy with the Christian Union.

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

Stella and David have been together for six months and most of the time they get along really well. Sometimes they quarrel about petty things. They both want to try to communicate better and argue less often.



HANDOUT 6.2

THREE C's TO GOOD DECISION MAKING MODEL

1. Challenge (or decision) you are facing:

2. Choices you have:

Choice 1: _____

Choice 2: _____

Choice 3: _____

3. Consequences of each choice:

Positive

Negative

Your decision is: _____

Your reason is: _____



HANDOUT 6.3

ROLE PLAYS: TOUGH DECISIONS

1. You have recently succeeded in giving up smoking. Your friend is trying to persuade you to have a cigarette. Use all your arguments to stick to your decision not to smoke.
2. You have decided that a condom is your best protection against HIV/AIDS and other STIs. You want to use a condom during sex, but your partner would not like to use a condom and will try to persuade you not to use it. Use all the arguments you believe are relevant to support your decision.
3. You are away from home and you do not want to have sex with any other outside partner. But the person you have just met wants to have sex with you and will try to persuade you to do so. Use all the arguments you believe are relevant to support your decision.
4. Mary is one of the last to leave a party with friends. Juma, her friend's older brother, is supposed to drive her home, but he's been drinking. He's not really drunk, but Mary's mother told her never to ride with anyone who has been drinking. What should she do?



HANDOUT 6.4

Are You Ready for Sex?

Answer the following questions as honestly as you can.

1. Do my partner and I know each other well?

Yes ___ No ___ Maybe ___ I don't know ___

2. Do we feel connected to each other and part of each other's lives?

Yes ___ No ___ Maybe ___ I don't know ___

3. Are we both committed to the relationship?

Yes ___ No ___ Maybe ___ I don't know ___

4. Do we trust each other?

Yes ___ No ___ Maybe ___ I don't know ___

5. Do we communicate well?

Yes ___ No ___ Maybe ___ I don't know ___

6. Can we talk with each other comfortably about sex?

Yes ___ No ___ Maybe ___ I don't know ___

7. Are we thinking about having sex because we really want to- or because we feel pressure to have sex?

Yes ___ No ___ Maybe ___ I don't know ___

8. Have we talked about what kind of contraceptive method to use?

Yes ___ No ___ Maybe ___ I don't know ___

9. Have we discussed the need for HIV tests for both of us?

Yes ___ No ___ Maybe ___ I don't know ___

10. Have we talked about how to protect ourselves from STIs including HIV and AIDS?

Yes ___ No ___ Maybe ___ I don't know ___

11. Have we agreed to use condoms and other contraception each time we have sex?

Yes ___ No ___ Maybe ___ I don't know ___

12. Will my partner respect my right to say "yes" or "no" to each sexual encounter?

Yes ___ No ___ Maybe ___ I don't know ___

13. Will I respect my partner's right to say "yes" or "no" to each sexual encounter?

Yes ___ No ___ Maybe ___ I don't know ___

14. Will the setting for the sexual relationship be safe and comfortable?

Yes ___ No ___ Maybe ___ I don't know ___



HANDOUT 6.5

AM I READY FOR SEX?

Are you ready to go all the way? Only you can answer that question. Not your boyfriend, girlfriend or friends. Before you make up your mind, remember that sex is not a simple thing! Just take a look at these questions. Think about them, talk about them, laugh or argue about them! Then decide what's best for YOU!!

1. How do I feel about having sex?

- Am I in love?
- Is love a good enough reason to have sex?
- Does my girl/boyfriend love me?
- Do I think sex will make him/her love me?
- Am I ready for my girl/boyfriend to see me naked?
- What if it is painful, awkward or awful?
- How would I feel the next day?
- Have I thought about how my life might change after having sex?

2. Do I feel pressured?

- Who brought up the issue of sex?
- Were we sober at the time?
- Is my girl/boyfriend acting pushy?
- Am I afraid I'll be dumped for someone who will have sex?
- Are my friends talking about sex?
- Do I feel like I'm the only one who isn't doing it?
- What if we have sex and my partner tells other people about it?
- Would I want anyone else to know?
- Do I feel like its ok to say no?
- Do I know how to say no?

3. Have we talked about contraception and pregnancy?

- If we haven't talked about protecting ourselves, why not?
- If we don't feel close enough to talk about it, are we close enough to have sex?
- What method of contraception would we use?
- Where would we get it?
- What if it didn't work?
- How would we handle a pregnancy?
- Would we keep the baby?
- Give it up for adoption?
- Have an abortion?
- Am I really ready to make these decisions?

4. How would I protect myself from HIV and other STIs?

- Do I know the facts about HIV and other STIs?
- Do I know how to protect myself and my partner?
- Do I know that no method of protection is 100% safe- there is still some risk?
- Am I ready to take that risk?
- Do I know that not having sex (abstinence) is the best way to avoid STIs including HIV?
- What about my beliefs?
- What are my personal feelings about when it is right to have sex?
- What are my religious or moral beliefs?
- Do I want to wait until I am married?
- What are my family's beliefs?
- Would my parents be upset if they found out I had sex?
- How would I feel if my parents found out?

What do Girls and Boys want in a Relationship

Girls want:

- **Love, care, trust and respect:** Girls get worried if boys do not respect them. They like boys who take time to listen to them and take them seriously.
- **Company:** Girls find boys' company can be fun and exciting. They like boys who can support them when in trouble and with whom they can share fun and jokes and laughter.
- **Freedom:** Girls want to be given a chance to think for themselves. They want boys who realize that learners have brains and like to use them.
- **Confident boys:** Girls admire boys who are confident and who are not afraid of girls.
- **Genuine boys:** Girls like boys who are themselves-boys who aren't always putting on a show, pretending to be somebody that they are not.

Boys want:

- **Love, care, trust and respect:** Most boys want to be with a girl who is caring and supportive.
- **Company:** Boys want someone with whom they can spend time, laugh, share stories and talk about their ideas, dreams and goals.
- **Freedom:** Many boys feel a lot of pressure to act tough-to act as though they don't have feelings and emotions.
- **Confident girls:** Boys like girls who are confident-girls who are not afraid to express themselves freely.
- **Genuine girls:** Boys like girls who are not trying to put on a show of being overly mature and sophisticated.

Teacher's Tool 6.1

Steps in the Decision Making Process

Step 1: Define the problem

When we think through the problem, we sometimes realize that we were a little confused at the onset. If two or more people have to make a decision together, it's especially useful to be sure you all are in agreement on the problem you intend to solve.

Step 2: Consider all the options

If you put on your thinking cap (or consult others) you will usually find options that you had not considered before. Write them all down. Don't be afraid to list options that seem difficult or unusual. You may want to seek information or advice from people you trust.

Step 3: Identify the benefits and disadvantages of each option carefully

For each option, write down the potential consequences – positive and negative. Remember to consider the effects not only on yourself but also on other people. Pay attention to both the short- and long-term effects. Consider your values when you list the benefits and disadvantages.

Step 4: Make a tentative decision

This is a good time to ask yourself: 'How easily can I change my decision later if I need to? Will I be stuck with my choice?' This is also a good moment to ask yourself, 'Does my decision fit with my values?'

Step 5: Make a plan to implement the decision Making a decision is one thing

Implementing it is something else. If you have trouble carrying out your decision, consider what might get in the way of things working out and what might make it easier. It can be helpful to rehearse your decision safely and privately (Try a mirror!). Or you can discuss the decision with someone you trust. Make sure your decision is a safe one. Then write down all the steps in your plan to help you keep to it.

Step 6: Reconsider the Decision If Necessary


Take as much time as you can to make a decision that feels comfortable and thorough. And if you run into problems, remember you can change your decision.

Relationships

A friendship can be a particularly fulfilling relationship involving intimacy, trust and honesty. In early adolescence, friendships are often established between boys and girls based on trust, shared feelings and thoughts. Sometimes there is a deep attraction that is not necessarily sexual, but just a preference for that friend over everyone else. The relationship provides love, closeness, affection, tenderness, and care.

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

Becoming a couple means that a person will start on a new, undiscovered path of experience and will live through many profound changes. Falling in love means loving in a new way and learning to care for our health and our life's goals. If we have the proper skills, we can establish a healthy relationship that promotes our well-being and the proper care of our physical, emotional, and sexual health. During this stage in their development, young people can practice having healthy, loving, and constructive relationships, in which both members can learn to become better individuals, a better couple, and better members of society.



**TOPIC 7:
COMMUNICATION
SKILLS**

TOPIC 7: COMMUNICATION SKILLS



PURPOSE OF THE TOPIC

This topic assists the learners to practice different communication skills including negotiation, assertiveness and saying no

OBJECTIVES

By the end of this topic, learners should be able to:

- define communication;
- list various types of communication;
- explain the importance of communication;
- describe good communication skills;
- discuss some barriers to effective communication;
- explain how you can improve your communication.
- explain the importance of effective communication in different relationships;
- distinguish between passive, aggressive and assertive communication;
- practice communication skills and peer resistance skills related to sexual risk taking and STI/HIV prevention.



TOPIC OVERVIEW

- A. Introduction to Communication (13 minutes)
- B. Being Assertive (12 minutes)
- C. Problem Solving and Negotiation Skills (20 minutes)



MATERIALS AND HANDOUTS

Newsprint, markers, masking tape, signs labelled 'A', 'B,' 'C,' 'D,' paper, pens/pencils
Power Point: Power Point 7.1, 7.2
Handout 7.1 Scenarios
Handout 7.2 Assertiveness Role Plays



ADVANCE PREPARATION

Prepare power point,
Read the Reference Materials for Facilitators on

PROCEDURE

A. Introduction to Communication



Steps

1. Tell the learners they are going to play a game and that they need to listen very carefully. Whisper the statement below to the first learner and ask him/her to whisper exactly what s/he heard to the next and so on until the last person has heard it. Ask the last person to stand and say what s/he heard and then ask the first person to do the same. Then ask: Are these two statements the same? Then ask everyone: Why did you hear something different? What does this tell us about communication? The statement: *“I woke up early this morning to get ready for school”*.

2. Point out that there was a breakdown in communication and that the message was distorted. Then write the word communication on the chalkboard and ask learners how they would define it. Then say communication may be defined as the giving and receiving of a message, information or idea in such a way that it is understood by both parties. It is the act of sending information from a source (sender) which brings about a response from the receiver.

3. In groups of three, ask learners to brainstorm and suggest why do we communicate and why is communication important. Allow three minutes for this and then process their responses. Make sure the following points come out:

Why do we communicate?

- To send messages to other people. We may send unintended messages to others without realizing that we have done so.
- To pass on and get information, to get things done, reach decisions, achieve common understanding and develop relationships.
- To make our feelings known to others.

Why is communication important?

- It helps us to treat each other with mutual respect.
- When we understand each other we feel safe to express ourselves.
- It helps to resolve conflicts respectfully and without violence.
- It helps us to develop satisfying relationships that are based on understanding
- It makes us feel good about ourselves and our relationships with others.

4. Point out that everyone wants to be heard and understood. We all have had times when we did not express ourselves as clearly or as fully as we wanted to. Think about how much time you spend communicating information, ideas, feelings, and questions. Knowing how to express yourself so that you are understood and being able to understand what other people are trying to say are important skills.

5. Write the words verbal communication and nonverbal communication on the chalkboard. Divide learners into two groups and assign each learner one type of communication. Ask them to come up with a definition and examples of each type of communication. Allow time for this and share with the entire class. The following points should come out.

Verbal Communication: This is the most common way of communicating.

This communication involves the exchange of ideas, thoughts or feelings through spoken or written words, face to face. Mass media including internet, TV, radio, newspapers, magazines use verbal communication. Social media including Facebook, Twitter, and mobile technology use verbal communication.

Non-verbal communication: This involves expressions or gestures without using the spoken or written word but rather through pictures or in the form of body language/ actions such as gestures and facial expressions. Types of gestures include:

- nodding to indicate approval,
- shaking the head sideways to show disapproval,
- dropping one's arms to show discouragement or boredom,
- leaning forward (to show interest), and turning away.
- facial expressions include winking, maintaining eye contact, staring, frowning and grinning.

Tell learners they will have the chance to practice some of these gestures in other sessions.

6. Explain to learners that listening is a very important communication skill and that they can learn to be good listeners. Divide learners into 6 groups and give each group one of the following cards which has a good listening skill:

- Establish Eye Contact with the Other Person
- Don't Interrupt
- Focus On Listening, Not on Your Own Thoughts
- Use Positive Body Language
- Empathize (put yourself in the other person's shoes)
- Paraphrase

Tell the groups to prepare a 1 minute skit which demonstrates the listening skill.

After each group has presented their skit, ask them to explain why this is an important listening skill and how they plan to practice it in the class and at home. (**See *Teacher's Tool 7.1 for more information***).

7. Explain to learners there are some specific behaviours that can improve the way they communicate when they speak to other people. These include the following:

- » **Use the 'I' Statement** – State your own feelings. Start sentences with 'I' rather than with 'You' or 'We'. (For example, 'I feel uncomfortable about that.' or 'I am hoping you will allow me to go out with my friends.')
- » **Be Bold And Direct** – Some people tend to communicate indirectly, or to be very shy. When you are not direct, your message may not be clear to the listener. Communicating directly and firmly is not the same as being aggressive. You can communicate clearly and directly while still respecting the feelings and thoughts of others.
- » **Get Your Facts** – Be sure your information is accurate. Be honest if you are not sure of certain facts. The point of communication is not just to persuade the other person – it is to arrive at a mutual understanding.
- » **Show Respect** – Express feelings honestly and clearly without putting the other person down.
- » **Use Positive Body Language** – Remember that the message you send by your facial expression, body language, and tone of voice may leave a greater impression than your words. Smile to communicate positive feelings. If you know the person you're talking to well, you may also want to touch them or hug them – remember, though, that different people feel differently about being touched! When it's appropriate, a hug or a hand on the shoulder can mean more than a thousand words.

8. Ask learners to think about the barriers to good communication. List their responses on the chalkboard and discuss each one. Then divide the class into three groups and ask one group to identify barriers from the sender, another to identify barriers from the listener and the third group to identify cultural barriers. Allow time for this and then have the groups share their responses with the entire class. Process and discuss their responses. Ensure the following points are made:

Barriers from the sender—the use of wrong words, a negative or wrong tone, poor manner of speech or distortion, wrong timing, the speed which the person is speaking, the complexity of the message, the person's temperament
Barriers from the listener—poor listening skills, impatience, inattentiveness, interruption of speech, inappropriate expression, change of topic, poor manner of speech such as yelling, talking loudly

Cultural barriers— language (or body language); class barriers such as different levels of education; lack of knowledge/facts about issues being discussed; poor feedback or lack of feedback; physical disabilities such as deafness, dumbness, blindness; and differences in perception between sender and receiver (i.e. a difference in values), or technical problems.

9. End this session using the discussion points.



Discussion Points

1. How do you communicate today without using words?
2. Who is likely to feel freer in a conversation between a man and a woman?
3. Can you think of another example of how differences in social status or power may hurt communication and mutual understanding?
4. How can we make sure that someone's needs, feelings, and right to communicate are respected irrespective of social status?
5. Give some examples of cultural barriers that make it difficult to communicate.

B. Being Assertive



Steps

1. Start this by explaining to the learners that they will learn more about communication and the importance of being assertive. This will enable them to resolve conflict, solve problems and have greater self-confidence and self-esteem. Point out that communicating assertively, especially for women, is not considered appropriate in some cultures. However, there are certain situations in which assertive behaviour will often yield positive results. The groups examples can also be used. (Examples include resisting pressure from romantic partners or peers to have sex, use alcohol or other drugs or to join a gang.)

2. Tell the learners they will need a pen and paper for this exercise. Then read the following scenario aloud:

Umulisa has been standing in the queue at the post office for some 20 minutes. She is getting anxious because she knows her mother is waiting for her to take some medicine for her aunt. There are only 3 people ahead of her and she is sure she will be served within the next 5 minutes. Out of nowhere, two other people enter the post office and see a man, their best friend, standing in front of Umulisa. They walk over to their best friend, greet him and take places in the queue in front of Umulisa.

Ask the learners to write one sentence describing what Umulisa should do in this situation.

3. After two minutes, ask learners to form three or four groups based on the following criteria:

Group 1: All who wrote that they would stand there and get angry but not say anything, move to this area of the room.

Group 2: All who wrote that they would shout at those two people to go to the end of the queue move to this area of the room.

Group 3: All who wrote that they would speak up and ask them to go to the end of the queue move to the center of the room.

Group 4: All who wrote that they would physically overtake the men without talking or saying anything, move to this area of the room.

Once the four groups have formed, tell them to discuss why they gave those responses. Ask one person from each group to share with the entire class.

4. Write the terms 'aggressive,' 'assertive,' and 'passive' on the chalkboard and ask learners to match each term with their responses. Explain that a passive response means Umulisa did not express her own needs and feelings, or expressed them so weakly that they will not be addressed. Point out that a passive response is not usually in your best interest, because it allows other people to either ignore you or to violate your rights. However, there are times when a passive response is the most appropriate. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

An aggressive response is asking for what you want or saying how you feel in a threatening, sarcastic or humiliating way that may offend the other person(s). Such a response is never in your best interest because it almost always leads to increased conflict.

An assertive response means being able to stand up for what you want or believe in. It means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's rights or put the individual down. An assertive response is almost always in your best interest, since it is your best choice of getting what you want without offending the other person(s).

5. Ask learners to give their own understanding and definition of the word assertive. Point out that to be assertive means to express your beliefs, feelings and needs in a straightforward way, without infringing on or violating the rights of other people. It means how to stand up clearly for yourself and your rights without putting the other person down.

6. Ask the learners to look again at the three words on the chalkboard and remind the learners that Assertiveness involves firmness or clear and straightforward presentation of views without oppressing or hurting others. Assertiveness is positive and affirming. Assertiveness invites the other person to have a dialogue.

Aggressiveness means standing up for one's rights at the expense of the rights of others. It is negative and demanding. Some aggressive tactics are blaming, criticizing, starting an argument, or resorting to violence. It's no surprise that aggressive communication is not good for relationships. Passiveness is failing to express one's needs and feelings at all, or expressing them so weakly or indirectly that you will be either misunderstood or ignored.

Ask learners to discuss the benefit of being assertive with their neighbor and write their ideas on the chalkboard. Ensure the following points come up:

Being assertive:

- » can help you to meet your goals.
- » enables you to clearly communicate a request to a friend or family member.
- » can also help you to resist pressure to do something you do not want to do.
- » enables you to resist negative peer pressure
- » can also help you to avoid or resist pressure from someone who tries to force you to have sex.
- » helps you to know what to say and do if you experience sexual harassment and actually taking concrete actions.
- » helps you to refuse to go along with teasing or making fun of someone who is different.

Point out that people tend to admire others who are assertive and respectful. Assertive individuals are more likely to have honest relationships and to achieve what they want.

7. Explain to learners that it is easier to be assertive if you know your own values and have good communication skills. You can practice speaking up for yourself. Show ppt 7.1 on tips to be more assertive. Discuss it as you present. Then ask learners to discuss in pairs why everyone is more assertive. Record their responses on the chalkboard and ensure the following points come out:

- » Cultural norms sometimes get in the way of being assertive. Some people fear that if they are assertive, their behaviour will be misunderstood as rudeness or aggressiveness.
- » Someone might think you are 'overreacting' when you state your feelings directly.
- » It is even possible that if you are assertive, someone in authority might even punish you for being 'disrespectful'.
- » When the two people communicating do not have the same social status, it can make it difficult for the person with less power or status to be direct. For example, in a marriage where the husband has absolute control, the wife and children may not feel at liberty to speak directly. In a marriage where there is more equality between the partners, it is more likely that family members will enjoy the freedom to assert their ideas or feelings.
- » Similarly, because children are taught to be respectful of adults, some young people remain submissive even if they are in a situation where they do not feel safe.

8. Ask each learner to take out a piece of paper. Present the following instructions for this activity (Reference Material for the Teacher):

- I will read 15 statements about assertiveness. As I read each one, think about how often you do what the statement says.
- For each statement, write the letter 'M' for most of the time, 'S' for some of the time and 'N' for almost never.
- At the end of the exercise, we will find out your score. (For each "M", give yourself 5 points; for each "S" score 1 point and for each "N", give yourself 0 points).

9. Find out how the learners did. Those with scores higher than fifty should be glad they have learned how to speak up for what they want and to say no to things they do not want. Make the following points:

- » In our society, boys and men generally score higher than learners and women.
- » People are more likely to treat others with respect when they have self-respect (also called self-esteem) and can stand up for themselves.

10. Tell the learners they will now have a chance to role play assertive ways in which they can ask for what they want or need. Point out that this can be done through two basic ways of communicating: asking for what you want and refusing what you do not want.

Remind learners about the following ways to say no.

Verbal ways to say 'no'

- say "no" and leave it at that
- say "no" and repeat it
- say "no" and give a reason for saying so.
- say "no" and give an excuse
- say "no" and suggest an alternative
- say "no" and laugh it off with a joke.
- Non - verbal ways to say "no"
- use your body to signal 'no' - stand back, hold up your hands, shake your head;
- use your face to signal 'no' - make a face, frown, grimace, look

- disgusted with the idea;
- leave and walk away, making it clear you want nothing to do with the situation.

11. Tell the learners they are going to play a game. Divide the learners into two teams of 5 players each. The remaining learners can be the 'judges.' Each team will be asked to respond to a statement with as much conviction as possible. (**Teacher's Tool 7.2**). Teams may confer prior to a response. Team members should take turns responding. Have the 'judges' vote by clapping for the best response. The team receiving the loudest applause gets one point. The first team to reach 6 points wins.

If someone says: 'I heard you can get AIDS from mosquitoes.' **You say:** *There has to be direct contact with these bodily fluids from an infected person to you to get HIV, the virus that causes AIDS. You can get malaria from a mosquito, but not AIDS.*

Give the teams **Handout 7. 1** with the scenarios and ask them how they would respond. Process their responses and ask them if they have any questions about the exercise.

12. Put the learners in pairs and ask them to prepare one of the role plays from **Handout 8.2 Assertiveness Role Plays** (Assign each pair one or two role plays, depending on the number of learners being trained.) Tell them one person needs to communicate assertively with the other. Give them time to prepare. Ask for volunteers to perform their role play for the entire class. Perform as many as time allows.

Discuss each role play before moving on to watch the next one.

13. Conclude this activity using the following Discussion Points.



Discussion Points

1. Why are we spending time on assertiveness in a unit on communication skills? What is the connection?
2. Is it difficult to be assertive? If so, what makes it so difficult to be assertive?
3. Do you communicate more directly and respectfully in some situations than in others?
4. How can you be assertive and avoid sounding like you are being aggressive? (**Answer:** *Be firm but not demanding or threatening, be insistent about standing up for your principles, use a normal tone of voice and keep your body language relaxed, not menacing.*)
5. Ask each learner to think about one situation they have experienced in which they would have wanted to be more assertive. Ask one or two to share their experience.

C. Problem Solving and Negotiation Skills



Steps

1. Ask the learners to think about a problem they have or had recently. Ask them:

How were you affected physically and emotionally by the problem? (**Possible answers include:** *more sugar and adrenaline pours into the bloodstream, heart pumps faster, blood pressure rises, feel hotter, stomach muscles tense, lose sleep*).

Point out that most of us have had times when those differences became grounds for real conflict. Sometimes, conflict can't be avoided – but with negotiation, we can resolve our differences. Note that when we have a problem, our body often shows physical and emotional signs of stress and prepares itself for a response.

2. Draw a picture on the chalkboard of a person in the ocean, with his/her head above water and the rest of the body below water. Ask the learners:

- Which emotions are shown above the water?
- Which emotions are shown below the water?
- Do these emotions warn us that we have a problem? In what ways?

3. Ask learners what they did to solve the problem they mentioned in Step 1. Ask them if they negotiated a settlement or a deal or used negotiation skills to solve their problem. Individuals who are good at negotiating know how to get enough of what they want, without making others unnecessarily angry or hurting others' dignity. Ask learners to think what negotiation means and write their responses on the chalkboard.

Discuss the following definition and principles of negotiation.

- Negotiation is when you talk about differences, perhaps make some compromises, and then come to agreement.
- Negotiation is an interactive process between two or more people. It involves solving problems creatively to prevent or settle a disagreement without giving up on your original position or ideas. This is as long as your position does not violate another person's basic rights.
- An important part of negotiation is to know which part of your position are most important to you, and which part you are willing to let go of.
- Negotiation involves being able to appreciate it when the other person lets go of some part of his or her position. Ideally, you can reach a 'win-win' in which both parties are satisfied with the result. In a win-win, everyone accepts a solution that is at least acceptable to all.

- Negotiation often involves compromise. However, trying to persuade someone to compromise on his or her dignity and rights is not negotiation; it is abuse.
- Negotiation helps people to cooperate in satisfying ways (in team games, class activities, etc.) Even countries may enter into negotiations to achieve peaceful compromises. Negotiation doesn't just benefit the community; it is also of benefit to individuals like you.
- Negotiation helps you to face complicated situations with more confidence. It helps you to protect your limits; including limits in romantic relationships, which may protect you from unwanted sex, HIV and other STIs, and unintended pregnancy. It builds your empathy (the ability to understand and share others' feelings), which is necessary for good relationships.

4. Refer the learners to the questions in Step 2 and point out that they direct us to the first step for problem or conflict solving. Show ppt 7.2 with the STAR model on it. STAR stands for:

- S** Stop and Recognize
- T** Think and Communicate
- A** Action
- R** Reflect and Review

Tell the learners that thinking means separating fact and belief. To identify and think about a problem we need to see clearly between facts and beliefs or opinions.

5. Divide the learners into 4 groups and give each group one of the following problems solving scenarios. Allow the groups time to discuss the issue and how to solve the problem using the **STAR** model. Tell the groups to also prepare to role play and demonstrate how they would solve the problem.

Group 1: Your friends want you to try drugs with them and say you are weak if you do not join in.

Group 2: Your boyfriend dislikes all of your friends and wants you to stop seeing them.

Group 3: A friend owes you RF 10000 but cannot pay it back and you need it badly.

Group 4: You want your partner to use a condom, but your partner does not want to.

6. Allow the learners to present their findings and then perform the role plays. After each role play, ask the following questions:

- » What is the problem in this situation?
- » What were the different solutions proposed to solve the problem?
- » What were the consequences of these solutions?
- » What solution was chosen?
- » Do you think it is the best solution? Why or why not?
- » What happens in life if problems do not get resolved?

7. Ask learners to think about these different situations and to give examples from their experience.

- » Recall a time when they really wanted something but didn't know how to ask for it? Or maybe they felt that they wouldn't be heard?
- » Faced a conflict where you let your anger get the best of you? Do you sometimes want to 'win' an argument rather than meet someone halfway?
- » Come to agreement with parents, friends, and dating partners about which friend should have the most influence, which parties to attend, how to deal with the availability of alcohol, and how to spend your time.

Remind the learners that negotiating effectively, can reduce their risk of being taken advantage of, including in romantic relationships and sexual situations.

Too many young people – especially girls – are living with HIV, or married early against their will, or have found themselves pregnant because they gave in to pressure instead of speaking up for their rights. You always have the right to state what you want. If you can do so effectively, it will save lives and protect human rights.

8. Ask learners if they know how to go about negotiating with someone. Here are six steps you should follow in negotiating with someone.

1. **'I want ____'**: State your position using 'I' statements. Try to be very specific about what you want or need.
2. **'You want ____'**: Ask the other person to use 'I' statements to say what he or she wants. If the person does not use 'I' statements, ask him or her to do so.
3. **Listen Carefully!**: Don't think that you already know everything that the other person is thinking or feeling. There are two reasons to listen as carefully as you can. First, this is your chance to try to find something you can agree with and offer to compromise on. And second, we all want to feel 'heard' – it helps just to let the other person know that you care about their feelings and ideas.
4. **Debate**: Re-state each other's positions to be sure they are well understood. You must know how to control the emotions that may cloud the discussion. You must identify the emotions and try to keep them aside. Say 'No' effectively to unsafe behavior using appropriate assertive and communication skills.
5. **Bargaining**: Ideally, both parties gain something at the end of the bargaining. So it's important to state what point is the most important to you, and which point you might let go. Look for a compromise that both persons can feel comfortable with. You can be creative.

6. **Agreement:** Agree on a solution. Try it out and if it does not work, start the process all over or both parties should go their separate ways.

Point out that if you feel unsafe at any point, you do not need to negotiate. The most important thing is to remove yourself from the situation quickly and safely.

Sometimes you can use negotiation skills to get out of a dangerous situation. But the aim of this particular negotiation is not to arrive at a compromise; it is simply to get away from the dangerous situation. Any time physical force or threats are involved, you can also turn to an adult.

9. Display the following on a flipchart or on the chalkboard:

Ways of Resolving Conflict

Avoid Conflict: Simply withdraw from any conflict

Smooth it Over: Pretend there is no conflict and everything is OK

Win at all Costs: Get what you want; the other person loses
Compromise: Give up something you want to get something else that you want

Win/win negotiation: Use creative problem solving to give both people what they want or need.

Explain to the learners that the process that leads to compromise is called negotiation.

There are four steps in this process and they are:

- **Step 1: State your position.** Use I statements, say what you want or need.
- **Step 2: Listen to the other person's position.** Find out what the other person needs or wants. Restate the other person's position to be sure that you have understood it.
- **Step 3: Brainstorm win/win solutions:** Take into account both partners' needs and wants. Be creative.

10. In the same four groups, ask the groups to prepare the following role plays using these scenarios. Allow time for this activity. Ask the groups to use the four-step process for negotiations.

Group 1: Your husband has said that using a condom is like eating a sweet with the wrapper on.

Group 2: You have just been for an HIV test and you are negative. You want your husband to use a condom but he claims you never asked him to use a condom before.

Group 3: Your husband has been on a mission abroad and has just come back home and you want him to use a condom because you fear getting pregnant, but he wonders if you are implying that he hasn't been faithful.

Group 4: You have been working on a project in a private company and your husband thinks you are having sex with the company's manager.

After each role play ask the learners if this situation is common and how they would address it.

11. Conclude this session by sharing the key messages.



Key Messages

- There are two types of communication: Verbal and non-verbal.
- Be bold and direct but respectful when you communicate.
- Learn to listen well to what the other person is saying.
- Be assertive and negotiate what you want.
- Negotiation can help you to face complicated situations with more confidence.
- Solve your problems by avoiding conflict

Then use the following Discussion Points.



Discussion Points

1. Why do people have so much trouble negotiating a solution to a conflict?
2. How might people's feelings get in the way of a win/win solution?
3. Could violence be an outcome in any of these situations? Which one? Why?
4. What makes it easier to negotiate? What makes it harder?
5. What are examples of situations in which you would be unwilling to compromise?

Teacher's Tool 7.1

Listening Skills

We've all had the feeling at one time or the other that someone we are talking to is not really paying attention. So it's easy to understand how important it is to be a good listener.

Everyone wants to be heard without being judged or interrupted. Listening skills help us to build friendship, to be trusted by people, and to get the right information to make good decisions.

Here are some active, non-judgmental listening skills.

- **Establish Eye Contact With The Other Person** – This signals to the person that you are focused on him or her, not looking at the clock or reading a text message on your phone. It tells the person, 'What you have to say matters to me.'
- **Don't Interrupt** - Sometimes we want to jump in and give our opinion or idea. But no one likes being interrupted, even if we are having a hard time expressing ourselves.
- **Focus On Listening, Not on Your Own Thoughts** – If you are thinking about what you will say next, you are not listening actively.
- **Use Positive Body Language** - Let the speaker know you are listening through body language, such as nodding, leaning forward, and using appropriate facial expressions.
- **Empathize** - As the person is speaking, it is helpful to insert short phrases such as 'Good point', 'I can understand how you felt', or 'Go on'. These help the speaker feel that his or her message is important and coming across clearly.
- **Paraphrase** – Summarize what you heard to ensure that you understood properly. This also shows the speaker that you are listening carefully and that you care about understanding correctly.

