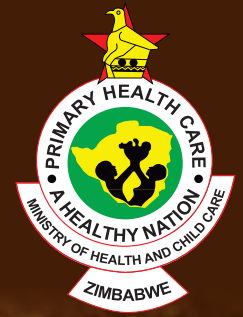




ZIMBABWE



2017

COMPREHENSIVE SEXUALITY EDUCATION

FOR OUT OF SCHOOL YOUNG PEOPLE IN ZIMBABWE

FACILITATOR'S MANUAL



ACKNOWLEDGEMENTS

This Comprehensive Sexuality Education (CSE) Manual for Out of School Youth in Zimbabwe reflects Ministry of Health and Child Care and UNFPA's commitment to young people. Comprehensive Sexuality Education Manual is a comprehensive resource for educating out of school youth about sexuality, reproductive health, gender, rights, services and related life skills.

This manual is an adaptation of the CSE Manual for Out of School Youth in Eastern and Southern Africa, which is based on a Life Skills Education Curriculum for youth written by PATH. It was adapted from several other training manuals and regional teaching and learning materials, including Advocates for Youth's Life Planning Education. It has been updated to include current best practices in sexuality education and new scientific information relevant for the Zimbabwean context.

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INTRODUCTION FOR FACILITATORS

Welcome to the Comprehensive Sexuality Education Curriculum for Out of School Young People! This curriculum is designed to help youth in Zimbabwe face the challenges of growing up, developing positive relationships, protecting their sexual and reproductive health, and working to improve the situation of young people in their own communities.

The challenges affecting youth today are all too visible: the growing numbers of teenage pregnancies, school drop-outs, alcohol and substance abuse, and social, sexual and reproductive health problems, like date rape, STIs and HIV and AIDS, are all indicators that many youths are simply unable to cope. Youth leaders can help young people by providing them with correct information, challenging them to look at their own attitudes and behaviours, and helping them to develop the skills they need to adopt healthy behaviours and to stay safe now and in the future.

For young men and women, adolescence and youth is a time filled with excitement, new feelings, unanswered questions, challenges, changes and difficult choices. They need to know the facts about their own sexuality, plan for happy futures and healthy lives, and begin preparing for the world of work.

During this time, their relationships are changing. Their relationships with peers of the same and opposite sex become more important, and they still need to have respectful, loving relationships with family members. Young people must also learn to deal with physical and emotional changes, new romantic and sexual feelings, and making responsible decisions about sex, reproduction and parenthood.

The Comprehensive Sexuality Education (CSE) Curriculum focuses on three important issues young people face:

- 1. Recognizing the importance of adhering to their own values;
- 2. Learning more about how their bodies function and dealing with sexual and reproductive changes, feelings and behaviours; and
- 3. Thinking about and planning for their future.

Comprehensive Sexuality Education helps young people find out who they are now, where they are heading, who they hope to become, and how to get to where they want to be. Comprehensive Sexuality Education provides many activities that facilitators can use to help young people to:

- Gain information about themselves and their sexuality; how to prevent pregnancy and avoid sexually transmitted infections and HIV, and to learn more about preparing for the world of work;
- Look at their attitudes and feelings about growing up, gender roles, risk taking, sexual behaviour and relationships; and
- Practise making decisions, setting goals, communicating clearly, negotiating to protect their own health, and resisting negative peer pressure.

About This Manual

The Comprehensive Sexuality Education Resource Manual is based on the following assumptions:

- Young people can learn to be safe. They can learn how to avoid unplanned pregnancies and sexually transmitted infections (STIs), including HIV.
- They can achieve this by choosing to abstain from sex for moral, religious, ethical or health reasons or by using condoms correctly and consistently. They can combine condoms with other methods of contraception for extra protection against pregnancy.
- Young people who know their rights and responsibilities and who believe in gender equality have better sexual health outcomes than their peers.
- Young people can learn to make good choices if they have complete factual information, healthy attitudes and good decision-making, communication and planning skills.

Using this manual, trained facilitators, including experienced youth leaders, can help young people to gain the knowledge, attitudes and skills they need to make healthy decisions and to communicate their choices clearly. The manual uses interactive, participatory activities to help young people gain new information and skills. Existing programmes

for young people can incorporate any or all of the activities included here into their on-going activities.

The facilitators play an important role and directly affect the success of any educational program. Facilitators should be those who:

- Are well informed about human sexuality, gender and rights, sexual and reproductive health and life skills;
- Are comfortable discussing sexuality issues and human relationships;
- Are non-judgmental;
- Really enjoy working with young people;
- Respect the views of young people, even if these views are very different from their own;
- Believe that young people can make good decisions for themselves;
- Have good group facilitation and communication skills; and
- Have a sense of humour!

It is assumed that facilitators may want to add or change questions in exercises and spontaneously explore issues as they arise, depending on the needs of their groups.

Manual Objectives

The main objectives of this manual are to provide out-of-school youth with a chance to:

- Learn more about themselves -- how they feel about sexuality and relationships; what their personal values are; what is happening to their bodies and emotions; what influences their developing feelings and choices; and how gender roles and stereotypes affect them.
- Identify what they want to happen in their lives; figure out how to work towards building good futures by planning and setting goals; and develop their understanding of relationships and their communication skills.
- Acquire accurate knowledge about human sexuality, human rights and gender; how to protect their sexual and reproductive health, and how to reduce sexual and gender-based violence.

Facilitator's Manual

The Comprehensive Sexuality Education Manual has three sections: Who Am I? Where Am I Going? and How Do I Get There? Each section is divided into units, which take anywhere from 2.5 to over 13 hours to deliver in full.

Each unit has an introductory section that consists of the purpose and objectives, a list of the activities in the unit and the amount of time it will take to deliver them; detailed activity plans, and concluding notes. Each activity consists of the following:

- Purpose
- Time Required
- Learning Objectives
- Materials Needed
- Preparation
- Steps
- Linking Sentence

Section One: Who Am I? looks at the young person as an individual. It covers values and rights, adolescent growth and development, sexuality, gender roles and equality to help young people understand themselves better.

Section Two: Where Am I Going? focuses on planning for the future, including work, relationships and communication skills.

Section Three: How Am I Going to Get There? deals with issues that can affect the plans that young people make, such as an unintended pregnancy, HIV and STIs, and sexual and gender-based violence. It prepares young people to protect themselves and to cope with these situations so that they have the best chance to achieve their goals.

Each activity ends with a set of key messages. These are the main points that participants should take away with them from the activity and that the facilitator should reinforce.

Some activities have **Facilitator Information** at the end that provides the information the facilitator needs to know to

run the activity. Some sections contain additional information that may be needed to answer participants' questions.

Linking Sentences are provided at the end of each activity to help the facilitator make the connection between the activities. The facilitator should not read these word for word, but use them as a guide to close one activity and move to the next one.

At the end of each unit there are **Concluding Notes**, which are intended to guide the facilitator to close the unit appropriately.

Note to Facilitator: From time to time you will see notes to the facilitator, giving additional information to run the activity.

How to Use this Manual

This manual is intended for use with out of school youth aged 10 to 20 years. It provides materials for comprehensive sexuality education and represents a maximum package.

There are two similar but somewhat different programmes for young people aged 10-14 and for young people aged 15-20. Ideally the same group of youth would be taken through the entire manual but, if this is not possible, choose the modules or activities that you feel are the most relevant to your participants based on a needs assessment or your knowledge of the group.

The programme can be delivered in different ways. For example, you could do the whole curriculum in 31 weeks (one session of up to 2 and half hours per week), or you could do a shorter curriculum based-course covered in 10 days and select those activities that suit your participants because of their age or their risk factors or one that emphasizes certain issues, for example, gender and rights, or gender and violence prevention, or preventing pregnancy, STIs and HIV. You can also adapt the activities to suit the needs of youth of different ages, ethnic or educational backgrounds. Sample programmes are provided below.

If you select only certain activities from the units, you will need to read them carefully to see if they require participants to have any knowledge from activities that you are skipping. You may also need or want to adjust the activities to cover some additional content.

Sample Programmes

Complete 31 week Programme for Adolescents Aged 10-14

Week One:

Warm Up: Zip Zap	5 minutes
Introductory Activities (Setting Ground Rules, etc).	90 minutes

Week Two:

Warm up:	5 minutes
Understanding Values	30 minutes
Influences on My Values	60 minutes

Week Three

Warm up:	5 minutes
Values Voting	40 minutes
What Do My Values Tell Me to Do?	45 minutes

Week Four

Warm up:	5 minutes
International Values and Human Rights	75 minutes
Conversation Circle and Commitment for Unit 1	20 minutes

Week Five

Warm up: Clay Game	10 minutes
What is Adolescence?	15 minutes
Changes During Adolescence	60 minutes

Week Six	
Warm up:	
Female Sexual and Reproductive Systems	45 minutes
Understanding Menstruation	60 minutes
Male Sexual and Reproductive Systems	45 minutes
Week Seven	
Conversation Circle and Commitment for Unit 2	20 minutes
Warm up – Body Talk	30 minutes
Sources of Sexual Learning	30 minutes
Coping with Attraction	45 minutes
Week Eight	
Sexual Orientation	30 minutes
Sex - What's the Truth?	45 minutes
Week Nine	
Conversation Circle and Commitment for Unit 3	20 minutes
Warm up – If I Were, I Would	15 minutes
What Is Power?	30 minutes
Power and Privilege	45 minutes
Week Ten	
Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Week Eleven	
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	75 minutes
Week Twelve	
Conversation Circle and Commitment for Unit 4	20 minutes
Warm up: The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting Goals	40 minutes
Gender Roles and Vocations	30 minutes
Week Thirteen	
Conversation Circle and Commitment for Unit 5	20 minutes
Warm up – The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Week Fourteen	
Building Healthy Relationships	45 minutes
Peer Group Relationships	45 minutes
Week Fifteen	
Social Media Safety	60 minutes
Weighing the Options	45 minutes
Conversation Circle and Commitment for Unit 6	20 minutes
Week Sixteen	
Warm up: Mute Line Up	20 minutes
What Is Communication?	20 minutes
Are You Listening?	60 minutes
Week Seventeen	
Speaking for Yourself	60 minutes
Non-verbal Communication	60 minutes
Week Eighteen	
Conversation Circle and Commitment for Unit 7	20 minutes
Warm up - Robot Testing	10 minutes

How Pregnancy Happens	45 minutes
Making Decisions about Pregnancy Options	75 minutes
Week Nineteen	
Preventing Unwanted Pregnancy	90 minutes
Discussing Contraception	45 minutes
Week Twenty	
Teen Services Safari	150 minutes
Week Twenty-One	
Conversation Circle and Commitment for Unit 8	20 minutes
Message from HIV-Positive Youth	20 minutes
Myths and Facts about STIs	75 minutes
Week Twenty-Two	
How Much Do You Know about HIV	50 minutes
How HIV Makes You Sick	60 minutes
Week Twenty-Three	
To Know or Not to Know Your HIV Status	60 minutes
Treatment for HIV	45 minutes
Positively Alive!	60 minutes
Week Twenty-Four	
Understanding and Challenging Stigma, part 1	30 minutes
Understanding and Challenging Stigma, part 2	60 minutes
Conversation Circle and Commitment for Unit 9	20 minutes
Week Twenty-Five	
What Would You Do?	20 minutes
Multiple Partnerships	40 minutes
The MCP Handshake	45 minutes
Week Twenty-Six	
Older Partners, What's the Risk?	90 minutes
What Difference Does a Drink Make?	60 minutes
Week Twenty-Seven	
Overcoming Barriers to Condom Use	75 minutes
Reducing the Risk	45 minutes
Week Twenty-Eight	
Asking for What You Want and Need	60 minutes
Conversation Circle and Commitment for Unit 10	20 minutes
Week Twenty-Nine	
Warm Up - Life Boat	10 minutes
Child Marriage	60 minutes
Traditional Practices: Keep, Change, or Stop	60 minutes
Week Thirty	
Sexual and Gender-based Violence	45 minutes
What Should They Do?	60 minutes
Week Thirty-One	
Getting Consent	75 minutes
My Commitment to Myself	60 minutes

Complete 31 Week Programme for Young People Aged 15-20

Week One:

Warm Up: Zip Zap	5 minutes
Introductory Activities (Setting Grounds Rules, etc).	90 minutes

Week Two

Understanding Values	30 minutes
Influences on My Values	60 minutes
Values Voting	40 minutes

Week Three

What Do My Values Tell Me to Do?	45 minutes
International Values and Human Rights	75 minutes

Week Four

Conversation Circle and Commitment for Unit 1	20 minutes
Warm up: Clay Game	10 minutes
Female Sexual and Reproductive Systems	45 minutes

Week Five

Understanding Menstruation	60 minutes
Male Sexual Reproductive Systems	45 minutes

Week Six

Conversation Circle and Commitment for Unit 2	20 minutes
Warm up – Body Talk	30 minutes
Sexual Orientation	30 minutes

Week Seven

Let's Talk about Sex	45 minutes
Sex - What's the Truth?	45 minutes

Week Eight

Conversation Circle and Commitment for Unit 3	20 minutes
Warm up – If I Were, I Would	15 minutes
What Is Power?	30 minutes
Power and Privilege	45 minutes

Week Nine

Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference?	45 minutes

Week Ten

Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	75 minutes

Week Eleven

Conversation Circle and Commitment for Unit 4	20 minutes
Warm up: The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting Goals	40 minutes
Gender Roles and Vocations	30 minutes

Week Twelve

Work Options	45 minutes
Start with What You've Got	40 minutes
Conversation Circle and Commitment for Unit 5	20 minutes

Week Thirteen

Warm up – The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes

Week Fourteen Social Media Safety	60 minutes
Week Fifteen Don't Pressure Me When Would You End It?	90 minutes 75 minutes
Week Sixteen Conversation Circle and Commitment for Unit 6 Warm up: Mute Line Up What Is Communication? Are You Listening?	20 minutes 20 minutes 20 minutes 60 minutes
Week Seventeen Speaking for Yourself Non-verbal Communication Conversation Circle and Commitment for Unit 7	60 minutes 60 minutes 20 minutes
Week Eighteen Warm up - Robot Testing How Pregnancy Happens Making Decisions about Pregnancy Options	10 minutes 45 minutes 75 minutes
Week Nineteen Preventing Unwanted Pregnancy Discussing Contraception	90 minutes 45 minutes
Week Twenty Teen Services Safari	120 minutes
Week Twenty-One Conversation Circle and Commitment for Unit 8 Message from HIV Positive Youth Myths and Facts about STIs	20 minutes 20 minutes 75 minutes
Week Twenty-Two How Much Do You Know about HIV? How HIV Makes You Sick To Know or Not to Know Your HIV Status	50 minutes 60 minutes 60 minutes
Week Twenty-Three Telling Our Partners Treatment for HIV Positively Alive!	60 minutes 45 minutes 60 minutes
Week Twenty-Four Understanding and Challenging Stigma, part 1 Understanding and Challenging Stigma, part 2 Conversation Circle and Commitment for Unit 9	30 minutes 60 minutes 20 minutes
Week Twenty-Five 20 minutes Multiple Partnerships The MCP Handshake	Warm Up - What Would You Do? 40 minutes 45 minutes
Week Twenty-Six Older Partners, What's the Risk? What Difference Does a Drink Make?	90 minutes 60 minutes
Week Twenty-Seven Overcoming Barriers to Condom Use Reducing the Risk	75 minutes 45 minutes

Week Twenty-Eight

Asking for What You Want and Need	60 minutes
Conversation Circle and Commitment for Unit 10	20 minutes

Week Twenty-Nine

Warm Up - Life Boat	10 minutes
Child Marriage	60 minutes
Traditional Practices: Keep, Change, or Stop	75 minutes

Week Thirty

Sexual and Gender-based Violence	45 minutes
What Should They Do?	60 minutes

Week Thirty-One

Getting Consent	75 minutes
My Commitment to Myself	60 minutes

Planning Your Programme

When planning a programme, you need to consider three main components: the participants, the facilitators and the implementation of the programme.