REFERENCE MATERIAL FOR THE TEACHER

Assertiveness Statements

1. If I disagree with a friend, I say so, even if it means she or he might not like me.
2. I ask for help when I am hurt or confused.
3. I tell my friends what I honestly think about alcohol and other drugs, even if I know my ideas are not popular.
4. I let people know when they disappoint me.
5. If a friend borrows money and is late paying it back, I remind him or her.
6. I say no when classmates want to copy my homework or test answers.
7. If a friend is talking or making noise during class, I ask him or her to be quiet.
8. If I have a friend who is always late, I tell him or her how I feel about it.
9. I ask my friends for a favour when I need one.
10. When someone asks me to do something unreasonable, I refuse.
11. I express my views on important things, even if others disagree.
12. I do not do risky things with my friends.
13. When I don't understand what someone is telling me, I ask questions.
14. When I disagree with my parents, I say so, even though there is a risk that they will be angry with me.
15. When people hurt my feelings, I let them know how I feel.

REFERENCE MATERIAL FOR THE TEACHER

If someone says...

You Say.....

1. Just try this drug once.
2. But everyone is doing it.
3. You would if you loved me.
4. Have one drink to loosen up.
5. My parents would kill me if they knew I was smoking.
6. No one can tell you have had a cigarette.
7. There's some drink in the cupboard. Let's have it.
8. Only girls who are easy carry condoms.



HANDOUT 7.1

S/he Says..... You Say

1. You have been seeing a person for a short time now and you feel you are really in love. This person is trying to persuade you to have sex. You use all of your assertive skills but the situation gets worse. He or she will not agree with you and becomes impossible to talk to. You ask a friend who is with you to walk you home. On the way home, you tell your friend what happened. Your friend supports your decision not to have sex by saying..... .
2. You have been going out with the same person for some time now. You love each other very much. You have talked about sex and have agreed to use a condom when you have sex to protect yourself from HIV. You have had sex with a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion, you decide to be affectionate with each other without sex. The next day you discuss the decision with your best friend. Your friend supports your decision by saying..... .”
3. After school, you and some friends want to go to the local market place to buy fruits. Someone says, ‘I’m not going there.’ Someone else asks, ‘Why not?’ The first speaker says, ‘I’ve heard the fruit seller has HIV. I’m not going to risk getting AIDS.’ Another person says, ‘You can’t believe everything you hear. This person asks you what you think. You say.....’.
4. It is Monday morning and you are talking to some friends about what happened over the weekend. One of the members of the learners is bragging about being at a party where there was alcohol and sex. A couple of people in the learners are impressed and say things that support him, “Yeah! You must have had a great time! You are not impressed by what went on, and you feel you should say something. You say..... .
5. You are at a dance. You notice a learners of people in the corner laughing and pushing someone. Getting closer, you overhear them teasing the boy or girl because he or she is refusing to take some of the beer they are passing around. They are a bit drunk, and are getting rough with the person. The person keeps trying to refuse to drink saying he or she does not like alcohol. They continue to tease him or her. What do you say or do?



HANDOUT 7.2

Assertiveness Role Plays

1. You are a teacher at a secondary school. You find one of the learners in your class to be quite attractive. The girl is very clever and wants to study medicine after completing secondary school. You offer to give her extra tuition after classes and the girl is very appreciative. However, once you get her in the house, you start making advances at her. The girl refuses. Role play what happens next.
2. You are a secondary school girl who has been seeing a 25-year old business man. He has been giving you gifts and taking you to discos and cinemas. You are now worried about possible HIV infection and you want to ask him to use condoms. Role play your conversation, how you initiate it and what happens.
3. You have seen your School Mistress three times about the same problem with your male biology teacher, but nothing has changed. You are annoyed and want her to help you more. You return to her office the following week. Role play the conversation between you and the School Mistress.
4. You are attending a meeting to raise funds for a new school bus. Every time you start to say something, an older girl interrupts you. Role play the dialogue at the meeting.
5. You cannot study and are getting a headache because of the loud music coming from a flat downstairs. How do you approach your neighbour in an attempt to resolve the matter? Role play the dialogue.
6. You are in a public building and someone lights a cigarette. Smoking is not allowed in the building and the smoke is making you sick. Role play your conversation with the smoker and the defense of his actions.
7. You overhear a friend making a rude comment about a girl in your class who has a disability. You want the friend to know how you feel about the comment. Role play your conversation with your friend.
8. A friend borrowed a library book and lost it. You want your friend to pay for the book. Role play the arguments you will use and the friend's reaction.
9. You are boarding an already overcrowded Bus and the conductor shouts at you to hurry up and get in. You prefer to wait until someone moves and makes some space for you. Role play your conversation with the conductor and his responses.

10. Your friend in upper primary school has kept you waiting for 45 minutes and now you have missed the first act of the school play. She shows up and is apologetic, but you are angry. Role play the conversation between you and your friend.
11. Your friend is having an affair with an older man who gives her dresses, perfumes and pocket money. She wants you to go out with his friend, but you do not want to get into a relationship where money is exchanged for sex. Role play the conversation with your friend.
12. Your two friends make jokes about how a girl in your class is dressed. You know she comes from a poor family in the rural areas. You don't agree with their views. Role play the conversation between you and your friends.
13. You are a senior teacher at the secondary school. You find one of the learners in your class quite attractive and you have asked her to help you in the biology. Role play the conversation between you and the student.

Tips to be more assertive

Here are some tips to help you be more assertive whether you are initiating a discussion or responding to someone:

- Do not be afraid to set limits and to repeat your message. If you are true to yourself and honest, you will at the end be proud of yourself.
- Know what is most important to you. This helps you to draw boundaries and keep them. For example, 'Protecting my health' or 'Not getting in trouble' may be your priorities.
- Take a clear position. Convey your message calmly, honestly, directly, and courageously. For example, 'I want to apply to be a student leader. I'd like to ask for your support.'
- Use 'I' statements. Rather than using the passive voice, speak up on your own behalf. Say what you want or feel and be direct about it.
- Practice assertive body language. Your body language should match your message. Stand straight, look the person in the eye. You may practice using a strong tone of voice in front of a mirror. (Smiling while you refuse something may lead to your being misunderstood.)
- Give reasons for your position (especially if you are not communicating with a stranger).
- Turn the discussion. If need be, try saying something like: 'I always thought you were smarter than that' or 'I can't believe you would ask me to do that; I thought you were my friend'.
- Rely on your instincts or self-conviction. If a situation doesn't feel right, it probably isn't right. If you are in danger, leave the scene immediately without further discussion. Walk away with a confident attitude. Be sure not to return to that same scene, as that may suggest you have had a change of mind.

The 'ASSERT' Formula

Another way to think about assertiveness is captured by the following formula of what assertiveness entails:

- A** - Attention: Get the other person to agree to listen to you. Find the right time, place, or method that helps him/her focus.
- S** - Soon, simple and short: Speak up (when possible), as soon as your rights have been violated. Look the person in the eye and keep your comments focused on the important points.
- S** - Specific Behaviour: Focus on the behaviour that compromised your rights, not on the person. Tell the person exactly what behaviour disturbed you.
- E** - 'Effect on me'. Share the feelings you experienced as a result of the person's behaviour. 'I get angry when...' 'I get frustrated when...' (NOT 'you did this to me'.)
- R** - Response: Describe your preferred outcome; what you would like to see happen instead, and ask for some feedback on it.
- T** - Terms: If all goes well, you may reach an agreement on how to handle the situation in future, agree to disagree, or simply come to a compromise.

Even if no agreement is reached, you would have asserted yourself with dignity.

The STAR Problem Solving Model

Step One: Stop and Recognize

- » Do I have a problem?
- » What is my problem?
- » How is my body affected?
- » What feelings am I showing?
- » What feelings am I keeping to myself?

Step Two: Think and Communicate

- » What do I want to happen?
- » Who are the other people involved in the situation?
- » What do they want to happen?
- » What are the facts of the situation?
- » What are my perceptions and values about the situation?
- » Have I observed, gathered and remembered all the facts?
- » Have I clearly expressed my feelings and thoughts?
- » Have others clearly expressed their feelings and thoughts?
- » What are some different solutions and their consequences?
- » Are the consequences safe for and respectful to others?
- » Have I consulted others affected about the range of solutions?
- » What is the best solution?

Step Three: Act

- » Choose the best solution
- » Take action
- » Choose to back and stop and recognize again if there is no best solution

Step Four: Reflect and Review

- » Observe the consequences

If there are no satisfying consequences, go back and stop and recognize



**TOPIC 8:
PREVENTING
PREGNANCY**

TOPIC 8: PREVENTING PREGNANCY



PURPOSE OF THE TOPIC

This topic describes the different ways an unintended pregnancy can be avoided. It also explains the social and health consequences of early pregnancy.

OBJECTIVES

By the end of this topic, learners should be able to:

- explain how to prevent an unintended pregnancy;
- explain the social and health consequences of an unwanted or early pregnancy;



TOPIC OVERVIEW

- A. Preventing an unintended pregnancy
- B. Social and health consequences of early pregnancy



MATERIALS AND HANDOUTS:

Markers, pens, pencils, pins, pelvic models if available, posters or a transparency of the female and male reproductive organs

- Handout 8.1 Quiz on Pregnancy and Contraception
- Handout 8.2 Chart on Contraceptive Methods
- Handout 8.3 Contraceptive Methods
- Handout 8.4 Abstinence
- Handout 8.5 Everyone is Not Doing It!



ADVANCE PREPARATION

Invite a family planning service provider to this session. Have samples of contraceptives available. Prepare 6 learners to be in charge of the 'contraceptive stations' as follows:

- Oral contraceptives (pills)
- ECP
- Injectables
- Implants
- IUD
- Condoms
- Abstinence
- Photocopy/duplicate Quiz on Pregnancy and Contraception, Chart on Contraceptive Methods, Handout on Contraceptive Methods.
- Bring a pelvic model to describe how each method works, or prepare a PowerPoint
- Read Reference Material for the Teacher: Teaching About Contraception

PROCEDURE

A. Preventing Unintended pregnancy



Steps

1. Start the session by presenting the objectives of the topic. Then ask the learners what they understand by the term unintended pregnancy. Explain that an unintended pregnancy means conceiving when you don't intend or want to have a child.

Ask what leads to an unintended pregnancy. (Many young people do not consider themselves to be at risk, indiscipline, peer pressure, poverty, rape, lack of sex education, adventure, confusing adult role models).

2. Ask learners why young people engage in risky sexual behaviour. Then explain the following:

- Even when young people know the facts about the risks of getting pregnant and how to avoid these risks, many young people do not consider themselves to be at risk.
- Girls and boys grow up learning different ideas about sex and about sexual behaviour and with 'double standards' about male and female sexual behavior, for example,
 - » men should be able to have sex whenever they want;
 - » women's sexual desire does not exist or needs to be controlled;
 - » men are responsible for initiating sex and relationships; women should be/are passive;
 - » men should be sexually experienced; women should be sexually ignorant;
 - » young men should gain sexual experience and have as many partners as possible; young women must 'save themselves' for marriage;
 - » men are not responsible for contraception;
- Young people receive confusing messages about sex from adults. While parents, religious leaders and others may emphasize strict moral codes of sexual behaviour—such as abstinence from sex before marriage—their own behaviour is often different.

- Because sex is a private and personal matter, it is hard to talk about it in public and there is little public information that gives the facts plainly and accurately.
- The most common sources of information on sexual and reproductive health are friends or the media, which often shows images of sex as romantic, glamorous and risk free. But many young people find themselves in more serious situations, where they end up having unsafe and unprotected sex.

Show the power point about sexual risk behaviours for boys/men and girls/women.

3. Ask the learners what are the risks associated with unprotected sex? (*unintended pregnancy and STIs including HIV and AIDS*). Ask how young people can avoid such risks. (*Initiate sexual activity later when you are an adult, use condoms or contraception more consistently, if you fail to abstain*).

Emphasize that **abstinence or avoiding sexual intercourse is always the most effective way to avoid sexual risks.**

4. Distribute **Handout 8.1** on the quiz on Pregnancy and Contraception. Ask the learners to complete it. After 10 minutes ask them to exchange papers for scoring. Go over the correct answers using the 'Answer Sheet for the Teacher.

Encourage the learners to ask any questions they may have about the quiz. (Many of the false statements represent rumours that have circulated about many of the methods and ways of preventing pregnancies.)

5. Ask the learners to name as many methods of family planning and/or contraception as they can. List their responses on the newsprint and add any that are omitted:

Traditional methods	Modern methods
Abstinence Withdrawal Natural family planning or periodic abstinence LAM (breastfeeding)	Abstinence Condoms Female condoms LAM (breastfeeding) Spermicidal foams, cream and jelly Oral contraceptives (pills) Emergency contraception Diaphragm IUD Implants (Norplant) Injections (Depo provera) tubal ligation, laparotomy, or laparoscopy Vasectomy

Distribute **Handout 8.4** and **Handout 8.5** on abstinence. Tell learners to read through it and then ask if they have any questions about abstinence.

Ask the learners if they know where these methods can be obtained. Ask which ones are non-prescriptive (can be bought 'over the counter' at a chemist's shop) and which require a doctor's prescription.

6. Ask the family planning service provider you invited earlier to show the family planning methods and explain how each method works. After the presentation, ask the learners:

- Which ones are most effective?
- Which ones would young people be most likely to use and why?
- How would you feel about getting these methods from Youth Corner/Centre?
- Where would you like to get these methods?
- From whom would you want to learn how to use them properly?

7. Go through the list of contraceptive methods and ask learners to respond to the following questions:

- How does this method prevent pregnancy? (Does it provide a barrier between sperm and the egg? Does it prevent ovulation?)
- What are the advantages of using this method?
- What are the disadvantages of using this method?

8. Form groups of 2 or 3. Give each group 1 or 2 family planning methods and have them complete the 'Chart on Family Planning and Contraceptive Methods' for that method, including all the advantages and disadvantages.

Distribute **Handout 8.2** on family planning and/or contraceptive methods and tell the learners to use it for completing the exercise with the chart. Ask one group from each of the groups to report on their conclusions. Ask the other to agree upon which methods are appropriate for men and women and why.

9. Do the following one minute role play.

A school girl in the early stages of pregnancy is kneeling on the floor crying. Her parents are shouting at her. The father pulls her to her feet and shouts, 'get out of my house, and don't come back!' Dazed, she stumbles to the perpetrator's house, and knocks on the door. He answers it, is friendly until he sees she is crying, then looks at her stomach and says, ' don't come to me, I am sure you have hundreds of boyfriends. My friends tell me they see you out every night.' He pushes her outside roughly, and tells her not to return and slams the door.

Discuss the role play and ask the learners if they know of anyone like the girl in the story. What do you think happened to the girl?

10. Conclude the activity using the Discussion Points.



Discussion Points

1. What have you heard about these methods of family planning and/or contraception? Is everything you have heard true? How can you tell?
2. Which, if any, of these methods make the most sense for young people to use? Why?
3. How important is it for the husband to be involved in his spouse's use of contraception?
4. How do you feel about a girl using a method of contraception even if her parents does not agree with it?
5. Have you ever talked to your parents about contraception? Why/why not? If yes, what have they said?
6. How can you encourage someone to practise abstinence?

B. Social and Health Consequences of Unintended pregnancy



Steps

1. Explain to the learners that there are health and social consequences of early pregnancy. Early pregnancy is also associated with ill-health and cases of unsafe termination of pregnancy/abortion. Moreover, few youth friendly services are designed especially for young people, partly because of adults' attitudes and partly because young people were never thought to need sexual and reproductive health services until they were married.

Young people therefore find it hard to use existing services because of lack of information, inconvenient opening times, shame and embarrassment, concerns about privacy and confidentiality, laws that prevent unmarried boys or girls using contraception or requiring parental consent and negative and judgmental attitudes of service providers.

Young people will avoid seeking STI treatment, contraception or condoms if they believe that health service providers will not treat them with respect and confidentiality.

Divide the learners into two groups and ask one learners to identify all the social consequences of early pregnancy and the other learners to identify all the health consequences of early pregnancy. Allow time for this. Tell the learners to write their lists on newsprints, VIPP cards or manilla cards. Then share the lists.

1. In addition to what appears on the list, point out that early childbearing has considerable health risks including incomplete physical development, toxæmia, haemorrhage, anaemia and low birth weight.

Social problems include shame, stigma, losing the parents and friends respect, mental depression, learners dropping out of school, being chased from home, entering into a forced, early marriage, resorting to domestic servitude in order to support the child, neglect, abandonment and infanticide.

(Examples should include leaving school, caring for a child when you are still a child yourself.)

2. Share their findings and point out that early and unintended pregnancy can be avoided by either practising abstinence or by using a contraceptive method.

3. Tell learners they will play a game "Myth or Fact?" that focuses on signs of female and male fertility, pregnancy, menstruation and wet dreams.

Divide the learners into two teams and place the two teams on opposite sides of the room. Say:

“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 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. Add up the score and announce the winning team.

4. Conclude the activity by using the Discussion Points.



Discussion Points

1. How do you feel about a girl using a contraceptive method even if her parents do not agree with it?
2. What can be done to assist young learners who become pregnant and have to drop out of school?
3. What obstacles are there preventing some young people from abstaining from sexual activity?
4. What should a woman do if her husband does not agree to their chosen method of risk reduction?



Key Messages

- Abstinence is the only method that will protect a person from pregnancy, STIs and HIV / AIDS, 100 per cent.
- Modern method of contraception protects from unintended pregnancy for sexually active girls and women.

REFERENCE MATERIAL FOR THE TEACHER.

TEACHING ABOUT FAMILY PLANNING METHODS AND CONTRACEPTION

Keep the following suggestions and guidelines in mind as you begin to teach this material.

1. The subject of family planning and contraception is a sensitive one to many. Teaching contraceptive information to adolescents can be controversial. Some adults believe young people should not have sexual intercourse and they fear that giving them information about contraception encourages young people to experiment sexually.

There is no evidence to suggest that teaching this material causes young people to have sexual intercourse. In fact, studies from many countries show that effective CSE programmes actually lead young people to postpone/extend the age at which they become sexually active.

2. Do not assume that anyone in the learners is having sex or that no one in the learners is having sex. Make it clear that since most people have sexual intercourse at some point, it is important to know about contraception and risk of early sexual activity.

3. Always present abstinence as the most effective and most appropriate method of contraception for young people. Make it clear that unprotected sexual intercourse is neither safe nor smart.

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

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

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

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



HANDOUT 8.1

QUIZ ON PREGNANCY AND CONTRACEPTION

Instructions: In the blank space, write T if the statement is True or F if the statement is False.

1. _____ Since they are taken every day, oral contraceptives build up in a woman's body.
2. _____ An adolescent cannot conceive if she has sex standing up.
3. _____ Irresponsible sexual behaviour can result in STI/HIV/AIDS infection.
4. _____ The IUD can leave the womb (uterus) and travel through a woman's body.
5. _____ Taking emergency contraception will make a girl promiscuous or to be of loose morals.
6. _____ Oral contraceptive pills are a cause of cancer.
7. _____ A girl of 12 years can become pregnant.
8. _____ A condom can get lost inside a woman's body.
9. _____ Some IUDs can be left in place for 10 years.
10. _____ Breastfeeding is a method of contraception.
11. _____ Injectable contraceptives cause infertility.
12. _____ Using a condom makes a man less of a man.
13. _____ If a girl has intercourse when she has her period, she will not get pregnant.
14. _____ To make sure a new condom has no hole in it, it is best to unroll it before use and blow air into it.
15. _____ Family planning and the use of contraceptives is a woman's right.



HANDOUT 8.2

CHART ON FAMILY PLANNING AND CONTRACEPTIVE METHODS

METHOD	HOW IT IS USED	ADVANTAGES	DISADVANTAGES



HANDOUT 8.3

FAMILY PLANNING AND CONTRACEPTIVE METHODS

Non-Prescription Methods

ABSTINENCE (no sexual intercourse of any kind)

How abstinence works:	There is no sexual contact at all between partners.
How abstinence is used:	Mutual agreement or an independent decision by either partner.
How effective abstinence is:	100 percent, since there is no sexual contact of any kind between two people.
Myths about abstinence:	Causes 'blue balls' or swollen testicles in males; a female who abstains is sexually repressed; abstinent teens will be unpopular; 'nobody' practices abstinence.
Additional information:	Abstinence is readily available to both males and females for no cost, no medical side effects, no risks, no worry and no conflicts with parents.

A person who has had sexual intercourse in the past may decide to abstain at any time, in any relationship. For a young people who has had intercourse, it is still possible to encourage 'a second virginity.'

Abstinence protects health and reproductive capacity by reducing or eliminating the risk of HIV infection, STI and pelvic inflammatory disease.

Abstinence completely eliminates the chance of an unintended pregnancy and therefore does not interfere with future goals.

MALE CONDOM (Rubber/Socks)

<p>How the male condom works:</p>	<p>Prevents semen from entering the partner's body?</p>
<p>How the condom is used:</p>	<p>Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the sperm (some condoms have a special tip for sperm collection).</p> <p>After ejaculation, the condom should be held in place when removing the penis so semen does not spill into the partner's body.</p>

Condoms can be used with a spermicide containing nonoxynol-9.

Condoms must be properly disposed of after one use; they should never be re-used.

Failure rate (range) 2- 12%

Additional information: Vaseline and heat will destroy the condom. Condoms deteriorate so check the date of manufacture or expiration date on the box before use. When stored properly, condoms are good for about 5 years from date of manufacture.

Do not use a condom if: the package is broken or unsealed; the condom is brittle, dried out or sticky; the color is changed; or the expiration date on the package has passed.

The latex condom is a relatively inexpensive method and, if used correctly and consistently every time one has sex, is very effective in preventing unintended pregnancy and STIs, including HIV/AIDS. Lambskin condoms are not effective for preventing some STIs, including HIV/AIDS.

FEMALE CONDOM (Reality or Femidom)

How the female condom works: Prevents semen from entering the woman's body and protects male partner from contact with vaginal fluids.

How the female condom is used: Before sexual intercourse begins, it is inserted into the vagina. The female condom is a polyurethane sheath with two flexible rings at either end. One of the rings is used to insert the device and hold it in place, much like a diaphragm. The other ring stays outside of the vagina.

The female condom must be removed immediately after intercourse.

The female condom must be thrown away after one use; it should never be re-used.

Failure rate (range) 5- 21%

Additional information: The female condom helps to prevent the spread of most sexually transmitted diseases. It provides women with a way to protect themselves if they are with a partner who refuses to use a male condom. Additional research is being carried out to assess the effectiveness of the female condom.

CONTRACEPTIVE FOAMS AND OTHER SPERMICIDES

How foam and other vaginal spermicides work: Temporarily blocks the opening of the uterus and coats much of the vagina; kills sperm. Foam which contains nonoxynol-9 has been proven to protect against most STIs, but not HIV/AIDS.

How foam is used: A can of foam is shaken approximately 20 times before the foam is removed; one or two applications of foam are placed into the vagina immediately before intercourse. A foaming tablet is placed high in the vagina about 10 minutes before intercourse (so it has time to dissolve).

Failure rate (range) 6- 36%

Additional information: The quality of foams varies. Foam must be available and used each time intercourse occurs. Since foam dissolves in the vagina; douching is unnecessary, but if it is desired, wait until at least six to eight hours after intercourse. However, learners should note that douching is not healthy. Foam is an inexpensive method. It may cause minor irritation in some women and men.

NATURAL FAMILY PLANNING (NFP, also known as PERIODIC ABSTINENCE)

Types of Natural Family Planning: Calendar, basal body temperature and cervical mucus.

How NFP methods are used: The time of ovulation is determined by changes in the woman's body temperature or cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation.

Failure rate (range): less than 2 -30%

Where to obtain NFP instructions: Usually from a specially trained physician, a professional NFP counsellor or family planning clinic.

Additional information: NFP does nothing to prevent the spread of STIs or HIV/AIDS infection. It requires training from a qualified professional. It is often unreliable, particularly in women whose cycles may be irregular. NFP is also difficult for some couples to use, as it requires the couple to refrain from intercourse for many days during each cycle and, therefore, demands motivation and control and a lot of partner cooperation.

NFP should be used with another method of contraception if intercourse occurs close to the time of ovulation.

Prescription Methods

All prescriptive methods are effective in preventing a pregnancy but they do not provide protection against STIs including HIV/AIDS.

CONTRACEPTIVE IMPLANT (NORPLANT) Implanon

How the contraceptive implant works: Prevents release of an egg from the ovary (ovulation) and thickens cervical mucus, blocking sperm that are released into the vagina during intercourse.

How the contraceptive implant is used: During a minor surgical procedure, two flexible matchsticks-sized capsules are implanted just under the skin on the underside of a woman's upper arm. Each capsule contains a small amount of a female hormone, progesterin, which is also used in oral contraceptives. The hormone is absorbed into the woman's blood stream very slowly for as long as the capsules remain in place (up to five years).

Failure rate (range): 0.09 - 0.2%

Additional information: The method is effective for up to five years and requires no additional action by the user once it is in place. Once the implant is removed, normal fertility is restored by the next menstrual cycle. This method may be used to prevent pregnancy by women who want a long term method but who find it difficult to use other contraceptive methods. The common side effects are intra-menstrual spotting and bleeding, or amenorrhea. The method does not protect against STIs including HIV/AIDS.

INJECTABLES: Depo-provera or Net-en

How the injectable works: An injection (a shot) of the hormone progestin stops eggs from being released by the ovaries for up to three months and thickens cervical mucus, blocking sperm from entering the uterus.

How the injectable is used: Depo provera is injected into the muscle of the arm or buttocks by a trained practitioner. The first shot is usually given during the first five days of a woman's menstrual cycle to ensure she is not pregnant. Shots must be repeated every 12 weeks or 3 months. If the woman is using Net-en, shots are repeated every 8 weeks or 2 months.

Failure rate (range): 0 -0.7%

Additional information: Depo- provera provides very effective pregnancy prevention for 12 weeks with minimal side effects. The most common side effects are irregular periods, amenorrhea or intra-menstrual spotting/bleeding. It may be more difficult to become pregnant in the months immediately following the termination of Depo-Provera use, but normal fertility usually returns within 6 to 12 months. The method does not protect against STIs including HIV/AIDS.

INTRAUTERINE DEVICE (IUD or IUCD)

How the IUD works: IUDs interfere with ovum and sperm movements, prevent fertilization of the egg, and cause changes in the uterine lining that prevent implantation in the event a fertilized egg enters the uterus.

How the IUD is used: A trained medical person inserts the IUD into the uterus with an attached string left hanging into the vagina. The string should be checked by the woman after each menstrual period by feeling deep inside her vagina. IUDs can remain in the uterus for up to 10 years.

Failure rate (range): 0.4 -2.5%

Additional information: The IUD is one of the easiest contraceptive methods to use. The IUD is not recommended for women with more than one sex partner as it may put such women at risk of PID. IUDs offer no protection against STI transmission. The most common types of IUDs are the copper-bearing IUDs known as the TCU 380 A, TCU 220C, Multiload 375, Multiload 250 and Nova T.

ORAL CONTRACEPTIVES (The Pill)

How oral contraceptives work: Prevents release of an egg from the ovary (ovulation) and implantation of the fertilized egg in the uterus (if ovulation should occur).

How oral contraceptive pills are used: Some are taken daily for 21 days and stopped for seven before starting a new package. Other kinds are taken continuously for 28-day cycle; the last seven are iron pills designed to keep the woman in the habit of taking a pill everyday. Oral contraceptives should be taken in order, at a convenient and consistent time each day/evening.

If a woman forgets to take a pill, she should take it as soon as possible, and take her next pill at the regular time. She should then use a backup method to prevent pregnancy through the rest of that menstrual cycle. The backup is necessary for most women because of the low dosages of oestrogen in the pill today. The woman should ask her doctor for specific instructions for using oral contraceptives.

Today there are two main types of pills: Combined oral contraceptives (COCs) and Minipills, which are progestin-only pills (or POPs). This means they contain no estrogen, the hormone responsible for most of the pills side effects. But they also are not quite as reliable as the COCs. That is why most health providers prefer to prescribe COCs first to most new users.

Failure rate (range): 0.1 -8%

Myths about the pill: Pills cause deformed babies. You take the pill only on the days that you have intercourse. Pills cause cancer or sterility.

Additional information: The pill does nothing to protect a woman from STIs including HIV/AIDS. It should be used with a condom if the teen/ woman thinks she might be at risk of contracting an STI. Ordinarily, women with certain physical problems, such as high blood pressure, history of blood clots and heart disease should not use the pill.

Women over the age of 35 and women who smoke are not good candidates for the pill. Possible side effects of taking the pill include irregular menstrual bleeding, swollen or tender breasts, headaches, slight weight gain and nausea.

Pills protect women against iron-deficiency anaemia, ovarian and endometrial cancer, benign breast tumours, uterine fibroids, and some forms of pelvic inflammatory disease (PID).

Most users experience decreased menstrual cramping/pain and blood loss, and increased menstrual regularity.

EMERGENCY CONTRACEPTION

Emergency contraception refers to methods women can use soon after having unprotected sexual intercourse or in cases of condom breakage and rape to avoid unintended pregnancy. The most common method is the COC, or combined oral contraceptive pills, taken in a much higher dose than when OCs are used for regular contraceptive protection. In some cases, a copper IUD can also be used as emergency contraception.

How emergency contraception works: Depending on when you use ECP during your monthly cycle, the medication will either stop the release of an egg, prevent fertilization of an egg, or stop a fertilized egg from becoming attached to the uterus.

How emergency contraceptive pills are used: The first dose must be taken within 72 hours (three days) after unprotected sex. A second dose is taken 12 hours after the first dose.

Failure rate (range): 1 -5%

Additional Information: Emergency contraceptives should not be used routinely to prevent pregnancy. They do not protect against STIs, including HIV/AIDS.



HANDOUT 8.4

ABSTINENCE

5 things that get in the way of saying no to sex and 18 things you can do about it

1. Alcohol and drugs—they make it harder to say no!
 - » When you say no to alcohol and drugs you have a clear head and this makes it easier to stay in control and say no.
 - » Say no and mean it... It is enough to say... you can repeat it if you need to.
 - » If people are pressuring you to drink or take drugs, call a friend or a trusted adult to come and get you. Or just leave!
 - » Choose friends to pal around with who do not need alcohol or drugs to have a good time.

2. Physical attraction---a powerful force of nature!
 - » Strong sexual feelings are normal and natural, but you don't have to act on them.
 - » Set limits for yourself. Hugging? Kissing? Decide how much touching is enough and ok for you.
 - » Show you care in other ways.
 - » Spend time doing things you both enjoy... send sms, get on facebook!!
 - » If you are with someone who is coming on too strong for you, move away or just leave.

3. Pressure from someone you care about--- it can pull you in!
 - » If your girlfriend or boyfriend acts hurt or angry when you say no to sex, don't be pulled into an emotional tug of war. Don't use emotional blackmail on your partner!
 - » The best way to respond is to act and speak calmly. Remember your values guide your behavior.
 - » Offer reassurance—"I am really into you, but I am not ready for sex."
 - » Tell your girlfriend or boyfriend what you really like about them—"you're smart, You make me laugh/happy."

4. Peer pressure--- it's everywhere all the time!

- » If friends ask- have you done it yet? You can say, "I'm choosing to wait"... "or I'd rather not talk about", or "that's private."
- » If you get teased, don't act upset, stay calm and walk away. Remember your values guide your behavior.