For each one, the specific issues that you need to think through are listed below.

The Participants

- Who are your participants? What is their age range?
- What attitudes, knowledge and understanding, and skills are participants likely to bring to the programme? How much exposure do the participants have to the topics?
- What expectations will the participants have of the programme?
- What should the participants know or be able to do by the end of the programme?
- How literate are they?
- What access to media and social media do they have?

The Facilitators

- How many facilitators will you need to run the programme?
- Do you need to have both male and female facilitators?
- What are the facilitators' expectations concerning pay, transport, accommodation, food and so on?
- Who will be included in planning the programme schedule?
- Who will run which activities?
- Will you need guest facilitators for any activities?
- What do all the facilitators need to discuss or know before the programme sessions?
- What do you expect the facilitators who are not facilitating a particular activity to do during that time (will they support the facilitator, prepare for future activities, observe, record what happens in the session, or not be present at all)?
- How will you handle conflicts between participants in the programme?
- How will you deal with participants who arrive late, skip sessions or consistently break ground rules?
- How will you ensure that some participants do not dominate group discussions?
- How will you record the sessions' proceedings, if you need to do so?

The Course

- Preparation and planning are important; however, be flexible, relaxed and creative.
- Allow time for people to travel to and from the venue.

Some points to consider are:

- How much time do you have for your session?

Course checklist:

- ✓ Venue booked, have keys
- ✓ Participants know where to go
- ✓ Familiar with venue – know where power sources, light switches and toilets are
- ✓ Can find caretaker if needed
- ✓ Support material and equipment prepared, checked and functioning
- ✓ Registration forms and name tags prepared
- ✓ Seating arranged appropriately
- ✓ Exercise books available
- ✓ Have adaptors and extension cords
- ✓ Prepared an anonymous question box

- What will the hours of the session be every day? When will there be breaks and how long will they be?
- What activities will you include in the programme?
- Is the session venue easy to get to or will transport have to be provided?
- Is the venue booked?
- How will you register people when they arrive?
- Will participants be given materials – a folder, programme, pen, and/or a notebook? If you are not giving them materials, do they know what to bring?
- If you are using electrical equipment, for example, overhead projectors, video players, etc. - have they been checked to make sure they are working? Do you have the extension leads or adaptors needed?
- What materials, such as flipchart paper and markers do you need?

Implementing the Programme

Tips for working with parents¹

Tips for planning your programme

To design and conduct a programme that meets the needs of youth, you need to do the following:

- Be very familiar with the entire manual.
- Determine how much time you have for the sessions and which activities you will run.
- Determine the amount of time you need to run the activities with your group. The amount of time given for each activity is only an estimate - you may need more or less.
- Allocate time for and plan the introductory sessions.
- Decide how you will evaluate the workshop and allocate time for it.

1. Keep parents informed about what you are doing and why.
2. Get the opinions of parents.
3. Talk with parents about their concerns and fears around reproductive health and HIV and AIDS. Do this through AGEP parents' meeting, home visits, and community days, etc.
4. Invite parents to meetings to discuss their concerns.
5. 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 participants and give you advice and support.
6. Offer talks on parenting skills. Bring in experts to present their ideas, help improve parent-child communication, and share resources and materials.
7. Involve parents. Ask parents to check homework and assign activities that require participants to talk to their parents. For example, ask participants to interview their parents or family members about when they were young.

The CSE Manual gives detailed plans for activities to address the different issues and reach the objectives. You should adapt them to suit your group and the time and resources available to you. The important thing is that learning takes place in a way that can influence and/or change behaviour of the participants.

Setting the Stage for the Programme

At the beginning of the sessions, you will need to set the stage with some initial activities that help participants to get to know you and each other and orient them to what will happen during the workshop. These should include the following:

Introductions: Begin the session by welcoming the participants and introducing yourself and any co-facilitators. Briefly describe your own background, where you are from, why you are there, your education and training in the field of sexuality education and sexual and reproductive health and what you plan to do in the whole programme. Give participants a chance to introduce themselves or each other. Depending on the size of the group and time available you may ask them to briefly share some personal information as well. See the box below for a recommended introductory activity.

¹ Adapted from *Adolescent Girls Empowerment Program (AGEP): Health & Life Skills Curriculum*, p. 6

Programme Schedule: Briefly go over the schedule with the participants and make sure that they are aware of when you will start and finish each day and when the breaks will be. Discuss any concerns that they have.

Purpose: Write the programme objectives on flipchart paper to share them with the participants. Discuss them with participants and check how they feel about these objectives. You may also want to give the participants an opportunity to express their expectations of the programme. If they have expectations that you cannot meet, you should let them know this.

Ground Rules: It is important to create a 'safe space' for participants to speak freely and openly about sensitive issues and personal experiences. Developing a set of ground rules will define acceptable group behaviour and help youth feel more comfortable sharing with each other.

Ask the group to brainstorm the ground rules that they want for the programme and agree on them. Write the ground rules on flipchart paper and hang them where the group can see them during the entire workshop. Refer to them whenever needed and ask the participants to help you to enforce them. This can be done by simply saying 'Ground rules' when one of them is being broken, for example, if many people are talking at the same time.

If your participants do not come up with the following common ground rules, you may want to suggest them:

- **Confidentiality:** What we share in this group will remain in this group and will not be told to others.
- **Respect:** We should respect others' opinions and experiences, even if they are different from our own or we do not agree with them.
- **One person talks at a time:** Listen to each other with respect.
- **No cell phones during sessions:** Establish rules for how cell phones will be handled during sessions – turned off, turned to silent, etc., and what the consequences will be if the rule is not followed. Be sure to enforce it.
- **Don't judge others:** It is okay to disagree with another person's point of view, but not to judge or put down another person because they do not feel the same as you do.
- **Speak for yourself:** Express your own views and opinions and feelings. Use the word 'I' to start your sentences, for example: 'I do not want to marry before I have a job.' Do not talk about someone else's private life or, talk more generally, without identifying the name of the person in your story.
- **Right to pass:** Although participation is encouraged, participants have the right to 'pass' on any issue. It is okay to say: 'I'd rather not do this particular activity' or 'I don't think I want to answer that question.'

Anonymous Question Box: Make an anonymous question box – empty paper boxes are good for this purpose since they have lids. You can decorate it and cut a slot in the lid so that paper can be slipped into the box (but don't cover the whole thing in paper so that you can no longer remove the lid). Introduce the anonymous question box to participants and show them where it is. Tell the participants that they can write down any questions that they don't want to ask in front of the group and put them in the question box at any time. Alternatively, you can also ask all of the participants to put their questions in the box at the end of each day. Take the questions out of the box every day and answer them first thing the next morning.

Icebreaker: Doing a fun icebreaker during the introductory activities can set a good tone for the workshop and helps make participants more comfortable with each other.

Recommended Introductory Activity: Checking-In

Purpose: Participants discuss why they joined the programme. This will give the facilitator information about what the participants are expecting from the course. They also discuss how their own lives have been affected by HIV (and/or teen pregnancy, harmful traditional practices, gender-based violence, broken relationships). This personalises the issue(s) and brings home to everyone that these issues are serious, widespread and close at hand. This is intended to be a very serious exercise that focuses their minds on the topic and encourages them to take the workshop seriously.

Note to Facilitator: If you live in a country where HIV is very widespread, you may choose to focus the activity on HIV alone. Otherwise, you can expand the focus to include additional issues that affect the young people you are working with, as indicated above, such as teen pregnancy, traditional practices, gender-based violence, and/or broken relationships.

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

- Describe how their own lives have been affected by HIV (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).
- Explain why everyone has been affected by and is living with HIV (or why everyone's life has been affected by issues related to sexuality, such as HIV, teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).

Time: 45-60 minutes

Materials: Flipchart paper, markers,

Preparation:

- Write the following on a piece of flipchart paper:

Tell the group:

- Your name and/or the nickname that you want to be called
 - Why you joined this programme
 - How you are feeling today
 - How your own life has been affected by HIV (**Note to Facilitator:** Put the issues that you have selected to focus on here, for example, HIV, teen pregnancy, traditional practices, gender-based violence, and/or broken relationships)
- Think about how HIV (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships) has affected your life and what you will share with the participants when you model the checking in process. Share what you can and be honest. You do not need to declare your HIV status, but you should explain how HIV and AIDS (or the other issues you selected) has had an impact on your life, your family and friends, and on your behaviour, and what you have learned from your experiences dealing with HIV (or the other issues related to sexuality that you selected). Your openness will encourage participants to be open as well. It is important to show that HIV (or other issues related to sexuality) is a personal issue in all of our lives. Set a serious tone for the activity.

Steps

1. Post the flipchart paper with the main points of the checking-in process where everyone can see it. Ask the participants to sit in a circle (without desks in front of them).
2. Explain that they are now going to "check-in" with each other. Tell them that they will say:
 - Your name and/or the nickname that you want to be called;
 - How you are feeling today;
 - Why you joined the workshop; and
 - How your own life has been affected by HIV and AIDS (and/or teen pregnancy, traditional practices, gender-based violence, and/or broken relationships).

→ Remind participants that what is said in the room must stay in the room.

3. Tell participants that you will start.

Note to facilitator: When you check-in, you are providing them with a model for the process and setting the tone. Be sure to articulate clearly how your own life has been affected by HIV (or the other issues related to sexuality that you selected). The more open you are, the more likely it is that participants will be open.

4. After your check-in, start with the person on your left and go around the group. Have each participant check-in. Remind them of the points to cover if necessary, though whatever they say is fine. Encourage them, but do not force them to talk.

5. After all the participants have had a turn, thank them for introducing themselves and for sharing, especially about how their lives have been affected by HIV and AIDS.

6. Tell the participants: **All Zimbabweans have been affected by and / or are living with HIV and AIDS** (or the other issues related to sexuality that you selected). Even those of you who **think** that you have not been personally affected have been. Why? Because you are growing up at a time when you must be aware of HIV, know how to protect yourself, and act to protect yourself. None of us can just ignore HIV.

Note to Facilitator: If you have selected other issues in addition to HIV, you can say: **All Zimbabweans have been affected by problems related to our sexuality. We are all living with HIV, STIs, teen pregnancy, child marriage, violence and broken relationships.** Even those of you who **think** that you have not been personally affected have been. Why? Because you are growing up in a community that is affected by all of those issues, you are living in a time when you must be aware of STIs and HIV, know how to protect yourself, and act to protect yourself. None of us can just ignore these issues!

Preparing and conducting activities

Before conducting an activity, you need to do the following:

- Familiarize yourself with the instructions and the content, as needed. Read through the activity and all of the related materials and decide if you will make any changes.
- Do any research you need to do about things like national laws and policies and local services related to programme issues.
- Prepare any materials that are needed before the session begins.
- Consider how the participants will react to the activity and the topic. Discussing sensitive issues, such as rape, can bring up emotional responses in some of the participants, which they may need to talk about. You should deal with these situations individually. Sometimes you may be able to provide the support needed. However, if the problem is significant or very intense, it is best to refer the person to an experienced counsellor. Be prepared to make referrals when necessary.

Role of a Facilitator

Your role as facilitator is to:

- Monitor and manage the group to make sure that everyone is participating actively.
- Keep discussions on track so as to achieve the objectives of the activity in a timely way.
- Clarify points, make corrections when necessary, and add missing points to discussions and conclusions to make sure that correct facts are given.
- Assess participants' acquisition of knowledge and skills.
- Help participants learn to think for themselves and to make their own decisions well. Do not lecture participants, tell them what to do in their personal lives, or tell them what the 'best choice' is.

A Facilitator should not:

- ✓ Dominate the group
- ✓ Talk at length
- ✓ Tell participants what they should do in their personal lives
- ✓ Intimidate people
- ✓ Take sides
- ✓ Jump to conclusions
- ✓ Be prejudiced or biased
- ✓ See her/himself as the expert
- ✓ Put participants on the spot
- ✓ Engage in a long dialogue with one participant
- ✓ Lose her/his temper with a participant
- ✓ Facilitate if s/he is uncomfortable with the topic
- ✓ Criticise the participants
- ✓ Allow one or more participants domination
- ✓ Allow problems in the group to continue

A Facilitator should:

- ✓ Build on participants' experience and knowledge
- ✓ Be sensitive to what is happening in the group
- ✓ Deal with problems in the group
- ✓ Encourage participation
- ✓ Use language appropriate to the participants
- ✓ Keep the group on the topic
- ✓ Be a good listener
- ✓ Be aware of all the members of the group
- ✓ Be enthusiastic
- ✓ Prepare for the activities in advance
- ✓ Be empathetic
- ✓ Have a sense of humour
- ✓ Act responsibly
- ✓ Help the group stick to their ground rules
- ✓ Control the dynamics of the group to ensure maximum learning

Working with out-of-school or low-literate youth

Each group of youth is different. Make sure you take time to assess the group's needs so that you can meet them most effectively.

Some guidelines are:

- Involve the learners as much as possible in any preparation that needs to be done, including getting the room set up, preparing materials, etc.
- Use simple terms and local language as much as possible.
- Use interactive methods as much as possible. These methods allow participants to share what they know with each other and to learn from each other's experiences. Keep presentations and lectures to a minimum.
- Find fun and exciting ways to get the information across and achieve the objectives.
- Use lots of short energizers.
- Use audio-visuals whenever you can, including posters, pictures, drawings, models, videos, songs, and local materials identified by the group.
- Use real-life examples to help make points.
- Use relevant local folklore, stories and proverbs when they support the content.
- Have participants answer questions and summarize as much as possible, using their vernacular and own terms when appropriate.
- Ask the participants what they learned or understood or what the main points of an activity were to check what they got out of it and if they misunderstood anything.

Evaluating the Programme

The purpose of an evaluation is to assess to what extent:

- The objectives of the programme or activity were met;
- The information imparted was understood;
- The programme met the expectations of the participants;
- The participants learnt new information; and
- The facilitator was effective in conducting the programme.

Evaluation is done at the end of each activity, as well as at the end of each unit and at the end of the entire curriculum. At the end of each activity, the facilitator should ask the participants to summarize what they have learned or what they think the main points of the session were. Their answers to these questions will tell the facilitator what the participants got out of the activity and what stood out to them. If they got the wrong information or messages, it gives the facilitator an opportunity to clarify. The 'Conversation Circle' is used at the end of each unit to help participants recap what they learned and what it means to them.

The facilitator's role is always to ask the opinion of the learners and permit a variety of ideas to emerge during the evaluation process. You can ask the group to be constructive in their criticism and to suggest ways to improve the programme.

Evaluation Techniques

Pre and Post-Training Questionnaires: It is always useful to give the participants a pre-training questionnaire to see what they think the training will be about and to assess their starting level of knowledge and skill. A sample pre- and post-test questionnaire is included in Annex 2. During the final evaluation of the programme, you will be able to find out if the programme was what they had expected it to be.

For non-literate groups, questionnaires can be turned into a verbal 'team' game, with each team scoring for a correct verbal answer. Overall scores should be higher, with responses given more rapidly in the post-test.

Some evaluation techniques that you can choose to use during the programme sessions are:

Mood meter: A mood meter allows the group to measure the mood and atmosphere of the workshop. It may or may not be directly related to the content of the workshop.

At the beginning of the workshop, prepare a mood meter chart on flipchart paper with the total number of sessions for that day, or for the morning and afternoon or for the whole day, depending on what you want to measure (see the example below). Write these in a vertical line. In the horizontal columns for each training session, draw at least three different mood symbols, for example, faces showing happiness, indifference or frustration/anger.

Participants should place an 'X' or a dot in line with the emotion they are feeling at the end of each session, or at the end of the morning, afternoon or day. Use the results to discuss the energy level of the group and/or the reasons for their feelings as the program progresses.

Example of a Mood Meter Flash Feedback: Participants and facilitators sit in a circle. A facilitator asks the group a direct question, for example: 'Tell me how you felt about the day today?' or 'What are two new things you learned today?' Going around the circle, each person gives a personal opinion in a very short statement. It is called 'flash' feedback because of the speed with which opinions are given. It should not take more than 30 seconds for each person. No discussion is allowed as the flash is going on.

Evaluation Committee: At the beginning of each day, two or three participants volunteer or are chosen to evaluate the day's events. They may use any technique to gather information from the other learners. Normally, facilitators and the evaluation committee meet immediately following the day's sessions to assess their findings and prepare to present findings before the next day's sessions begin.

End of Day Questionnaire: You should always ask the group for comments and respond to any other issues that may require your attention. An example of a daily evaluation questionnaire is provided in Annex 2. Modify it to suit what you want to know. If you choose to use it, then make sure there are sufficient copies available each day that it will be used.

Final Evaluation

There are several methods of doing a final evaluation of the programme. Here are a few of these:

Scaling: Use a scale from 1 to 10 to measure how participants feel about specific issues, for example, to assess any expectations and fears that were raised at the beginning of the workshop. The questions to ask are:

- Did we avoid the following fears?
- Did we meet your expectations?

To answer these questions, each participant places an answer for each question on a scale from one (the worst) to ten (the best). The points are then added up and discussed. This can also be used to assess other factors of the programme such as:

- Venue and facilities
- Content of sessions
- Knowledge and skills gained (pre-post-test for these)
- Daily schedule
- Duration of sessions and training



SECTION ONE: WHO AM I?

UNIT 1: VALUES AND RIGHTS

Purpose and Objectives

The purpose of this unit is to introduce and define the concept of values and rights and help young people identify their own values. The unit assists participants to talk about and explain their personal values, to identify how the values of their family, culture and religion and friends have influenced them and to examine the relationship between values and behaviour.

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

- Explain what values are;
- Identify their personal values;
- Compare their personal values to the values they learned from their family, culture, religion and friends;
- Explain what is most important to them in life and why;
- Describe how their personal values affect their behaviour;
- Communicate their values to others;
- Explain their human rights and responsibilities related to health, sexuality and gender.

ACTIVITIES

Warm up – Zip Zap	5 minutes
Understanding Values	30 minutes
Influences on My Values	60 minutes
Values Voting	40 minutes
What Do My Values Tell Me to Do?	45 minutes
International Values and Human Rights	75 minutes
Conversation Circle and Commitment	20 minutes

4 hours and 35 minutes

ACTIVITY 1.1: WARM UP – ZIP ZAP

Purpose: To help participants learn each other's names in a fun way.

Time: 5 minutes

Materials: Nametags and markers

Preparation: Have participants make their nametags. They can use paper or card board then tie them nametags around their necks using a string. If they do not have strings, each participant should hold his/her nametag up.

Steps

1. Ask all participants to sit in a circle, while you remain standing.
2. Explain the game as follows:
 - There are two words in this activity – 'Zip' which means left and 'Zap' which means right.
 - I will call out one of these words at a time and point to a participant.
 - When I say 'Zip' the person I'm pointing at must say the name of the person sitting on their left.
 - When I say 'Zap' the person I'm pointing at must say the name of the person sitting on their right.
 - When I say 'Zip Zap' everyone has to move to another seat, myself included.
 - If the person I am pointing at delays too long, s/he must exchange places with me.
 - The new person left standing then does the calling.
3. Start the game and continue for about four minutes.

ACTIVITY 1.2: UNDERSTANDING PERSONAL VALUES

Purpose: To look at the different meanings of the word 'value' and come to an understanding of what it means in the context of family life and relationships.

Objectives: By the end of the activity, participants will be able to:

- Explain what a value is;
- List at least five things that are important to them in life and explain why;
- Explain two behaviours that they think are right and wrong and explain why.

Time: 30 minutes

Materials needed: Flipchart paper, marker pens

Steps

1. Ask the participants to brainstorm a list of different things that are important to them in their lives. If they have difficulty starting, give them one example, such as 'education'. List all suggestions on the flipchart paper. (Answers may include things like: education, health, family, friends, work, religion, respect, love, honesty, kindness, hard work, and talent). The list should be quite long.
2. Tell participants that the activity is about values. Explain that the word 'values' has a couple of meanings. One is shown in this list they just made. Ask them: What is it?

Write 'My personal values are...' on flipchart paper. Write their correct responses on the flip chart paper as follows:

My personal values are the things that:

- Are important to me in life.
3. Then ask: What else does the word 'values' mean? Use their responses and add to them to come up with the following and add this to the list started in step 2:
 - I think are right and wrong
 - I think are desirable or not
 - I think are worthwhile or not
 - I think are acceptable or not

Explain that values are the things that are important in the way that you live and work. Ask them to give you one or two examples. If they have a difficulty, give them another example, such as 'I believe that it is wrong to lie'.

4. Tell participants to think about the five things that are **most important to them** and list them in their exercise books.
5. After about five minutes ask each participant to share the number one item on their list. Ask all the participants to listen carefully to each other.
6. Then ask:
 - What values did many participants mention?
 - Did the male and female participants mention similar or different values? If there were differences, ask: Why do you think there are differences?
 - As we grow up, different people and institutions influence our values. Who or what has influenced your values? (Answers may include parents and family, religion, media, friends, teachers, traditional and religious leaders, education, reading).
 - Who decides what your personal values are? (You do).
 - How do values affect behaviour? (Values guide your behaviour and help you to make decisions).
 - If you say you value religion, but you act in a way that is against your religion, what does it mean?
7. Ask the participants what they learned and add any of the following points if not mentioned.
 - Your personal values are things that are important to you in the way you live and work.**
 - Our values are influenced by the people around us and by ideas we get from things like religion,**

the media, and books.

- Values influence our behaviour and the choices we make.

LINKING SENTENCE

As we discussed, families, religion, school, reading, the media and culture can influence our personal values. We will now look at some of those influences on our values.

ACTIVITY 1.3: INFLUENCES ON MY VALUES

Purpose: To explore the influence of family, culture, religion and friends on their values; to identify which influences they disregard and why; and to examine how they decide on their personal values.

Objectives: By the end of the activity, participants will be able to:

- Identify the values they were taught by their family, culture, religion, and friends on given topics;
- Explain how they decided what their personal values were on those topics.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens

Steps

1. Tell the participants that in this activity they are going to discuss the values they learned from their families, culture, religion, and friends about sex and males and females. Ask them:
 - a. What did you learn about differences between males and females from your:...
 - Family?
 - Culture?
 - Religion?
 - Friends?
 - b. What did you learn about when it is okay to start having sex from your:
 - Family?
 - Culture?
 - Religion?
 - Friends?
2. Ask them to write their answers in their exercise books. They should make a note if they did not learn anything from these sources.
3. After 20 minutes, discuss their answers. Ask them to share what they learned from their family about the differences between males and females. Ask who learned something different. Make notes on two or three different values that different participants learned.

Note to the facilitator: If many say that they learned that there is no difference between males and females, ask them how many of them have parents who both do equal amounts of housework. Ask them what message they get about the difference between males and females if they see that their parents don't do equal amounts of housework. Note that actions speak louder than words.

4. Follow the same process for values about the differences between males and females that they learned from their culture, religion and their friends. Then ask:
 - How many of you got the **same message** about differences between males and females from your family, culture, religion and friends?
 - Is that also your personal value about the differences between males and females? If not, why not?
 - How many of you got **different messages**?
 - How did you decide which message to make your personal value?
5. Go through the same process for when it is okay to start having sex.
6. Then ask the following questions:

- Were there any topics that your family, culture, religion or friends did not teach you anything about? If so, which ones? Why do you think this is so?
 - Does family, culture, religion or friends have the most influence on your values? Why?
 - Do you share all of your family's values? Why or why not?
 - What about your culture's values? What about your religion's values? Your friend's values?
 - Who decides what your personal values are? (Explain that each person decides their own personal values).
7. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
- Each one of us is influenced by the values of our family, culture, religion, and friends.**
 - Sometimes we learn different values from different sources.**
 - We need to decide for ourselves what our personal values are.**

LINKING SENTENCE

Families do not always communicate their values directly. Many values are picked up from observing behaviour. Values that deal with sexuality are often communicated indirectly because parents are shy or don't know how to discuss such topics with their children. Understanding our family's values is important because they influence our own values. However, we don't always share all of our family's values. We will now look further at our own values.

ACTIVITY 1.4: VALUES VOTING

Purpose: To recognize what values are important to us.

Objectives: By the end of the activity, participants will be able to:

- State their position on the topics discussed.
- Logically explain the reason for their position.

Time: 40 minutes

Materials needed: A4 paper, marker pens, tape and scissors or glue

Preparation:

- Prepare three signs marked Agree, Disagree and Unsure. Place these on the wall or ground at three different spots– a fair distance from each other to allow easy movement.
- Read through the values statements and decide which ones you want to use. Write the ones you will use on slips of paper, then fold them and place them in a bag or hat. Participants will pick a statement and read it. If your participants have difficulty reading, read the statements yourself.

FACILITATOR RESOURCE: VALUES STATEMENTS

- Men need more sex than women.
- It is better to raise a child on your own than to marry a man you don't love just because he will help with the baby.
- Having a job you love is more important than making a lot of money.
- People living with HIV don't need to tell their sexual partners they have the virus.
- A wife should not refuse to have sex with her husband for any reason.
- A man who cries is like a woman.
- You should have sex only with those you truly love.
- It is okay for men to have more than one sexual relationship at a time.
- Girls should stay at home so men cannot rape them.
- Abortion should be legalized to make it safe.
- A family with many children is better than a family with fewer children.
- Men should always have the last word when it comes to making family decisions.
- Getting contraception is the girl's responsibility because she is the one who gets pregnant.
- Having a son is better than having a daughter.
- It is as acceptable for girls to have sex before marriage as it is for boys.

Steps

1. Introduce the activity by saying:

When a person is clear about their own values, they can easily talk about them in front of others. To know what your own values are, you need to figure out what you truly believe regardless of what your family or others around you believe. And you need to be willing to say what you really think and not what we think that is what others want to hear. We should not be afraid to stand up for our own values.

2. Explain to participants that in this activity, they will express their feelings about statements that show particular values. Show participants the three signs labelled Agree, Disagree and Unsure.
3. Give the following instructions for this activity:
 - In the bag or hat are different statements. You will take turns picking a statement, which you will read out aloud.
 - After the statement is read, you will decide if you agree, disagree, or are unsure about it. Then move to stand by the sign that matches your position. For example: If you agree with the statement, you will go and stand on the side written Agree.
 - There are no right or wrong answers, only opinions based on your values. Each person is entitled to his/her own opinions.

- For each response, I will ask a few of you to explain why you decided to stand there. If you change your mind about your position, you are free to move to another sign.
4. Ask a participant to pick and read the first statement and have participants move to their positions - agree, disagree or unsure.
 5. Starting with the least popular point of view, ask a few participants at each position why they chose to stand there.

Note to facilitator: Having participants share the reasons for their positions is the most important part of this activity.

6. Repeat this process with as many of the value statements as you have time for.
7. Ask the following questions to generate a discussion:
 - How easy was it to decide your position?
 - Did you follow the crowd on any of the statements? If yes, why?
 - Did you feel any pressure from your peers to change your position during the activity?
 - Does peer pressure ever influence your values and decisions in other situations? Why do you think this happens?
8. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - ❑ **You need to think carefully about what your own values are – they may not be the same as your family’s or other people’s values.**
 - ❑ **It is important to know your own values and be confident enough to share them with others. This helps others understand and respect your opinions and decisions.**

LINKING SENTENCE

Your values should guide your behaviour, so they play an important role in the choices that you make. Being clear about what your values are will help you to know what to do in different situations. Sometimes we act in ways that are not consistent with our values – this can be due to peer pressure or because we have adopted others’ values that are not truly our own. Let’s look at how our values affect our behaviour.

ACTIVITY 1.5: WHAT DO MY VALUES TELL ME TO DO?

Purpose: To make the connection between our values and the way we behave, and discuss what makes us behave contrary to our values.

Objectives: By the end of the activity, participants will be able to:

- Give at least three reasons why people sometimes do not act in line with their values;
- Explain how they should act according to their own personal values.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Steps

1. Tell participants that in this activity, they are going to discuss the relationship between values and behaviour. Ask them:
 - If someone says that family is one of the most important things in life, how will they act? What things will they do? (Take care of their family members, spend time with them, help when there are problems).
 - If a person values their health, what will they do? (Have a healthy diet, not drinking, not smoking, exercise).
2. Divide participants into groups of four. Ask one of them read Tanaka's story out loud and then tell them to discuss the questions in their groups. (If your group does not have strong literacy skills, read the story to them yourself and then read the questions out loud).