5. Pressure from inside---do you feel like you are the only one?

- » Most young people are not having sex...in fact many who have had, wished they would have waited. Remember your values guide your behavior.
- » Curiosity?? Not feeling ok about waiting?? Wanting to get it over with?? These are not good reasons for having sex.
- » Believe in yourself and your choices. Spend time thinking about your goals and your future, your education and your career choice. Then do what you have to do to reach them!



HANDOUT 8.5

Everyone is Not Doing It!!

It's true! It's tempting to think that the whole of Rwandan youth are having sex, but they are not. Many young people in this day and age have decided to wait to have sex especially because of HIV/ AIDS. Abstinence is the only method that will avoid pregnancy, STIs and HIV / AIDS 100 per cent.

What is abstinence?

- no touching at all
- some touching like kissing and hugging but no sex
- everything else but sex

Abstinence is not about just saying 'no', it's about knowing the consequences of having sex and making an informed decision to wait.

Wait for what?

For whatever great dreams you want to come true or for the time when you...

- feel emotionally ready to have sex
- are ready to engage in sex safely and responsibly
- feel ready to become a parent
- have achieved everything you want to achieve in life

Some people say:

"abstinence is only for virgins"

Truth: you have a right to say no even if you have been sexually active before.

"abstinence is just about religion"

Truth: abstinence is about good health, body, mind and spirit. You don't have to be a saint to abstain.

"having an STI is a sign of manhood"

Truth: having an STI is a sign of stupidity

"I can't talk about things like that with the opposite sex"

Truth: if you cannot talk about sex, you are not ready to have sex.

"being abstinent means that you can't have a boyfriend or girlfriend"

Truth: being abstinent does not mean not having a boyfriend/ girlfriend. In fact, being abstinent can make your relationship better because you will spend more time talking and getting to know each other. Sometimes people have sex because they can't talk to each other.

10 benefits you get from abstaining

- you learn the difference between sex and love
- you avoid the pain that comes from having sex when you are not ready
- you won't be used just for sex and be hurt emotionally as a result
- you won't feel guilty or have bad sexual experiences which you may regret
- you won't have to worry about people saying that you are loose
- you will be seen as someone valuable to have because you see sex as a gift to be given to someone you love and who loves you in return
- you will have real intimacy with the person you love because you spend lots of time talking and getting to know each other better
- you won't become a mum or a dad before you are ready
- you will respect yourself and be confident in your decisions
- best of all, you will be choosing life because you will not put yourself at risk of getting HIV/AIDS

Being abstinent is one of the best decisions that you will ever make. To stick to your decision, you would have to know why you want to abstain.

How to be abstinent

No one should force you into having sex. It should be a choice. Always remember this and do the following.

Be clear and set your boundaries

Tell anyone whom you are intending to get into a relationship with that you are abstaining so that you can avoid misunderstandings later.

Have a backup plan

Don't let anyone spoil your life... just because you went too far one time does not mean that you can't renew your decision to stay abstinent. Just remember what caused you to get into that situation so that you can avoid it next time.

Avoid secluded places

Don't be alone with your partner in secluded or hidden places. Such places present an opportunity to be taken advantage of.

ANSWER SHEET FOR QUIZ ON PREGNANCY AND CONTRACEPTION

1. **FALSE** Pills dissolve in a woman's stomach, just like other medicine. They do not build up in her body.
2. **FALSE** A girl or a woman can get pregnant in any position if she has recently ovulated or is about to ovulate and her egg meets the male's sperm.
3. **TRUE** Young boys and learners have to be very careful and always practise 'safe sex.'
4. **FALSE** The IUD almost always stays in the womb until it is removed by a health worker. If it does come out, which is uncommon, it will usually come out through the vagina. This is why IUD users are told to check for their IUD strings after each menstrual period, to make sure the device is still in place.
6. **FALSE** Emergency contraception should only be used in emergency situations, right after a rape, unprotected sex, or in cases where a condom breaks. Emergency contraception will prevent an unintended pregnancy. But if emergency contraception is used frequently, it is no longer very effective.
6. **FALSE** There is no evidence that oral contraceptive users get cancer more frequently than non users. In fact, oral contraceptive pills offer protection against some types of female cancers, such as cancer of the ovaries or of the lining of the womb.
7. **TRUE** Any girl who has begun menstruation can get pregnant, even if she does not yet have regular periods.
8. **FALSE** This is not true because of its size. A condom is too big to get through a woman's cervix and into her uterus or any other organ.
9. **TRUE** The Copper T 380A which is used in clinics throughout Africa can be left in place for at least 10 years. But it can also easily be removed if the woman/couple wants to have a child. However, it should be only removed by a health professional at the clinic.

10. **TRUE** Breastfeeding can act like a contraceptive. Postpartum women who breastfeed on demand, who do not give the baby any other food, and whose period has not returned, are protected against pregnancy for up to six months.
11. **FALSE** There is no evidence that using Depo- Provera or other injectables causes infertility. Some people think this is so, because sometimes when a woman stops using the progestin-only injectable, it can take several months for her normal fertility to return.
12. **FALSE** Using a condom does not reduce manhood. The condom does not interfere with a man's ability to enjoy sex and to ejaculate. But using a condom properly shows a man cares about himself and his partner.
13. **FALSE** A girl may get pregnant at any time during the menstrual cycle, because her period may not be very regular. Also, in some learners and women, emotional stress may bring on ovulation at any time.
14. **FALSE** If a condom has been unrolled when a man/boy is ready to put it on, he will probably tear it. Most condoms sold in Africa are scientifically tested after manufacture. The condom need only be placed on the tip of the erect penis and then carefully unrolled, all the way down the shaft.
16. **TRUE** Family planning is a woman's right and one way to ensure both the health of the mother and child. Women have the right to control their reproductive health and the use of contraceptives is one way to do this.

Teacher's Tool 8.2

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 swim, wash her hair or take a bath during her period.*

FACT – there is no risk to a woman washing anything during her period. 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.

- *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 person jumps over the legs of a pregnant woman the child will look like the jumper.*

MYTH – only an ultrasound can show an image of an infant before birth

- *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

- *A girl/woman cannot get pregnant with one sexual act.*

FACT—A girl/woman runs the risk of pregnancy each and every time she has unprotected sex.

- *A girl/woman cannot get pregnant when she has sex for the first time.*

FACT-- A girl/woman can get pregnant the first time one has sex.

- *It's a good idea to 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.

- *The safest time to have sex is between periods.*

FACT-- For menstruating 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.

- *Boys touching a girl's breasts will make them grow bigger.*

FACT-- Boys touching a girl's breasts will not affect their size. In fact, it is sexual harassment to touch a girl's breasts without her permission.

- *Contraceptives are only for married people.*

FACT-- Contraceptives can be used by anyone.

- *A girl needs her parent's permission to find out about contraceptive use and reproductive health.*

FACT-- Knowledge about contraceptives can safeguard a girl/woman against consequence of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes you fully aware of your 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 Rwanda gives young people the right to access information and services.

- *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.

- *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.

- *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.

- *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.

- *Contraceptive use is harmful for health.*

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

- *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.

- *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.

- *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 of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all.

**TOPIC 9:
SEXUALLY
TRANSMITTED
INFECTIONS
(STIs)**

TOPIC 9: SEXUALLY TRANSMITTED INFECTIONS (STIs)



PURPOSE OF THE TOPIC

This topic provides correct information about STIs. The topic also encourages young people to delay the onset of sexual activity but encourages those who are already sexually active, to use condoms consistently and correctly and to quickly seek counselling in case of unprotected sex.

OBJECTIVES

By the end of this topic, the learners should be able to:

- explain basic facts about STIs;
- correct misinformation about unprotected sexual intercourse and its consequences;
- describe risky and non-risky behaviours;
- explain how abstinence and use of condoms can reduce the risk of STIs including HIV infection



TOPIC OVERVIEW

- A. Facts about STIs
- B. Myths and Facts about Sexual Risks
- C. Risky and Non-risky Behaviours
- D. Abstinence
- E. Condom Use



MATERIALS AND HANDOUTS

Newsprint, markers, basket, pens, pencils
Handout 9.1 Sexually Transmitted Infections
Handout 9.2 Am I at Risk?
Handout 9.3 Communication Role Plays



ADVANCE PREPARATION

For Section A, prepare the True-False questions and put them in a basket/hat/box.

Prepare learners for the two role plays

Read Additional Information about STIs

For Section B, prepare index cards (or slips of paper) with a Myth or Fact Statement

For Section C, prepare four signs that say 'Definitely a risk,' 'Probably a risk,' 'Probably not a risk,' and 'Definitely not a risk.'

Prepare the following index cards with different behaviours written on them:

- Not having sexual intercourse
- Sharing needles for ear piercing
- Intercourse with multiple partners without condoms
- Deep or French kissing
- Getting a blood transfusion
- Drinking alcohol
- Sharing towels
- Donating blood
- Sharing a toothbrush
- Sharing a comb
- Being bitten by a mosquito
- Intercourse with a person using a condom

Have enough copies of Handout on '**Am I at Risk?**'

PROCEDURE

A. Facts about STIs



Steps

1. Introduce this session by telling learners that we are going to clarify a lot of misinformation about STIs, HIV and AIDS. Ask for volunteers to write on the chalkboard what the letters STIs, HIV and AIDS stand for.

Answers should read as follows:

- STI-- Sexually Transmitted Infections
- HIV-- Human Immunodeficiency Virus
- AIDS-- Acquired Immunodeficiency Syndrome

2. Give the following lecturette and allow the learners to ask questions and discuss as you do so.

Sexually transmitted infections (STIs) are infectious diseases that spread from person to person through intimate contact. STIs can affect boys and girls, men and women of all ages and backgrounds who are having sex — it doesn't matter if they're rich or poor.

Unfortunately, STIs have become common among young people. Because young people are more at risk for getting some STIs, it's important to learn what you can do to protect yourself.

Explain that STIs are more than just an embarrassment. They're a serious health problem. If left untreated, some STIs can cause permanent damage, such as infertility (the inability to have a baby) or death (in the case of HIV/AIDS).

3. Ask learners to name the most common STIs. Write their responses on the chalkboard.

- Chlamydia
- Genital Herpes (HSV-2)
- Genital Warts
- Gonorrhoea
- Hepatitis B (HBV)
- Pelvic Inflammatory Disease (PID)
- HPV
- Pubic Lice
- Syphilis
- Trichomoniasis

Point out that the learners will cover HIV and AIDS in the next topic.

Explain to learners that STIs spread easily because you can't tell whether someone has an infection. In fact, some people with STIs don't even know that they have them. These people are in danger of passing an infection on to their sex partners without even realizing it.

4. Ask learners to name some of the things that increase a person's chances of getting an STI. Ensure the following points are made:

- Sexual activity at a young age. The younger a person starts having sex, the greater his or her chances of becoming infected with an STI.
- Lots of sex partners. People who have sexual contact — not just intercourse, but any form of intimate activity — with many different partners are more at risk than those who stay with the same partner.
- Unprotected sex. Latex condoms are the only form of dual protection that reduce your risk of getting an STI, and an unintended pregnancy and must be used for every act of intercourse. Implants, pills and other contraceptive methods may help prevent pregnancy, but they don't protect a person against STIs including HIV.

5. Ask learners what they should do to prevent the spread of STIs. Write their responses on the chalkboard. Ensure the following points are made:

As with many other diseases, **prevention is key**. It's much easier to prevent STIs than to treat them. **The only way to completely prevent STIs is to abstain from all types of sexual contact**. If someone is going to have sex, the best way to reduce the chance of getting an STI is by using a condom every time rather than treating an STI;

People who are considering having sex should get regular gynecological or male genital examinations. There are two reasons for this:

- First, these exams give health workers a chance to teach people about STIs and protecting themselves.
- Secondly, regular exams give health workers more opportunities to check for STIs while they're still in their earliest, most treatable stage.

In order for these exams and visits to the clinic to be helpful, you need to be very honest and tell the health worker if you are thinking about having sex or if you have already started having sex.

And let the health worker know if you've ever had any type of sexual contact, even if it was in the past.

Don't be embarrassed at the thought of having an STI keep you from seeking medical attention. Waiting to see the health worker may allow the infection to progress and cause more damage. If you think you have an STI, or if you have had a partner who may have an STI, you should go to the clinic right away.

Not all infections in the genitals are caused by STIs. For instance, for girls, a yeast infection can easily be confused with an STI. Boys may worry about bumps on the penis that turn out to be pimples or irritated hair follicles. That's why it's important to see a health worker if you ever have questions about your sexual health.

Remember these essential truths:

- The only way to 100% avoid STIs (and pregnancy) is not to have sex.
- If you do have sex, use a condom every time.
- If you have had unprotected sex, get tested for STIs including HIV.

Signs of STIs in Men	Signs of STIs in Women
a wound or sore, ulcers, rash or blisters on or around the penis	a discharge from the vagina that is thick, itchy or has a funny smell or colour
a discharge, like pus, from the penis	pain in the lower abdomen
pain or a burning feeling when passing urine	pain or a burning feeling when passing urine
pain during sexual intercourse	pain during sexual intercourse
pain and swelling of the testicles	abnormal, irregular bleeding from the vagina
abnormal swelling or growths on the genitals	abnormal swelling or growths on the genitals

Now divide the learners into four teams (or fewer depending upon number of learners being trained) and ask each team to stand in one corner of the room. Explain that you are going to play a game and the team with the most points wins. Give the following instructions for the game:

- Each team will draw a statement from the basket. The team must decide if the statement is true or false.
- One team member reads the statement and gives the team's answer.
- If the answer is correct, the team scores two points. If they can explain why the answer is correct, they get an extra point.
- If the team cannot explain their answer, another team can try for the extra point.
- When all statements have been answered, announce first, second, third and fourth places.

Distribute **Handout 9.1** on Common Sexually Transmitted Infections and tell the learners to read through it.

6. Conclude this activity by answering any questions the learners may have about the Handout. Ask the questions in the Discussion Points.



Discussion Points

1. What are the signs and symptoms of STIs? (**Answers include:** *redness or soreness of the genitals, pain when urinating (mostly for males); strong smelling or cloudy urine, unusual discharge from the penis or vagina; sores or blisters on or around the genitals, mouth or anus; a sexual partner with such visible symptoms as pain in the abdomen, actually in the area of the pelvis.*)
2. What are the three most effective ways to avoid STI? [**Answers:** *1) abstain from sexual intercourse of any kind and 2) use condoms every time you have any kind of intercourse, and 3) be faithful to one partner who is also faithful to you.*]
3. What three things should you do if you think that you have been infected with an STI? [**Answers:** *1) seek proper medical treatment right away, 2) inform your sexual partner(s) and 3) abstain from sexual contact until there is no evidence of infection and you have finished all the prescribed medicine.*]
4. Is it important to complete the prescribed course of treatment for any STI? Why?
5. How could you raise the issue of condom use with your partner if you were about to have sexual intercourse with a partner you cared about? How would you feel if your partner brought up condom use when you were about to have sex? What would you say to him or her?
6. As a learner, what would be the most difficult thing about having an STI?

STIs FACTS: TRUE OR FALSE?

1. A person can always tell if she or he has an STI.

False. People can and do have STI without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal, but men infected with some diseases like chlamydia also may have no symptoms. People infected with HIV generally have no symptoms for some time, even years, after infection.

2. With proper medical treatment, all STIs except HIV can be cured.

False. There are two types of herpes. One, herpes zoster, is not sexually transmitted. The other is genital herpes and is an STI. It is caused by a virus and, currently, cannot be cured.

3. Condoms are the most effective safeguard against the spread of STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms used with spermicide are the next best thing, but only abstinence is 100% effective.

4. Using condoms will help prevent the spread of STIs.

True. Condoms can help prevent the spread of STIs but they must be used correctly. Condoms are not 100% effective because of improper use. They occasionally break or come off during intercourse when not used properly.

5. The organisms that cause STIs can only enter the body through either the woman's vagina or the man's penis.

False. STI bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and in some cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared needles.

6. You cannot contract an STI by masturbating, or by holding hands, talking, walking or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal or vaginal intercourse with a partner who is infected. In the case of HIV, a person can be infected by sharing needles with an infected partner or getting a transfusion with infected blood.

7. Practicing good personal hygiene after having intercourse should be encouraged.

True. While personal cleanliness alone cannot prevent STIs, washing away you and your partner's body fluids right after intercourse is good hygiene. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis or vagina.

8. It is possible to contract some STIs from kissing.

True. It is rare but possible to be infected by syphilis through kissing, if the infected person has chancres (small sores) in or around the mouth. The herpes virus can also be spread by kissing, if active lesions are present. However, there are no known cases of HIV AND AIDS being spread by kissing.

9. Only people who have intercourse can contract an STI.

False. Infants can contract STIs such as syphilis, gonorrhea and HIV infection in utero and/ or during the birth process or during breastfeeding.

B. Myths and Facts about Sexual Risks.



Steps

1. Tell the learners that they are going to play a game that will help them learn the truth about myths related to sexual risks. Explain that myths, rumours and superstitions are often passed around as fact.

Find out from the learners what these terms mean to them. (**Possible answers:** *myths-- stories and tales that started a long time ago and have been passed down as truths from one generation to the next; rumours-- information that is distorted and not true; superstition-- beliefs based on fear and of the unknown*)

2. Divide the learners into two teams and place them on opposite sides of the room. Tell each team to choose a name for itself. Make a 'score card' on newsprint. Present the index cards face down and ask for a volunteer from one team to choose a card. Ask the volunteer to read it aloud.

Team members should talk among themselves for a short time to determine whether the statement is a fact or a myth. The volunteer who chose the card should announce the team's decision. Then state whether the answer is correct and place a point under the team's name on the newsprint ('score card').

3. Continue by having a member of the other team choose the next card, then alternate until all of the statements have been discussed. Allow a few minutes for discussion of each statement. Take this time to provide additional information, as presented in the Reference Material for the Teacher.

Conclude the activity using the Discussion Points.



Discussion Points

1. Why do you think myths and rumours develop?
2. Ask the learners if they have any questions about certain myths.
3. What have you heard about risky and not risky sexual behaviour?
4. Do young people protect themselves from pregnancy and/or STI/HIV every time they have intercourse?
5. Why would young people take the risk of unprotected sexual intercourse?

C. Sexual Risks: Myth or Fact?



Steps

1. A girl can become pregnant if she has unprotected intercourse before she has her first period.

Fact. Before a girl's first period, her ovaries release the first ovum, during ovulation. She can become pregnant if she has unprotected intercourse around that time of her first ovulation, even before she ever has her first menstrual period. She also risks getting an STIs whether she has menstruated or not.

2. It is unhealthy for a girl to bathe or swim during her period.

Myth. There is no reason that a girl should need to restrict any activity during her period. She should bathe every day and keep her private parts clean. Physical activity may help to reduce menstrual cramps and pain.

3. Abstinence is the only method of contraception that is 100% risk free.

Fact. Avoiding sexual intercourse of any kind is the only way to absolutely avoid pregnancy or an STI. Practicing abstinence does not require giving up all sexual contact, but it does mean expressing sexual feelings in ways other than having intercourse of any kind.

4. A girl can get pregnant if she has sex when she is bleeding.

Fact. There are two types of bleeding. There is menstrual bleeding when it is most unlikely that a girl will get pregnant. There may also be bleeding during ovulation. If a girl has intercourse then, she can get pregnant. It is also important to know that learners sometimes ovulate unexpectedly, and may even ovulate during their periods. Stress, illness, and other factors can bring on ovulation outside of the normal cycle during her period.

5. Once you have had gonorrhoea, you cannot get it again.

Myth. A person can get gonorrhoea as many times as he or she has sex with an infected person. It is important therefore that anyone who is treated for gonorrhoea or any other STI make sure that his or her sexual partner(s) be treated as well.

6. A woman is not at risk of pregnancy unless a man ejaculates inside or right outside her vagina.

Myth. If a man ejaculates near the opening to a woman's vagina or touches her vulva while he has semen on his fingers, it is possible for sperm to find their way inside and fertilize an ovum. Learners have become pregnant without ever actually having intercourse. Some STIs and HIV infection can be transmitted if there is an exchange of body fluids with or without penetration.

7. Having sex with a virgin will cure a person with an STI.

Myth. There is no cure for HIV or AIDS. Having sex with a virgin, a person who has not had sexual intercourse, will increase the person's risk of contracting the virus.

8. Once a boy is sexually aroused and gets an erection, he has to go all the way or it will be harmful.

Myth. There is no harm in not acting on every sexual urge; semen cannot get 'backed up' and demand ejaculation. Occasionally a boy might feel some discomfort if he is sexually excited for a long period of time. This will disappear when he is able to relax.

9. There is still a significant risk of STI transmission with condoms, since the pores in the condoms are large enough for the bacteria or virus to pass through.

Myth. Some learners have reported inaccurate research findings that suggest HIV can pass through condoms, but it is not true. Condoms do have pores, but the virus cannot pass through them. Most likely the condom was not used properly.

10. There is no known cure for genital herpes.

Fact. While there are drugs available to alleviate the symptoms of genital herpes, there is no cure for the disease.

D. Risky and Non-Risky Behaviours.



Steps

1. Explain that this activity will identify which behaviours put you at risk of an STI and which do not. Put the signs on the wall.
2. Give an index card to one/two learners. After reading the card aloud, ask them to tape the card under one of the signs. Ask them why they have put the card under that particular sign. Ask if the learners agree. Follow this procedure, correcting any misinformation until all cards have been placed.

When the index cards are placed on the wall under the correct headings, it should look like this.

Definitely a Risk

Sharing needles for drug use
Sharing needles for ear piercing
Intercourse (with multiple partners) without condoms

Probably a Risk

Getting a blood transfusion (but the risk here will be facility-specific)
Deep or French kissing

Probably Not a Risk

Sitting next to a person who has an STI
Sharing a toothbrush
Sharing a comb
Intercourse with a person using a condom

Definitely Not a Risk

Not having sexual intercourse
Donating blood
Using a public telephone
Shaking hands with a person who has an STI
Being bitten by a mosquito

3. Tell the learners they will now have the chance to assess their personal risk to STI. Give each girl **Handout 9.3** 'Am I at Risk?' They should answer each question by writing 'Y' for yes, 'N' for no or 'U' for unsure or don't know; Allow time for this. Then ask them to score their papers as follows:

Give 1 point for each Y, 2 points for each N and 3 points for each U. If their score is between 0-10, they are at great personal risk. If their score is over 10 points, then they are not at risk of HIV AND AIDS.

Explain that if the answer to questions 2, 3, 7, 8, 11, 13, 14, 15 is Y or U, then you are at risk.

Then ask the learners to:

- explain how they can reduce their personal risk to STI/HIV AND AIDS and pregnancy;
- explain how to remain free for the rest of their life.

4. Do the following one minute role play:

A young couple meets affectionately. The boy says to the girl, 'we have been going out for two years, without having sex, but today, my house is empty.' They go excitedly to the house, enter the bedroom and start to undress. The girl says, 'before you do, where did you put the condoms?' He freezes, saying, 'I thought you had the condoms.' She says, 'no'. They look at each other sadly and start to dress again.

5. Conclude the activity using the Discussion Points.



Discussion Points

1. How do you feel looking at this wall? Does knowing that some things are definitely or probably a risk worry you?
2. Did you learn any new information? Do you have any questions about any behaviours we did not list today?
3. If you were explaining this information to a friend, what would you say first?
4. What do you think about the one minute role play?



HANDOUT 9.1

COMMON SEXUALLY TRANSMITTED INFECTIONS

I. Chlamydia

Symptoms: Although it is very prevalent today, chlamydia is difficult to diagnose because the disease often coexists with others. In addition to gender-specific symptoms described below, the eyes may become infected, producing redness, itching and irritation. Infection of eyes can result from an infected person touching her or his genitals and then her or his eyes. A mother can infect her baby's eyes during delivery if she is infected.

Males: Twenty-five percent of men have no symptoms; when they have symptoms, men may experience a painful or burning sensation when they urinate and/or a watery or milky discharge from the urethra.

Females: Seventy-five percent of women have no symptoms; for women with symptoms, these may include abnormal vaginal discharge, irregular vaginal bleeding, abdominal or pelvic pain accompanied by nausea and fever. May also cause painful urination, blood in the urine, or a frequent urge to urinate.

Diagnosis: A sample of genital excretions is cultured to detect chlamydia.

Damage: If left untreated, chlamydia may cause severe complications, such as non-gonococcal urethritis (NGU) in men and pelvic inflammatory disease (PID) in women. If untreated, PID often leads to infertility. If a baby's eyes become infected, the baby can become blind if left untreated.

Treatment: Chlamydia is caused by bacteria that are effectively eliminated by tetracyclines or erythromycin; penicillin will not eliminate chlamydia.

II. Gonorrhoea

Symptoms: May occur 2 to 10 days after contact with infected person.

Males: A cloudy (thick, greyish-yellow) pus-like discharge from the penis and a burning sensation during urination. Some males show no signs.

Females: Usually show no signs. Some women have a pus-like vaginal discharge, irregular bleeding, painful urination and lower abdominal pain 2 to 10 days after contact.

Damage: Sterility; pelvic inflammatory disease (PID) in women which can recur even after the gonorrhoea and original PID have been cured. A baby can become blind if infected.

Diagnosis: The client should inform the health worker of all points of sexual contact (genitals or mouth).

Males: Medical practitioner examines genitals, mouth and/or anus for signs of irritation, soreness or discharge and may take a bacteria culture from any infected area (if lab equipment is available).

Females: Medical practitioner examines genitals, mouth, lymph glands and cervical discharges and takes a bacterial culture from any infected area.

Note: These days many health workers diagnose based on symptoms and a flow chart that advises them what medication to prescribe for which symptoms. This is true for most STIs; but HIV AND AIDS is one important exception.

Treatment: Penicillin or similar antibiotic that kills the bacteria within one to two weeks.

III. Genital Herpes

Symptoms: Caused by the herpes simplex virus and transmitted through direct skin-to-skin contact during vaginal, anal or oral sex. Although some people have no symptoms, most experience an itching, tingling or burning sensation, often developing into painful blister-like lesions on or around genitals or in anus; first symptoms appear 2-10 days after exposure and last 2-3 weeks. Some people have no symptoms.

Damage: Recurring outbreaks of the painful blister occur in one third of those who contract herpes. Herpes may increase the risk of cervical cancer and can be transmitted to a baby during child birth.

Diagnosis: Microscopic examination of blister tissue or syndromic diagnosis. (See information under 'gonorrhoea' section.)

Treatment: Genital herpes is caused by a virus and has no cure at present. Available drug treatments are aimed at relieving the pain of active sores and reducing the frequency and duration of outbreaks.

IV. Syphilis

Symptoms: Painless chancre sore on or in genitals, anus, mouth or throat. Appears 10 days to three months after the sexual contact with an infected person. If left untreated, the sore will disappear and a skin rash will develop, often on the hands and soles of feet, 3-6 weeks after the chancre appears. It then usually disappears. Other symptoms may include hair loss, sore throat, fatigue or mild fever.

Damage: If left untreated after a rash appears, it can eventually, after many years, cause heart failure, blindness and damage to the brain and spinal cord.

Diagnosis: Health worker examines chancre site, throat, eyes, heart, lungs and abdomen; performs a microscopic examination of chancre pus and a blood test. Or the health worker follows the syndromic approach and treats via a diagnosis/observation of symptoms.

Treatment: Penicillin or similar antibiotic that kills the bacteria.

V. Human Papilloma Virus: There are many types of HPVs. In human beings they cause different diseases depending on the type.

A. Genital Warts

Symptoms: Genital warts are the result of a virus spread during sexual contact. They often grow together in little clusters on and inside the genitals, anus and throat. Depending on location, they can be pink, brown or grey and soft, or small, hard and yellowish-grey.

Damage: Genital warts disfigure the genitals and are ugly looking. It is, however, possible to treat them without having permanent damage. They are not common.

Diagnosis: Usually made by direct eye exam. A nurse or doctor may ask for other laboratory investigations when not certain about the diagnosis.

Treatment: Locally applied treatments or surgery can be used to remove the warts, but cannot kill the virus. It is important to remove the warts to keep the virus from spreading. Genital warts may return after removal, especially if the treatment is only partial.

Re-infection may also occur.

B. Cancer of the cervix

Symptoms: Early precancerous changes on the cervix are usually symptomless. However, established cancer presents a vaginal discharge, usually foul smelling or irregular bleeding, especially during intercourse. This disease is rare in adolescents and occurs later in life.

Damage: Although early cancer is curable, later cancer cannot be cured. Cervical cancer will spread and damage other body organs, if left untreated. It eventually leads to death.

Diagnosis: Precancerous changes in the cervix can be detected through regular pap smears. Established cancer can be seen by the naked eye using a speculum. Diagnosis is confirmed by taking pieces of suspicious tissue for laboratory examination.

Treatment: Precancerous changes can be cured by simple local surgery, burning, or freezing. Established cancer requires external surgery or radiotherapy. Very advanced cancer is not curable, but tender loving care is still necessary. This includes relief of accompanying pain.

VI. Pelvic Inflammatory Disease (PID)

An infection that affects the fallopian tubes, uterine lining and/or ovaries. It is usually caused by sexually transmitted diseases that enter the reproductive system through the cervix and which have not been treated (chlamydia or gonorrhoea).

Symptoms: While the symptoms vary from person to person, the most common identifying factor is pain in the pelvic regions. Other symptoms may include frequent urination and/or burning with urination, sudden fevers, nausea or vomiting, abnormal vaginal discharge, and/or pain or bleeding after intercourse.

Damage: If left untreated, PID can cause infertility or ectopic pregnancy.

Diagnosis: In order to make a diagnosis, it is necessary to determine the original source of the infection. It can also be diagnosed and treated via reported symptoms.

Treatment: Both partners must be treated with antibiotics.

VII. Yeast Infections (Monilia, Candida or Fungus) Note: These infections are often NOT transmitted sexually.

Symptoms: A yeast infection caused by an imbalance of the vaginal organisms.

Females: Itching, burning, dryness of the vagina, whitish and lumpy (cottage cheese-like) discharge that smells like yeast.

Males: Inflammation of the penis.

Diagnosis: Microscopic analysis of vaginal secretions.

Treatment: Locally applied cream or vaginal suppositories.

VIII. Trichomoniasis

Symptoms: A vaginal infection that is most often contracted through intercourse, but can also be transmitted through moist objects such as wet clothing, towels, washcloths and so on.

Females: A burning sensation at urination and an odorous, foamy discharge, along with a reddening and swelling of the vaginal opening.

Males: Usually have no symptoms but might have a slight discharge, itching and/or lesions.

Damage: Can cause urinary infections.

Diagnosis: Usually diagnosed by microscopic analysis of vaginal discharge.

Treatment: Oral medication.

IX. HIV Infection and AIDS

For further information about HIV AND AIDS, see the session in this Unit on HIV Infection and AIDS.

Symptoms: One to two months after infection, some people experience a brief illness similar to a cold or the flu. An average of 5 - 10 years later, symptoms such as weight loss, yeast infections, night sweats, swollen lymph glands, persistent cough, diarrhoea, fatigue and loss of appetite may begin to occur.

Damage: People with HIV infection eventually develop AIDS and become ill with one or more serious diseases called opportunistic infections that target individuals whose immunity has been weakened. The long-term outcome is gradual debilitation and, ultimately, death.

Treatment: At this time there is no cure. Those people who take care of themselves—eat plenty of fruit and vegetables, walk or get other exercise and get enough sleep, seem to live longer with the virus before getting AIDS. People are now living with AIDS much longer than they did in the 1980s, due to the development of drugs that treat some of the opportunistic infections. Medical treatment may also alleviate short-term symptoms.