WORKSHEET: TANAKA'S STORY

Tanaka is 19 years old. She comes from a poor family that shares strong Christian faith. She grew up believing that you should wait until you are married to have sex. She also believes that it is important that people who have sex use protection so that they don't have an unplanned pregnancy or get an STI or HIV.

A month ago she met Peter. They started talking and really liked each other. Since then, they hang out together all the time and they have become very close. Tanaka feels like she is falling in love with him. Last night, he came over to her house when her parents and other family were away. He started touching her and told her that he loved her and wanted to have sex with her. She wasn't sure what to do. Then she started thinking about how she thought she loved him and how some of her friends have sex with their boyfriends. Finally, she agreed to have sex with him, but only if he used a condom.

1. What are Tatenda's values about sex and protection?
2. Which value did Tatenda follow?
3. Which value did she not follow? Why did she ignore that value?
4. If she had followed both of her own values, what should she have done?

3. After about 15 minutes or when they have finished, call their attention back to the front and have different groups answer each question. Discuss their answers by asking the other groups if they have anything to add and/or if they agree with the answer. Generate a discussion about why Tanaka did not act according to all of her values. (Probing questions: What was she thinking about when she had to decide what to do?)
4. Then ask:
 - How do you feel when you do something that is against your values? Probing question: How do you think Tanaka felt later?
 - Why do people sometimes behave in ways that are not in line with their values? (Possible answers: encouragement or pressure from friends or peers; fear of losing friends; fear of losing a relationship; wanting to make someone else happy; feel unsure about own values or choices – feel conflicted; feel insecure; curiosity – wanting to 'try' something or try someone else's values).
 - What helps people to behave in ways that are in line with their values? (Possible answers: It feels good; having strong clear beliefs; want to please parents and other adults).

5. Ask participants to look at their list of the most important values in life they wrote during one of the earlier activities. Tell them to pick one value and write three things a person who values this should do. For example, if you picked 'health,' write down three things that a person who values their health should do.
 - a.
 - b.
 - c.
6. Ask participants to think about how they really behave. Is it in line with their values? If not, why not? If it is, ask what helps them to act in accordance with this value?
7. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Our values should guide our behaviour, but people often behave differently from what they say or think they value.**
 - When we act in ways that are not in line with our values, we may feel conflicted or guilty.**
 - If you are acting in ways that are not in line with your values, you need to think about what your personal values really are.**

LINKING SENTENCE

So far we've talked about our personal values and some of the things that influence them, like our family values. There are also international values that are expressed as human rights. The last activity of this unit is about our human rights related to sexuality, gender and health.

ACTIVITY 1.6: GLOBAL VALUES AND HUMAN RIGHTS

Purpose: To introduce the concept of human rights; and to familiarize participants with their basic human rights related to health sexuality and gender.

Objectives: By the end of the activity, participants will be able to:

- List at least five human rights related to health, sexuality and gender.
- Explain at least one responsibility that we have.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Write each of the nine rights (only the part written in boldface) in step 7 onto slips of paper. Fold them up and put them in a bag (or basket, bowl or hat).
- Find out the legal age of marriage in your country.

Steps

1. Tell participants that this activity is about human rights. Ask: Can someone tell me what a right is?

Give positive feedback and use their responses to come up with a definition similar to the following and write it on flipchart paper:

A **right** is something that all people are entitled to, or have the freedom to do, just because they are human beings.

Ask them for a couple of examples of some human rights. Explain that rights can be related to gender, sexuality and health.

2. Now explain that they are going to work in small groups. Each group will pick one right that is related to health, sexuality and gender. They will discuss the following questions in their groups:
 - What does the right mean to you and other young people for your life? In other words: How should you be treated? What should not happen?
3. Divide participants into nine groups. Have each group pick one of the rights out of the bag. Give them 20 minutes to discuss in their groups and develop their presentation.
4. After 20 minutes, call their attention back to the front of the room. Call the group with the first right and ask them to present.
5. After each presentation, ask the other participants if they have any questions for the group. If there is anything in the presentation that is not clear or that is inaccurate, ask the group questions to clarify or make corrections. Help the group to answer questions from others or to clarify as needed. Use the Facilitator Answer Key below to guide you.

Facilitator Answer Key

1. The right to be treated equally and with dignity.
 - All (young) people should be treated the same way. No one should be treated differently. It doesn't matter who or what they are.
 - We all have exactly the same rights.
 - We should be treated with respect. We should be treated as a person with value and worth. We should not be disrespected or treated as a worthless person.
 2. The right not to be discriminated against for any reason.
 - No one should treat any of us differently from any others for any reason – it doesn't matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status.
 - All of us should be treated fairly and like all others.
 - There is no justification or reason for discrimination (different or unfair treatment).
 3. The right to feel safe.
 - We should feel safe and not in danger.
 - Our lives should be free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
 - We should not be hurt, harmed or humiliated (shamed).
 4. The right to control our bodies.
 - Our bodies belong to each of us.
 - We are the ones who make decisions about what happens to our bodies – for example, if we have sex, get pregnant, have an HIV test, take medicine, drink alcohol, have an operation, get circumcised, get female genital mutilation, get a tattoo, get piercings, or any other change to our bodies.
 - We can decide for ourselves whether to have sex or not.
 - We should choose our partners and spouses.
 - We should not be abused or injured or have our bodies violated in any way. We should not be forced to have sex.
 - No one can alter our bodies without our agreement.
 - We cannot be forced to sell our bodies for money.
 5. The right to privacy in our personal life.
 - No one has the right to harm or attack our reputation (good name).
 - No one can invade our privacy or interfere with or bother our family without a good reason.
 - Our privacy should be respected when we go for health care. Confidential information given to health care workers should not be shared with others without our permission (unless in an emergency or absolutely necessary, and then only with a parent or guardian if we are minors)
 - Our medical information, including our HIV status, must be kept private.
 - We are the only ones who can tell others about our private affairs.
 6. The right to marry, when we are legally old enough, and have a family.
 - When we reach the legal age of marriage, we can marry the person of our choice.
 - Nobody can force us to marry someone.
 - No one can force us to marry when we are underage.
 - No one can choose our partners for us.
 - We can decide to have children if we want to.
 - We can decide not to have children if we do not want to.
 - We can decide for ourselves how many children to have.
 - We can decide when to have our children.
- Note to facilitator:** If not mentioned, add: In marriage, both partners have the same rights. If a married couple separates, they both still have the same rights.
7. The right to ask for, receive and share information.
 - We can ask for any information that we need.
 - If we ask for information, we should get that information.
 - We should get information about our health and sexuality.
 - We can share any information that we receive.
 - No one can decide to withhold information from us.

8. The right to have a healthy life.
- We should enjoy the healthiest life possible, including in our sexual and reproductive health.
 - We can go to get sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV.
 - No one can refuse to give us health care we need.
 - No one should accuse us or treat us badly if we go to health services as young people.

Note to facilitator: If not mentioned, add: We deserve to have a satisfying, safe and pleasurable sexual life, free from pressure or force.

9. The right to education.
- We should be educated, including about health and sexuality.
 - We should all have the chance to school or to get more training and education.
 - We should have the opportunity to develop all of our talents and our mental and physical abilities.
 - We should not be forced to drop out of school in order to get married or because we got pregnant.

6. Use the Information below to guide the discussion.

INFORMATION: OUR RIGHTS RELATED TO HEALTH, SEXUALITY, AND GENDER

We all have:

- 1. The right to be treated equally and with dignity.** From birth, we all have the same dignity and rights as every other human being has.
- 2. The right not to be discriminated against for any reason.** We all have these human rights no matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status. There is no justification for discrimination.
- 3. The right to feel safe.** We all have the right to feel safe and not to be harmed or humiliated. We have the right to live free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
- 4. The right to control our bodies.** Each person's body belongs to him or her. No one has the right to abuse, injure, or violate someone else's body in any way. No one has the right to alter another person's body without their agreement. Everyone has a right to decide whether to have sex or not, to be free from forced sex, and to choose their partners. No one can force you to sell your body for money.
- 5. The right to privacy in our personal life.** This right means that no one has the right to harm or attack your reputation. No one can invade your privacy or interfere with or bother your family without good reason. This includes the right to privacy, respect and confidentiality when seeking health care. It means that your medical information, including your HIV status, must be kept private. Only you have the right to tell others about your HIV status.
- 6. The right to marry, when we are legally old enough, and have a family.** Both partners have the same rights when they are married and if and when they are separated. Nobody has the right to force you to marry or to choose your partner for you. Everyone has the right to decide whether or not to have children, how many, and when to have them.
- 7. The right to ask for, receive and share information.** This right includes information about health and sexuality.
- 8. The right to have a healthy life.** We have the right to the highest attainable standard of health, including sexual and reproductive health. We all, including young people, have the right to access sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV. We also have the right to have a satisfying, safe and pleasurable sexual life, free from pressure or force.

9. The right to education, including education about health and sexuality. We all have the right to go to school. At school, we should have the opportunity to develop all of our talents and our mental and physical abilities. We should not be forced to drop out of school in order to get married or because we got pregnant.

Our rights come with responsibilities.

- We have the responsibility to learn about our human rights and the laws and policies of our country.
- Only we can stand up for our rights and ensure that they are respected.
- We have the responsibility to respect and protect the rights and freedoms of others, as they should protect and respect ours.

7. Ask them if they have any additional questions about any of these rights. Answer their questions.
8. Then explain that rights come with responsibilities. Ask them to look at the bottom of the page, after number 9, and have a participant read the first responsibility. Ask them if they have questions about their responsibilities.
9. Then ask the following questions:
 - Which rights are the most important to you?
 - What does having the responsibility to respect the right of others mean?
 - Why is there a special human rights convention just for children? (Answer: Because children are vulnerable (cannot defend themselves) and need to be protected).
 - What about the one just for women? (Answer: Because women have traditionally been discriminated against and treated unequally).
 - According to human rights, is there anyone with more rights than others?

Emphasise that everyone has the same rights. No person, group or government anywhere in the world can take these rights away from you.

- In this session you learned about your human rights and your related responsibilities. Does this mean you have the right to disobey or disrespect your parents? (Answer: No. Your parents are responsible for your safety and well-being until you are an adult. While you are living under their roof, you need to obey them unless your human rights are truly being violated).
10. Ask participants to summarize the main things that they learned from this activity. Add any of the following key messages that they do not mention.
 - We all have the same rights, freedoms and responsibilities just because we are human beings.**
 - Women and men of all ages have the right to experience their sexuality in a safe, healthy, responsible, respectful and pleasurable way.**
 - We have a responsibility to respect and protect the rights of others.**
 - No one can take away our human rights.**

ACTIVITY 1.7: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and note the key facts and skills learned; to show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of our values.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Write the three questions in step 1 (below) on a piece of flipchart paper. You may want to keep this paper as you will need it at the end of each unit.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the first unit. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to turn to their exercise books and answer the following questions.

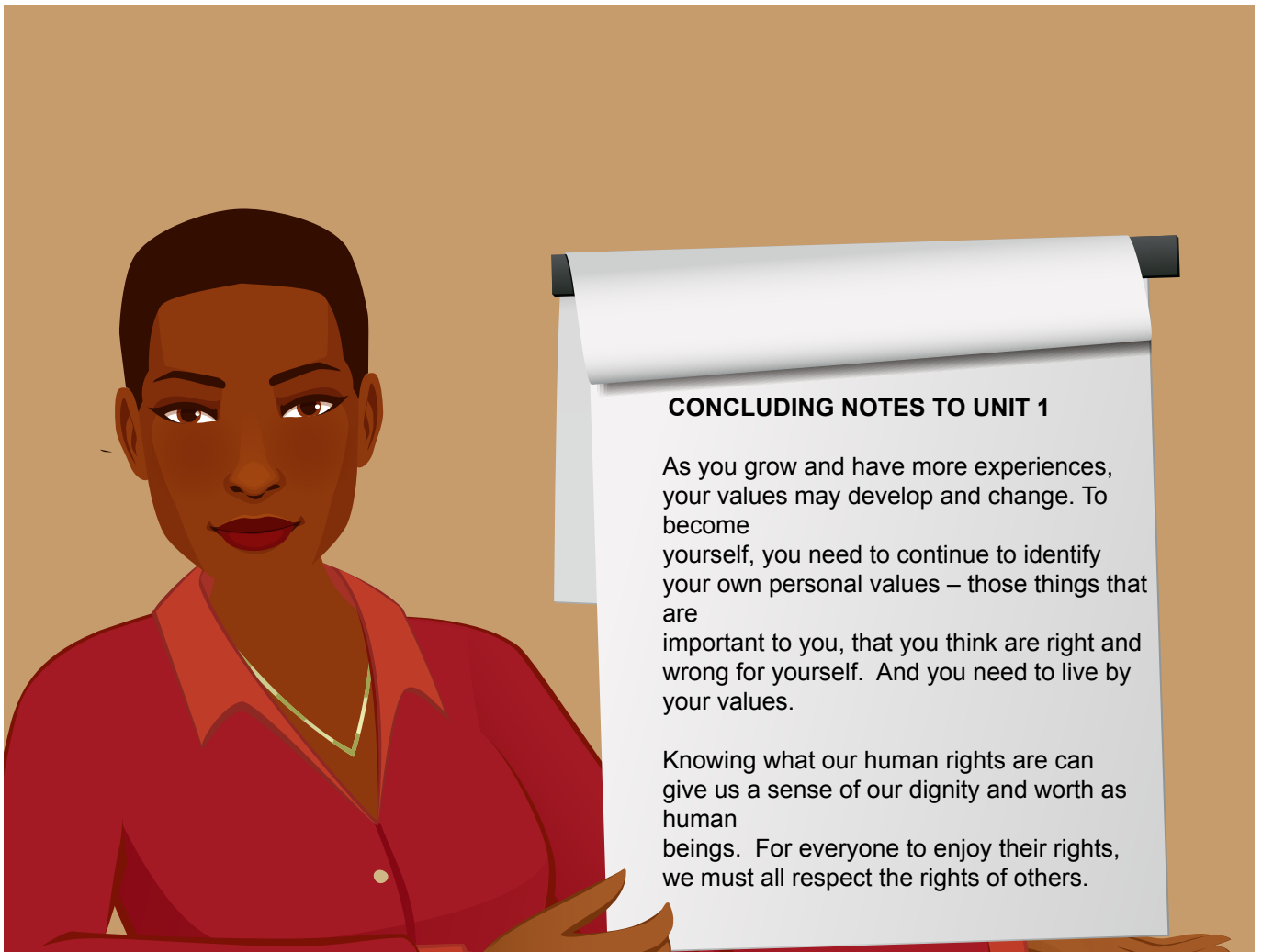
WHAT I LEARNED ABOUT VALUES

Answer the following questions, using what you learned in this unit:

1. What would you say your most important value is that you would never want to be put in a position to compromise?
2. Why is this value important to you?
3. How will it influence your behaviour?

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about how they will change their behaviour based on what they learned about values and rights.



CONCLUDING NOTES TO UNIT 1

As you grow and have more experiences, your values may develop and change. To become yourself, you need to continue to identify your own personal values – those things that are important to you, that you think are right and wrong for yourself. And you need to live by your values.

Knowing what our human rights are can give us a sense of our dignity and worth as human beings. For everyone to enjoy their rights, we must all respect the rights of others.



UNIT 2: ADOLESCENT DEVELOPMENT

Purpose and Objectives

This unit explains the physical, social and emotional changes that take place during adolescence.

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

- ➔ Explain the meaning of 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.

ACTIVITIES

Warm up – Clay Game	10 minutes
What is Adolescence?	15 minutes
Changes during Adolescence	60 minutes
Female Sexual and Reproductive System	45 minutes
Understanding Menstruation	60 minutes
Male Sexual and Reproductive System	45 minutes
Conversation Circle and Commitment	20 minutes

4 hours and 30 minutes

ACTIVITY 2.1: WARM UP – CLAY GAME

Purpose: To relax and have fun before starting the new unit.

Time: 10 minutes

Steps

1. Ask participants to stand in a circle making sure that everyone can see each other clearly.
2. Give the following instructions:

One person begins by imagining they are holding a handful of clay; which they can make into any object they want. They mime with their hands transforming the clay into an object, for example a cup of tea, and they then use the object, e.g. they show drinking the tea.

The imaginary object is then passed onto the person besides them who squashes it back into clay and makes it into something else.

3. Stop after everyone has had a chance.

ACTIVITY 2.2: WHAT IS ADOLESCENCE?

Purpose: To define adolescence and discuss some of the challenges that come with it.

Objectives: By the end of the activity, participants will be able to:

- Define adolescence.
- Describe something exciting and something challenging about adolescence.

Time: 15 minutes

Steps

1. Introduce Unit 2. Then ask participants to brainstorm what adolescence means. Write their responses on the flipchart. Most of the following points should come out:

Adolescence is:

1. The period between childhood and adulthood.
 2. A period of physical, emotional and social change.
 3. A period of sexual development.
 4. A time for finding out who you are and what is important to you.
 5. A time to think about and plan for your future.
2. Ask participants:
 - What do you think is difficult during adolescence? What challenges do young people face during adolescence?
 - What is exciting during adolescence?
 3. Ask participants 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.**

LINKING SENTENCE

During adolescence, many changes take place. In the next activity, we will look at those changes in-depth.

ACTIVITY 2.3: CHANGES DURING ADOLESCENCE

Purpose: To discuss the physical, emotional and social changes that take place in males and females during adolescence; to identify which changes are the same for everyone and which changes differ by sex; and to identify ways to cope with feelings during adolescence.

Objectives: By the end of the activity, participants will be able to:

- List at least four changes that happen only to boys and four changes that happen only to girls;
- Name at least four changes that happen to both boys and girls;
- Explain two ways that they can manage their feelings during adolescence.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age. It should be taught before puberty.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens

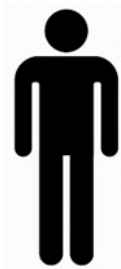
Preparation:

- Write or print the following in large letters on pieces of paper cut in halves or thirds. When you have finished, mix them up so that they are not in order.

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

- Take three pieces of flipchart paper and draw a figure of a boy on one, a figure of a girl on one and a half boy/half girl figure on one. 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



Steps

- Tell the participants that this activity is about the changes that take place during puberty and adolescence.
- 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.
- Give them 5 minutes to discuss in their groups. Then call their attention back to the front.
- 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.
- As you discuss the changes that occur during adolescence during the session, write the changes in the correct place on the pictures below.

Use the Facilitator 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.

- 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.

Note to Facilitator: Girls can have orgasms during their sleep. These are also called wet dreams, since their vaginas lubricate or get wet, although they usually don't ejaculate. Girls also have erections. When a girl or woman becomes sexually excited, the clitoris also fills with blood and becomes erect. Because it is relatively small, the erect clitoris is not easy to notice.

- Ask them if they have any questions about any of the changes. Then ask the following questions:
 - 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).
- Tell participants that the changes are mostly the same, but that as a group, girls start changing about two years before boys. Individuals will start changing at different ages. Reassure them that this is normal. Then ask participants to brainstorm for positive ways to manage the moods and emotions they experience during adolescence. Make a list of their ideas.

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
 - Crying
 - Doing something you enjoy, like a hobby
 - Participating in community activities
 - Reading or watching TV
9. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
- 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 adults, friends or others about what we are going through.**

LINKING SENTENCE

Some of the physical changes that take place during puberty prepare our bodies for having children. We are now going to talk about the sexual and reproductive parts of the body - those that are involved with having sex and making babies.

FACILITATOR INFORMATION: 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
Gain in muscular strength	Increase in vaginal & cervical secretions	Become taller and gain weight
Shoulders broaden and chest gets wider	Fat tissue increases	Voice changes
Growth of facial hair	Hips, thighs & bottom widen	Skin becomes oilier; may get pimples and acne
		Sweat glands develop
		Wet dreams
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
		Try to look and behave like your peer group
		Experience peer pressure
		Become more independent from parents and family
		Become closer to friends

ACTIVITY 2.4: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM

Purpose: To discuss and understand the parts of the female sexual and reproductive systems and their functions.

Objectives: By the end of the activity, participants will be able to:

- Name the main internal and external parts of the female sexual and reproductive systems;
- Describe the functions of the clitoris, vagina, uterus, and ovaries.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens, Poster: Female Sexual and Reproductive System, External; Poster: Female Sexual and Reproductive System, Internal.

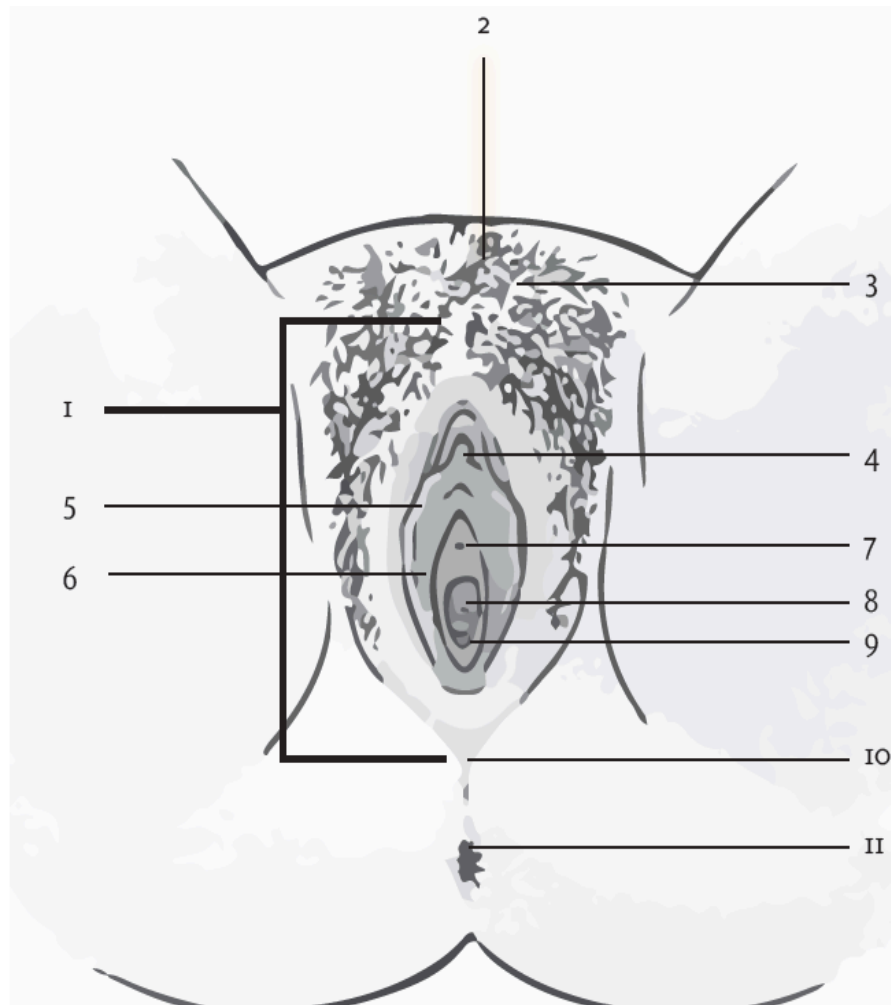
Preparation: Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.

Steps

1. Brainstorm what the word 'reproduce' means. (Answer: to have children or offspring).
2. Tell them that this activity is about the female reproductive and sexual system. Write the following words onto the flipchart:
 - Vulva
 - Mons pubis
 - Outer lips
 - Inner lips
 - Clitoris
 - Urethral opening
 - Vaginal opening
 - Hymen
3. Divide participants 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 of the female reproductive organ in their exercise books.

THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEMS

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



Answer Key:

1. Vulva	7. Urethral opening
2. Pubic Hair	8. Vaginal opening
3. Mons pubis (pubic mound)	9. Hymen
4. Clitoris	10. Perineum
5. Outer lips or labia	11. Anus
6. Inner lips or labia	

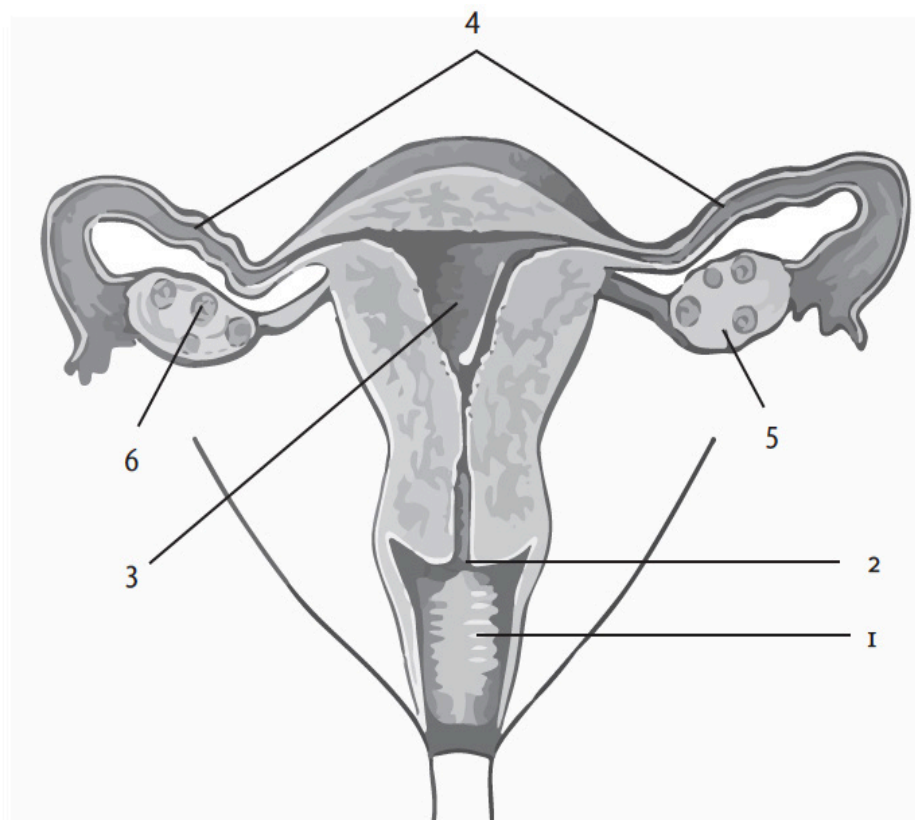
4. Put up the poster of the Female Sexual and Reproductive Systems, External (showing the external parts). Go through the answers by pointing to each body part and asking the following two questions for each one.
 - What is this part called?
 - What is its purpose?

Use the Facilitator Information to add to what the participants say, if needed, but do **NOT** read the notes to the participants. Encourage questions as you go through the answers.

5. When you have finished, read out the notes on the female reproductive system.
6. Put up the poster of the Female Sexual and Reproductive Systems, Internal and go through each part, asking the participants the following questions for each:

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

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



Answer Key:

1. Vagina	4. Fallopian tubes
2. Cervix	5. Ovary
3. Uterus	6. Ova

7. Read out the notes on the reproductive organs.
8. At the end of the discussion remind participants 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.
9. Ask participants 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 clitoris is the only organ in both men and women whose only function is sexual pleasure.**

LINKING SENTENCE

In addition to allowing humans to have babies, the genitals are a source of sexual pleasure. We need to know how our genitals look and feel when they are normal, so that we will realize if something is wrong. Understanding the menstrual cycle can also help us to avoid unintended pregnancies and to get pregnant when we want to.

FACILITATOR AND PARTICIPANT INFORMATION: THE WOMANS' SEXUAL AND REPRODUCTIVE SYSTEMS

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 urethral 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 urethral 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 to wards 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 (oestrogen and progesterone), store immature eggs, and produce mature eggs.

Other (not part of the sexual and reproductive system)

Urethral 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.

ACTIVITY 2.5: UNDERSTANDING MENSTRUATION

Purpose: To understand what menstruation is and why it happens; to provide factual information about menstruation, and dispel misinformation.

Objectives: By the end of the activity, participants will be able to:

- Explain the basic process of menstruation.
- Identify myths about menstruation.

Materials needed: Flipchart paper, marker pens

Time: 60 minutes

Preparation:

- Write the following parts of the menstrual cycle in large letters on separate pieces of A4 paper and mix them up so that they are not in order.

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 oestrogen 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.

- Write or print “TRUE” and “FALSE” on pieces of A4 paper.

Steps

1. Write the word ‘menstruation’ on flipchart paper. Ask participants: What is menstruation? (Answer: The breaking down of the lining of the uterus).
2. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.
3. 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. Ask the participants 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 above). Then post them in order on the wall and allow the volunteers to sit down.

Tell participants that although many eggs may start to mature in step 2, usually only one becomes fully mature.

4. Then ask the participants 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).
5. Ask if they have any questions and answer them. Tell participants that there are now apps for smart phones and websites that help them to track their menstrual cycle.
6. Tell the participants 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.
7. Read the following statements one at a time. After participants 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: False. 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.

Note to facilitator: Emphasize that for young women, it is too risky to try to estimate the "safe days". Their cycles are often irregular and knowing when your safe days are, is complicated and requires taking a special course. Most important: **There are no safe days when it comes to STIs and HIV.**

 - **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. There are Apps and websites that you can use to track your menstrual cycle.
8. Address any local or traditional myths on menstruation. 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.
 9. Invite questions and comments from the participants and allow general discussion on issues raised.
 10. Tell participants that there is some information on menstruation. Those interested can read it during their own time.