HANDOUT 9.2

COMMUNICATION ROLE PLAYS

A. Actors: One boy and one girl

Scene: Susan and Mark have been dating each other exclusively for six months and having sexual intercourse for two months. They are in love and planning to get married. They are at Mark's house when his parents are out, but neither of them have any condoms. They both want to have sex but Susan turns to Mark and says, "I have something to tell you." Mark says, "What is it?" Susan says, "I have an STI." Mark looks at her horrified and says, "I think you should leave now." "Get out of my house!" Susan starts to cry. "Please let me explain...."

B. Actors: One boy and two girls

Scene: John and Mary are good friends and their friendship is developing into a romantic relationship. However, John has been seeing Mary's best friend, Jane, and has been romantically involved with her. Jane and Mary have told each other about their boyfriend but neither of them knows it is the same guy.

Last week, when Jane went to the clinic, she finds Mary there. "I think my boyfriend has given me an STI," said Jane and Mary at the same time to each other. "I plan to tell him about it. I have asked him to meet me here. He should be here anytime now," said Mary. Just then John walked into the clinic. "What??? Is he your boyfriend?" asked Mary. "Yes," said Jane. "Is he your boyfriend too?" "Yes," said Jane. The two girls look at each other and then turn to John. John says, "Please let me explain...."



HANDOUT 9.3

AM I AT RISK?

Answer each question by writing 'Y' for yes, 'N' for no or U' for unsure or don't know.

1. You hug, kiss or massage your friend. _____
2. You don't protect yourself when handling blood. _____
3. Your partner has sex with others. _____
4. You drink beer or other kinds of alcohol. _____
6. You are bitten by mosquitoes. _____
7. You allow semen or vaginal fluid to touch your skin near the pubic area. _____
8. You have sex with more than one person. _____
9. You or your partner has had an STI in the past. _____
10. You share a razor with a person with HIV or AIDS. _____
11. Your partner has sex only with you. _____
12. You live, work or play with a person with HIV AND AIDS. _____
13. You don't always use a condom for sexual intercourse. _____
14. You don't know if your partner is HIV+ or has an STI. _____

TOPIC 10: **HIV AND AIDS**

TOPIC 10: HIV AND AIDS



PURPOSE OF THE TOPIC

This topic explains the basic facts about HIV and AIDS and aims at eliminating misinformation about HIV and AIDS and to promote compassion for people with AIDS.

OBJECTIVES

By the end of this topic, the learners should be able to:

- explain basic facts about HIV and AIDS;
- explain how HIV is transmitted;
- describe how to prevent HIV and AIDS;
- state the role of home based care and importance of nutrition for PLHA;
- develop increased understanding of and compassion for people with AIDS.



TOPIC OVERVIEW

- A. Facts about HIV and AIDS
- B. HIV and AIDS Activity
- C. Care, Treatment and Support
- D. Living with AIDS



MATERIALS AND HANDOUTS

Newsprint, markers, index cards, basket, pens, pencils,
Handout 10.1 HIV and AIDS
PPT: The basics of HIV and AIDS



ADVANCE PREPARATION

For Session B prepare index cards for the learners as follows:

Write three cards with the message, 'After you read this, don't follow any of my instructions until I say return to your seats'

Write the remaining cards with 'Follow all my instructions' including three cards with a small 'c' in the upper right hand corner, one card with a small 'z' and one card with a small 'x'.

Carefully read the Useful Information about AIDS, and Tips for teaching about HIV AND AIDS.

For Section E, invite person who is HIV positive or with AIDS to speak to the learners.

PROCEDURE

A. Facts about HIV and AIDS.



Steps

1. Introduce this session by telling the learners that we are going to clarify a lot of misinformation about HIV and AIDS. Ask for volunteers to write on the newsprint what the letters STIs, HIV and AIDS stand for.

Answers should read as follows:

STI-- Sexually Transmitted Infections

HIV-- Human Immunodeficiency Virus

AIDS--Acquired Immunodeficiency Syndrome

Explain the letters as follows:

H = Human (only found in humans)

I = Immunodeficiency (weakens the immune system)

V = Virus (a type of germ)

A = Acquired (to get something that you are not born with)

I = Immuno (the body's defense system, which provides protection from disease)

D = Deficiency (a defect or weakness, lack of or not enough of something)

S = Syndrome (a learners of signs and symptoms of disease)

2. Give the following lecturette and allow the learners to ask questions and discuss as you do so. Point out that the focus of this session is on HIV prevention methods, which include limiting sexual intercourse to one uninfected, faithful sexual partner and using condoms.

Ask learners to explain the difference between HIV and AIDS. HIV is the virus that attacks the immune system. The person who has the HIV virus in their body may look and feel healthy, but that person is said to be HIV-positive--that person does not have AIDS.

If someone who is HIV-positive develops certain symptoms or conditions, or has a blood test that shows significant deficiency of the immune system, that person has developed AIDS. All persons living with AIDS are infected with HIV, but not all persons with HIV infection have AIDS. AIDS is only the end stage of this infection.

3 Ask learners to describe the symptoms and conditions that people with AIDS develop. Make sure they mention:

- repeated or sustained fever
- chronic diarrhoea
- weight loss
- persistent cough
- disease or rash of the skin
- weakness or anaemia
- difficulty swallowing
- swelling of lymph nodes
- night sweats.

Note these may also indicate different medical conditions. Only an AIDS test can determine if a person has AIDS.

4. Remind learners that the “I” in HIV stands for immunodeficiency. Clarify that immunodeficiency means the immune system is not protected from or lacks the ability to fight diseases.

Point out that a syndrome is a group of signs and symptoms of a disease in the body. The virus that causes AIDS is permanent and there is no cure for it. An infection is another word for disease or virus. HIV destroys the body’s immune system, which makes it impossible for the body to fight off disease or even minor illnesses.

AIDS is the last phase in HIV infection. There are three major periods of HIV infection. Use the diagram below to explain the three periods of HIV infection.

Window period

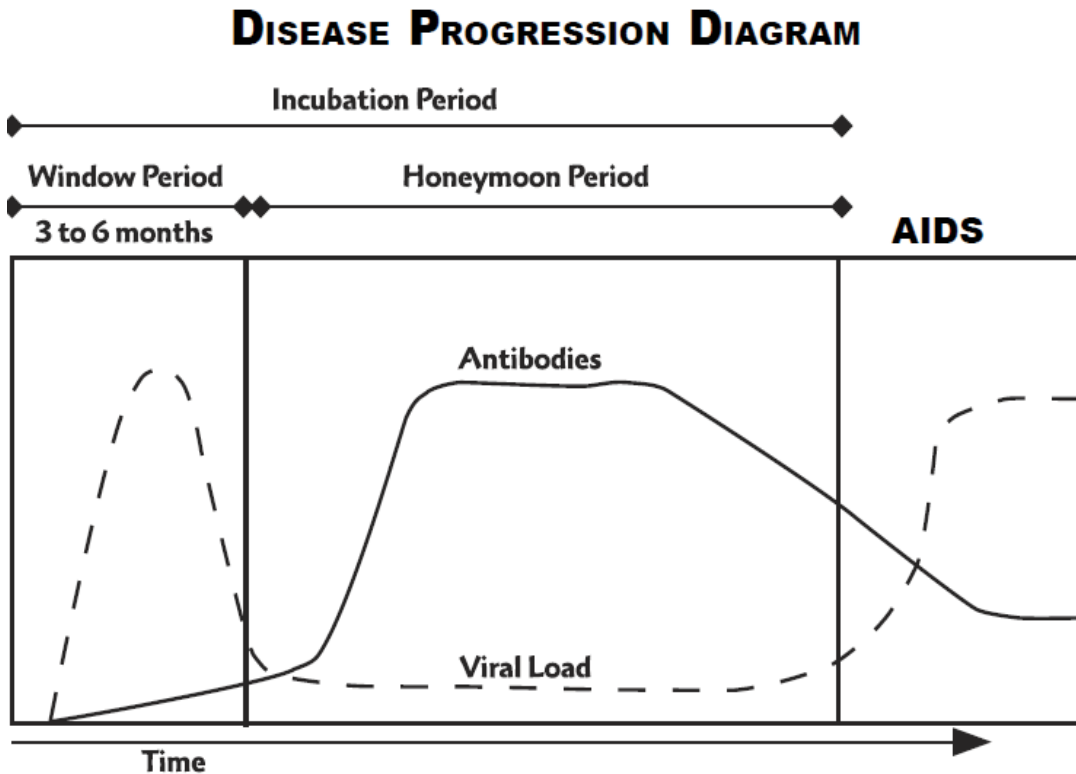
The time between infection and when a person develops enough antibodies to show up positive on the HIV test, usually between two weeks and three to six months. At this time, a person has a high viral load and is very infectious because no antibodies are controlling the virus. The person’s test is still negative at this time because the test detects antibodies, not the virus.

Incubation period

The time between infection and the development of disease symptoms associated with AIDS. This could take many years. Some people infected over 15 years ago have still not progressed to AIDS.

Honeymoon period

This is the time between the end of the window period and the end of the incubation period. It is called the honeymoon period because the persons are living in relative harmony with their virus. They may have a few minor symptoms, but usually do not look sick. During this time, their antibody load is high, and their viral load is low. Although they can still pass the virus to others through sex, they are less infectious. During this time, pregnant women have less chance of passing HIV to their babies, either during delivery or through breastfeeding.



A person is said to be HIV-positive if antibodies to the virus are detected in his or her blood. There are simple blood tests to determine whether or not a person is infected, but it can take up to six months after infection for HIV antibodies to appear. Someone who is HIV positive may appear to be healthy for ten years or longer before the symptoms of AIDS develop.

Researchers and scientists believe that all people who are HIV positive will eventually develop AIDS. Although there are treatments and drugs for some of the symptoms of AIDS, there is currently no known cure and it is apparently always fatal. (Refer to Teacher's Tool 10.2 for more information).

Show ppt 10.1 on the basic facts about HIV and AIDS. Ask learners if they have any questions.

5. Ask learners to explain how HIV is spread and can enter the body. The following points should come out:

- having unprotected sexual intercourse (vaginal, anal or oral) without using a condom, with someone who is HIV positive; HIV is found in pre-ejaculate fluid that flows from the penis prior to ejaculation, and in vaginal fluid;
- getting a transfusion with infected blood;

- HIV can be passed from an HIV positive mother to her baby during pregnancy, delivery or through breastfeeding; sharing syringes and needles with someone who is HIV positive for drugs and tattoos or other skin piercing tools such as razor blades and surgical instruments for circumcision or scarification.
- some STIs – such as herpes, syphilis, and chancroid – irritate the skin or membranes, leading to sores or tiny breaks in the skin or membranes. These sores or breaks allow the HIV virus to pass more easily through the skin or membranes during sexual contact. Even when the STI causes no breaks or open sores, the infection can stimulate an immune response in the genital area that can make HIV transmission more likely.

6. Ask learners how HIV cannot be spread. List their responses on the chalkboard.

Ensure the following points are made: HIV cannot be transmitted by any of the following:

- touching, sneezing, or coughing
- casual contact at work, school, or home (such as hugging or shaking hands)
- sharing food, drink, or utensils
- sharing bath water or swimming pools
- sharing toilet seats or using public toilets
- bites from mosquitos, bed bugs, or other insects,
- tears or sweat
- saliva or kissing (HIV is not in saliva, but cut or bleeding gums)
- urine and faeces do not transmit HIV if they do not contain blood

7. Ask learners “why are young girls/women at greater risk of HIV infection”? List their responses on the chalkboard. Then explain that females are biologically more likely to contract HIV (and some other STIs) than males are. Note that:

- a girl’s cervix and vagina are more delicate than those of an older woman. The vagina can tear during sexual intercourse, which also increases her risk of getting infected;
- many cultural practices, such as dry sex and putting herbs into the vagina to clean or tighten it actually increase girls and women’s risk of getting infected;
- a man’s penis goes inside a woman’s body and his sexual fluids, which may carry infection, stay inside her body. This increases her chances of getting an infection in the uterus, fallopian tubes and ovaries.

Explain to learners that a key aspect of HIV risk to women and girls is social.

Girls and women who are in relationships where men have more control are at especially high risk of HIV. These girls or women generally do not have the power to refuse unwanted or unsafe sex. Many girls and women are taught to be submissive to men. They lack the skills and confidence to persuade their partners to use condoms for protection. This often includes girls who have sex with:

- sugar daddies (older men who buy things for girls and expect sex in return);
- adult men who are physically violent;
- people who have sex for money (transactional sex)
- current and multiple partners.

Child marriage is also a risk factor for HIV; once married, a girl typically has little relationship power. She often cannot refuse sex with her husband or ask his HIV status. To end AIDS, we must achieve gender equality so that girls and women (and all people) have the power to refuse early marriage and unwanted or unsafe sex. These are all important reasons why no one should enter a relationship in which they feel powerless.

Ask learners if they have any questions. Distribute Handout 10.1 on HIV and AIDS and ask learners to read through it during their free time.

8. End this session using the Discussion Points.



Discussion Points

1. Which is the time when a person is most infectious? Why?
2. Why do you think young girls are infected more often than boys?
3. Do you think that everyone who has HIV/AIDS knows that he or she has it? Why or why not?
4. Would people hide the fact that they or someone in their family has HIV/AIDS? Why or why not?
5. Do you believe that HIV/AIDS has affected our community? Why or why not? What evidence do you see of the effects of AIDS in our community?
6. What other things have you heard about HIV/AIDS in our community that you think might be untrue?
7. Have you ever heard someone say that they have a cure for AIDS? Why do you think someone might say that when there is no cure?

B. HIV Activity



Steps

1. Tell the learners they are going to play a game. Distribute one card to each learner. Tell them to keep the special instructions on their cards a secret and to follow the instructions. Ask the learners to stand and shake hands with three people and ask each to sign the card. Make sure they move around the room.

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

3. Now tell the learners to pretend that the person with the card marked 'x' was infected with HIV and that instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures she or he collected.

Do the same with the card marked 'z' (genital herpes).

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

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

- How did person 'x' feel? Person 'z'? How did you feel towards them when you found out they were infected?
- What were the initial feelings of those of you who were instructed to not participate in the exercise? How did those feelings change during the course of the exercise? How did the learners feel towards those people initially? And then later?
- Who had a 'Do not follow my instructions' card but got signatures anyway? Why? What does this tell us about people's behaviour?
- 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?

6. End this session using the Discussion Points.



Discussion Points

1. Why do you think people take risks with their health and wellbeing, even though they have information?
2. What role does peer pressure play in taking risks?
3. Do you know a young person with HIV and AIDS? How can you discuss HIV and AIDS with your peers?
4. Why is it sometimes difficult to ask questions about HIV and AIDS? (*Answer: The topic includes two issues people have the most difficulty with: sex and death.*)
5. How can you bring up the topic of HIV and AIDS with your partner and/or your peers?

C. Care, Treatment and Support



Steps

1. Start this session by explaining that care, treatment and support of people living with HIV and AIDS must be viewed in the context of prevention. Then explain that people who are HIV-positive can live long, fulfilling lives. They may marry and have families. However, they need proper medical care, counseling, and social support.

Ask learners why they think counseling and social support are important. List their responses on the chalkboard. Then explain that counseling is important because it helps to:

- ensure they start prompt treatment and understand the importance of taking good care of themselves and their health in general;
- prepare a person and make the person feel more comfortable about disclosing his or her HIV status to current and past sex partners, and to family members.

2. Place 4 cards on the wall with a piece of flip chart paper under each. The headings on the 4 cards are as follows:

- Socio-economic support
- Human rights and legal support
- Medical and nursing care
- Psycho-social support

Ask learners to write an element of comprehensive care under each heading. Allow time for this. When they have finished, visit each flip chart and process the information they have written.

The following points should come out:

Socio-economic support

- Micro-credit
- Nutritional support
- Orphan support

Human rights and legal support

- Involve PLHA
- Will-writing
- Community sensitization

Medical & Nursing Care

- OI treatment and ARV
- Preventive therapy
- Palliative care
- Traditional therapy

Psychosocial Support

- VCT
- Spiritual support
- Follow-up counseling

Sum up this activity by pointing out that prevention strategies must be integrated into care, treatment and support strategies.

- There should be a comprehensive range of services provided using a multi-disciplinary approach.
- Care, treatment and support must be provided through all stages of HIV (from infected to terminally ill and bereavement).
- PLHA must be involved in the design, planning, and implementation of activities.
- Communities must be involved to ensure a network for effective care and support.
- Strategies for care, treatment and support must address stigma, discrimination, and denial.

3. Ask learners the meaning of ART. Explain that ART means Anti-retroviral Therapy and refers to the drugs that a person who is HIV+ or living with AIDS takes every day. Point out that ART's are not appropriate for everyone with HIV infection.

They can help those who have moderate or severe symptoms of HIV infection or AIDS. ART drugs inhibit important enzymes that are needed for HIV to replicate or multiply. ART's are not a cure for HIV infection.

4. Ask learners what else ART can do. Learners should indicate all of the following. ARV's can:

- restore immune function or slow the decline of immune function;
- prolong life and improve the quality of life;
- improve symptoms of HIV infection;
- decrease risk of illness and hospitalization;
- improve health and strength.

5. Now ask learners what they understand by the term Home Based Care. Have them write the definition on a card and put it up on the wall for sharing. Point out that home based care involves providing all the physical, social, emotional, and psychological support for person living with HIV and AIDS. It is a holistic approach to taking care of an individual.

6. Form three learners and give each learners a card. Ask each learners to list down all of the tasks that are required to provide care and support for a person living with HIV and AIDS. Allow time for this activity and then share the learners' responses with the whole learners.

Treating Common Ailments

Nutrition

Palliative Care

The following points should come out:

Treating Common Ailments

- The following are common ailments a person living with HIV and AIDS may experience and how they should be handled.

Common Ailment	How to handle/treat
Diarrhoea	<ul style="list-style-type: none"> • Drink lots of fluids (non-alcoholic) to prevent dehydration. • Eat soft, mashed, liquid foods that are easy to eat and swallow, such as porridge and soup. • Eat small meals five or more times a day. • Eat food low in fat. Do not add cooking oil and margarine. Boil food rather than fry it. Cut away visible fat in meat and skin on chicken. • Eat food high in carbohydrates to provide energy (e.g., rice, potatoes, maize, bread). • Eat soft fruits and vegetables, such as banana, pawpaw, watermelon, pumpkin, squash, and potatoes. • Avoid milk and milk products. • Avoid acidic fruits and vegetables, including onions, tomatoes, and pineapple. Do not use "hot" spices like curry or piri-iri. • Prepare vegetable soups and stews using a refined meal of rice, barley, or potatoes and soft vegetables such as squash, pumpkin, or carrot. • Be creative in preparing soups and meals, starting with food you like. • Prepare fresh food from fresh ingredients. Do not store prepared food and risk food poisoning.

<p>Lack of appetite</p>	<ul style="list-style-type: none"> • Try different foods until you find those that you like and try to have a mixed diet. • Eat smaller meals more often. Eat whenever your appetite is good - do not be too rigid about fixed times for meals. • Try to drink a lot of water, milk, yoghurt, soups, herbal teas or juices throughout the day. • Drink mainly after, and in between meals - do not drink too much before or during meals. • Add flavour to food and make it look and taste interesting. Squeeze some lemon juice over it or add spices such as cardamom, fennel, coriander and cinnamon. • Avoid fizzy drinks, beer and foods such as cabbage, broccoli and beans that create gas in the stomach and can make you feel bloated. • Try rinsing your mouth out before eating as this can make food taste fresher. • Take light exercise such as walking outdoors, for example, and breathing plenty of fresh air to stimulate an appetite. • Eat in a well-ventilated room away from cooking or unpleasant smells. • Eat with your family or friends. If you have to stay in bed, they can join you at your bedside. • Avoid alcohol. It reduces appetite, weakens the body and interferes with medicines.
<p>Common Ailment</p>	<p>How to handle/treat</p>
<p>Nausea and vomiting</p>	<ul style="list-style-type: none"> • Sit up when eating. Try not to lie down until one or two hours after eating. • Drink plenty of fluids after meals. • Try not to prepare food yourself. The smell of preparing or cooking food may worsen the feeling of nausea. • Ask somebody else to prepare food or eat foods that require little preparation.

Sore mouth	<ul style="list-style-type: none">• Eat soft, mashed, smooth or moist foods such as avocados, squash, pumpkins, papaya, bananas, yoghurt, creamed vegetables, soups, pasta dishes and minced food.• Add liquids to foods or soften dry food by dipping in liquids.• Drink cold drinks, soups, vegetable and fruit juices.• Use a straw for drinking fluids.• If the gums are painful and brushing the teeth is not possible, rinsing the mouth with bicarbonate of soda mixed with water will make the mouth feel fresh.• Chewing small pieces of green mango, kiwi or green papaya may help to relieve pain and discomfort.• Drinks such as spice teas, fermented sour cabbage water or yoghurt may help to ease a sore mouth when eating is painful• Chewing food well will make it easier to digest.• Chopped papaya added to meat acts as a tenderizer and helps digestion.• Fermented foods such as sour cabbage water, sour porridge, yoghurt and sprouts can be easier to digest and help the digestion of other foods.• Use recommended foods as if they were medicine, particularly during and after antibiotic treatment.• Eat three times a day before or with meals and continue for two weeks.
Changes in the taste of food	<ul style="list-style-type: none">• Experiment with different foods and spices until you find foods you like. Try to have a varied diet.• Mint, garlic, ginger and other herbs and spices may seem to lose their taste when medicines are being taken.• Try preparing food with sugar, vinegar or lemon instead.

<p>Skin problems</p>	<ul style="list-style-type: none"> • The addition of foods rich in vitamin A and/or B6 to the diet may help to prevent skin problems or improve the condition over time. • Good sources of vitamin A are yellow, orange and green vegetables and liver. • Good sources of vitamin B6 are cereals, kernels, whole grains, seeds and nuts as well as figs and green leafy vegetables.
<p>Colds, coughs and influenza</p>	<ul style="list-style-type: none"> • Drink plenty of water or other fluids and have plenty of rest. • Crush a lemon and mix it with honey. Take a large spoonful as necessary. • Gargle with a strong solution of salt and water several times a day. • Prepare teas and plant extracts for sore throats.

7. Explain to learners that nutritional care and support promote well-being, self-esteem and a positive attitude to life for people and their families living with HIV and AIDS. Healthy and balanced nutrition should be one of the goals of care and support for people at all stages of HIV infection.

An effective programme of nutritional care and support will improve the quality of life of people living with HIV and AIDS, by:

- maintaining body weight and strength;
- replacing lost vitamins and minerals;
- improving the function of the immune system and the body's ability to fight infection;
- extending the period from infection to the development of the AIDS disease;
- improving response to treatment; reducing time and money spent on health care;
- keeping HIV-infected people active, allowing them to take care of themselves, their family and children; and
- keeping HIV-infected people productive, able to work, grow food and contribute to the income of their families.

8. Ask learners to brainstorm and give reasons why people living with HIV and AIDS may not eat well.

The following points should come out:

HIV and AIDS reduces food intake

People with HIV and AIDS often do not eat enough because:

- the illness and the medicines taken for it may reduce the appetite, modify the taste of food and prevent the body from absorbing it;
- symptoms such as a sore mouth, nausea and vomiting make it difficult to eat;
- tiredness, isolation and depression reduce the appetite and the willingness to make an effort to prepare food and eat regularly;
- there is not enough money to buy food.

HIV and AIDS reduces the absorption of food

- Food, once eaten, is broken down by digestion into nutrients.
- These nutrients pass through the gut walls into the bloodstream and are transported to the organs and tissues in the body where they are needed.
- One of the consequences of HIV and other infections is that since the gut wall is damaged, food does not pass through properly and is consequently not absorbed.
- Diarrhoea is a common occurrence in people with HIV and AIDS. When a person has diarrhoea the food passes through the gut so quickly that it is not properly digested and fewer nutrients are absorbed.
- Reduced food intake and absorption lead to weight loss and malnutrition.

9. Ask learners what else caregivers need to do to support a person living with HIV and AIDS. Make sure the following points come out:

- Exercise improves well-being
- Preventing weight loss during and after illness

10. Explain that palliative care involves providing psychosocial care and support during the last days of a person's illness and learning how to cope with loss and grief. It is the active total care of a person whose disease is not responsive to curative treatment.

It therefore involves the control of pain, of other symptoms, and of psychological, social, and spiritual problems. The goal of palliative care is the achievement of the best quality of life for a PLHA and their families.

11. End this session using the discussion points.



Discussion Points

1. What advice would you give to a person who living with HIV and AIDS?
2. What advice would you give to a person who cares for a person living with HIV and AIDS?
3. 3. How can the community be involved in care and support for people living with HIV and AIDS?
4. What changes in behaviours are required to enable PLHA to adhere to their drug regimens?
5. How can you be more actively involved in care and support of PLHA?

D. Living with AIDS.



Steps

1. Start this session by pointing out that knowing one's HIV status is an essential first step in managing HIV. Finding out that one is HIV positive is not a death sentence; there are many, many people around the world who are leading healthy and fulfilling lives despite being infected.

Write the word POSITIVE on the chalkboard. Ask learners what they understand by this word. (Possible responses: encouraging, good, favourable, supportive, constructive, helpful, beneficial, confident).

2. Explain that LIVING POSITIVELY then means living in such a way that is good or beneficial for you. Highlight the following points:

- Keeping one's mind healthy (having a positive outlook toward living and life)
- Keeping one's body healthy
- Keeping one's soul and spirit healthy (for example, the things we do to feel good on the "inside" and to feel a sense of peace and contentment)
- Living responsibly with HIV and preventing new HIV infections

3. Explain to the learners that they need to understand that People with AIDS (PWAs) have a role to play in portraying the reality of living with AIDS. It is also important that PWAs help young people to develop compassion, rather than fear for people with AIDS. The PWA should be comfortable with his/her situation and knowledgeable about AIDS.

4. Introduce the guest speaker and explain that he/she will spend some time telling his/her story, suggesting ways young people can help care for PWAs, and then answer questions.

5. Thank the speaker and encourage the learners to ask any questions and include any written questions from the question box. If the learners do not have any more questions, ask the following:

- How did you react when you learned you were HIV+?
- How do you approach relationships now that you have HIV and AIDS?
- How do you deal with sex now that you have HIV and AIDS?

- How do people react when they find out your health status?
- What gives you happiness in life?
- What steps do you take to stay healthy?
- What advice would you give us about HIV and AIDS?

6. Ask learners to think about the key messages in this topic. Then share the following:



Key Messages

- Create general social intolerance of sexual relations between older men and girls (transactional sex) and multiple partners
- Know your HIV status
- Encourage sexually active people to use condoms
- Encourage young people who are not sexually active to remain so longer
- Emphasize that we all have the power to prevent sexual transmission of HIV
- Advise young people who are sexually active to use condoms correctly and consistently
- Seek early treatment for HIV and fully comply with treatment regimens
- Question your values, behaviour and relationships

7. Conclude this activity using the discussion points.



Discussion Points

1. What was your general reaction towards the speaker?
2. What surprised you about his/her story?
3. What is the most important thing you learned from the speaker?
4. What impact will his/her message have on your own behaviour?
5. How will you react to someone who is HIV positive or has AIDS?
6. What can you do for someone in your house/school/ community who is HIV positive or has AIDS? (**Possible answers include:** assist with medication, give good healthy food, help him/her to exercise, take the person to hospital/ clean the house/ keep him/her company).



HANDOUT 10.1

HIV and AIDS

HIV and AIDS is becoming more and more a young people issue and especially a young women's issue. About 50% of people with AIDS are young people under 25 years of age. Most of them are infected during their teens. In most African countries young women are two times more likely to be infected in comparison with their age mates.

In one study in Tanzania, women were three times more likely to be infected than men. HIV infection strikes young people disproportionately and has a profound impact on families and national economies.

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. The name indicates that it is found in humans, that it attacks the immune system and that it is a virus. AIDS stands for Acquired Immunodeficiency Syndrome.

`Acquired' refers to the fact that you get the disease from something else.

`Immune' refers to the body's defense system for fighting off disease and

`deficiency' indicates a weakness in that system.

`Syndrome' means a collection of symptoms and diseases.

AIDS is a term used to indicate the most serious stage of a person's infection with HIV. There is a list of symptoms and diseases that indicate a person has AIDS. Once a person has an indicator of diseases, she or he is counted as a reported case of AIDS.

It is helpful to think of HIV infection as a continuum, starting from the moment of infection, through the first signs of sickness, to the appearance of one of the indicators or diseases that is on the AIDS list. This is an important concept because it means someone can be infected:

- for a long time and have no symptoms and feel healthy.
- and feel poorly, but only have some of the indicators or diseases that meet the definition of AIDS.

How Does HIV Make Someone Sick?

HIV slowly weakens the immune system, which is the body's defense against infection and illness. A strong immune system protects us against illness and helps us recover once we get sick. It attacks and destroys germs that enter the body. Each of the many different kinds of cells that make up the immune system performs a different job, although they all work together to keep a person healthy.

These helper cells, called 'T-cells,' orchestrate many parts of the immune response. The HIV virus enters T-cells and begins to multiply. The T-cells become miniature factories that reproduce HIV. Eventually the virus kills the T-cells.

As more and more T-cells die, the immune system is less able to do its job of protecting the body from opportunistic infections. The word 'opportunistic' indicates these infections take advantage of a weak immune system. Others are caused by germs that most healthy humans carry and can fight but people infected with HIV are vulnerable. One or more of these opportunistic infections, and not HIV directly, eventually kills a person with AIDS.

Is There a Cure for AIDS?

There is no cure for AIDS. No vaccine has been developed to inoculate people against the virus and no medicine has yet been formulated to kill the virus in people who are already infected. Doctors and scientists treat most of the opportunistic diseases such as pneumonia and have also developed a variety of medications that delay the onset of symptoms, prolonging the lives of people infected with HIV.

Those drugs have improved the quality of life for people with HIV, but they are not cures. They are also very expensive and many of them are not even available in Africa or in the public sector health facilities.

Will everyone who is infected with HIV develop AIDS and die?

It is unclear whether everyone who is infected with HIV will develop AIDS, but researchers estimate that a very high percentage of HIV-infected people will develop AIDS. Eventually, people with AIDS die of one or more of the opportunistic infections that invade their bodies.

How is HIV Transmitted?

HIV is transmitted from person to person through blood or membrane contact with blood, semen, vaginal fluids and breast milk. Ways to get the virus include:

- exchanging blood, semen or vaginal secretions during sex with someone who has HIV;
- sharing circumcision knives and needles-which are used for injecting drugs (including steroids), tattooing or ear-piercing - with someone who has HIV;
- being born to a mother who has the virus (HIV can be passed to a fetus through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth, or through breast milk). At least 30% of babies born to an HIV positive mother develop AIDS.

HIV cannot survive in air, water or on things people touch. You cannot get it from:

- touching, hugging, talking to or sharing a home with a person who is HIV infected or has AIDS;
- sharing plates, glasses or towels used by someone with HIV infection or AIDS;
- using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment or telephone used by people with HIV infection or AIDS;
- having someone with HIV or AIDS spit, sweat or cry on you;
- being bitten by mosquitos;
- donating blood;
- being sneezed at or coughed on by a person with HIV infection or AIDS.

What does HIV-Positive Mean?

HIV-Positive means that one of three types of blood tests (ELISA, rapid assay or Western Blot) has shown that a person has been infected with HIV. The tests are sensitive to antibodies to HIV produced by the immune system, not to the virus itself.

The ELISA test was the most commonly used test, but now rapid assay tests are gaining in popularity as they are less expensive and don't require special equipment and electricity to 'read' the results. ELISA stands for enzyme-linked immunosorbent assay. If an individual's ELISA test results are positive or indicate the presence of HIV antibodies in the body, a second test should always be done to confirm it.

This test is called the Western Blot and is more sensitive to HIV antibodies than is the ELISA. Countries who do not use the Western Blot test (which is very expensive) can use rapid assay tests or a second ELISA test to confirm a positive test.