PARTICIPANT INFORMATION: MENSTRUATION

Menstruation is nature's way of preparing a woman's body for pregnancy. It is a completely natural process and one that is necessary for women to have children. There is nothing to be ashamed of or to make fun of.

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.

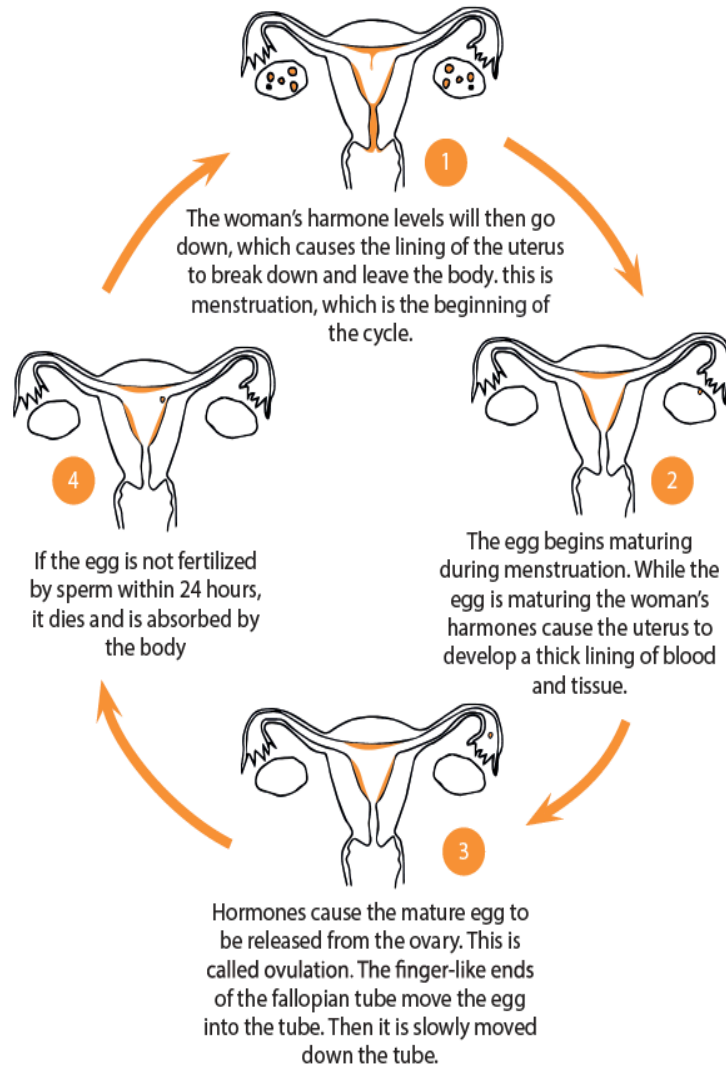
11. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.

- Menstruation happens when the egg is not fertilized by sperm.**
- Every girl is unique and has her own menstrual cycle. She needs to keep track of her cycle.**
- 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.**
- Trying to identify "safe days" is too risky for young women.**
- There are no safe days when it comes to STIs and HIV.**

LINKING SENTENCE

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 boys' sexual and reproductive systems.

Once every cycle, an egg matures in an ovary



ACTIVITY 2.6: THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS

Purpose: To understand the parts that make up the male reproductive system and what they do; to learn how to care for the outer reproductive organs.

Time: 45 minutes

Objectives: By the end of the activity, participants will be able to:

- Name the main internal and external parts of the male sexual and reproductive systems;
- Describe the functions of the penis, urethra, testes, prostate and seminal vesicles.

Materials Needed: Flipchart paper, marker pens, Posters: The Male Sexual and Reproductive Systems, External and The Male Sexual and Reproductive Systems, Internal

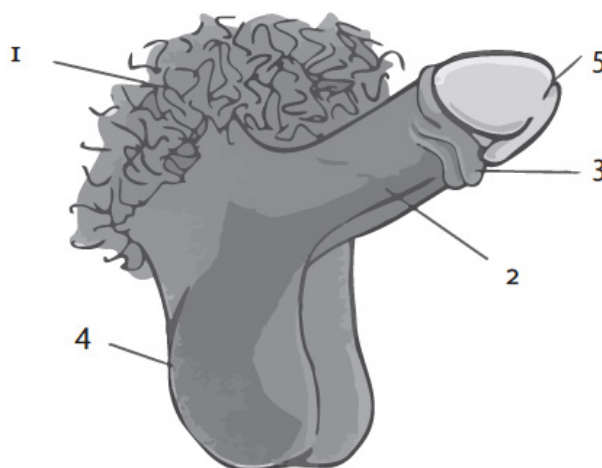
Preparation:

- Review the Facilitator Information so that you are able to add to what participants say without reading it as this will bore the participants.
- Before the activity, write the following parts onto separate pieces of paper and place them in a box or bag.

• Scrotum	• Testicles	• Penis
• Urethra	• Prostate Gland	• Foreskin
• Urethral opening	• Bladder	• Cowper's Glands
• Seminal vesicles	• Epididymis	• Vas deferens (sperm ducts)

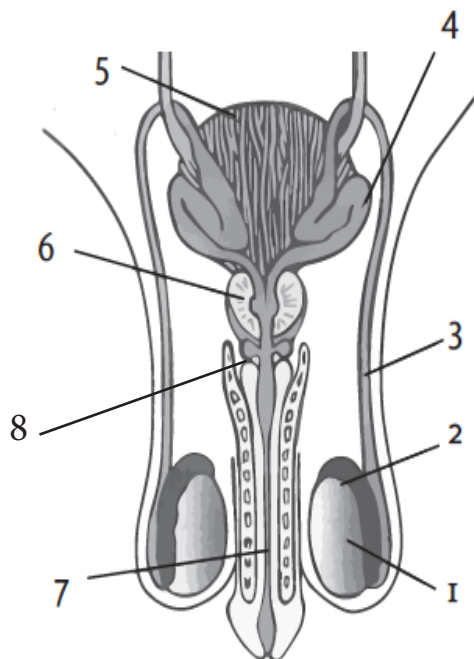
Steps

- Put up the posters of the Male Sexual and Reproductive Systems, External and Internal and ask participants to study it for a minute. How many parts can they name?
- Explain that the names of the parts are on pieces of paper. Ask for twelve volunteers to come up and take one piece of paper each. Tell them they will see if they can put the name on the correct part of the male sexual and reproductive systems. They can get help from others if they have difficulty.



Answer Key:

1. Pubic Hair	4. Scrotum
2. Penis	5. Urethral opening
3. Foreskin	



Answer Key:

1. Testicles (or testes)	5. Bladder
2. Epididymis	6. Prostate Gland
3. Vas deferens (sperm duct) show lines to both	7. Urethra
4. Seminal vesicles show lines to both	8. Cowper's Glands (add) show lines to both

9. Have one volunteer at a time put it in the correct place on the poster. If they have trouble, ask the other participants to help.
10. As each part is labelled, ask the participants what its function is. Use the Facilitator Information: The Male Sexual and Reproductive Systems to add to what they say, but **do not** read it.

Note to Facilitator: The answers are shown above just below the diagram.

11. Ask 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).
12. Write the words 'wet dreams' on flipchart paper and ask the participants: What are wet dreams? Use the following notes to add to what the participants say as needed.

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.

13. Write the words 'spontaneous erections' on the flipchart paper and ask the participants: What are spontaneous erections? Use the following notes to add to what they say as needed.

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. Boys and men often wake up in the morning with erections. These are thought to be due to having a full bladder.

14. Ask participants if they have any questions and read the notes.
15. Ask participants 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.**

LINKING SENTENCE

To know our bodies and the changes they go through helps us to value and respect our bodies more and to want to protect them. In addition to the physical changes boys and girls go through in adolescence, there are also emotional and social changes that prepare us for adulthood. We are going to talk about those next.

FACILITATOR AND PARTICIPANT INFORMATION: THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS

The external parts of the male sexual and reproductive systems 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 urethral 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 **urethral opening** is the opening at the end of the penis through which urine, semen and pre-ejaculatory fluid pass out of the body.

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** (also known as the sperm ducts) 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 gland** is 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 systems)

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

ACTIVITY 2.7: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and note the key facts and skills learned; and to think about how they will use this new knowledge and skills by making a commitment to change one thing about themselves related to growing up and becoming an adult.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or Glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the second unit. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to open their exercise books and fill in the following:

WORKSHEET: WHAT I LEARNED ABOUT GROWING UP

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What is the most important thing you learned about growing up??
2. Will this influence your behaviour going forward? If so, how?

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about how they will change their behaviour related to growing up and becoming an adult.



CONCLUDING NOTES TO UNIT 2

During adolescence, we go through many physical, emotional and social changes. We become more in touch with our bodies, feelings and sexuality. Although these changes may bring about different feelings and worries in young people, they are a normal part of becoming an adult. Just as the caterpillar goes into a cocoon and comes out a butterfly – adolescence is a process of growing into something beautiful and unique. It brings with it new and exciting challenges and experiences.



UNIT 3: SEXUALITY

Purpose and Objectives

This unit introduces the concept of responsible sexuality and provides an opportunity for young people to identify sources of information and messages they have received about sexuality. The unit discusses sexual attraction and how to handle it. It also gives participants the opportunity to ask questions they have about sexuality, provides correct information on human sexual response and sexual behaviour.

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

- ▶ Define sexuality;
- ▶ List different sources of information about sexuality;
- ▶ Identify reliable sources of information about sexuality;
- ▶ Explain how values about sexuality affect behaviour;
- ▶ Become more comfortable talking and asking questions about sexuality;
- ▶ Describe human sexual response.

ACTIVITIES

Warm up – Body Talk	30 minutes
Sources of Sexual Learning	30 minutes
Coping with Attraction	45 minutes
Sexual Orientation	30 minutes
Let's Talk About Sex	45 minutes
Sex – What's the Truth?	45 minutes
Conversation Circle and Commitment	20 minutes

4 hours and 35 minutes

ACTIVITY 3.1: WARM UP - BODY TALK

Purpose: To get participants to speak more freely and feel more comfortable when talking about sexuality and the parts of the reproductive and sexual organs.

Time: 30 minutes

Objectives: By the end of the activity, participants will be able to:

- Talk about sexuality more easily.

Materials Needed: Flipchart paper, marker pens

Steps

1. Explain that communication about sexuality and our sexual body parts is important. Write the headings 'Male Sexual Organs,' 'Female Sexual Organs', and 'Sexual Intercourse' at the top of three pieces of flipchart paper and put them up on the wall. Divide the participants into 3 groups, and have each group stand in front of one paper.
2. Tell the groups that when you say 'start', they should brainstorm all the words they know for their topic. They can be slang, scientific words, children's words, medical words, or vernacular.
3. After just 2 minutes make the groups stop and move to the next flipchart where they will read what the previous group wrote and then add any other words they can think of. Stop them again after 2 minutes, and repeat the process a final time.
4. Ask for volunteers from each group to read out the lists. Then ask them:
 - How did you feel doing this activity?
 - Why did we do this kind of activity? (Answer: For fun, to laugh, to become more comfortable talking about sexuality in an open way, to get over our nervousness).



ACTIVITY 3.2: SOURCES OF SEXUAL LEARNING

Purpose: To understand what 'sexuality' means and how it differs from 'sex'; to discuss where young people get information about sexuality and the types of information that they get.

Time: 30 minutes

Objectives: By the end of the activity, participants will be able to:

- Identify at least five sources of information about sexuality in their own lives.
- Explain which sources are reliable and which are not.

Materials Needed: Flipchart paper, marker pens, tape and scissors or Glue

Preparation: None

Steps

1. Write the words 'Sex' and 'Sexuality' on flipchart paper. Ask participants what they understand the words to mean.
2. Write the responses on flipchart paper under the respective word.
3. Then use their responses to come up with definitions similar to the following:

Sex is the biology of being male or female. A person's sex is determined by their chromosomes, hormones and genitals. A person's sex is usually assigned at birth based on their genitals. The term 'sex' is also short for sexual intercourse. Sex is an important part of one's sexuality.

Sexuality is much more than sexual intercourse. It is an important part of who we are as people and includes all the feelings, thoughts, and behaviours of being male or female.

Explain that people are sexual and express their sexuality even if they do not have sexual intercourse. Sexuality is expressed from birth to death in so many ways, for example, in the ways they walk, talk, dress, show love to another person and so on.

4. Draw a circle with pie slices, like an empty pie chart, on a sheet of flipchart paper and label at the top 'Sources of Sexual Learning'.
5. Ask participants to brainstorm all the people, places and things that teach us about sexuality, especially those that adolescents and young people learn from. Write their responses into slices of the pie. You may need to add more slices as they give additional responses.

Make sure to include following examples:

- Friends and peers
- Parents
- Other family members (aunties, uncles, brothers, sisters, cousins, grandparents)
- Boyfriends, girlfriends and sexual partners
- Teachers
- Health workers, clinic workers
- Ourselves (our own experiences)
- Animals
- Religion
- Books
- Media (radio, TV, newspaper, magazines)
- Social media (Facebook, WhatsApp)
- Internet, websites
- Music and art (for example, movies, dramas, dances and songs)
- Cultural rites, such as initiation ceremonies
- Pornography
- Trainings and workshops
- Youth clubs and organisations
- Laws and policies

6. Ask the participants:
- Which of these sources of information about sexuality are the most important sources to you (where you got the most information)?
 - Which are the most reliable? Check those that are reliable.
 - Which are not reliable? Mark these with a red “X”.
 - Which do you wish gave you more information?
 - What are some examples of the different types of information you get from different sources? (Possible answers: Friends can give you misinformation. Religion gives information on values and morals. The law tells us the age at which we can have sexual intercourse and get married).
 - What do you think about what you learn from pornography (or blue movies)? Is it real? Emphasize that most of what you see in pornography is not like real life. A lot of it is fake. The bodies are fake, for example, the women have had surgery to make their breasts larger. The pleasure is faked, especially for women – they are not actually having orgasms. The sexual acts are exaggerated – for example, they are very hard or they are not common, for example, the man pulls out to ejaculate on the woman’s body. And often no one is wearing a condom, so they are not safe.
 - What would you do if you heard something and you were not sure if it was true or not?
7. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.
- **Sex is the biology of being male or female. It also refers to sexual intercourse.**
 - **Sexuality is much broader than sex. It includes sexual behaviour, but also includes the feelings, thoughts, and behaviours of being male or female.**
 - **We learn about sexuality from many different people, places and things, including our own experiences.**
 - **We need to make sure the source is reliable before we believe what we hear about sexuality and sexual health.**

LINKING SENTENCE

As we grow up we are influenced by everything around us. We get information about sexuality from many sources, but not all of it is correct. Most people do not know a lot about sexuality unless they try to find correct information.