A negative test result indicates that the body is not creating antibodies to the virus. Therefore, it is assumed that the person is not infected with HIV. It is important to understand, however, that there is a 'window period' between when a person is infected with HIV and when the immune system begins producing antibodies in a great enough number to be detected.

Usually the test can detect antibodies within 2 to 4 weeks of infection. But sometimes it takes 3 to 6 months for the test to detect the antibodies. This means that for 3 to 6 months after infection, the test may not be able to tell you whether or no you are infected. During this window period you are infected with HIV and can infect others.

However, if you test during the window period, the test will not find antibodies-even though the virus is there. If you return in another few months, the test will find the antibodies and you will be positive. Scientists are unsure about the length of the window period: it is probably between three and six months but in rare cases, may be as long as three years.

Why Should a Person Go for an HIV Test?

There are many reasons why a person should go for an HIV test. If a person is worrying constantly about HIV infection and is anxious about every cough or bout of diarrhoea he/she gets, probably the only way to stop worrying is to have an HIV test. If a person has had unprotected sex recently or has had sex with multiple partners or has had sex with someone who has fallen sick, then the only way to put your mind at ease is to go for the test.

What Happens When You Go for an HIV Test?

Once you have decided to go for an HIV test, you need to locate the testing center nearest to you. On arrival at the center, you will be registered and given a number and told to sit and wait for a counselor. You may be asked to first join a learners' counseling or you will be seen alone by the counselor.

The counselor will ask you when was the last time you had sex, how many partners you've had and whether or not you had protected sex (used a condom). The counselor may tell you that you can leave at any time during the session, but if you stay then he/she will tell you about the testing procedure. This involves drawing a little blood from your arm. It is very quick and doesn't hurt.

After the blood is taken, the counselor will tell you about what it means to be HIV positive or HIV negative and ask you how you would cope if you were HIV positive. The counselor would also ask you if you know how to protect yourself and others from infection and infecting others.

The counselor will also ask you if your test results turn out to be negative how you would stay negative. After the counseling, depending on the type of test used, you will be called into a private room to get your results or told to come back in a week or two.

When Are People with the Virus Infectious to Others?

People with HIV are infectious to others as soon as they are carrying the virus, even before antibodies are produced. People with HIV may not know they are infected and may look, act and feel healthy for a long time, possibly longer than 10 years. It is impossible to tell from looking whether or not a person is infected. Knowing a person well does not tell you anything about his/her HIV positive or negative status.

Teacher's Tool 10.1

HIV AND AIDS RELATED KNOWLEDGE, ATTITUDES AND BEHAVIOR (Adapted from the RDHS, 2010)

HIV infection is a major public health concern in Rwanda, where it is a primary cause of mortality with negative social and economic consequences that affect everyone in the country. Since the initiation of the 2005-2009 National Multi-sector Strategic Plan (NMSP), Rwanda has made significant progress towards the goal of creating universal access to HIV and AIDS services.

To continue this progress, Rwanda decided to develop and implement a 2009-2012 National Strategic Plan (NSP) against HIV and AIDS. The NSP sets out the overarching goals for the country's response to HIV and AIDS and affirms Rwanda's commitment to a multi-sector response. It is based on the most up-to-date understanding of the epidemic and the strengths and weaknesses of the systems and mechanisms that are used to respond.

KNOWLEDGE OF HIV AND AIDS AND OF TRANSMISSION AND PREVENTION METHODS

Practically, all women and men age 15-49 have heard of HIV/AIDS. Because of the universal awareness of HIV/AIDS, the variation by background characteristics, such as marital status, residence, province, education, and wealth, is minimal.

HIV Prevention Methods

The 2010 Rwanda Demographic and Health Survey (RDHS) prompted respondents to answer specific questions about HIV and AIDS prevention methods, which include limiting sexual intercourse to one uninfected, faithful sexual partner and using condoms. Eighty-five percent of women and 79 percent of men are aware that the risks of contracting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners; women (91 percent) and men (92 percent) are somewhat more likely to know that using condoms also can prevent transmission of the AIDS virus.

Approximately 79 percent of women and 74 percent of men have knowledge of both HIV prevention methods. Knowledge of both HIV prevention methods among women age 15-19 and age 40-49 is lower than among women in the middle age learners (20-39). Younger men age 15-19 are somewhat less likely to have knowledge about prevention of HIV and AIDS than older men. Women and men who are not married, particularly those who have never had sex, are slightly less likely to know the two HIV prevention methods than those who are currently married or who have ever had sex.

Knowledge about prevention of HIV and AIDS is also low among men who are divorced, separated, or widowed. Knowledge of HIV prevention methods is higher among women in urban areas than in rural areas, whereas it does not differ among men. There is considerable variability across provinces in knowledge of prevention methods. Among women, knowledge of the two HIV prevention methods is highest in the City of Kigali (89 percent) and lowest in the West province (68 percent).

Among men, knowledge of the two methods is highest in the City of Kigali (77 percent) and lowest in the South province (71 percent). The level of educational attainment positively relates to a respondent's knowledge of HIV prevention methods. Women and men with higher levels of schooling are more likely than those with less schooling to be aware of various preventive methods. The data also show that women and men in higher wealth quintiles are more likely than those in lower quintiles to be aware of ways to prevent the transmission of HIV.

Knowledge about Transmission

The 2010 RDHS included questions on common misconceptions about HIV and AIDS transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the HIV virus and whether a person can contract the HIV virus from mosquito bites, by supernatural means, or by sharing food with a person who has AIDS.

The results in Tables 13.3.1 and 13.3.2 indicate that some Rwandan adults lack accurate knowledge about the ways in which HIV can and cannot be transmitted. In fact, 12 percent of women and 10 percent of men don't know that a healthy-looking person can have (and thus transmit) the virus that causes AIDS. Large percentages of women and men also erroneously believe that the AIDS virus can be transmitted by mosquito bites (21 percent and 22 percent, respectively).

Larger proportions of women and men are aware that the AIDS virus cannot be transmitted by supernatural means (92 percent and 93 percent, respectively) or by sharing food with a person who has AIDS (90 percent each, for women and for men). Overall, two-thirds of women and men (68 percent, each) are able to reject two of the more common misconceptions about AIDS—that the AIDS virus can be transmitted by mosquito bites and that a person can become infected with the AIDS virus by sharing food with someone who is infected—and they also know that a healthy-looking person can have the AIDS virus.

Knowledge of Prevention of Mother-to-Child Transmission of HIV

Educating people about the ways in which HIV can be transmitted from mother to child during pregnancy, delivery, and breastfeeding is critical to reducing mother-to-child transmission (MTCT) of HIV. To obtain information on these issues, respondents were asked whether the virus that causes AIDS can be transmitted from a mother to a child during pregnancy, delivery, or breastfeeding and whether a mother who is infected with HIV can reduce the risk of transmission of the virus to the baby by taking certain drugs (anti-retrovirals) during pregnancy.

Overall, 94 percent of women and 91 percent of men know that HIV can be transmitted by breastfeeding. Proportions of women who know that HIV can be transmitted during pregnancy and delivery are 64 percent and 95 percent respectively. In men these proportions are 62 percent and 92 percent respectively. Ninety-four percent of women and 91 percent of men know that the risk of MTCT can be reduced through the use of certain drugs during pregnancy.

Eighty-nine percent of women and 84 percent of men know that HIV can be transmitted by breastfeeding and the risk of MTCT can be reduced through the use of certain drugs during pregnancy. There are no marked differences in MTCT knowledge among women and men by background characteristics in Rwanda.

Stigma associated with AIDS and attitudes related to HIV and AIDS

Knowledge and beliefs about HIV infection affect how people treat those they know to be living with HIV or AIDS. In the 2010 RDHS, a number of questions were posed to respondents to measure their attitudes towards HIV-infected people. These questions concerned their willingness to buy vegetables from an infected vegetable seller, to let others know the HIV status of family members, and to take care of relatives who have the AIDS virus in their own household. They were also asked whether an HIV-positive female teacher who is not sick should be allowed to continue teaching. Almost the same proportion of women and men reported that they would be willing to take care of a family member with HIV at home (96 and 97 percent, respectively).

However, men are slightly more likely than women to say that they would buy fresh vegetables from a shopkeeper who has HIV (90 percent versus 84 percent) and to think that a female teacher with HIV should be allowed to continue teaching (89 percent versus 87 percent). Men are also more likely than women not to want to keep secret a family member's infection with HIV (78 percent versus 67 percent). Overall, men are more likely to express accepting attitudes regarding all four situations when compared with women (64 percent compared with 53 percent, respectively).

In general, better educated respondents, those in the higher wealth quintiles, and those living in urban areas have more accepting attitudes towards nonrelatives who are HIV positive and who are more willing to care for family members with AIDS in their own home. There is no marked difference among women and men who said that they would not want to keep secret the knowledge that a family member is HIV positive by wealth and by area of residence.

Accepting attitudes on all four indicators are generally more common among respondents in urban areas than among those in rural areas, and they increase with the level of education. Residents of the City of Kigali, and of the South and East provinces, are more likely to express accepting attitudes towards people living with HIV or AIDS (57 percent or more for women and 71 percent or more for men) than residents of the North and West provinces (44 percent and 43 percent, respectively, for women and 55 percent and 54 percent, respectively, for men). Stigmatization against HIV and AIDS in Rwanda remains high, especially in the West province.

Attitudes towards negotiating safer sex

Knowledge about HIV transmission and ways to prevent it is not useful if people are not able to negotiate safer sex practices with their partners. To gauge attitudes towards safer sex, respondents in the 2010 RDHS were asked whether they think a woman is justified in refusing to have sex with her husband if she knows he has sex with other women.

They were also asked whether they think that a woman in the same circumstances is justified in asking her husband to use a condom if she knows that her husband has a sexually transmitted infection (STI).

with her husband if she knows he has sex with other women, and 96 percent of women and men believe that a woman is justified in asking her husband to use a condom if he has an STI.

The majority of respondents in all groups support a woman's right to refuse to have sex with her husband if she knows he has sex with other women or to propose using a condom if she knows that her husband has an STI. However, there are small differences by background characteristics in the percentages of respondents holding this opinion. For example, the higher a respondent's educational attainment and wealth quintile, the more likely he or she is to say that a woman can refuse to have sex with her husband or propose using a condom. The percentage that agrees with a woman's right to refuse to have sex with her husband ranges from a low of 76 percent (women) and 83 percent (men) in the West province to a high of 86 percent (women) and 89 percent (men) in the City of Kigali.

Attitudes towards condom education for young people

Condom use is one of the most effective strategies for combating the spread of HIV. However, educating young people about condoms is sometimes controversial because some people believe it promotes early sexual initiation. To evaluate attitudes toward condom education for young people, the 2010 RDHS asked respondents if they thought that young people age 12-14 should be taught about using a condom to avoid AIDS. Because the table focuses on adult opinions, results are tabulated for respondents aged 18-49.

89 percent of women and 91 percent of men agree that young people age 12-14 should be taught about using condoms for HIV and AIDS prevention. Among women, support for condom education for young people is lowest in the 40-49 age learners, while among men there is no substantial variation in agreement with condom education by age learners.

Respondents who have higher education, have never been married, live in urban areas, and are in higher wealth quintiles are most likely to agree with condom education for young people.

HIV AND AIDS RELATED KNOWLEDGE AND BEHAVIOR AMONG YOUNG PEOPLE

Knowledge of HIV and AIDS issues and related sexual behavior among young people age 15-24 is of particular interest because the period between sexual initiation and marriage is, for many young people, a time of sexual experimentation that may involve high-risk behaviors.

Knowledge about HIV and AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to help young people avoid risky sexual behavior leading to HIV infection. Young people are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors. As discussed earlier, comprehensive knowledge is defined as knowing that people can reduce their risk of getting the HIV virus by having sex with only one uninfected faithful partner and by using condoms consistently, that a healthy-looking person can have the HIV virus, and that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.

As expected, comprehensive HIV and AIDS knowledge is much more common among urban than rural young people. Young adults age 15-24 with a secondary education or higher are far more likely to have comprehensive knowledge of HIV and AIDS than those with no schooling.

Because condoms play an important role in combating the transmission of STIs including HIV, young women were asked whether they knew where condoms could be obtained. Only “formal” sources of condoms were counted; friends and family and other similar sources were not included. 86 percent of young women and 91 percent of young men know where to obtain a condom.

Knowledge of a condom source among young women tends to increase with age. Ever-married young women and those who ever had sex are more likely to know about a source for condoms than those who have never been married or never had sex. Women in urban areas are more likely than those in rural areas to know of a condom source. Consistent with the patterns observed for other indicators, young women who are better educated are more likely than their counterparts to know a source of condoms. A similar association between knowledge of a condom source and age, marital status, residence, and level of education was also observed among young men 15-24.

Age at First Sex and Condom Use at First Sexual Intercourse

Information from the 2010 RDHS can be used to look at several important issues related to the initiation of sexual activity among young people, such as age at first sex and condom use at first sexual intercourse. Approximately 4 percent of young women and 11 percent of young men had sex before age 15, whereas 17 percent of young women and 27 percent of young men had sex by age 18. Given that the median age at first marriage among Rwandan women is 21.4, few women report that they have had sex before the age of 15.

Young adults age 15-19 are more likely to have sexual intercourse before age 15 than those age 20-24. Level of education showed a negative association with early initiation of sexual activity among women: as level of education increased, the proportion of women reporting sex before age 15 or 18 decreased. This association is not observed among men. Married women age 15-24 are more likely to have their first sex before age 18 than those who had never married (29 percent versus 11 percent). However, in an opposite trend, married men age 15-24 are less likely to have their first sex before the age of 15 or 18 than those who had never married. Young women and men who know a source of condoms is more likely to have sexual intercourse before age 18 than other women

MALE CIRCUMCISION

According to current medical opinion, circumcision may provide protection against HIV infection. Male circumcision is recommended by WHO as one of the HIV prevention methods. Since 2008, the Rwandan Health Ministry (MINISANTÉ) had adopted this program and it is now part of 2009-2012 National Strategic Plan against HIV and AIDS. The 2010 RDHS collected data on the prevalence of circumcision among male respondents, including age at circumcision and type of practitioner who performed the procedure.

Circumcised men were also asked the main reason for their circumcision. In Rwanda, only 13 percent of men age 15-59 have been circumcised (Table 13.19). The rate varies according to their background characteristics. Results by age learners show that the prevalence of circumcision among men age 15-19 is 10 percent. The prevalence increases sharply from the age of 20 and reaches the highest point (18 percent) among men age 30-34. It drops gradually from age 35-39 (13 percent) and is only 6 percent among men age 55-59.

There are also large geographic differentials, with the practice occurring more frequently in urban areas (32 percent) than in rural areas (10 percent). By province, the proportion of men who are circumcised is highest in the City of Kigali (34 percent) and the West province (20 percent), while it does not exceed 10 percent in the other provinces.

There are also socioeconomic differences in the prevalence of circumcision, with the highest proportions among men who have secondary or higher education (30 percent) and those in the highest (richest) wealth quintile (29 percent). Finally, differentials by religion show that a large proportion of Muslim men are circumcised (73 percent) compared with men of other religious categories (15 percent or less). Men who were circumcised were asked who had performed the procedure. About eight in ten men (78 percent) said they were circumcised by a health professional. This proportion remains high irrespective of background characteristics.

In urban areas (83 percent), in the City of Kigali (83 percent), in the South and North provinces (86 percent, each), among the most educated men (84 percent), and among men in the highest wealth quintile (83 percent), at least four of five circumcisions were performed by a health professional. The lowest rate is seen among men in the lowest wealth quintile (60 percent), who were almost as likely to be circumcised by a traditional practitioner (29 percent). Seven of 10 circumcisions were carried at a health facility, whereas about 1 in 10 was carried out at ritual site (Table 13.20). About 5 percent of circumcisions were carried out at the home of the health care providers and 6 percent were at the home of the respondents.

HIV PREVALENCE

HIV Prevalence by Age and Sex

3 percent of adults age 15-49 in Rwanda are infected with HIV. Among women age 15-49, the HIV prevalence rate is 4 percent, while among men age 15-49 the HIV prevalence rate is 2 percent. HIV prevalence increases with age for both women and men up to age 35-39 for women and age 40-44 for men. For women, HIV prevalence among women age 35-39 is 8 percent, which is much higher than the rate among women age 15-19 (1 percent). For men, the prevalence increases sharply from less than 1 percent among men age 15-19 to 8 percent among those age 40-44, and drops to 6 percent among those age 45-49, and to 4 percent among those age 50-59.

HIV Prevalence by Sexual Risk Behavior

Among respondents age 15-49 who have ever had sex and were tested for HIV, 4 percent are HIV positive: 5 percent of women and 3 percent of men. Among women whose sexual debut was before the age of 18, 6 percent are HIV positive, a figure that decreases to 5 percent among women whose sexual debut was at age 18 or older. By contrast, HIV prevalence is highest for men whose sexual debut was at age 20 or older (4 percent) and lowest for men whose sexual debut was before age 16 (1 percent).

REFERENCE MATERIAL FOR THE TEACHER ABOUT HIV/AIDS.

INTRODUCTION

The topic of HIV infection and AIDS can seem overwhelming: it seems like every day the newspaper reports a new fact about the disease. This manual provides basic background information about AIDS. Fortunately, although scientists and epidemiologists keep generating information that refines our understanding of the disease, the basic information about how the virus works and how infection can be prevented has remained the same for quite some time.

Tips for Teaching about HIV Infection and AIDS

Teaching young people about HIV infection and AIDS is likely to be professionally and personally challenging. Everyone has feelings and values about the concerns the AIDS epidemic raises. You may not be comfortable with some of the issues that learners raise. Examine your discomfort against the importance of helping young people before deciding what material to cover.

Acknowledge the wide range of sexual experience in a classroom or learners of young people. Some will be dating; others may not yet be interested in romantic relationships. Some young people will have had intercourse; some will never have kissed anyone. Some young people may have good reasons to believe that they have been exposed to HIV; others may believe they contracted it from mosquitoes. Young people may have friends or relatives with AIDS; some will have parents whose behaviour puts them at risk.

Many young people are afraid of HIV and that fear may keep them from protecting themselves. Reduce this fear by emphasizing that HIV can be prevented, that not becoming infected is within their control. Young people can feel empowered by understanding they have the ability to practice behaviours that will prevent them from becoming infected.

One subtle, yet powerful, way to help young people consider delaying sexual intercourse is to change the language when discussing adolescent sexual behaviour. Young people who are having intercourse are usually described as 'sexually active.' With that terminology, however, the entire range of sexual behaviour, from fantasy to social interaction, from touch to intercourse, has been narrowed down to only one act.

The message conveyed to a person who may need to see 'sexual activity' as part of what marks her or his passage into adulthood is that only sexual intercourse really constitutes the behaviour of a 'sexually active' person! Use 'sexual behaviour' as a more general term that includes the range of sexual expression. Young people need explicit information about sexual behaviour that puts people at risk of HIV infection. Since most young people experiment with some types of sexual behaviour, you can help them to understand which ones are safer and which ones are risky.

You can help young people to understand the risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. The difficulty is that most people, teenagers or adults, do not know if they have been exposed to the virus. `Knowing someone well` or `asking your partner about AIDS` is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is infected just by looking at her or him or through intuitive powers. Avoid emphasizing monogamous relationships as safe, since young people think each time they have a relationship with a person, they are being monogamous.

Help young people to understand that there are many ways to express sexual feelings - ways that do not risk unplanned pregnancy or sexually transmitted disease. These include touching, fantasizing, caressing, massaging and masturbating. Talking, kissing, whispering, hugging, singing, dancing and holding hands are also ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse is safe.

Strategies for abstinence are an important component of HIV and AIDS education. Young people need to know that intercourse is not necessary to give or receive pleasure. Young people need to learn to express affection not only through non-genital activities but through non-sexual avenues. Be realistic about the numbers of young people in your class who are having sexual intercourse. Those who engage in risky sexual behaviour need explicit information about how to stop and protect themselves. Those who are virgins need to be empowered to remain virgins as well as to prepare for the eventuality of sexual intercourse.

Young people need to know that most sexual activities are called `safer sex,` not safe sex because even with precautions, only monogamy between two uninfected people or abstinence are 100 percent effective. Intercourse with condoms with an infected partner or a partner whose antibody status is unknown can only be considered `safer.` Latex condoms have been proven to be an effective barrier of HIV.

They can, however, break or leak, especially when used incorrectly. Although condoms are not 100 percent effective against the spread of HIV or for preventing pregnancy, they offer the best protection during intercourse with a partner whose antibody status is unknown. Condoms lubricated with nonoxynol-9 may provide additional protection. Most of the problems associated with condoms have to do with incorrect use.

When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another teacher if necessary. If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your school who will conduct the HIV and AIDS education for you. Remember that even if we try to tell all the young people in our community about the risk of HIV and AIDS or to abstain, many will still go ahead and have sex. Between the two alternatives, of pre-marital sex with its risk of HIV and AIDS or to use a condom, the more moral decision is to encourage young people to protect themselves and their partners from death.



**TOPIC 11:
PLANNING FOR
THE FUTURE**

TOPIC 11: PLANNING FOR THE FUTURE



PURPOSE OF THE TOPIC

This topic assists learners to think about where they want to be in future and to realize obstacles that can prevent them from achieving their goals. The topic also helps young people to recognize the link between personal values and vocational choices. It also helps them to learn what a resume is and how to prepare one. Lastly the learners will understand how parenthood impacts on employment.

OBJECTIVES

By the end of this topic, learners should be able to:

- develop their personal time line and future goals;
- identify actions that can prevent them from reaching future goals;
- explain the relationship between personal values and vocational choices;
- explain how to prepare a resume;
- explain how early parenthood can affect preparation for and/or future employment.



TOPIC OVERVIEW

- A. Setting Short and Long Term Goals
- B. Values and Vocations
- C. Writing a Resume
- D. The Impact of Parenthood on Employment



MATERIALS AND HANDOUTS

Newsprint, markers, pens, paper, pencils
Handout 11.1 Values and Vocations
Handout 11.2 Job Possibilities
Handout 11.3 Resume Worksheets



ADVANCE PREPARATION:

Section A: Prepare newsprints with timeline on it.

Section B: Photocopy the Handouts on Values and Vocations and Job Possibilities

Section C: Put sample resumes on newsprint or photocopy enough copies of the Resume Handout so that each learner gets two copies.

Section D: Organize a panel discussion of employed or self-employed parents

PROCEDURE

A. Setting Short and Long Term Goals



Steps

1. Write the word 'goal' on newsprint and ask learners to brainstorm on what they think the word means. Work towards a definition similar to 'A goal is something a person works to accomplish.' Explain that a goal may be any of the following:

- something to do
- someplace to go
- something to have
- something you want to work toward

Now ask learners to think of an example of a goal. Without explaining why, as each person says what his/her goal is, direct him/her to stand in one corner of the room, depending on whether the goal is short term or long term. When everyone is either corner, ask a volunteer to answer:

Why are you standing in two different groups?

When someone has answered that one learner named short term goals and the other learner named long term goals, ask each learner to think what is the difference between the two groups. When someone has answered, tell both groups to sit down.

2. Explain that a goal is what a person can accomplish in a short period of time, such as a day, a week or two or even a month (short-term goal). Goals to be accomplished over a longer period of time, say six months or several years are long term goals. Point out that both short and long term goals do all of the following:

- give direction and purpose to life;
- make life more interesting and challenging;
- guide decisions in life;
- must be clear to know exactly what is required to achieve them;
- there are time limits on goals;
- some goals are made with teamwork;

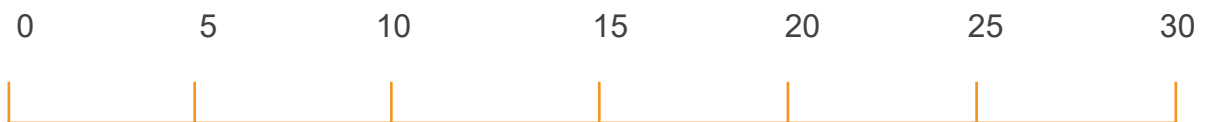
- in life, people do not achieve goals all at once, but step-by-step.

Also explain that goals should:

- be positive and constructive;
- be realistic and possible;
- not put you at risk.

3. Distribute index cards or manila cards and ask learners to write down two examples of both short and long term goals. Allow time for this. Then ask the learners to share how they think they can achieve their goals.

4. Display the timeline and ask learners to make a similar one on a sheet of newsprint.



Tell the learners to think about their life up to this point and create a timeline beginning with their birth and ending at 30 years of age. In the early years of the timeline, write in special dates or events in your life that have already happened, such as:

- Your first day at school
-
- Other family events (births, deaths, marriage)
- Special relationships (friends, romantic partners)
- Sad events you may have experienced
- Special awards or prizes you received at school

Write in at least three future events, which you hope will happen to you by age 20 or 25.

These may include:

- Finishing secondary school, university
- Getting a job
- Getting married
- Having a child

Finally, write at least three future events you hope will happen after the age of 25. Indicate where on the timeline that you want the events to occur, or just include them anywhere. You may want to include:

- Starting your own business
- Buying a house
- Buying a car
- Getting a better paid job

Allocate time for this activity. Tell learners they should be prepared to share their timeline with their class-mates. Conclude the activity using the discussion points.



Discussion Points

1. Do we have much to say about what happens in the early years, up to age 10? Why or why not? What happened to you that was out of your control?
2. Many adults think they control what happens to you during the second 10 years of your life- during your learners. Is it really true? Who is actually in control of your life at this point? Who decides what goals you want to achieve?
3. When it comes to life plans, which years are more difficult to think about, those between 10 and 20 or those after 20?
4. Which points on your future timeline would change if you became a parent this year? Describe how they would change and why.

B. Values and Vocations



Steps

1. Ask learners to recall the meaning of values- important personal beliefs that are learned from a variety of sources, including family, religion, friends, and media. Explain that personal values play an important role in decision making, including decisions about employment. Give an example of how values affect vocational choice. For example, if 'working with people' is a very important value, being a teacher or a social worker would be more desirable than being a clerk or a computer programmer.

Tell the learners they will examine the relationship between values and careers. Point out though, that learners do not always have the chance to do the job they really want. Ask the learners what problems or obstacles they might face either achieving their goals or getting a job of their choice. Have the co-facilitator write their responses on the newsprint. The following point should come out:

- lack of employment opportunities;
- lack of skills;
- lack of finances and other resources to attend training courses;
- unrealistic expectations.

2. Distribute **Handout 11.1** 'Values and Vocational Choices' and have the learners review it. Have them circle three values that are most important to them when choosing a job. Have them draw a line through values which they do not consider important.

3. Distribute **Handout 11.2** 'Job Possibilities.' Point out the newsprint sheets with work-related values written on them. Ask learners to find the three values they circled and list several jobs under each that reflect the particular value, using the job possibilities. To get them started, ask, 'What jobs might you list under 'helping other people?' (**Answers:** *doctor, nurse, teacher, social worker*). Ask, 'where would you list welder?' Tell the learners to list two or more additional jobs at the bottom of the handout.

4. Tell the learners to form groups of threes and talk about jobs that tend to reflect the values they have circled. Ask volunteers to share one value they circled on the handout. As a value is mentioned, ask for examples of jobs that reflect the value. Add any that are missing and repeat the process until you have discussed many of the work-related values they circled.

Conclude the activity using the Discussion Points.



Discussion Points

1. How difficult was it to think of jobs that reflect the values you considered important?
2. Which jobs, if any, appear on several lists, reflecting several work-related values?
3. Were you surprised by the jobs that fit your own personal values? If so, why?
4. Which work-related values are most important to your parents? friends?
5. Are there occupations that interest you that are not listed under values you initially chose?

C. The Resume or CV



Steps

1. Ask the learners to explain what a resume or a CV (Curriculum Vitae) is. List their responses on the newsprint. Make sure the following points come out: A resume is a written record of information about a person, which can be used to apply for many jobs. Ask learners to brainstorm what information should be included in a resume.

List their responses on the newsprint and make sure the following points come out:

- name
- address
- telephone (if applicable)
- educational qualifications
- professional qualifications (if applicable)
- work experience
- work-related skills
- hobbies and interests
- community/volunteer service
- honours, special awards or accomplishments
- references

Point out that a resume serves two purposes:

1) it can be sent or presented to a prospective employer to qualify for an interview and 2) it can be used to help a person fill out a job application when applying for work.

2. Display the sample resumes on the board and ask learners to gather around to look them over. Have them comment on the following important elements:

- neatness
- correct language use, spelling and punctuation
- attractive, eye-catching layout
- prominent placement of name and address
- clear categories of information
- length- one page, maximum two pages for adults

3. Distribute two copies of the resume worksheets (**Handout 11.3**) to each learner and allow them time to complete the practice copy.

Tell them to save the other worksheet for actual use at a later time. Give help where needed.

4. Conclude the activity using the discussion points.



Discussion Points

1. How does it feel to have your own resume?
2. What things about your resume will be most important to a possible employer?
3. How can you get more experience to add to a resume without actually having paid employment? (Answers include: do volunteer work or community service)

D. Working Parents: A Panel Discussion

Steps

1. Welcome the panelists and explain to the learners that the panelists are a mixed learners of people who have children and also a job. They all have some difficulties of balancing employment with parenting responsibilities. Introduce each panelist and ask him/her to share his/her experiences as working parents with the learners. Allow each panelist time to talk, and then invite the learners to ask questions. At the end, thank the panellists and ask learners if they have any other comments or questions.

2. Share the Key Messages with the learners.



Key Messages

- Everyone should have a set of short term and long term goals
- Don't let any obstacle stand in your way and prevent you from achieving your short and long term goals.
- Delay your sexual debut
- Avoid an unintended pregnancy
- Don't give in to peer pressure
- Work hard to get good grades in school
- Think about a job or career that is in line with your values
- Prepare a resume or CV that reflects and includes

3. Conclude the activity using the discussion Points.



Discussion Points

1. Is it difficult to combine working outside the home and parenting? If yes, what makes it more difficult?

2. What makes it easier? (**Answers include:** *having family support and help, having completed school, having a reliable house helper, having a day care centre close by*).

3. Which jobs seem easier to combine with parenting? Why? Which seem more difficult? Why?

4. What is the most important thing you have learned from the panel today?



HANDOUT 11.1

VALUES AND VOCATIONAL CHOICES

Here are some values you may want to consider when choosing a job. Circle three that are important to you in choosing a job. Then draw a line through those that are not important to you.

Helping other people

Having job security

Being creative or artistic

Working when you want

Having a daily routine that changes

Having job satisfaction

Earning a lot of money

Adding beauty to the world

Becoming famous

Finding adventure

Working with people all the time

Learning new things

Influencing other people

Being known as a thinker or an intellectual

Working with new technology

Helping make the world a better place

Jobs that Reflect My Values

List jobs you might be interested in because they reflect values that are important to you.

1. _____

2. _____

3. _____

4. _____



HANDOUT 11.2

Job Possibilities

social worker	member of armed forces	pharmacist
athlete	policeman/woman	physicist
lab technician	lorry driver	teacher
headmaster/mistress	doctor	designer
cashier	flight attendant	nutritionist
nursery school teacher	computer programmer	interior decorator
architect	hair dresser	carpenter
secretary	plumber	electrician
office manager	veterinarian	civil servant
salesperson	airline pilot	model
lawyer	bank teller	driver
librarian	hotel manager	chemist
newspaper reporter	construction worker	forester
musician	matatu driver	game warden
computer specialist	bus driver	artist
hotel chef	mason	fashion designer
optometrist	farmer	dentist
nurse	desktop publisher	administrator
accountant	photographer	insurance agent
factory worker	gardener	philosopher



HANDOUT 11.3

RESUME

Complete the following worksheet as a practise exercise in writing a resume.