Human sexuality is an important part of who we are. Knowing about sexuality can help us understand the different feelings that we experience and how to manage them.

ACTIVITY 3.3: COPING WITH ATTRACTION

Purpose: To think about what to do when one experiences feelings of sexual attraction.

Objectives: By the end of the activity, participants will be able to:

- To explain several options for what young people who are falling in love and feeling sexual attraction and desire can do.
- To give their opinion about the different sexual expectations society has for males and females.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age.

Time: 45 minutes

Materials Needed: Flipchart paper, marker pens

Preparation:

- Find out the legal age of consent to have sex in your country.
- Copy the story and questions below onto a sheet of flipchart paper.

Betty and Thulani

Betty is 14 years old. She met Thulani, who is 15, at school fair two months ago and they have become good friends. Lately Betty has been thinking about Thulani a lot and feels like she always wants to text him or be with him. Both Thulani and Betty think that they are falling in love with each other. They spend a lot of time doing things together and they sit close to each other and hold hands a lot. Thulani's feelings for Betty are getting stronger too. Sometimes when they are together he wants to kiss and touch her. Betty is also longing to kiss Thulani and to be held in his arms.

- What is happening to Thulani and Betty?
- Does this happen in real life?
- What do you think Betty and Thulani should do? Why?
- What would you do if you were Betty or Thulani? Why?

Steps

1. Ask for a volunteer to read the Betty and Thulani's story aloud to the whole group. Ask another participant to read the questions.
2. Divide the participants into small groups and tell them to discuss the questions:
3. After 10 minutes, bring participants back together to share their responses to the questions.
4. Generate a discussion by asking the participants the following questions:
 - If Thulani starts feeling sexually excited when he is with Betty, what will happen to his body? (Answer: He will get an erection; his heart may start beating faster).
 - What about Betty – what will happen to her body? (Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster).
 - If they get sexually aroused, do they have to have sex? (Answer: No).
 - What is the age in [name of country] at which a young person can legally agree to have sex?
 - Do you think Thulani and Betty are ready to have sex? Why or why not?
 - What other things can they do instead of having sex?
 - What does our society expect Thulani to do as a boy when it comes to sex? Probing questions: What do people say about guys and sex? How are boys supposed to behave when it comes to sex?
 - What does our society expect Betty to do as a girl when it comes to sex? Probing questions: What do people say about girls and sex? How are girls supposed to behave when it comes to sex?
 - What effect do these messages have on boys? Probe for effects on their attitudes, desires, expectations and behaviours. What are the bad effects on them?

- What effect do they have on girls? Probe as above.
- What is your opinion about expecting one thing from boys and the other from girls (e.g. that boys should be sexually experienced; girls should be virgins)? Generate a discussion about whether this makes sense by asking questions that make the participants think and challenge gender norms. Such as, does it make sense to have two different standards? If both boys and girls follow this, who will boys have sex with?

Note to Facilitator: Use the Facilitator Information: Coping with Sexual and Intimate Feelings below to add to what participants say if needed. Don't lecture them -- focus on getting them to share their ideas with each other.

5. Ask for comments and questions from the participants and discuss these.
6. Ask participants to summarize what they learned from the activity. Add any of the following points if not mentioned.
 - ❑ **Being attracted to someone is part of starting and building relationships and friendships.**
 - ❑ **Sexual desire and excitement does not have to lead to sexual activity of any kind.**
 - ❑ **Only YOU can make decisions about what you will and will not do.**
 - ❑ **Society gives different messages about men and women's sexuality. These affect our sexual attitudes, desires, expectations and behaviours.**
 - ❑ **If you are getting into an intimate, romantic relationship with someone, it is important to talk to him or her about your sexual feelings, values and how you want to handle them. If you can't talk about sex with someone, you aren't ready to have sex with them!**

LINKING SENTENCE

Young people need to spend time getting to know each other as individuals and not rush into sexual intercourse as a way of expressing their emotional or sexual feelings. During adolescence, we naturally start to become aroused by someone or something. During this time, some young people will feel attracted to the opposite sex.

FACILITATOR INFORMATION: COPING WITH SEXUAL AND INTIMATE FEELINGS

It is natural and normal for us to feel sexually aroused by something or someone. This can happen at any time and does not mean that we are looking for sex. The way people dress, the way they smile, walk and talk can stir feelings of attraction and desire inside others. This is just our sexuality expressing itself – it is our body's way of acknowledging ourselves and others as sexual beings.

Feeling turned on does not mean that one has to have sexual intercourse. It means the person has a strong feeling of attraction to another person or to the thought of a sexual behaviour. They may or may not want to express it and it may or may not be through sexual intercourse.

Society's different messages to boys and girls about their sexuality influence how they experience and handle their feelings of sexual attraction and arousal. Most girls are taught that they should keep their virginity and that having sex is shameful; if they are sexually experienced, they may be seen as loose or worse. On the other hand, although boys and men also need intimacy, in most societies they are encouraged to become sexually experienced. They may feel that being a virgin is shameful, so they may want to move into a sexual relationship before the couple really knows each other well. These behaviours are stereotypical and young people should be encouraged to know themselves and what is right for them rather than to follow gender stereotypes.

Getting to know one another intimately is important in building a strong relationship. It also helps for a couple to talk about the sexual feelings that they have so they can make a decision about how to handle them. There are many pleasurable things that two people who are attracted to each other can do without having sexual intercourse.



ACTIVITY 3.4: SEXUAL ORIENTATION ²

Purpose: To explain sexual orientation

Objectives: By the end of the activity participants will be able to:

- Define sexual orientation.
- List the different sexual patterns and define at least two of them.
- Understand the health and social implications of different sexual patterns.

Time: 30 minutes

Materials Needed: Flipcharts paper and marker pens

Steps

1. Go through the terms below and give definitions for each term.
As you define each term, ask participants to identify behaviours that are acceptable, and legal or illegal. Answer any questions the participants might have.
2. Ask participants to highlight the social and health implications of these behaviours.

Definition of terms

Sexuality: Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviours of being attractive, and being in love as well as being in relationships that include intimacy and physical sexual activity.

Sexual Orientation: a preference for sharing sexual expression with members of the opposite sex, members of one's own sex, or members of both sexes. The sources of sexual learning are all the factors that contribute to our psychosocial development - family values, religious beliefs, parental teachings, societal norms and many others.

Major sexual patterns

Heterosexuality: preferring sexual partners of the opposite sex.

Homosexuality: preferring sexual partners of the same sex.

Bisexuality: enjoying sexual partners of both sexes.

Asexuality: having little or no sex drive. Though asexual persons are physically and psychologically male or female, neither sex stimulates them sexually.

Celibacy: deliberately abstaining from sexual activity, a choice people make for a variety of reasons, for example, certain religions.

Sexual behaviours

Kissing, touching, hugging, petting, and penile-vaginal intercourse are often commonly thought of as sexual behaviours. Oral sex, including cunnilingus (mouth to vulva, vagina and/or clitoris) and fellatio (mouth to penis) are acceptable in some cultures.

Masturbation: manual manipulation of genitals for sexual gratification.

Incest: sexual intercourse between blood-related family members, such as a father and a daughter; a mother and a son or a sister and a brother

Sodomy: anal or copulation-like act between males.

Voyeurism: Sexual pleasure or excitement from observing other undressing, making love, kissing, petting or masturbating.

Exhibitionism: Sexual pleasure from exposing one's genitals.

² Standard National Adolescent Sexual and Reproductive Health (ASRH) Training Manual for Service Providers 2016th Edition

Satyriasis: excessive desire for sexual intercourse in men.

Nymphomania: excessive desire for sexual intercourse in women.

Gerontosexuality: sexual preference from elderly by a young person.

Frotteurosexuality: sexual pleasure from rubbing one's genital's against another person.

Paedophilia: sexual pleasure by having intercourse with children.

Statutory rape: sexual intercourse by an adult with a person under the age of 16³ years.

Pederasty: sexual pleasure from young boys.

Bestiality: sexual pleasure from animals.

Necrophilia: sexual pleasure from corpses.

Urophilia: sexual pleasure from urine.

Coprophilia: sexual pleasure from filth such as faeces, dirt or soiled underwear.

Sadism: sexual pleasure from inflicting pain on another person.

Masochism: sexual pleasure from receiving pain from another person.

IMPORTANT: Some of these behaviours are acceptable in some cultures whilst others are considered deviant in some cultures. For example, in Zimbabwe homosexuality and exhibitionism are criminal acts punishable by the law.

The definitions are meant to increase participants' awareness of the sexual behaviours and patterns. The information provided does not encourage or facilitate experimentation.

³ in Zimbabwe

ACTIVITY 3.5: LET'S TALK ABOUT SEX

Adapted from: Understanding and challenging HIV stigma: Toolkit for action, International HIV/AIDS Alliance

Purpose: To enable participants to find out more about sexual behaviour; and to build their comfort and ability to talk about sex more openly.

Time: 45 minutes

Objectives: By the end of the activity, participants will be able to:

- Talk and ask questions about sex more openly
- Participate in a dialogue about how young men and women feel about sex.

Materials Needed: Flipchart paper, marker pens

Preparation: Cut sheets of A4 paper into slips of paper – about 4 to 6 slips per sheet.

Note to Facilitator: Depending on age, culture, religious beliefs and attitudes, talking about sex may be a sensitive issue. This exercise provides a chance for young people to ask each other questions about sex and discuss answers together in an open way. The facilitators should introduce the topic carefully and be clear about the purpose of the exercise.

Steps

1. Divide participants into same sex groups and give each person a slip of paper. Tell them that this is their chance to ask any question about sex that they wish to ask members of the opposite sex. No one will know who wrote which question. Give them a few minutes to write their question. Then ask them to fold the paper.
2. Collect all the girls' questions in one bowl, and all the boys' questions in another bowl. Hand the girls' questions to the boys and the boys' questions to the girls.
3. Ask the groups to discuss each question together and come up with an answer. Circulate while they are working to help them as needed.
4. Come back together and share the questions and answers in the big group. Allow the group to respond or clarify points, if necessary. Correct any misinformation that comes up.
5. Ask participants:
 - How did you find the exercise?
 - What did you learn?
 - What were some differences in the questions and answers of the guys and the girls?
6. Ask the participants to summarize what they learned or understood doing the activity. Add any of the following key points that they do not mention.
 - Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about.**
 - We need to learn to talk about sex more openly.**
 - Talking more openly can help us take care of sexual health and to enjoy our sexual relationships more.**

LINKING SENTENCE

Because sexuality is not often talked about in many societies, many people do not understand how their own body works sexually. Some people base their ideas about sex on what they see in the movies, in pornography or in stories that they hear from other people, which are often unrealistic or even completely false. In the next session, we will learn about how our bodies respond to sexual stimulation.

ACTIVITY 3.6: SEX – WHAT’S THE TRUTH?

Purpose: To improve knowledge and understanding about sexuality and healthy sexual behaviours as well as address myths related to sex.

Objectives: By the end of the activity, participants will be able to:

- Identify common myths about sex.
- Provide correct information in place of those myths.

Time: 45 minutes

Materials Needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Tell participants that you are going to read statements about sexual behaviour and they will decide if the statements are true or false. You can also add any statements not included in the list below, but that would be relevant to your group of participants. Then you will discuss together and sort out the myths or wrong information from the facts.
2. Put up True and False signs on a wall or the ground. Read the statements in the ‘Sex, What’s the Truth?’ chart below, one at a time and have participants stand by the signs according to their answers. Then ask one person to explain their answer. Ask other participants if they agree or disagree and why.

Note to Facilitator: Do this even if the first person gives the correct answer and the correct reason because the activity brings out incorrect reasoning among other participants that can be corrected.

Encourage and affirm those who have the right information. Get as much of the information as possible from the participants themselves and make sure the full explanation comes out by asking questions as needed. Use the information provided below as needed. Continue in this way through all of the statements.

Sex, What’s the Truth?	
	<p>Masturbation is harmful. False. Masturbation is not harmful. It is a safe alternative to satisfy sexual desire. However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.</p>
	<p>If a girl is a virgin, she may bleed the first time she has sex. False. Bleeding happens when the hymen is torn. However, some girls are born without hymens. Hymens can also easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. So, not bleeding does not mean a girl has had sex before.</p>
	<p>It’s the man’s role to initiate sex. False. In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. Women can initiate sex when they want it. Even those who follow traditional gender roles often have a way to indirectly communicate their desire for sex to their partners.</p>
	<p>Many women do not have orgasms from vaginal intercourse alone. True. Many women, about 70-75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm and, often, vaginal intercourse does not stimulate the clitoris enough. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.</p>
	<p>The first time a woman has sex, it will hurt. False. The first time a woman has sex, it may or may not hurt. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. Her partner can also start by inserting fingers to gently stretch open the hymen, if the woman has one. If a woman feels nervous or afraid, the couple may want to wait.</p>

	<p>Masturbation helps people learn about their body's sexual response. True. Masturbation is one of the best ways to learn about and understand how one's body responds to sexual stimulation. It can help women learn how to have orgasms.</p>
	<p>Once a man gets sexually excited, he cannot control himself. False. He may not want to control himself or stop, but all humans, male and female, can always stop at any point in a sexual experience. Some men believe that if they get really sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but it will go away on its own.</p>
	<p>The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them. True. Every person has their own preferences and things which 'turn them on.' Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.</p>
	<p>Most men will at some time lose their erection during a sexual experience in their lives. True. Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.</p>
	<p>If the man has a big penis, his partner will feel more pleasure. False. Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the man does, not his size, that is important. In fact, very large penises may be uncomfortable or even painful for some women. Also remember that most women do not have orgasms from vaginal sex alone.</p>
	<p>The right age to have sex is 18. False: Zimbabwe's age of consent is 16, and it is illegal for someone over that age to engage in sexual activity with someone younger than 16. That said, past the age of 16 there is no right age to have sex. It is a personal choice to engage in sex; remain celibate or to wait for marriage. Each person has to decide for themselves when they feel ready to have sex. However, engaging in sex at an early age increases girls' risk of contracting STIs in their lifetime, teenage pregnancy, and contracting HPV, which leads to greater risk of cervical cancer.</p>
	<p>If a man can keep vaginal intercourse going long enough, the woman will have an orgasm. False. As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.</p>
	<p>The use of condoms during sex reduces sensation for men False. Condoms are made with lubrication that serves as an imitation of vaginal fluids. This gives the illusion that the man is having sex without a condom.</p>

3. Ask participants:
 - What else have you heard about sex that you aren't sure if it is true or not?
 - Why are there so many myths about sex and sexual behaviour?
 - How can we make sure that we have the right information?
4. Ask for comments and questions from the participants and discuss these.
5. Ask participants to summarize what they learned from this activity. Add any of the following points that are not mentioned.
 - Masturbation can be helpful to learn about one's body and to solve sexual problems.
 - A girl may or may not bleed the first time she has sex.
 - Most women need to have their clitoris touched to reach orgasm.
 - To know how to please your partner, talk to them.
 - Most men will at some time lose their erections during sexual experiences.
 - There is no right age to have sex – it will depend on the person's relationship, values, and feelings. But there are also legal ages to consent to sex in each country.
 - If you aren't sure about something you heard about sex or sexuality, check it with a reliable source before you believe it.