PERSONAL INFORMATION

Name _____

Address _____

Telephone Number _____

Birth date _____

Sex: _____

EDUCATION

School	Date of Completion	Certificate

AWARDS AND HONOURS: Such as prefect, President's Award Scheme

WORK EXPERIENCE: Give dates, company and position or activity and role; start with current or most recent position.

Date	Company	Position
_____	_____	_____

ACTIVITIES AND HOBBIES

REFERENCES: Give the names, titles and addresses of three people who would be willing to provide information to an employer about you. Family members are not acceptable.

TOPIC 12: **PARENTING**

TOPIC 12: PARENTING



PURPOSE OF THE TOPIC

This topic explores values and attitudes related to parenting. It also helps young people to understand what life is like for a teenage parent. The topic identifies the qualities and resources needed for parenting and what it costs to raise a child today. The topic helps learners to explore the qualities of a good father and mother. Lastly, the topic looks explains how parents should talk to their children about sexuality.

OBJECTIVES

By the end of this topic, learners should be able to:

- describe their personal values and attitudes about parenting;
- explain the challenges and difficulties teenage parents face;
- describe the qualities of a good father and mother;
- explain how parents and children should communicate about sexual and reproductive health concerns.



TOPIC OVERVIEW

- A. Values and Attitudes About Parenthood
- B. Challenges of Parenting
- C. Qualities of a Good Father and Mother
- D. Parent-Child Communication



MATERIALS AND HANDOUTS

Newsprint, markers, 3 signs- 'agree,' 'disagree,' and 'not sure,'
Handout 12.1 Candidates for Fatherhood
Handout 12.2 Am I Ready to be a Father?
Handout 12.3 Parent Child Communication
PPT 12.1 What Parents Need to Know?



ADVANCE PREPARATION

Section B: Put list of questions under 'Would I Make a Good Parent?' on newsprint or prepare an overhead transparency.

Section C: Prepare photocopies of Candidates for Fatherhood, Would I Make a Good Parent?

PROCEDURE

A. Values and Attitudes about Parenting



Steps

1. Explain to the learners that parenting can be a wonderful and fulfilling experience, if and when people are prepared to be parents. Parenting is a job that demands a lot of ability and responsibility. Whether and when to become parents is a decision that deserves careful thought and consideration.

Point out that some of the most important life decisions they will make are a) whether or not to become a parent, b) who to become parents with and c) when to have a child or children. Explain that the next few activities will help them think about parenting.

2. Write the following sentence on the newsprint: 'To be a good parent means...' and ask for volunteers to complete the sentence.

List, under the sentence, the key words they use. See if learners come up with (For example, 'being caring and loving.') Write this on the newsprint.

3. Hang the three signs, 'Agree', 'Disagree', and 'Not Sure' (that you prepared for TOPIC 1) on the wall and give the following instructions

- Think about each statement I read and then vote by standing under the sign that agrees with how you feel.
- After each statement, I will ask two or three volunteers to share the reasons for their vote.
- There are no right or wrong answers. The purpose of this activity is to hear different opinions about parenting and to think about what you believe.

4. Read the statements, and encourage the learners to share their thoughts/reasons.

5. Conclude the activity using the Discussion Points.



Discussion Points

1. What did you learn from this activity?
2. What messages did you learn about parenting from your family? Were they positive, negative or both?
3. Give an example of a belief or practise related to parenting that is particularly important in your home or culture.
4. Do you think people should be required to take courses on parenting and pass an exam before they become parents? Why?
5. Does anyone give such a course? If no, why not?

B. Challenges of Parenting



Steps

1. Explain to the learners that parenting is a choice we make and that there are many challenges in being a parent. Young people often fail to recognize the reality of parenthood. They may become parents without ever thinking about the eventuality of parenting by engaging in unprotected sex.

They may have limited experience with child care and unrealistic ideas about the costs associated with being a parent.

2. Have the following points written on a flip chart or a ppt. Ask learners to consider the following points regarding teen parenthood.

- Most teens are not psychologically prepared for pregnancy or parenthood.
- Most teens' diets are not the best diets for unborn children. This may contribute to malformation, retarded development, or anemia in a fetus.
- Teen deliveries tend to be prolonged, resulting in a higher than usual percentage of complications during delivery.
- Teen parents, particularly females, are less likely to complete their education.
- Statistically, the younger the parents, the lower the family income is likely to be.
- Teen fathers are required to pay child support until the child is at least 18 years old. They may also have to pay the mother's and baby's medical bills.
- Teen parents may resign themselves to repeated pregnancies.
- Teen marriages are generally not stable and frequently end in divorce.
- School-age children of adolescents have more behavioral problems and score lower on academic tests than school-age children of parents 20 years and older.
- The extended family is burdened by untimely pregnancies.
- Teenage women have a high probability of raising children alone- they often do not marry at all.

3. Tell the learners that they are going to do an activity which will help them to determine if they would make a good parent. Show them the list of questions on the newsprint or the transparency on the overhead projector.

Ask all learners to take out a piece of paper and have them fill in the answers to the following questions. For each question don't write just "yes" or "no".

Explain the reasons for your answer. (*For example: I am not financially able to support a child because I do not have a job.*)

Allow time to do this and then tell learners to be prepared to share their answers with their class-mates.

Then ask learners the following questions:

How do you feel when you haven't slept all night?

How explosive is your temper?

If you had an emergency, who would you trust to leave your child with?

Can you list five people you would leave your child with for eight hours when you go to work? (*Ask them if they would check with these five people to see their reactions to this request!*)

How would you feel if your child drew on your new shirt with a permanent marker after you told him/her not to play with the markers? What would be your reaction to the child?

What would be your reaction to crying babies, refusing to go to bed, refusing to eat, temper tantrums?

4. Conclude the activity using the Discussion Points.



Discussion Points

1. What did you learn from this activity?
2. What messages did you learn about parenting from your family? Were they positive, negative or both?
3. Give an example of a belief or practise related to parenting that is particularly important in your home or culture.

C. Qualities of a Good Father and Mother



Steps

1. Explain to the learners that teenagers who become parents often experience serious social, educational, vocational and financial problems. Teen mothers face the risk of increased health problems for themselves and their babies.

Point out that teenage parents have to drop out of school, they are less likely to find a job and they generally become dependent on others, such as the girl's or boy's parents. Make special mention of the fact that although the girl is usually responsible for looking after the child, the problems of early parenthood also affect the man as well.

2. Ask the learners to brainstorm the specific characteristics of a good father and list their responses on newsprint. Add any others that you feel are appropriate from this list:

- He takes responsibility for the children.
- He cares about the children and tries to provide them with a better life than he had.
- He spends time with the children and helps them to develop knowledge and skills.
- He knows the importance of showing love and affection.
- He financially supports the children.
- He tries to maintain a good relationship with the children's mother.
- He makes decisions based on what is good for the children.
- He knows how to care for children or is willing to learn.
- He is willing to give up things to be a good father.
- He wants to keep his family healthy and alive by not exposing himself or the children's mother to diseases like HIV/AIDS.
- He does not spend family income outside the family by becoming a 'sugar daddy.'
- He plays with his children, reads to them and engages in 'learners centred' activities.

3. Explain to the learners that they will have the opportunity to choose the kind of man they want to father their child. **Distribute Handout 12.1** 'Candidates for Fatherhood.'

Divide the learners into 4 groups and have them read the three case studies on the handout.

Tell them to choose the candidate who would make the best father and to make a list of the qualities that make him your choice. Then have them write these qualities on the newsprint. Each group should be ready to share their findings with the entire class.

4. Divide the learners into same gender group. Tell the learners that they are going to apply for the position of mother and to list the qualifications they should have for the job. Ask them to pick a partner, leave the room, and together, prepare their applications. When they return, tell them they will be asked to read their applications to the boys. Allow time for this.

When the learners are outside, go over the following qualifications for the job of mother with the boys. Tell them to decide how well qualified they think each girl is to be a mother and that they should use the following criteria / information to reach a decision:

- How old is the girl? Is her body ready for a pregnancy?
- What is her level of education? Has she completed secondary school?
- Does she have the financial ability to take care of child by contributing to family income?
- What knowledge does she have about pre-natal care, immunization, prevention of diarrhoea, nutrition and child care practises?
- What knowledge does she have about preventing and protecting herself from STIs/HIV/AIDS?
- Does she know about the harmful effects of drinking and smoking before, during and after pregnancy?

- What information and knowledge does she have about family planning and preventing an unintended pregnancy?
- What does she know about child development and the development of self-esteem in children?

5. Repeat this activity for the boys using the following criteria:

- How old is the boy? Is he ready to be a father?
- What is his level of education? Has he completed secondary school?
- Does he have the financial ability to take care of child by contributing to family income?
- What knowledge does he have about pre-natal care, immunization, prevention of diarrhoea, nutrition and child care practises?
- What knowledge does she have about preventing and protecting herself from STIs/HIV/AIDS?
- Does he know about the harmful effects of drinking and smoking?
- What information and knowledge does he have about family planning and preventing an unintended pregnancy?
- What does he know about child development and the development of self-esteem in children?

6. Distribute Handout 12.2 on Am I Ready to be a Father? Ask learners to read through and discuss it with their neighbour. Ask if there are any questions.

7. Conclude this activity using the Discussion Points



Discussion Points

1. What were some of the qualities of the best mothers? fathers?
2. What disqualified some candidates for the job?
3. How would you describe an ideal mother? father?
4. How can potential parents be prepared for parenting roles?
5. Is it important for parents to be qualified for the job of raising children?
6. If you wanted to convince your friend not to become a parent for a certain period, what would be your strongest argument?
7. Does parenting change as children grow? In what ways?
8. What positive qualities do all the candidates share?
9. What were some of your biggest concerns about any of the candidates?
10. What makes it more difficult for a young man to be a good father? What makes it easier?
11. What is the best time for a young man to think about becoming a father? What should he do to reach that goal before becoming a parent?
12. If a young girl is pregnant and the man refuses to marry her, what rights do you think she should have? Should the father- to- be have a say in the decision to have an abortion? Why or why not? Should he be allowed or required to help raise the child? Why or why not?
13. If a young girl below 18 is pregnant, what rights do you think she should have? Should she be able to raise the child without involving the father? Why or why not?

D. Parents Children Communication



Steps

1. Start this session by explaining that one of the most difficult jobs or tasks parents have is communicating information about sexuality to their children.

Divide learners in two groups. One group should identify what information their parents gave them on sex when they were growing up and the other group should identify what they learned from their grandparents or aunts and uncles.

Allow time for this activity and then share their responses in plenary. Point out that in the past the role of grandparents and aunts and uncles was to inform and educate young people when they were coming of age on matters related to sex. However today, parents find it very difficult to talk to their children about sex.

2. In the same two groups, tell learners they will play a game called: What do we feel? Ask one group to think like parents and adults and the other group to think like young people. Each group should write down how they feel about being able to talk to the other group. Allow time for this and then share their responses in plenary.

Make sure the following points come out:

Parents group:

- Parents feel it is a taboo in many communities and cultures for them or other adults to talk to their children about sex.
- Parents don't have the correct information.
- Parents may feel their children are better educated than they are since the children have gone to school.
- Parents feel embarrassed and shy to talk about personal matters and often lack the skills to initiate such talk.

Young people Group:

- Young people feel they can't talk to their parents about sex since they are not supposed to be sexually active.
- Young people feel their parents would never understand them.
- Young people prefer to get information on sexuality and reproductive health from their peers.

- Young people feel they have access to media and other sources of information other than their parents.
 - Young people feel embarrassed to talk their parents and other adults since they will be judgemental about the learners' behaviour.
3. Tell the groups to take out a clean sheet of paper and to write down one question they would like to ask their parents about sex. Collect all the questions in a basket and read out a few and ask for answers.
4. Ask the groups to make a list of skills and behaviours that they think their parents and other adults require in order to communicate effectively with their children. Write their responses on a flip chart. Then display **Handout 11.1** and compare their responses.
5. Distribute **Handout 12.3** and allow the groups a few minutes to read it. Clarify any questions they might have. Present the following key messages to the groups and then use the discussion points to conclude the session.

Key Messages



- Parenting involves a lifelong commitment and responsibility
- Most young people are not ready to be parents
- Stay in school, get a job, get a lifelong partner and then decide when to become a parent
- Being a parent means having a set of values, skills and behaviours that you can use to communicate with your children
- If you want your children to talk with you, be 'ask-able'



Discussion Points

1. Why is it so difficult for parents and children to talk about sex?
2. How can parents bring up the subject of sexuality with their children?
3. At what age should parents begin to talk to their children about sex?
4. What rights and responsibilities do young people have regarding sex?



HANDOUT 12.1

CANDIDATES FOR FATHERHOOD

Candidate 1

Protais is 19 years old and unemployed. His girlfriend Therese just had his child. At first, he denied that this was his child, but later came to accept it. He is looking for work, but has no skills. He says he wants to help support the child, but he first of all has to help his brothers who are still in school.

Candidate 2

Isaac is a Form Four student. His girlfriend Stella is in Form 3. During the holidays when they met she told him that she was pregnant and would not be returning to school. Isaac wants to finish his exams and then look for a job so that he can marry Stella and look after his family. Isaac said his grandmother would be willing to look after the child, but Stella wants the child to stay with her mother.

Candidate 3

Joseph is a clerk in a government office in town. His family stays on the farm. He visits them once a month and sends money whenever he can. His girlfriend has just informed him that she is pregnant. He says he will marry her, but Mary knows that he spends a lot of money on drink and she is afraid that she will not have enough money to support the child.



HANDOUT 12.2

Am I Ready to be a Father?

Being a father is one of the most meaningful and important things a man can do in his life. However, becoming a father when you have not planned for it, or if you are still young, or before you are ready, can be difficult for you and your child. Here are some questions to help you decide if you are ready to be a father.

1. What do I want from my life?

- Do I want to finish school and/or higher learning and get started in a career or business?
- How difficult will it be if I have a child now?
- Would it be easier if I wait and plan when to have a child? Would it be better for the child?
- Would I be better able to provide a good life for my child if I wait?

2. Is my relationship ready for a child?

- Are we ready for a lifelong commitment? Remember, it is a child's right to be raised by both parents.
- Have we talked about having a child? Am I thinking about having a child because my partner wants one?
- Am I ready to give my partner physical, emotional and social support during her pregnancy?
- What would happen if we split? Am I ready to pay child support? Would I want to be a part of my child's life as he/she grows to be an adult?
- Have we talked how many children we can afford to raise and provide for?

3. Can I afford to support a child?

- Do I have an income? Will the child's mother have to work? How will I be able to feed and clothe my child?
- Will we have enough money for school fees, uniforms, books and other things my child will need?
- Do I have money for unexpected expenses such as an illness?
- Will I be able to support my family and give them a good home and the quality of life I want for them?

4. Am I prepared for a 24-7 responsibility?

- Am I ready to give up other things in my life like hanging with pals to spend quality time and be with my child?
- Will I be able to live up to the responsibilities of a father and raise my child for the next 25 years?
- Am I ready to help my partner with the child and do my share of household chores?

5. What about the child?

- Do I want a boy? A girl? Am I ok with either?
- How will I feel if my child doesn't live up to my expectations?
- Will I be able to love my child unconditionally, no matter what he or she is like?
- Do I know how to discipline my child without using physical force or violence?
- Am I willing to learn how to take care of my child?



HANDOUT 12.3

PARENT - CHILD COMMUNICATION

From birth, children live in a sexual world, and the ways they are touched and treated send messages about their worth and about being loved. Voice and body language convey feelings about intimacy and relationship. Words and actions impart values about sexuality, sexual orientation, responsibility, and gender roles.

Parents, television and films, religious leaders, musicians and actors, politicians, peers, and advertisers send messages about sexuality. We want our children to have healthy, rewarding lives, to like themselves, and to develop loving, mutually supportive relationships. We want them to act responsibly and to make choices that arise from the values they hold.

Unfortunately, in many homes, across many cultures, adults are embarrassed about sexuality and fail to let their children know that sexual expression is integral to loving, committed, mutually supportive, intimate relationships.

Research shows that when parents approach their role as sex educators in positive, affirming ways, young people are better able to make sexually healthy decisions and to build loving relationships. Parents who respond honestly to questions, provide resources, express their feelings and values, and portray sexuality and the need for intimacy as integral elements of life, rear learners who respect themselves and behave responsibly.

Adolescents have rights to balanced, accurate, and realistic sex education, confidential and affordable sexual health services, and a secure stake in the future. Learners deserve respect and to be included in shaping programmes and policies that affect their well-being.

Society has the responsibility to provide young people with the tools they need to safeguard their sexual health and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

Rights, respect, and responsibility is based on lessons learned for raising sexually healthy learners through positive attitudes and actions.

These lessons include:

- 1) recognizing that all people are sexual beings from birth to death;
- 2) using language that builds self-esteem and acknowledges the normalcy of sexuality;
- 3) acting in accord with expressed values, such as honesty, responsibility, and respect for others;

- 4) praising children, recognizing their talents and accomplishments, rather than dwelling on their mistakes and failures;
- 5) teaching learners to make independent decisions; and
- 6) initiating conversations about sexuality, intimacy, and relationships.

Rights, respect and responsibility can guide parent-child communication around sexuality. It can also be a campaign through which parents and other caregivers give voice to a new vision of adolescent sexual health. We must advocate and believe that young people have the right to accurate information and to confidential health services and that they can and will behave responsibly when they have the information and services they need to make responsible decisions about sex.

We must also believe that learners deserve respect every bit as much as adults. We must also believe that every child is capable of building a successful future and healthy, loving relationships. And finally we must believe that gender, race/ethnicity, culture, and health status, do not determine or limit one's potential for human happiness or success.

Our society has narrowed its focus from the broad nature of human sexuality to a fixation on sexual intercourse. We need to hold a broad definition of sexuality, encompassing the feelings, thoughts, and behaviors related to being female or male, being attracted and attractive to others, and being in love as well as to having sexual intimacy and engaging in physical sexual activity.

From infancy, young people learn that loving touches feel good. When learners know that adults will answer questions honestly, they also learn that asking questions is okay. When adults express their emotions openly and honestly, young people learn that honest affection and warmth are normal and natural. When adults model positive values regarding sexuality, then their children can take those values as their own.

Parents can take heart through the following maxim: Good parenting is good parenting is good parenting. In other words, raising sexually healthy children requires exactly the same set of skills that good parents and other caretakers bring to all other aspects of family life.

Here's what good parents instinctively know:

Children and adolescents—at all ages and stages—have the same five universal, developmentally based needs. While the content of these needs shifts dramatically as children grow and mature, the basic needs remain constant from cradle to career to married life. Here's a thumbnail sketch of each:

Affirmation: Children and adolescents need adults to recognize and validate their particular stage of (sexual) development.

Information: Children and adolescents need factual knowledge and concepts (about sexuality), presented in ongoing and age-appropriate ways.

Values Clarification: Children and adolescents need adults to share their values (about sexuality) and to clarify and interpret competing values and values systems (about sexuality) in the surrounding culture.

Limit Setting: Children and adolescents need adults to create a healthy and safe (sexual) environment by stating and reinforcing age-appropriate (sexual) rules and limits.

Anticipatory Guidance: Children and adolescents need adults to help them learn how to avoid or handle potentially harmful (sexual) situations, and to prepare them for times when they will need to rely on themselves to make responsible and healthy (sexual) choices.

This Five Needs Paradigm makes it clear that sexuality is simply another aspect of life and human development, not a “special” topic that needs to be “kept from the kids” until they’re older. It also makes the case that if children have five fundamental needs, then parents have five fundamental roles: affirmer, information giver, values clarifier, limit setter, and guide. Parents need to perform these roles in their family relationships so that clear boundaries and expectations are evident for both parent and child.

Sexuality is different in one important way. As parents we are typically less knowledgeable about the stages of healthy sexual development (from infancy on); less comfortable with sexual facts; less clear about the values we want to pass on; less assertive about applying sexual limits; and less confident about the kind of guidance we need to provide. So, our first job is clear—to educate and even re-educate ourselves, by doing the “headwork” and the homework that will get us up to par.

Sexuality is broader than sex. It includes the sense of how we see ourselves, how the world sees us—male or female and our gender identity. We are all sexual beings, from birth to death.

As parents, we must be proactive to counter misinformation and unhealthy messages. Sexuality is about whole people and their intimate physical relationships, not about body parts. If we are silent or unclear about this, our children will not develop the values they need to make healthy decisions.

Parents have to stop talking in code. Children need accurate definitions, facts, and guidance. If we don’t teach our children, someone else may teach them what we don’t want them to learn. We need to define and set adequate limits. Limits make children feel secure. They need limits like they need oxygen. Of course, one key task of adolescence is to push our limits; so, we can negotiate those limits while being clear about our expectations. We can set limits slightly stricter than necessary, allowing teens to behave in a more adventuresome way while remaining in a safe zone.

Sex is much more than intercourse. Most people think “sexual intercourse” when they hear the word “sex,” but sex is about intimacy and emotional closeness. Many young people do not understand this.

All sexual behaviors are somewhere on an intimacy continuum. At one end of a continuum of physical closeness is touching parts of the body that are public, such as face and hands; at the other end, touching private parts of the body, such as breasts or genitals. There is a parallel continuum of emotional closeness. That is, there is information that one shares readily with others, such as name or favorite hobbies. As one reveals oneself and trust develops, more can be safely shared. Teens should make decisions by asking: “How close do I want this person to be with me?” and not “How far do I want to go?”

Our children need to know from us what needs to be in place in a relationship before they become sexually involved with another person. It is important that we communicate what would make it safe—emotionally, socially, and physically—to be involved in a sexual relationship.

When our child refuses to talk with us, it’s worthwhile to say, “It’s my job and important to me that I share this information. We don’t have to discuss it now, but you do need to listen.”

Young people get too little sex education and guidance too late and they get harmful misinformation. They hear myths and double standards. We have to speak up about the double standard for learners and do a better job of recognizing that boys are vulnerable, too, and have the same need for intimacy and closeness as learners.

We are our children’s cultural interpreters. One way to begin a conversation about sexuality and values is to look together at a magazine advertisement, newspaper story, or TV show and discuss it.

What are its messages about the roles of women and men?

Or, how is sex being used to sell this product or story?

This helps our children see that we are willing to talk openly about sex. The bad news is that sex is everywhere (in the media) but the good news is that sex is everywhere. We have many opportunities to open the discussion.

What to do now?

Current reality obligates parents to have frank and knowledgeable discussions about such issues as where babies come from, erections, wet dreams, menstruation, correct language for intimate body parts, the size of penis and breasts, and masturbation (it’s normal and private, not bad).

Young people need direct advice from their parents, such as, “If someone says to you, ‘If you really love me, you’ll have sex with me,’ that is always a line to trick you and use you. If they loved you, they wouldn’t try to manipulate you that way.”

In conclusion, parents need to be educated about the importance of confidentiality in treating adolescents. Make sure parents understand that many teens will avoid getting vital testing and treatment if their parents might discover it. Help parents to clarify the relative importance of parents' awareness and teens' health.

What Every Parent Needs to Know

1. Parents are the main sex educators of their own children.
2. Parents, if they want to be “askable,” must be prepared for any question or incident that involves their children’s sexuality. The best first response: “That’s a good question.”
3. Parents must convey to their children that nothing that ever happens to the child will be made worse by talking about it to the parent. The best first response: “I’m so glad that you are able to talk to me about this.”
4. Children are not perfect, just as parents are not perfect. Young people make mistakes and it’s up to parents to turn kids’ mistakes into opportunity for learning and growth.
5. Failure is an event—it is never a person. Children who are loved grow into adults who like themselves and others. They don’t exploit others and are unlikely to let themselves be exploited.

REFERENCE MATERIAL FOR THE TEACHER

STATEMENTS ABOUT PARENTING

Perspectives on Parenting

1. Everyone should be required to take courses on child development and parenting.
2. Without children, a woman will never feel fulfilled, satisfied or content.
3. Parenting is 90% love and 10% luck.
4. People who decide not to have children are selfish.
5. Women have an instinct about parenting that men do not have.
6. Parenting is the biggest responsibility a person can have.
7. Every man needs a child to carry on his name.
8. Parenting eats up your time, energy and money.
9. Being a parent is easier when you are young.
10. There are some people who should never be allowed to be parents.
11. You can become a parent without ever thinking about a child.
12. Parenting is the responsibility of a woman.

REFERENCE MATERIAL FOR THE TEACHER

Would I Make A Good Parent?

1. Do I like children?
2. Do I have the patience to raise a child?
3. Would I abuse my child if I lost my temper?
4. Am I financially able to support a child?
5. Would a child interfere with my future goals or plans?
6. How do I like doing the things parents generally do?
7. Would I expect my child to take care of me in my old age?
8. Can I find happiness in teaching and guiding a child, a teenager, a young adult?
9. Would I be willing to devote a large part of 18 years of my life to being a full time parent?
10. Could I accept and love a child who was physically or mentally abnormal?

TOPIC 13: HUMAN RIGHTS

TOPIC 13. HUMAN RIGHTS



PURPOSE OF THE TOPIC

This topic introduces the concept of human rights and identifies the rights that relate to education and gender based violence. The topic also explains the responsibilities in relation to upholding human rights

OBJECTIVES

By the end of this topic, learners should be able to:

- describe the concept of human rights and responsibilities for all and the application of rights to adolescents;
- appreciate that the exercise of human rights include reciprocal responsibilities;
- differentiate between positive and negative norms that facilitate or hinder the fulfilment of the rights of adolescents;
- explain the importance of equality, non-discrimination and respect for diversity;
- apply essential life skills in the promotion of their human rights and those of others



TOPIC OVERVIEW

- A. Concept of Human Rights
- B. Rights and Responsibilities
- C. Social Norms and Human Rights
- D. Equality, Non-Discrimination and Respect for Diversity



MATERIALS AND HANDOUTS

Newsprint, markers, masking tape, paper, pens/pencils
Handout 13.1 UN Conventions on the Rights of the Child
Handout 13.2 Simplified Version of the Universal Declaration of Human Rights
Handout 13.3 Taking the human rights temperature of your school
Handout 13.4 Scenarios



ADVANCE PREPARATION

Prepare 3 sets of Needs and Wants cards and have 3 blank cards in each set with the following words: Nutritious food, Mobile phone, Somewhere to play, Cable TV, Cigarettes, Soda to drink daily, Books, Money for school expenses, Sweets and cakes, Clean air, Money to spend as you like, clean water, Clothes, Comfortable and safe house to live in, Alcoholic drinks, Medical care when I need it, “Hip” clothes, Personal computer, Personal car Electricity in the house, DVD player, Safe school.

Picture of a pregnant school girl being chased away from home, with her father threatening to beat her.

PROCEDURE

A. Concept of Human Rights.



Steps

1. Ask learners to brainstorm on what comes to their mind when they hear the words “human rights.” Note their responses on the chalkboard. Then explain that as human beings, we all have the right to live in dignity and develop our potential to the fullest. Human rights include individual, political, civil, spiritual, social, economic and cultural rights. It does not matter who we are—our citizenship, race, sex, orientation, language or religion—human rights apply to all people everywhere.

We are all entitled to the same freedoms, and expectations that our basic needs shall be met, by the very fact that we are human. No rights are more important than others; we cannot say that we shall grant rights to some people and deny others, or take them away when we want to.

2. Write the words universal, indivisible and inalienable on the chalkboard. Ask learners to explain their meaning in the context of human rights. Then explain that human rights are universal, indivisible and inalienable. The concept of human rights is based on a universal system of values shared by all peoples.

Human rights’ norms regulate the relationship between the state and the people living under its responsibility. Governments have the obligation to respect, protect, and guarantee the rights and freedoms of people through appropriate legislation and measures.

3. Now ask for examples of human rights. Record their answers on the chalkboard and ensure the following points are made. Everyone has the right to:

- Education
- Employment
- Movement
- Ownership of property
- Government services
- Clean water
- Access to information
- Practice religion
- Live free from violence
- Health care
- Vote
- Be protected from economic or sexual exploitation

Tell learners that there are many rights and that they fall into three basic categories:

- Rights to things they need, such as a home, food, health care and places to stay and learn.
- Rights to keep them safe from harm
- Rights to take part in decisions that affect their lives

4. Ask learners to brainstorm with their neighbor on the meaning of the following concepts: Rights, Needs and Wants. Then explain that rights refer to basic needs and those things that are fair and just for a person to have or be able to do. Needs are what one cannot absolutely do without and is the same for all children. Wants are things that would like to have but is not necessary to have it.

Divide the learners into 3 groups and give each group a set of the Needs and Wants Cards.

Ask them to determine which are cards are rights, needs and wants. There are 3 blank cards on which the other children can indicate three additional items that they think they need. Allow time for this activity and then share their responses.

Ask the following questions:

- There are some items that all of you have selected, while there are others that are different. Are the items that all of you have selected, really a reflection of your needs? Why or why not?
- What about the items that you disagree on? Are they really needs, or are they wants? Why or why not?
- Do wants and needs differ for different people? Why or why not?

5. Ask the groups if they are aware or heard of any conventions that have been developed to protect children. Write their responses on the chalkboard. Ensure they cite the UN Convention on the Rights of the Child (CRC). Ask why they think such conventions have been developed.

Explain that the CRC was developed because world leaders felt that children often needed special care and protection that adults did not, and they also wanted to make sure that the world recognized that children have human rights, too.

6. Give each group a copy of the CRC (Handout 13.1 and 13.2) and ask the groups to read through it. Allow time for this. Then explain that with rights come responsibilities. For example, with the right to be treated equally comes the responsibility to treat others equally.

7. Clarify to the groups that rights and responsibilities may also be looked at as sets of expectations (that we have of others and those that they have of us) and obligations. Hang the following cards on the chalkboard:

“What We Expect”

Material Expectations

Behavioural/Value-Based Expectations

Divide learners into 2 groups; ask them to think like young people and assign one set of expectations to each group. Ask the group to think of examples of materials expectations and the other to think about behavioural/value-based expectations and to write them on the cards and hang them on the board. Allow time for this.

When they have finished ask the two group to do the same exercise, only this time change the heading to “What Parents Expect”. Allow time for this. When they have finished, process this activity by asking the following questions:

- Have any of your expectations been met?
- Are parents acting as you expected?
- Why do you think that some of your expectations are not being met by your parents/guardians?
- Why are you not meeting some of the expectations that your parents/guardians have of you?
- What is the relationship between your expectations, your rights and responsibilities?

Emphasize that as much as parents have a responsibility to provide for their needs to the best of their ability, they also have a responsibility to meet parental expectations as long as the expectations do not violate any of their rights.

8. Ask learners if they know what is a health right? Have them pair up with the person sitting closest to them and come up with a definition. Give them a minute or two to do this, and then invite learners to share their definitions.

Then explain to learners that sexual and reproductive health rights are part of their health rights. Ignorance about sexual and reproductive rights prevent many of them from making healthy decisions leading to poor health outcomes, exposure to HIV, sexual violence and undesired or unsafe pregnancy.

Many are also denied access to information and support that would enable them to protect their own sexual and reproductive health. Point out that sexual rights and reproductive rights are not the same, but they are interrelated. Together, they consist of a number of rights that address and contribute to our overall health and well-being. (Refer to CRC Article 17, 24 and 34).

9. End this session by reminding learners that 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. Students have rights, but they also have responsibilities to themselves, their peers, their parents and other adults.

Distribute **Handout 13.3** Taking the human rights temperature of your school and ask learners to complete it. Allow time for this activity and then discuss their answers.

Use the Discussion Points:



Discussion Points

1. Why do you think the sexual and reproductive health rights of young people are not always fulfilled?
2. What are the barriers to fulfilling such rights?
3. What do the laws and policies say about sexual and reproductive health rights for Rwandan young people?
4. Where do young people get help when their human rights have been violated?

B. Rights and Responsibilities



Steps

1. Start this session by asking learners to recall the definition of human rights. Then ask learners to brainstorm on what are the fundamental principles behind human rights. List their responses on the chalk board and then put up the following 6 words:

- Equality
- Universality
- Nondiscrimination
- Indivisibility
- Interdependence
- Responsibility

2. Divide learners into 6 groups. Point out the words on the chalkboard are fundamental principles of human rights. Assign one principle to each group.

Ask all groups to define what the principle means and to give examples of how human rights apply the principle. Allow time for this and then have the groups report back to the entire class.

Ensure the following points are made:

Equality:

The basis of human rights is that “all human beings are born free and equal in dignity and rights.” (Universal Declaration of Human Rights Article 1).

Universality:

Certain moral and ethical values are shared in all regions of the world, and governments and communities should recognize and uphold them. The universality of rights does not mean, however, that they cannot change or that they are experienced in the same manner by all people.

Nondiscrimination:

The Universal Declaration of Human Rights and subsequent international human rights law afford the same rights and responsibilities equally to all women and men, boys and girls, by virtue of their humanity, and regardless of any role or relationship they may have.

Indivisibility:

Human rights should be viewed as an indivisible body, including civil, political, social, economic, cultural, and collective rights. You cannot be denied a right because someone decides that it is “less important” or “non-essential.”

Interdependence:

Human rights concerns appear in all spheres of life - home, school, workplace, courts, and markets - everywhere! Human rights violations are interconnected; loss of one right detracts from other rights. Similarly, the promotion of human rights in one area supports other human rights.

Responsibility:

There are several entities who share responsibility for human rights including:

Government: Human rights are not gifts bestowed at the pleasure of governments. Nor should governments withhold them or apply them to some people but not to others. When they do so, they must be held accountable.

Individual: Every individual has a responsibility to teach human rights, to respect human rights, and to challenge institutions and individuals that abuse them.

Other Responsible Entities: Every part of society, including corporations, non-governmental organizations, foundations, and educational institutions, also shares responsibility for the promotion and protection of human rights.

Ask the groups if they have any questions.

3. In the same six groups, ask learners to think of example of children’s rights and responsibilities in the school. Allow time for this and then ask each group to report back.

The following are illustrative examples:

- 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.
- Children the right to be protected from abuse, 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 are expected to listen to what adults tell them to do.

Remind learners that some adults may 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. Be sure to stress that rights and responsibilities are inseparable. Regrettably, adults, including teachers, have sometimes used their power to take advantage of young people.

4. Ask learners to think what happens when a person's human rights are violated. What should the person do? Where can the person get help? Explain to the learners that young peoples' human rights are often violated due to ignorance, cultural practices or violence or abuse against the person. Tell learners they will now have the chance to role play violations against human rights.

Divide learners into 5 groups and distribute the scenarios (**Handout 14.4**) to the groups. Allow time to read and prepare the role play.

After each role play ask the groups what right has been violated and what is the responsibility of the:

- Student
- Family
- Community
- School
- Government

(See Information for the teacher at the end of the session).

5. End this session using the Discussion Points



Discussion Points

1. Why are rights and responsibilities inseparable?
2. How can we convince parents and the community that young people have sexual and reproductive health rights?
3. What can be done to assist young people to take advantage of their sexual and reproductive health rights?

C. Social Norms and Human Rights



Steps

1. Start this session by reminding learners that rights and responsibilities are inseparable. Then ask learners what they understand by the term social norms. Explain to learners that social norms are the socially approved ways of behaving that are perceived to be normal by a specific group in a specific situation. The concept is related to values, but do not mean the same thing. Ask learners to recall what the definition of values is.

Then explain that values are ideas or beliefs about the correct form of behaviour and what you are willing to stand up for. On the other hand, social norms are the rules that direct the behaviour. Then remind learners that peoples' culture and traditions are a source of both positive and negative norms and values. Every community also has its sets of rules and regulations that prescribe how women and men, girls and boys should behave. These are gender norms, usually rooted in the traditions of the community and in the religion that they follow.

2. Ask learners to relax, close their eyes and imagine this scenario: The management of our school has decided that from this day on, the school shall have NO rules and regulations. What do they think the situation would be if this were actually to happen? (You may choose another scenario like the family, or church, or any other situation that is relevant to your local context)

After 30 seconds, ask them to open their eyes. Ask a few learners to share their thoughts. (**Possible responses could be:** *We would come to school late and leave early; we would make noise in class while the teacher is teaching; we would do as we pleased; we would not have to wear uniform; we would be able to do as we please.*) They should realize that without any rules and regulations, chaos is most likely to ensue.

3. Explain while there are written laws (for example, at the national level to help the Government govern), there are many unwritten rules that an individual has to follow in order to be fully accepted in the various groups that they belong. Ask learners to give examples of these.

Point out that non-conformity to these rules can cause the person to be laughed at, frowned upon, or scolded, on the one hand while bringing about physical punishments and in extreme cases, expulsion from the learners. Write this expression on the chalkboard: **“Children should be seen and not heard.”**

Ask learners if this is a social norm in our society. Point out that a child may not be allowed to speak back to an adult even if the latter is wrong. In case where a child argues, she is labelled as undisciplined and disrespectful.

Depending on the culture, she/he may be physically punished for breaking the norm, or may get off with verbal reprimand. Ask learners to give similar examples.

Show the picture of a pregnant school girl being chased away from home, with her father threatening to beat her. Ask what you see in this picture? Is this common? What human rights are being violated? What social norms have been violated?

Engage learners in a brief discussion building on their responses to focusing what are the consequences if they do break the socially accepted rules of behaviour.

Emphasize that it is often the fear of possible negative consequences of breaking norms that make individuals behave as expected.

4. Divide learners into 4 groups and assign each group one of the following:

- **Group 1:** Relationship between parents and children
- **Group 2:** Relationship between older and younger people
- **Group 3:** Use of alcohol and other drugs
- **Group 4:** Sexual behavior

Ask learners to describe the rules and regulations that guided behaviour in traditional Rwandan society. Did it violate any human rights? Whose? How?

Allow time for this activity and ask each learners to share their report with the entire learners. Process their information and ask if there are any questions.

5. End this session by reminding learners that some norms are counterproductive; they violate the rights of children and adolescents. Others however, can be used to facilitate the realization of rights. The choices we make are influenced by many factors outside of the individual, including social norms of the groups that we belong to.

Although we are all influenced by social norms, we can change and develop our own ideas on the fairest way to behave and treat others. We may gather ideas from many sources, including role models, books, and personal reflection. We should assess existing social norms so as to be aware of possible risks to our well-being, good health and safety, before agreeing to abide by them.

Use the discussion points.



Discussion Points

1. What examples of social norms can you think of that may be a risk to our health and well-being? (Possible answers could include: forced or early marriage, early sexual debut, having many children, being in a polygamous situation).
2. How can we guarantee the human rights of people who are marginalized, disadvantaged or those with disabilities?
3. When your values are in conflict with social norms, which one should you follow and why?

D. Equality, Non-Discrimination and Respect for Diversity



Steps

1. Start this session by reminding learners that all people, regardless of who they are, where they come from, or what they look like, are entitled to basic human rights. Also remind them of the definition of stigma and discrimination (**Topic 11**).

Treating a person or particular learners in a society less fairly than others is called discrimination. Ask learners for some examples of discrimination. List them on the chalkboard and then mention the following:

- using hurtful language about someone from a different religion;
- excluding someone because of a physical disability;
- refusing to hire someone because that person is HIV positive;
- making fun of someone for behaving differently than what is expected, given expectations about gender.

Point out though there are certain categories of children who are more at risk of exclusion than other groups. Ask learners to brainstorm with their neighbor and make a list of who these children are. Write their responses on the chalkboard.

They should include the following:

- children with disabilities
- street children
- poor children
- children heading a household
- pregnant girl
- children who are HIV+
- child laborers

Ask learners to say if such children are in their classes at school and why they think these children are more at risk of exclusion and how their rights may be violated.

Go through the list one by one, asking learners to share their responses to the following:

- Indicators (signs) of discrimination
- Why these children are discriminated against
- The consequences of discrimination on the well-being, good health and or safety of these categories of children.

2. Display the following table.

People treated better by society	People not treated well by the society
Rich	Poor
Men	Women
Heterosexual	Homosexual
Boss	Worker
Politician	Community Worker
Citizen	Migrant Worker
People without Disabilities	People with Disabilities
People Living without HIV	People Living with HIV
Adult Heading a Household	Child Heading a Household

Look at the list of groups that tend to have better treatment by society (**Column 1**). Can you find a group in this list that you belong to personally? Do you agree that this group generally enjoys better treatment and more power in the society? Why/why not?

Look at the list of groups that often do not receive better treatment (**Column 2**). See if you also identify personally with any of these groups. Do you agree that the group you chose tends not to be treated better by society? Why/why not? Ask what must happen for everyone to enjoy equality and the right not to be discriminated against?

3. Point out that non-discrimination is a human rights principle and that nobody should be discriminated against because of our differences with others. As human beings, we are the same as every other person in many ways. But we are also different, separated by race, ethnicity, language, culture and personal characteristics. Instead of celebrating our diversity, we use our differences as basis for discrimination and exclusion. More often than not, this arises from our own misconceptions and suspicions about the other based on ignorance, prejudices and intolerance.

Ask learners to give examples of this based on the 1994 Genocide against the Tutsi.

Ask the question: *“does being different mean that we are better or worse than the other?”* Remind the learners of the value of respect for self and others as being at the heart of an understanding and practice of the human rights of children.

Explain to learners that respect for diversity is about behaviours and attitudes. It is about being accepted and welcomed. Learning to be tolerant is crucial in promoting acceptance of others. Respecting diversity requires one to have skills of empathy, in addition to tolerance.

4. Ask learners to define empathy. List their responses on the chalkboard. Then say, empathy allows us to understand how someone is feeling by ‘stepping into his/her shoes.’ Skills of empathy has been proven to lead to pro-social behaviour that in turn contribute to better relationships, stronger friendships and reduction of discriminatory attitudes and violent behaviours such as racism and bullying. Tell learners to copy this chart in their notebooks and complete it. There is no right or wrong answer.

Empathy Statements	Yes	No
a. I often think about other people’s feelings.		
b. I don’t make fun of other people because I can imagine what it feels like to be in their shoes.		
c. I listen to others about what they’re going through.		
d. I try to understand other people’s point of view.		
e. I am aware that not everyone reacts to situations the same way I do.		

5. Divide learners into 6 groups and give each group one of the following scenarios.

Ask the groups to prepare these scenarios to present to the entire class. Allow time to prepare for each scenario and for presentation.

Empathy Practice Scenarios

Scenario A: Kamariza was supposed to play the lead role in the school play. Just the day before the final rehearsal, she tripped over a rock in the playfield and sprained her ankle and so had to be replaced not only at the final rehearsals but also at the actual performance.

Scenario B: Ntwali was one of five learners selected to represent his school in a national quiz competition. His school did very well, managing to get to the semi-finals. The semi-final was very exciting with the score tying with only one question to go. The question went to Ntwali, who got it wrong, allowing the other team to win and move on to the finals.

Scenario C: Gwiza confided in her friend Gasaro that she has been dreaming about Sano, a boy in Form 3, every night for the last one week. She thinks that she is in love with him. Gasaro went and told her brother, Ngabo, who is a classmate of Sano about Gwiza’s feelings. Ngabo told his friends, and now everyone is making fun of Gwiza.

Scenario D: A local hotel has organized for a cookery competition for young people in the community. Both young people who are out-of-school, and those who are learners, are eligible to join. However, in the case of those who are in school, the school director is expected to recommend the applicant. Kalisa loves cooking and wants to participate in the competition but his school has only selected girls for recommendation.

Scenario E: The teacher complains that Mutesi is disruptive in class. Anytime the teacher's back is turned to write on the chalkboard, Mutesi begins to chat with those sitting near her instead of paying attention to the lesson. Mutesi has tried to explain that she cannot see what's on the board but the teacher thinks that she is not telling the truth.

Scenario F: Karera's dad insists that he be in the house by 8 p.m. on school nights. But the weather is getting warm, his friends are staying out later in the street, and Karera wants to be able to stay with his friends.

After the scenarios have been presented, hold a discussion with the groups and ask:

- What happened in these scenarios? What is the other person saying and doing?
-
- How did you feel when you saw what happened? How would you feel if you imagined yourself in the same situation?
-
- How would you make the other person feel heard and understood or have a chance to clarify how she/he is, in fact, feeling?
-
- How will you respond to her/his needs?

6. Summarize and end this session by saying discrimination against anybody is not right and fair. It leads to the exclusion of groups of people for no good reason.

When somebody is excluded from participating equally in various aspects of life, there are negative consequences, both short-term and long-term, on their physical and psychological well-being, good health and safety. It may harm their self-esteem and self-confidence. We can all help to change the situation by practicing behaviour that is inclusive, and rejecting those that are discriminatory towards others.

Share the key messages and then use the discussion points:



Key Messages

- Human rights are universal, indivisible, interdependent and non-negotiable
- The rights of children, irrespective of gender, orientation, status, religion or ethnicity and race, are their entitlements and not privileges to be given or taken away by the State, community or parents
- No right is superior to the other; all are equally important. You cannot therefore rank one right over another.
- The realization of children's rights like education, health and information may be done progressively depending on their evolving capacity as they grow older, and as resources become available
- Respect for one another underlies the concepts of rights and responsibilities:
 - » You have certain rights, but these rights come with responsibilities.
 - » If you expect some things as your right, you have to act responsibly to deserve them.
 - » Strong relationships are built when people respect each other's rights and live up to their responsibilities.
- Although all of us should be able to enjoy our human rights, in reality, there are many who do not.
- We do not have the same opportunities in life; the playing field is not even for all. Some



Discussion Points

1. Are women given equal status before the law?
2. What factors might give some people an advantage over others?
3. Why is equality before the law essential for a human rights culture?
4. How is their family life different from that of their great grandparents? Their grandparents? Their parents?
5. What has caused these changes? Are they changes in values, culture, technology or others kinds of change? Which are beneficial and which are not?
6. Have the human rights of family members improved over the last generations?

Information for the Teacher

Human Rights Violations Scenarios

Scenario 1

Richard is being deprived of his right to an education. (Article 28)

He is also being deprived of his right to play. (Article 31)

He is being deprived of his right to be protected from work that interferes with his education or is harmful to his health. (Article 32)

Reinforce that children do have a responsibility to do chores at school, but not when the chore has a negative impact on a student's health or education as in the case here.

Scenario 2

Gloria is being deprived of her right to an education and right to live free of abuse. (Articles 19, 28 and 34)

No one has the right to touch children in a way that makes them feel uncomfortable. Adults should always act in the best interests of children, and this means not violating them in any way or making them feel uncomfortable.

Scenario 3

Mary is being discriminated against because she is female. (Article 2)
All children should be treated equally and encouraged to reach their full educational potential. (Article 28)

Scenario 4

Thomas is being deprived of his right to an education and to live free from abuse and demeaning punishment. (Articles 19 and 28)

Thomas is also being deprived of his right to play. (Article 31)

He is being deprived of his right to freedom from harmful work; the work is affecting his schoolwork and health because he does not get enough sleep. (Article 32)

Scenario 5

Phillip is being deprived of his right to an education. (Article 28)

Phillip is also violating the rights of the other students and his teacher by talking during the lesson and touching a girl's breasts.

Information for the Teacher

The Learner-Friendly School Environment

The right to education illustrates the principle of the interdependency of human rights. Research has shown that teachers themselves can be potential sources of discrimination against girls, giving more attention to boys and calling on boys to speak twice as often as girls.

In many classrooms boys are praised for their curiosity and assertiveness while girls are praised for their neatness, promptness and ability to follow instructions. Most teachers in these studies were unaware of their preference for boys and dismayed by the evidence.

A close scrutiny of the school curriculum and textbooks provide good material for gender analysis:

- Does “history” give serious attention to the role of women as well as men?
- Does “economics” discuss women in the labour market (home or outside the home)?
- Does “law” look at women and property?
- Does “government” look at female under-representation?
- Does “science” give due weight to what women have done?
- Are girls encouraged to excel at mathematics, science and computers?
- How sexist is the teaching of “literature”, “language and “the arts”?

Examine too the extra-curricular life of the school:

- Are girls given equal opportunities for leadership in clubs and elected offices? For representing the school publicly?
- Are there school-sponsored activities from which girls are excluded?
- Do girls have the same access to sports facilities and athletic teams as boys?
- Do girls feel safe from sexual harassment or physical threats at school?
- Are prizes, scholarships, financial assistance and other awards equally available to girls?



Handout 13.1

The Convention on the Rights of the Child

(Adapted from UNICEF, Fact Sheet: A Summary of the Rights under the Convention on the Rights of the Child)

- Article 1:** Everyone under 18 has these rights.
- Article 2:** All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.
- Article 3:** All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.
- Article 4:** The government has a responsibility to make sure children's rights are protected. They must help families protect children's rights and create an environment where they can grow and reach their potential.
- Article 5:** Children's families have the responsibility to help them learn to exercise their rights and to ensure that their rights are protected.
- Article 6:** Children have the right to be alive.
- Article 7:** Children have the right to a name, and this should be officially recognized by the government. Children have the right to a nationality (to belong to a country).
- Article 8:** Children have the right to an identity—an official record of who they are. No one should take this away from them.
- Article 9:** Children have the right to live with their parent(s), unless it is bad for them. They have the right to live with a family who cares for them.
- Article 10:** If children live in a different country than their parents do, they have the right to be together in the same place.

- Article 11:** Children have the right to be protected from being taken out of their country illegally.
- Article 12:** Children have the right to give their opinions and for adults to listen and take them seriously.
- Article 13:** Children have the right to share what they think with others by talking, drawing, writing or in any other way unless it harms other people.
- Article 14:** Children have the right to choose their own religion and beliefs. Parents should guide their children in the development of their beliefs.
- Article 15:** Children have the right to choose their own friends and join or set up groups, as long as it isn't harmful to others.
- Article 16:** Children have the right to privacy.
- Article 17:** Children have the right to get information from radio, newspaper, books, computers and other sources that is important to their well-being. Adults should make sure that the information they are getting is not harmful and help them find and understand the information they need.
- Article 18:** Children have the right to be raised by their parent(s) if possible.
- Article 19:** Children have the right to be protected from being hurt and mistreated, in body or mind.
- Article 20:** Children have the right to special care and help if they cannot live with their parents.
- Article 21:** Children have the right to care and protection if they are adopted or in foster care.
- Article 22:** Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.
- Article 23:** Children have the right to special education and care if they have a disability, as well as all the rights in this Convention, so that they can live a full life.

- Article 24:** Children have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment and information to help them stay well.
- Article 25:** If children live in foster care or in other situations away from home, they have the right to have these living arrangements looked at regularly to see if they are the most appropriate.
- Article 26:** Children have the right to help from the government if they are poor or in need.
- Article 27:** Children have the right to a standard of living that meets their basic needs. Government should help families provide this, especially regarding food, clothing and housing.
- Article 28:** Children have the right to a good quality education. Children should be encouraged to go to school to the highest level they can. Discipline in schools should respect children's dignity. Governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect.
- Article 29:** Children's education should help them use and develop their talents and abilities. It should also help them learn to live peacefully, protect the environment and respect other people. Children also have a responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents.
- Article 30:** Children have the right to practice their own culture, language and religion. Minority and indigenous groups need special protection of this right.
- Article 31:** Children have the right to play and rest.
- Article 32:** Children have the right to protection from work that harms them and is bad for their health and education. If they work, they have the right to be safe and paid fairly. Children's work should not interfere with any of their other rights such as the right to an education or play.
- Article 33:** Children have the right to protection from harmful drugs and from the drug trade.

Article 34: Children have the right to be free from sexual abuse and exploitation

Article 35: No one is allowed to kidnap or sell children.

Article 36: Children have the right to protection from any kind of exploitation (being taken advantage of).

Article 37: No one is allowed to punish children in a cruel or harmful way.

Article 38: Children who are affected by armed conflict must be protected and cared for. Children under 15 cannot be forced to go into the army or take part in war.

Article 39: Children have the right to special help to recover if they have been exploited, neglected or abused.

Article 40: Children have the right to legal help and fair treatment in a justice system that respects their rights.

Article 41: If the laws of their country provide better protection of their rights than the articles in this Convention, those laws should apply.

Article 42: Children have the right to know their rights. Adults should know about these rights and help them learn about them, too.

Articles 43 to 54: These articles explain how governments and international organizations will work to ensure that children's rights are protected.



Handout 13.2

Simplified Version of the Universal Declaration of Human Rights

- Article 1:** Everyone is free and we should all be treated in the same way.
- Article 2:** Everyone is equal despite differences in skin color, sex, religion or language, for example.
- Article 3:** Everyone has the right to life and to live in freedom and safety.
- Article 4:** No one shall be held in slavery and slavery is prohibited.
- Article 5:** No one has the right to hurt you or to torture you.
- Article 6:** Everyone has the right to be treated equally by the law.
- Article 7:** The law is the same for everyone; it should be applied in the same way to all.
- Article 8:** Everyone has the right to ask for legal help.
- Article 9:** No one has the right to imprison you unjustly or expel you from your own country.
- Article 10:** Everyone has the right to a fair and public trial.
- Article 11:** Everyone is considered innocent until guilt is proved.
- Article 12:** Everyone has the right to ask for help if someone tries to harm you, but no one can enter your home, open your letters or bother you or your family without a good reason.
- Article 13:** Everyone has the right to travel as desired.

- Article 14:** Everyone has the right to go to another country and ask for protection if being persecuted or in danger of being persecuted.
- Article 15:** Everyone has the right to belong to a country. No one has the right to prevent you from belonging to another country if you wish to.
- Article 16:** Everyone has the right to marry and have a family.
- Article 17:** Everyone has the right to own property and possessions.
- Article 18:** Everyone has the right to practice and observe all aspects of his or her own religion and change his or her religion if he or she wants to.
- Article 19:** Everyone has the right to say what he or she thinks and to give and receive information.
- Article 20:** Everyone has the right to take part in meetings and to join associations in a peaceful way.
- Article 21:** Everyone has the right to help choose and take part in the government of his or her country.
- Article 22:** Everyone has the right to social security and to opportunities to develop skills.
- Article 23:** Everyone has the right to work for a fair wage in a safe environment and to join a trade union.
- Article 24:** Everyone has the right to rest and leisure.
- Article 25:** Everyone has the right to an adequate standard of living and medical help when ill.
- Article 26:** Everyone has the right to go to school.
- Article 27:** Everyone has the right to share in his or her community's cultural life.

Article 28: Everyone must respect the 'social order' that is necessary for all these rights to be available.

Article 29: Everyone must respect the rights of others, the community and public property.

Article 30: No one has the right to take away any of the rights in this declaration. Adapted from Human Rights Education Associates (HREA), Simplified Version of the Universal Declaration of Human Rights



Handout 13.3

Taking the human rights temperature of your school

Directions: Read each statement and evaluate how accurately it describes your school community. Keep in mind all members of your school: students, teachers, administrators, staff. Add up your score to determine the overall assessment for your school.

Rating scale:

1 2 3 4 DN

Never	Rarely	Often	Always	Don't know
(No/False)	(Yes/True)			

1. Members of the school community are not discriminated against because of their sex, family background, disability, religion or life style.
(UDHR articles 2, 16; CRC articles 2, 23)

2. My school is a place where I am safe and secure.
(UDHR articles 3, 5; CRC articles 6, 37)

3. All students receive equal information and encouragement about academic and career opportunities.
(UDHR articles 2, 26; CRC articles 2, 29)

4. My school provides equal access, resources, activities and accommodation for everyone.
(UDHR articles 2, 7; CRC article 2)

5. Members of my school community will oppose discriminatory actions, materials or words in the school.
(UDHR articles 2, 3, 7, 28, 29; CRC articles 2, 3, 6, 30)

6. When someone violates the rights of another person, the violator is helped to learn how to change her/his behaviour.
(UDHR article 26; CRC articles 28, 29)

7. Members of my school community care about my full human as well as academic development and try to help me when I am in need.
(UDHR articles 3, 22, 26, 29; CRC articles 3, 6, 27, 28, 29, 31)

8. When conflicts arise, we try to resolve them in non-violent and collaborative ways.
(UDHR articles 3, 28; CRC articles 3, 13, 19, 29, 37)

9. The school has policies and procedures regarding discrimination and uses them when incidents occur.
(UDHR articles 3, 7; CRC articles 3, 29)

10. In matters related to discipline, everyone is assured of fair, impartial treatment in the determination of guilt and assignment of punishment.
(UDHR articles 6, 7, 8, 9, 10; CRC articles 28, 40)

11. No one in our school is subjected to degrading treatment or punishment.
(UDHR article 5; CRC articles 13, 16, 19, 28)
12. Someone accused of wrong-doing is presumed innocent until proved guilty.
(UDHR article 11; CRC articles 16, 28, 40)
13. My personal space and possessions are respected.
(UDHR articles 12, 17; CRC article 16)
14. My school community welcomes students, teachers, administrators and staff from diverse backgrounds and cultures, including people not born in this country.
(UDHR articles 2, 6, 13, 14, 15; CRC articles 2, 29, 30, 31)
15. I have the liberty to express my beliefs and ideas without fear of discrimination.
(UDHR article 19; CRC articles 13, 14)
16. Members of my school can produce and disseminate publications without fear of censorship or punishment.
(UDHR article 19; CRC article 13)
17. Diverse perspectives (e.g. gender, ideological) are represented in courses, textbooks, assemblies, libraries and classroom instruction.
(UDHR articles 2, 19, 27; CRC articles 17, 29, 30)
18. I have the opportunity to participate in cultural, sports activities at the school and my cultural identity, language and values are respected.
(UDHR articles 19, 27, 28; CRC articles 29, 30, 31)
19. Members of my school have the opportunity to participate in democratic decision-making to develop school policies and rules.
(UDHR articles 20, 21, 23; CRC articles 13, 15)
20. Members of my school have the right to form associations within the school to advocate for their rights or the rights of others.
(UDHR articles 19, 20, 23; CRC article 15)
21. Members of my school encourage each other to learn about societal and global problems related to justice, ecology, poverty and peace.
(UDHR preamble, articles 26, 29; CRC article 29)
22. Members of my school encourage each other to organize and take action to address problems related to justice, ecology, poverty and peace.
(UDHR preamble, articles 20, 29; CRC article 29)
23. Members of my school community are able to take adequate rest/recess time during the school day and work reasonable hours under fair work conditions.
(UDHR articles 23, 24; CRC articles 31, 32)
24. Employees in my school are paid enough to have a standard of living adequate for the health and well-being of themselves and their families.
(UDHR articles 22, 25; CRC article 27)
25. I take responsibility in my school to ensure that people do not discriminate against others.
(UDHR articles 1, 29; CRC article 29)

Total Possible temperature = 100 human rights degrees
Your school's temperature = _____ human rights degrees



Handout 13.4

Scenarios for Violation of Children's Rights

Scenario 1

Richard is a student in grade 5. He seems to enjoy school, but he is not doing very well in most subjects. He is very quiet and sits at the back of the classroom. The teacher thinks he is not very smart, so when the other students are playing during a break and sometimes even during class, the teacher sends Richard out to the schoolyard to dig a pit for a latrine. Sometimes it is very hot outside, and Richard does not have protection from the sun or any water to drink. When someone asks the teacher why he always sends Richard out of the classroom, the teacher replies, "Oh, he is a stupid boy, he shouldn't be in school anyway."

Scenario 2

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 stays after school and the teacher grabs her breast and tells her she is turning into a beautiful young woman. Gloria feels very uncomfortable but is afraid to speak up against the teacher. She decides she will fail math rather than ask this teacher or any other teacher for help again.

Scenario 3

Mary and her twin brother, Larry, are both due to start grade 2 next year. Their mother has been ill and needs one of the children to stay home and help with the household chores. The family can only afford to send one child to school and must choose whom to send. They decide to let Larry continue on to grade 2 and have Mary stay home. Her parents decide it is better for Mary to learn to be a good wife and mother, because that is her role in life.

Scenario 4

Thomas is always late for class. He works late at night, sometimes until 1 or 2 a.m., making bricks in a factory to help support his family and pay for his school fees. Sometimes when Thomas gets home from work, he is too tired to do his homework. As soon as school is over, he goes straight to his job and never has the opportunity to play sports with the other children in his village. Sometimes he doesn't even want to go to school because the punishment he receives from his teacher is so harsh. She makes him stand in front of the class, and she twists his ear until it makes him cry. The teacher does this to most of the boys and says it will make them men.

Scenario 5

Phillip is constantly talking while the teacher is trying to conduct the lesson. Sometimes when the teacher is not looking, he grabs the breasts of one of the female students. One day his teacher tells him, "I have had enough of your disturbing behavior, go outside and clean the girls' latrines." Phillip ends up missing his English and science lessons.

ANNEX 1: General Facilitation Tips

Below are some tips and methods to help build your capacity as a Teacher.

A good Teacher:

- is a facilitator who sees the learners as experts with information and skills to share, rather than seeing themselves as the only experts in the room;
- encourages learners to learn from each other, and guides this process rather than providing direct instructions and lecture-style learning;
- believes we learn by doing, experiencing, practicing, and feeling, rather than by memorizing, repeating, and recording information;
- is organized, but flexible in changing methods based on participant needs.
- is enthusiastic about the topic and learners;
- keeps promises to the learners (to let learners speak, take a break, etc.)
- is patient and a good listener;
- is prepared to handle strong emotions that may arise during discussions;

Before each session:

- carefully read through all of the session's background notes and activities;
- think about how you will perform each step and what you will add to every session;
- try to anticipate questions that may be asked, and know where to look for answers in the materials provided. If learners ask questions that you cannot answer right away, write them down and follow up on them before the next session, so that you can discuss them then;
- adapt the activities and group discussions to make them more appropriate to the age and education level of your learners;
- think about and plan for any issues that may arise during more "difficult" sessions with complex material or sensitive topics;
- think of local examples and ways to make the activities more relevant to the learners' daily lives and concerns;
- when possible, work from easy to difficult subjects;
- have materials prepared beforehand.

Additional facilitation tips:

- Have a “parking lot” for issues that arise during a session, but that are not relevant to the session objectives. You can come back to them at another time or simply explain at the end of the training that it was important, but outside of the topic of the training
- Capture important points on flipchart paper during discussions for use during the summary activities. It can be very challenging to both lead the discussion and write down all important points, so consider having someone assist you in writing down key points.
- Whenever appropriate, identify next steps or possible solutions to problems.
- Relate the information to what has been learned in previous sessions whenever possible.
- Check to make sure you are not speaking more than the learners. If you find that you are doing most of the talking, encourage learners to answer each other’s questions. For instance, if someone asks a question, open discussion to the learners with the inquiry: “Does anyone have an answer to that question?”
- The way you hold your body will help effectively facilitate the learners. For example, looking attentively and nodding makes them feel their contribution is important. Looking away can effectively tell the person not to talk or participate. Always face the person to whom you are speaking.
- Have fun!

Talking About Sensitive Issues

Many of the issues raised in this reference book are linked to sex, relationships, and HIV, which are often seen as sensitive topics to both learners and Teachers. Some Teachers may feel that talking about sex and contraception with young people encourages young people to have sex. On the contrary, research shows that talking with adolescents about facts and consequences related to sex encourages them to delay sex and consider abstinence. However, Teachers should not assume the learners are not having sex.

Young people will often giggle with embarrassment when discussing topics related to sex or reproduction. Mentors should not let this discourage them or make them uncomfortable. Learners need accurate information on these subjects to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment pass, wait for learners to settle down, and then focus on the information and skills they need.

Tips for letting learners know you are comfortable talking about these issues:

- Think about your own values and clarify how you feel about an issue before you discuss it with learners.
- Be prepared and plan ahead. Find out as much as you can beforehand, so that you feel confident facilitating the session.
- You do not have to know everything. Be honest with learners when you are not sure how to answer their questions. Turn the question into an investigative project and ask learners to help you find the answer. Tell them that you will also ask a health care provider or another expert and try to have answers for them at the next session.
- Accept learners' slang terms. Don't be afraid to ask what they mean if you don't know.
- Do not dismiss or look down on what learners know. Learners have been exposed to a variety of information and experiences. Their experiences have value and are important.
- Set your own limits. Learners will be excited because you are prepared to talk about topics that interest them. Few adults guide them or give them this knowledge, so they may ask questions that make you feel embarrassed. Be as open and honest as you can, but tell them when it is enough or when their behavior is disrespectful. Explain when you feel uncomfortable answering a particular question.
- Do not answer personal questions about your own sexual experience. If these questions come up, let learners know that your role as a Teacher is not to discuss your own experience.
- Stick to the facts. You might have personal opinions about the topic, or how you personally would act in a certain situation, but it is important to remain neutral and open so that the learners will feel free to ask any question and share their thoughts, fears, and opinions.
- Get advice and help if you need it. Teaching sexuality education is not easy. If you had a difficult session, find someone you trust to talk with afterwards. However, respect the learners' privacy and do not share personal information that learners shared with you during the session, unless you feel they may be in danger. Information from learners may be shared in meetings between mentors, as long as the identity of the participant involved is not disclosed.

Working with Parents

Parents are co-educators in teaching comprehensive sexuality education to their children.

If teachers, community members, religious leaders, and parents can work together, then young people are more likely to emerge as well-rounded, healthy individuals. Unfortunately, it is not always easy to collaborate with parents. Parents often have concerns when sexuality education is taught and they may not feel comfortable or equipped to deal with these issues themselves.

Tips for working with parents

- Keep parents informed about what you are doing and why.
- Get the opinions of parents.
- Talk with parents about their concerns and fears around reproductive health and HIV and AIDS. Do this through parents' meeting, home visits, and community days, etc.
- Invite parents to meetings to discuss their concerns.
- Know your community. Find out about its needs and concerns, as well as the skills and expertise of the parents. For example, a parent may be a nurse at a local clinic who could talk to the learners and give you advice and support.
- Offer talks on parenting skills. Bring in experts to present their ideas, help improve parent-child communication, and share resources and materials.
- Involve parents. Ask parents to check homework and assign activities that require learners to talk to their parents. For example, ask learners to interview their parents or family members about when they were young.

Setting the Stage: Ground Rules

As you get familiar with and use the Reference book, you will discover that the CSE sessions often involve learners in a discussion of sensitive or personal topics. Set the stage with appropriate ground rules and share these with the learners.

Write these on newsprint and hang them on the wall for the duration of the training.

- **Confidentiality** What we share in this group will remain in this group.
- **Respect** We should respect other's opinions and experiences;
- **Openness** It is important to be open and honest but not to disclose others' personal/private lives. It is okay to discuss general situations as examples but not to use names.
- **Non-judgmental approach** It is okay, and in fact desirable, to disagree with another learner's point of view, but not to judge or put down another learner.
- **I-statements** It is preferable to share our feelings or values using I-statements. For example, 'I do not want to have sex before marriage.'
- **Anonymity** It is OK to ask a question anonymously if necessary, but ensure that all questions will be answered.
- **Acceptance** It is okay to feel uncomfortable; even adults feel uncomfortable when they talk about sensitive topics like values or sexuality.

Ask for other suggestions for ground rules from the learners. Ensure the following are covered:

- Listen to what other people say.
- No talking when someone else is talking.
- Be kind and give support.
- Do not laugh at what other people say.
- Insults are not allowed
- Questions are encouraged and may be asked at any time. There is no such thing as a stupid question.
- It is okay for the Teacher and learners to blush, feel embarrassed, or not know the answers to all of the questions.

FACILITATION TECHNIQUES

Experiential Education

Experiential activities in this programme are designed to help teachers and young people gain information, examine attitudes and practise skills. There are structured exercises in which the learners do something and then process the experience together, generalizing about what they learned and ideally, attempting to apply it to future situations. Experiential learning is learner-centred. While your role as Teacher is crucial, creating the learning experience is ultimately a group responsibility.

One of the ways to make this training successful is to involve the learners in their own education. The fun of working together with young people in experiential programmes is learning how much you can learn from them! Here are some tips for conducting experiential activities:

- Review the session and activities thoroughly until you feel comfortable with the steps.
- If possible, do a 'dry-run' before introducing a new activity to the learners.
- Consider the learning points of the activity and prepare questions to trigger discussion. Each activity lists Discussion Points, but you may want to add your own.
- Arrange the room ahead of time to suit the activity, so you do not waste time hanging signs, newsprint or moving chairs. The chairs should be placed in a circle or semi-circle, in front of the board or the flip chart. If space permits, have the learners sit at tables which should be used for note taking, completing handouts and for keeping their files or notebooks. Keep one or two in the corner of the room for your supplies and materials.
- Keep an eye on the clock so there is sufficient time for learners sharing and discussion.
- Remember doing the activity is fun, but it is in the processing of the experience that learning takes place.

Specific Techniques

Experiential methods use a variety of techniques, some of which you may be more comfortable with than others. Do not be afraid to try new techniques. There are many different kinds of activities in the 14 topics including role plays, games, values voting, brainstorming, small learners work, problem solving scenarios, and presentations by guest speakers. Here is a brief description of some of them.

Visualization in Participatory Programmes (VIPP) VIPP involves the use of different shapes of coloured cards so that everything that is done individually and collectively can be visualized, processed, synthesized and shared. VIPP encourages everyone to participate and is based on well-founded theories of adult learning.

Lecturette A lecturette is a structured and orderly oral presentation of information delivered by an individual (Teacher) that may or may not use visual aids (such as charts, diagrams or slides). A lecturette can be used to impart knowledge or introduce skills. A lecturette which allows for an exchange between the Teacher and the learners is usually more effective. During or after the lecturette, young people can practice life skills that may have been learned during the session. Lecturettes appeal to those people who learn by listening.

Discussions Discussions are a verbal exchange led by the Teacher or learners about a specified topic. Through this process learners have a chance to share facts and ideas and can listen to and consider different points of view. Discussions are useful in both large and small groups. Small groups may offer shy or less verbal learners more of an opportunity to speak. Discussions in the larger learners give the Teacher the ability to control the flow of conversation.

Large-group discussions generally are led by a Teacher. Information to be discussed is sometimes presented first through a short lecture, video or skit. After the information is presented, the Teacher leads a discussion that allows for recall, analysis, generalization and personalization of the information. For example, a teacher might present some statistics about STIs and start a discussion (introduction) and then ask the young people some questions about the statistics (recall).

The young people discuss why STI rates are so high for young people (analysis). Then they list the ways they can prevent STIs (generalization) and how they will use this new information in their lives (personalization). Small group discussions generally allow for more young people to be involved and express their ideas. Generally, the members of a small learners are given a set of guidelines or instructions for completing a task together.

Role-plays/skits Role plays or skits are short dramas in which learners can experience how someone might feel in a situation, try out new skills, and learn from each other. Role playing in small groups or pairs is usually less threatening for learners and allows more people a chance to do it. Ask for volunteers, as many people are embarrassed or uncomfortable acting in front of a large learners. After the role play, be sure to declare the role play over and ask questions about it. Role plays are particularly effective at teaching skills and increasing self-efficacy in those skills.

Case studies/Scenarios Case studies are stories, either fictional or true, often describing a problem by discussing what a character's options are or how these dilemmas might be resolved. Feel free to adapt any scenarios in Life Planning Skills exercise to better fit the learners. Asking the learners to come up with case studies or scenarios, sometimes as an assignment, is a good way to ensure realistic situations and language.

Brainstorming Brainstorming is a free flowing exchange of ideas on a given topic. It is often used to generate ideas and lists. In brainstorming, all ideas are recorded. For example, a Teacher may ask a learners of young people, "What are some reasons why young people have sex?" or "What are some reasons why young people decide not to have sex?" All answers to this question are accepted and recorded.

This technique encourages broad participation and helps students consider all possibilities. As you ask a question, pose a problem or raise an issue and learners suggest answers or ideas. Write all suggestions down for the learners to see. No editorial comment or criticism is allowed. When the brainstorming is finished, the learners evaluates the ideas together, perhaps to identify those they consider most useful or to categorize them in some helpful way.

Guest Speakers Guest speakers can bring a topic alive by discussing personal experiences and sharing their feelings. Training for TOT in Life Skills suggests several guest speakers including recovering alcoholics, people with AIDS, especially young people, and young working parents. You need to identify such people and invite them in good time to the workshop. Make sure they are dynamic, knowledgeable about the topic and comfortable speaking in front of an audience. Prepare the learners for the speaker's presentation so that they know what to expect, are ready with questions and act respectfully. Prepare the speaker with information about the learners and a clear understanding of your expectations.

Skill Demonstrations An important step in skill instruction includes modeling the skill. In skill demonstrations, the Teacher models the steps or a given skill, (e.g., refusing sex, negotiating condom use or using a condom correctly). Afterwards the Teacher elicits feedback on his or her performance of the skill from the students and sometimes has the students practice the skill themselves.

Homework Assignments Homework assignments are generally given to students to help reinforce learning or explore a topic more deeply. For example, in the curriculum, young people may be given a homework assignment to interview parents about their thoughts on young people and sex. This assignment helps to reinforce learning from previous classes and also provides an opportunity for parents and young people to communicate about an important topic.

Other experiential techniques There are a variety of other experiential learning techniques that are explained and used throughout this reference book. They include: gallery walks, field trips, storytelling, debates and panel discussion/fish bowl.

Seating arrangements To encourage learners to feel a sense of membership to a learners and to participate fully, it is strongly recommended that they sit in a circle rather than in rows. This seating arrangement allows for eye contact between learners and the Teacher, creates a more relaxed atmosphere, and encourages participation.

Group work The reference book is full of activities that require organizing learners into pairs or small groups, which encourages teamwork and participatory and interactive learning. The instructions frequently direct Teachers to do this, but usually leave the method for dividing learners up to the Teacher. Here are some ways you can form groups during the training.

- Count off. For example, ask learners 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 learners to form groups with people who have the same number. In the end, you will have four groups.
- Make simple puzzles with 3–5 pieces each. Distribute the puzzle pieces to learners 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 learners.
- Ask learners 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.
- Assign colors, symbols, or pictures at random. Instruct learners to find all others with the same assigned color, symbol, or picture.
- Place the names of four well known pop culture stars in different places around the room and ask learners 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 more than one learners. For example you can ask learners to move to their second favorite star.
- 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 learners will be in each group. For example, if you have 16 learners, you can make four groups of four people. In that case, you will write the name of each animal on four slips of paper. Each learner will draw one slip of paper from a container. Tell learners that when you say “now,” each person must make the noise of the animal written on their slip of paper. While making their noises, learners must look and listen for those making the same animal noise they are making. These people are their group members.

GAMES AND EXERCISES

Games and exercises are very much a part of the learner-centred methodologies. They include such things as introductions, icebreakers, energizers, and warm ups. Icebreakers or energizers are quick, simple activities that help learners relax, become more comfortable, and (re)connect with each other while simultaneously energizing them focus and participate. If time allows, start each session with a quick icebreaker such as the ones mentioned here, or use others that you know.

Try to choose a new one each time, and try to limit time spent on these activities. In addition to opening each session with an icebreaker, they can be used in the middle of a session to “wake learners up” if energy levels in the learners seem low, then known as “energizers”. Learners themselves often have great ideas for energizers and icebreakers. If you wish, give learners a few options to choose from, or ask them for suggestions for a quick game or song to open a session.

These games and exercises speed up and enhance the amount and the quality of interaction in the learners. Throughout the topics, there are other games and exercises, such as value voting and the Handshake Game that are specifically related to the subject content areas of those topics.

Introductions

There are a number of games that are specifically geared to increasing the learners’ knowledge of each other. This is particularly important in the introductory part of a workshop composed of young people from different backgrounds or those who come from different organizations. However, certain exercises are useful for situations when learners know each other at one level and wish to probe deeper to find unknown aspects. The following are short descriptions of some useful introductions.

Cobweb

Ask the learners to form a circle. One is given a ball of string, yarn or cord and is asked to say his/her name, place of work, type of work, workshop expectations and one like and/or dislike (for example, I like soccer, I dislike people who shout’). When the person finishes, she/he holds the end of the string and throws or passes the ball to another learner. Then the receiver presents himself/herself as well and passes the ball to another learner.

This procedure goes on until all learners and Teacher(s) are interwoven in a cobweb. The Teacher has the chance to say something about the important role that each person plays in the workshop and that the success of the event depends on the positive contributions from each person.

There is a variation of this exercise. It consists of disentangling the cobweb in the reverse order in which it was built. Each one, before returning the ball of string to the one who passed it, tries to repeat the information that was presented by that person.

Mutual Interview

Divide the learners into pairs of people who do not know each other well. Each person takes a sheet of newsprint and a marker. They interview each other for about 5-10 minutes each, asking spontaneous questions and writing down information. At the end of the interview they are asked to draw a symbol for their partner. When each person has been interviewed, a presentation in plenary takes place.

Learners stand in pairs in front of the entire learners and present each other, describing what they have learned about their partner and why they chose that particular symbol. The presentation should not last longer than 3 minutes per person. If you have room, hang the drawings for display for the remainder of the workshop. If the learners know each other well, you can ask them to find out about such aspects as hobbies, secrets, visions of the future or experiences in childhood.

The Name Game

Sometime during the first day of the workshop, ask learners to stand in a circle and clap their hands. As they clap, call out the name of one person and say that person's name as you continue to clap. When the person hears his/her name, the person has then to call out another person's name. Continue saying the name until the person calls on yet another in the circle. Continue to clap throughout. Do this until everyone has had a chance to have his/her name called out.

Who Am I?

Ask learners to write their name on masking tape and stick it their shirt or dress. Tell learners to stand in a circle, with everyone wearing his/her name tag. Give learners time to look around the circle and try to get everyone's name. Then tell them to cover their name and ask for a volunteer to try and name everyone in the circle. Give three or four volunteers the chance to do this.

Who Am I (2)?

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 learners. Each pair must have two parts. Write one word of each pair on a slip of paper. Ask learners to draw a slip of paper from a container and find the other half of their pair. This is their partner. Ask each pair to find out the name of their partner and something about the person they don't know. Ask each pair to introduce themselves to the entire learners. Some examples include:

Opposites
black white
sad happy
dark light
tall short
wide narrow

Matching objects
bed sheets
table chair
camera photograph
car driver
shoes socks

Famous people
Nelson Mandela
Bob Marley
Michael Jackson
Michelle Obama
Paul Kagame

Energizers

The purpose of energizers is to animate the learners, to motivate them for the next session; to reach a higher level of concentration for the next activity or for changing an exercise from a purely intellectual activity to one where more senses become involved.

Energizers must be well prepared, instructions given clearly and quickly executed. A lot of adult games can be adopted as energizers. Their use depends entirely on the kind of learners, the setting and the mood of the learners. As an experienced Teacher you should be able to decide when to apply each game. The following are short descriptions of some useful and fun energizers.

A Pat on the Back

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

Now write your names on an upper corner of their papers and to 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 learners 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?

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 learners remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive feelings others have for them!

(Note to Teacher: 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 learners bonding experience. It is important to stress that learners focus on positive and good things to avoid having anyone writing negative things on the cards.)

Fishbowl

Divide the learners into two equal size groups, forming an outer and inner circle, everyone looking towards the inside. Start some music, sing or clap and the two circles move in opposite directions. After 10 seconds stop the music and the people from the inner circle turn around face to face with a partner from the outer circle.

Each one tells the other his or her problems and gives advice. They can also talk about a theme of the training. After several minutes the music continues and the two circles move again. This can continue until you feel that all learners have listened to a number of partners. The technique is also useful for stimulating an exchange of thoughts on a specific topic.

Life boat

Tell the learners to stand and form a loose circle. Explain to them that they are on a ship which is sinking. They have to get into life boats, but their capacity is limited. Depending on the size of the learners, you should call out that the life boats are only for 3, 5 or 6 people, for example. Then in five seconds, they have to form groups of 3, 5 or 6. You then eliminate those who have drowned--- groups which are bigger or smaller than the number announced. You then announce a new number so that learner is necessary until there is only one learner left. This exercise is a quick energizer to allow people to move around quickly, interact with each other, make quick decisions and thereby become less inhibited.

The mail

Learners and Teachers sit in a circle on the exact number of chairs minus one. One person, (perhaps you, to begin with) stands in the middle of the circle and announces: 'I have a letter for those who (for example): -- are wearing black shoes. Then order 'all those who are wearing black shoes, change seats.' Other examples include 'have a beard... are married... work for the MOE ... live in Rwanda... don't like cigarettes, etc.' The person in the middle of the circle uses the movement of people to also find a chair for himself/herself and runs to sit on an empty chair. The one who is left without a chair now stands in the middle and delivers another letter. This exercise gets people moving around and forces them to observe and discover things about fellow learners.

Bang

The learners stand in a circle, counting out loudly, beginning with 'one' and going around the circle, each person saying the next number. However, every time they come to a number which is divisible by 3, such as 12, the person whose turn it is has to say 'bang' instead of the number. If she/he fails, the person is out of the circle. This exercise demands concentration and is useful at the beginning of serious learners work in problem solving.

Robot testing

Divide the learners into groups of three: so that each group has one robot tester and two robots. Once the play starts, all robots start to walk in one direction. By touching the right or the left shoulder, the tester can change the direction of the robots to the right or left. The tester must try to stop the robots crashing into obstacles such as walls, chairs, or other robots. Learners experience, immediately, how difficult it is to manage two things at the same time.

House-tree-dog

The purpose of this exercise is to experience and reflect on one way and two-way communication and mutual understanding. Divide the learners in pairs. Give each pair a sheet of newsprint and a marker and tell them to sit on the floor, face to face, with the paper between them. Tell them to remain silent from the moment they get their newsprint and then give the following instructions:

‘Without talking, hold the marker and jointly draw a house, a tree and a dog. Then, without talking, jointly sign your common picture with the name of a well-known artist. You are allowed to talk when everyone has finished the drawing.’

When all learners have completed their drawings each couple presents the picture to the plenary and explains their experience in creating a common picture. Discuss what went on between the pair to create the picture. Point out the differences between one way and two-way communication so that these concepts can be understood.

The Magic Wand

Ask the learners what they would do if they just found a magic wand that allows them to change three work-related activities. They can change anything they want. How would they change themselves, their job, their supervisor, those they work with, an important project, etc.? Have the learners discuss why it is important to make the change. Another variation is to have them discuss what they would change if they become the supervisor for a month. This activity helps them to learn about others’ desires and frustrations.

Marooned

Divide the learners into teams. Ask the learners to pretend they are marooned on an island. Have the teams choose five (the teacher can use a different number, such as seven, depending upon the size of each team) items they would have brought with them if they knew there was a chance that they might be stranded. Note that they are only allowed five items per team, not per person. Ask each team to write their items on a flipchart and discuss and defend their choices with the whole learners. This activity helps them to learn about other’s values and problem solving styles and promotes teamwork.

Say as I Say and Do as I Do

Have learners stand up and tell them to follow your instructions. Start by saying you need to say as I say and do as I do. Say 'step to the right' as you step to the right and say 'step to the right' as they step to the right. Use the following instructions: Step to the right, step to the left, step forwards, step backwards. Change the instructions as follows: Do the opposite of what I say and then do the opposite of what I do.

Words

Divide the learners into three or four small groups. Write such a word as "INTERACTIVE" on the flipchart. The groups have 5 minutes to create as many three-letter words as possible from the word INTERACTIVE. For example, some of the words could be:

- cat
- rat
- act

After their time is gone, the group with the most words wins. Note: Depending on the topic, other words can be used in this way, such as "demonstration," "counseling," etc

ANNEX 2: Glossary of Terms

Adolescence: That period of psychosexual development between the onset of sexual maturation (puberty) and early adulthood, during which young people define their self-identity, sex roles, and relationships with other person(s).

Adolescent Pregnancy: Pregnancy in a girl between 10 and 19 years old.

Aggressiveness: A disposition to dominate often in disregard of others' rights or in determined and energetic pursuit of one's ends.

AIDS: Acquired Immuno Deficiency Syndrome. A disease of the human immune system that is characterized by reduction in the numbers of helper T cells which renders the subject highly vulnerable to life-threatening conditions.

Antenatal: A medical examination or care before childbirth, during or relating to pregnancy.

Antibody: A substance produced by the body to fight disease.

Assertiveness: Firmness and clear presentation of views without oppressing others.

Assumption: A thing that is accepted as true or as certain to happen, without proof.

Bargain: An agreement in which people or groups say they will do or give something in exchange for something else

Body Image: One's views, feelings, and judgments about his/her physical appearance and how these feelings influence the individual.

Body Language: The non-verbal gestures, movements, and mannerisms by which a person communicates with others.

Circumcision: To cut off the skin (called the foreskin) at the end of the penis of (a man or boy).

Clitoris Located where the inner lips (Labia Minora) meet. It is very sensitive to touch.

Communication: The giving and receiving of information between parties in such a way that the information is understood.

Compromise: Settlement of differences by consent reached by mutual concessions/sacrifices.

Conception: The point at which the fused sperm and egg implants itself in the wall of the uterus.

Continuum: Something that is continuous and the same throughout and that is often thought of as a series of elements or values which differ by only tiny amounts (“light” and “dark” stand at opposite ends of a continuum).

Cowper’s Gland: A gland on either side of the urethra that helps to remove urine from the urethra so that the sperm is not acidic.

Culture: The total way of life of a learners of people.

Decision-Making: The process of making informed choices or reaching conclusions, especially on important matters.

Disability: A condition (such as an illness or an injury) that damages or limits a person’s physical or mental abilities.

Discrimination: The practice of unfairly treating a person or learners of people differently from other people or groups of people.

Diversity: The presence of people from different cultures and backgrounds in a population. The understanding that every person is unique calls for tolerance and respect of other people’s differences.

Dysmenorrhea: Severe menstrual pain.

Ejaculation: The release of semen from the penis

Endometrium: The mucous membrane lining of the uterus designed to nourish a developing fetus. The endometrium is shed during menstruation.

Epididymis: Coiled tubes emerging from behind the testis that hold sperm during maturation and that joins the vas deferens

Erection: Filling of the penis with blood, causing it to become stiff and to stand away from the body

Exploitation: The fact of making use of a situation to gain unfair advantage for oneself.

Extended Family: A family consisting of many nuclear families, or a nuclear family and other relatives such as grandparents, uncles, cousins, etc.

Equity: Fairness or justice in the way people are treated.

Fallopian Tubes: The pair of tubes that carry the egg from the ovary to the uterus.

Family: The basic unit in society traditionally consisting of two parents rearing their children.

Female Genital Mutilation: A procedure performed especially as a cultural rite, in some countries, that typically includes the total or partial removal of the female external genitalia and especially the clitoris and labia minora and that is now outlawed in many nations.

Fertilisation: The union of sperm and egg, which usually occurs in the fallopian tube.

Help Seeking: Seeking and receiving assistance, advice or support in order to deal with challenges.

Friendship: An attachment between two or more individuals based on affection or respect.

Gender: The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men, boys, women and girls.

Gender-Based Violence: Gender-Based Violence (GBV) is violence that is directed against a person on the basis of gender, usually compromising the health, security and will of the victim. Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women.

Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community).

Gender Bias: A certain, usually negative, attitude towards a particular gender.

Gender Discrimination: Any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights.

Gender Equality: A situation in which men and women enjoy the same status and have equal opportunities of enjoying their full human rights and potential to contribute to national, political, social, and cultural development and to benefit from the results.

Gender Equity: The principle and practice of fair allocation of resources, programs, and decision making to both men and women (the process of being fair to both men and women).

Gender Roles: Responsibilities and tasks assigned to males and females in a particular culture.

Goal: An end towards which efforts are directed.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Heredity: Genetic transmission of traits from one generation to the next

HIV: Human Immunodeficiency Virus. A virus that infects and destroys helper T cells of the immune system causing a marked reduction in their numbers.

Hormone: A natural substance that is produced in the body and that influences the way the body grows or develops.

Human Reproduction: The process by which human beings produce offspring.

Hymen: A thin membrane that partially covers the vaginal opening.

Hypothalamus: Area of the brain that controls the pituitary gland

Implantation: The process by which a fertilized egg implants in the uterine lining.

Incest: Sexual relations between persons who are so closely related that their marriage is illegal or forbidden by custom (such as parent-child, brother-sister, or cousins.)

Infatuation: An intense but short-lived passion or admiration for someone or something.

Inferiority Complex: An acute sense of personal inferiority often resulting in either timidity or exaggerated aggressiveness.

Infringe: To encroach upon in a way that violates law or the rights of another.

Interactive: Requiring people to talk with each other or do things together.

Intimate: Closely acquainted; familiar, close.

Intimidate: Frighten or scare (someone), especially in order to make them do what one wants.

Labia Majora: The outer folds on either side of the vagina that protect the clitoris, urethra, and vaginal opening.

Labia Minora: Also called the inner lips. The inner folds of the vulva that protect the vaginal opening.

Manipulation: Using deceit or influence in an unfair manner to turn a situation to one's advantage.

Menarche: The first menstrual period of a female.

Menstrual Hygiene: The process with which females take care of themselves in regards to their menstrual flow.

Menstruation: Physiological process whereby the disintegrating inner lining of the uterus is shed and expelled from the uterus, generally occurring about once a month in women; also known as menses or period; the fourth phase of the menstrual cycle.

Mons: Soft, fatty skin which covers the pubic bone.

Myth: A widely held but false belief or idea.

Negotiation: The use of creative problem-solving skills in settling conflicts or disagreements.

Norms: A standard set by a particular culture, which describes acceptable modes of behaviour.

Nuclear Family: A family consisting of a father, a mother, and their children.

Obnoxious: Unpleasant in a way that makes people feel offended, annoyed, or disgusted.

Obsession: A state in which someone thinks about someone or something constantly or frequently especially in a way that is not normal.

Optimism: A feeling or belief that good things will happen in the future; a feeling or belief that what you hope for will happen.

Ova: Female sex cells, or “eggs” Ovaries: The pair of essential female reproductive organs that produce eggs and female sex hormones.

Ovulation: The monthly release of an egg, or eggs, from the ovary.

Passiveness: A situation whereby one fails to express herself/himself in such a way that an issue is addressed.

Peer Pressure: Influence from one’s friends or social learners to force or persuade one to act in a certain way.

Penis: The male reproductive organ used to penetrate the vagina during intercourse and used for urination.

Pituitary gland: A small gland attached to the brain that releases hormones affecting body growth and development of the reproductive system.

Pornography: Movies, pictures, magazines, etc., that show or describe naked people having sexual intercourse in a very open and direct way in order to cause sexual excitement.

Progesterone: The hormone produced when an ovum is released by the ovaries; responsible for maintaining the uterine lining Promiscuous: Having or characterized by many brief sexual relationships (often derogatory).

Prostate Gland: A gland situated at the base of the male urethra and secretes a fluid that liquefies the semen.

Psychological: Of, affecting, or arising in the mind; related to the mental and emotional state of a person.

Puberty: Transitional biological stage marking the end of childhood and the start of adolescence; the period of time during which the body matures and achieves reproductive capacity; usually between 10 – 16 years, sometimes earlier or later in some people.

Rape: Forceful sexual intercourse carried out under threat of injury, influence of drugs or against the will of a person who does not or cannot give valid consent. Statutory rape occurs where sexual intercourse takes place with a minor (i.e. below 18 years) even if the minor gives consent.

Rectum: The comparatively straight, terminal section of the intestine, ending in the anus.

Rectovaginal fistula: Rectovaginal fistula is an abnormal connection between the rectum and the vagina. Gas or stool may leak from the bowel into the vagina.

Reinforce: To encourage or give support to (an idea, behavior, feeling, etc).

Relationship: A social attachment or bond between two or more people.

Rights: The powers or privileges to which one is justly entitled.

Rite of passage: A ceremony or event marking an important stage in someone's life, especially birth, puberty, marriage, and death.

Scrotal Sac: Loose skin containing two compartments that hold the testes, protect them and control their temperature.

Scrotum: Soft, external sac which holds the testicles; located near the base of the penis.

Self-esteem: An individual's sense of her/his value or worth. The extent to which a person appreciates and values her/himself.

Self-perception: Perception of oneself especially the mental image one has of oneself.

Semen: Thick, whitish fluid containing sperm

Seminal Vesicles: The pair of sac-like structures that lie one on either side of the male urethra and secrete a fluid that forms part of the semen that nourishes the sperm.

Sex: The biological characteristics that define humans as male or female; used colloquially to mean sexual intercourse or sexual intimacy.

Sexual Abstinence: Avoidance of, or non-involvement in, all forms of sexual activity.

Sexual Abuse: Any act that causes physical, emotional, or psychological pain or harmful changes in the sexual body. Also known as body abuse. Forcing a person to have sexual intercourse or other intimate acts against their will.

Sexual Assault: Forms of unwanted sexual contact excluding sexual intercourse.

Sexual Harassment: Unwelcome and repeated sexual advances, requests, and comments.

Sexual Intercourse: Sexual union involving penetration of the vagina by the penis.

Sexuality: Sexuality is the total expression of our maleness and femaleness; expressed and experienced throughout life.

S.M.A.R.T. Goals: Goals that are Specific, Measurable, Achievable, Realistic, and Time bound.

Sperm: A cell that is produced by the male sexual organs and that combines with the female's egg in reproduction.

Stereotypes: Standardized mental pictures held in common by members of a learners that represent oversimplified opinions, unfair attitudes, or judgments of people.

Sterile: Free from living organisms and especially microorganisms (a sterile syringe)

STI: Acronym for Sexually Transmitted Infection. Any of various infections (such as syphilis, gonorrhea, HIV, Chlamydia, and genital herpes) that are usually transmitted by direct sexual contact. Some may be contracted through nonsexual means.

Submissive: Ready to conform to the authority or will of others; meekly obedient or passive.

Syndrome: A disease or disorder that involves a particular group of signs and symptoms.

Taboos: Actions that are forbidden or highly disapproved of in a culture or society.

Testes : Also called testicles. A pair of glands that produce sperm and secrete the male sex hormone.

Trauma: A very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time.

Urethra: The canal that carries off the urine from the bladder to the tip of the penis and serves as a passageway for semen.

Urethral Opening: A small opening above the vagina for the passage of urine.

Uterus: Also known as the womb. A pear shaped compartment where the foetus develops.

Vagina/ Vaginal Opening: The outlet of menstrual flow and opening through which babies come out during birth.

Value: A principle or quality that is essentially valuable or desirable and is prized by individuals.

Values Clarification: A method whereby a person can discover his or her own values by assessing, exploring, and determining what those personal values are and how they affect personal decision making.

Vas Deferens: A pair of sperm-carrying ducts that carries sperm from the epididymis into the seminal vesicle.

Vesicovaginal Fistula: Difficult labor in childbirth may result in formation of a vesicovaginal fistula between the bladder and the vagina with resulting leakage of urine into the vagina, especially in young women.

Violation: Anytime a person crosses a boundary — a legal boundary, a moral boundary, a physical boundary, or a binding business deal — that's a violation.

Virgin: A person who has not had sexual intercourse.

Vulnerable: Easily hurt or harmed physically, mentally, or emotionally: open to attack, harm, or damage.

Vulva: The entire female external reproductive organ including the mons, labia, clitoris, urethra, and vaginal opening.

Zero-tolerance: The policy or practice of not tolerating undesirable behavior, such as violence or illegal drug use, especially in the automatic imposition of severe penalties for first offenses.

Zygote: A cell produced by the union of a sperm and egg.

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