ACTIVITY 3.7: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of their sexuality.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on sexuality. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to answer the questions in the worksheet.

WORKSHEET: WHAT I LEARNED ABOUT SEXUALITY

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What have you learned about sexuality that you did not know before?
2. Why is this information important to you?
3. How will it influence your behaviour?
4. Write a commitment or promise to yourself related to your sexuality. You will not be asked to share this with the group.

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about what they will change related to their sexuality.



CONCLUDING NOTES TO UNIT 3

Sexuality is much more than sex – it is an important part of who a person is and of life. Sexuality is shaped by the messages and values that a person learns from their family, from society and by other influences. Being attracted to someone is part of building friendships and relationships, but attraction does not have to lead to sexual intercourse. Young people, both males and females, need to be comfortable talking about sexuality and learn to be honest with each other about how they feel and what they want in a relationship.



UNIT 4: GENDER ROLES AND EQUALITY

PURPOSE AND OBJECTIVES

This unit examines the meaning and effects of power, privilege and discrimination in general and specifically related to gender. It encourages participants to develop empathy by feeling what it is like to be in a group without power. It teaches participants to understand what gender is and to distinguish between sex and gender. The unit also challenges them to examine how gender roles limit both girls and boys, to consider what they want to see changed about gender, and to question gender stereotypes.

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

- ➔ Describe the different types of power;
- ➔ Discuss the effects of power and privilege on those without power as individuals, on interpersonal relationships, and on society;
- ➔ Distinguish between sex and gender;
- ➔ Explain gender stereotypes and how they affect personal development and relationships of both girls and boys;
- ➔ Identify their values about gender roles and gender equality;
- ➔ Challenge gender stereotypes.

ACTIVITIES

Warm up – If I Were, I Would	15 minutes
What Is Power?	30 minutes
Power and Privilege	45 minutes
Experiencing a Power Imbalance	45 minutes
Sex and Gender, What's the Difference?	45 minutes
Act Like a Lady, Act Like a Man	60 minutes
Challenging Gender Stereotypes	75 minutes
Conversation Circle and Commitment	20 minutes

5 hours and 35 minutes

ACTIVITY 4.1: WARM UP – IF I WERE, I WOULD

Purpose: To start discussions about gender by finding out about the opposite sex and about gender roles using a fun activity.

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

- State what they like about being a member of their own sex;
- Explain what they would do if they were the opposite sex and why.

Time: 15 minutes

Steps

1. Ask participants to stand in a circle. Tell them that you are going to read them a sentence that they will complete, one at a time, going around the circle.
2. Ask for a volunteer to start. Then read the first sentence stem: 'My favourite thing about being a woman is...' OR 'My favourite thing about being a man is...' Have each person answer.
 - a. Then read the second sentence stem: 'If I were a woman (or man) for one day, I would...' Have each person answer.
3. Then ask the group as a whole:
 - What did you notice about the young women's answers to the first question?
 - What about the young men's answers?
 - What did you notice about the young men's answers to the second question?
 - What about the young women's answers?
 - What did you learn about gender roles from this exercise?

ACTIVITY 4.2: WHAT IS POWER?

Adapted from: Start Training, Deepening Knowledge Module, Session 1.1 Understanding Power, Raising Voices.

Purpose: To explore the meaning of power and to identify the four types of power.

Objectives: By the end of the activity, participants will be able to:

- Name and explain the four types of power;
- Give an example of each type of power.

Time: 30 minutes

Materials Needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation:

- Write the following on a piece of flipchart paper:

Tongai and Florence are boyfriend and girlfriend. They are members of a youth group. As individuals, they both have power (a) _____ themselves. Tongai had a girlfriend before, but she left him, because he was using his power (b) _____ her by trying to control everything she did. But in his relationship with Florence, Tongai has changed. Now, each of them joins their power (c) _____ the other as they support each other. They believe that relationships need to be equal and respectful to be happy and safe. That is why they have decided to use their power (d) _____ try create a community that encourages equality and non-violence.

Steps

1. Tell participants that in this activity they are going to discuss power. Understanding power is important for understanding equality and inequality.
2. Write the word 'power' in the middle of a piece of flipchart paper. Ask participants to brainstorm words and expressions that mean 'power.' Write all their suggestions on the flipchart paper, around the word 'power.' (Answers could include: strength, ability, authority, violence, force, prestige, control, money, energy, etc).
3. Thank participants for their contributions. Then ask participants:
 - How would you define power? Use their responses to come up with a definition similar to the following:
Power is being able to direct or influence the behaviour of others or the course of events.
 - Do you think power is positive or negative? Why?
 - What do others think?Allow them to discuss their opinions.
4. Pick up on their opinions and explain that there are many types of power. So power can be used positively or negatively. Tell them they will now think about the different forms power can take.
5. Post the flipchart paper on which you wrote the story. Ask a participant to read the instructions. Answer any questions that they have and tell them that they have 3 minutes to fill in the blanks.

TYPES OF POWER

Instructions: Work with your neighbour, to try to fill the spaces in the story below, putting one of the following words in each space: over, to, with, within.

Tongai and Florence are boyfriend and girlfriend. They are members of a youth group. As individuals, they both have power (a) within themselves. Tongai had a girlfriend before, but she left him, because he was using his power (b) over her by trying to control everything she did. But in his relationship with Florence, Tongai has changed. Now, each of them join their power (c) with the other as they support each other. They believe that relationships need to be equal and respectful to be happy and safe. That is why they have decided to use their power (d) to try create a community that encourages equality and non-violence.

6. After 3 minutes, call their attention back to the front. Ask participants to suggest the words that fill in the four spaces. Discuss until you reach an agreement. As a group, fill in the missing words on the flipchart, in different colours if possible, as follows: a) within; b) over; c) with; d) to

7. Explain that these reflect the different kinds of power: 1) Power within oneself; 2) Power over someone; 3) Power with others; and 4) Power to do something. Power can be used positively or negatively.
8. Ask participants to return to their neighbour and discuss what they understand by each of these types of power. Give participants 5 minutes for this discussion.
9. Facilitate a discussion with the entire group about the four types of power, drawing attention to the difference between positive power and negative power. Use the following questions and the Facilitator and Participant Information: Types of Power below to guide the discussion.
 - What is 'power within'? What are some examples?
 - How can we use the power within ourselves?
 - What is 'power over'? What are some examples?
 - Why do some people have power over others?
 - What happens when people use their power over others? Is it just?
 - What is 'power with'? What are some examples?
 - Why would people join their power together?
 - What is 'power to'? What are some examples?
 - What is the difference between using power positively and using it negatively? Can you give some examples?
10. Go through the information on the types of power.
11. Ask the participants what they learned from this activity. Add any of the following key messages that they do not mention.
 - **Power can be used positively and negatively.**
 - **We all have power within us, even if sometimes we don't realize it.**
 - **Using our power over others often violates their human rights.**
 - **We can join our power with others to change our community for the better.**
 - **We all have power to do something, to act.**

LINKING SENTENCE

It is important to understand that we all have power inside ourselves as individuals and that we can come together to join our power to work for the social changes that we want. In all societies, some people are given more power than others based on social norms. This is not because they earned it or they are better than others – it is mostly based on tradition. The next activity we will look at some groups that have power in our society and try to understand the experiences of being in groups with and without power.

FACILITATOR AND PARTICIPANT INFORMATION: TYPES OF POWER

Power within is the strength that arises from inside ourselves when we recognize that we all have an equal ability within ourselves to positively influence our own lives and community. By discovering the positive power within ourselves, we are moved to address the negative uses of power that create injustice in our communities and society. We can nurture the power within ourselves, so that we can take control of our own lives and work to improve our communities.

Power over means the power that one person or group uses to control another person or group. This control can come from direct violence or more indirectly, from the social beliefs and practices that position men as superior to women. Using one's power over another is injustice. We need to understand that whenever any group uses their power over another group, it is unjust and leads to community problems, including violence, and health problems such as HIV.

Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Understanding and valuing power with can inspire us to join our power with others to support those who are disadvantaged and to work for positive change in our communities.

Power to is the belief, energy and actions that individuals and groups use to create positive change. Power to is when individuals decide to work to ensure that everyone enjoys all of their human rights, and can achieve their full potential. We can use our power to take action to create a community that supports and promotes human rights and the equality of all human beings.

ACTIVITY 4.3: POWER AND PRIVILEGE

Adapted from Helping Teens Stop Violence and Engaging Boys and Men in Gender Transformation: The Group Education Manual, Engender Health and Promundo.

Purpose: To enable participants to identify groups in their society with more or less power; to identify the privileges accorded to those in the groups with power and privilege, and the discrimination experienced by those with less power and privilege.

Objectives: By the end of the activity, participants will be able to:

- Explain what power and privilege are;
- Identify groups that have more power and those that have less power;
- Describe the ways in which groups with less power are discriminated against and how that makes them feel;
- Explain how power has to be shared for all people to enjoy their human rights.

Time: 45 minutes

Materials Needed: Flipchart paper, marker pens

Steps

1. Tell participants that this activity is about groups that have 'power over' other groups. Tell them that you are going to look at who has power in our society and what happens as a result of some groups having power over others.
2. Draw a chart with two columns on flipchart paper. Label the first column 'More power' and the second column 'Less power.' Ask the participants to provide examples of social groups that have power in our society and their counterparts that have less power. Encourage them to think of as many groups as they can. The result should include most of the following pairs as well as ethnic and religious groups with more or less power in your society. Add any that are missing that you think are important. Make sure to include **at least one of the groups starred** in the chart below.

More Power	Less Power
Adults	Children, young people
Men	Women
Rich	Poor
Parents	Children
Youth*	Children
White people	Non-white people
Boss	Worker
Teacher	Student
People without disabilities*	People with disabilities
Mentally healthy people*	People with mental illness

3. Ask participants to silently identify themselves in each of these groups. Give them a minute to do so. Then ask them:
 - Where do you find yourselves on the chart? Probing questions: Only in more power groups? Only in less power groups? (Participants should indicate that they are on both sides of the chart).
 - So do all of you know what it is like to be in a group with more power? And do you all know what it is like to be in a group with less power?
4. Then tell participants to think to themselves about one less power group they belong to. (They do not need to all be thinking of the same group). Ask:
 - How are you treated by people in the 'power' group? List their responses in a new column or on a new piece of flipchart paper.
 - How would you describe this treatment (point to the flipchart)? (Probe, if necessary, to get the response that they are treated poorly and discriminated against).
 - If it has not been mentioned already, tell them that being treated differently like this because you are in a

certain group is called discrimination. Ask: What does it feel like to be discriminated against? (List their responses on the flipchart paper).

- What are the consequences of this discrimination (point to the list)?
 - How do groups with less power want to be treated? Probing questions: Do you want to be discriminated against?
5. Tell them that you want to talk about the power group now. Tell them to think about one of more power groups they belong to. Ask them:
- How do the people in the power group act? List their responses on flipchart paper.
 - Tell them that people in groups with more power have what we call 'privileges'. Explain that **privileges** are special rights, advantages or freedoms just because they are in a power group.
 - What privileges do men enjoy just because they are men that most women do not enjoy? List their responses on flipchart paper. (Answers will depend on the specific place and culture, but may include: work outside of the home, don't need to do household chores (cooking, laundry, cleaning), don't need to take care of children and sick relatives, decide when and whom they will marry, make decisions, take on leadership roles in the community, can go out anytime, walk in the dark without fear, and so on).
 - Why do power groups have privileges? Probe: Are they better than other people? (Answer: They are not better. There is no reason except tradition or habit for them to have more power).
6. Then ask them the following questions to generate discussion:
- Do you think it is right for power groups to treat those with less power badly and discriminate against them?
 - The first article of the Universal Declaration of Human Rights says (write this on flipchart paper as you read it): 'All human beings are born free and equal in dignity and rights.' According to this right, how should power be distributed in society? Do you agree? (Ask probing questions. If they do not agree, encourage them to see that everyone deserves to be treated equally. For example: So you agree that in all cases, the people who have more power now, like white people, should have it, and be able to treat you badly?)
 - What needs to happen for everyone to enjoy this right?

Remind participants that while some groups may have **power over** us, if we believe it is not right, we all have **power within** that we can use to change the situation. When we feel unable to use our **power within** alone, we need to remember that we can join others and use our **power with**.

Note to facilitator: There are relationships in which one person legitimately has power over others. For example, parents over small children because the parents have the responsibility to take care of them and keep them safe until they are mature. Some other examples are teachers having power over their students and bosses having power over their workers. However, they also have a responsibility not to abuse their power.

7. Ask the participants to summarize the main things that they learned in this activity. Add any of the following that they do not mention.
- We all belong to or have belonged to both groups with and without power.**
 - Those with more power have privileges and are treated better than those with less power based on tradition.**
 - Discrimination against groups with less power is unjust, has serious consequences, and is a violation of human rights.**
 - Power needs to be shared equally for all people to enjoy their human rights.**

LINKING SENTENCE

When you are in a group that has been given more power by society, it is important to remember how it feels when those with more power use that power over you and treat you unfairly. We need to have empathy for other and treat them as we would like to be treated. In the next activity, we will look at the effect of power imbalances on society.

ACTIVITY 4.4: EXPERIENCING A POWER IMBALANCE

Adapted from SASA! Awareness Training Module Session 2.2 Why Power Balances Exist, Raising Voices.

Purpose: To demonstrate the effects of one group having ‘power over’ another on achieving a goal; and to experience the effects of ‘power with’ or working together equally to achieve a goal.

Objectives: By the end of the activity, participants will be able to:

- Describe the effect that power imbalances have on our ability to get things done and on society;
- Recognize the need for equality among people.

Time: 45 minutes

Materials Needed: Flipchart paper, marker pens

Preparation: Before the activity, write the following statement on a piece of flipchart paper: ‘In our community, everybody is equal; no one has the right to use their power over another person.’ Set it aside and turn it upside down so that no one can read it.

Steps

1. Explain that in this next activity, participants will experience a power imbalance. Ask for 10 female volunteers and 10 male volunteers. Tell the rest of the participants that they are members of the community. Put the three groups into their positions:
 - Ask the male volunteers to line up their chairs in the middle of the room and take a seat. Ask the female volunteers to stand in front of a guy, so that there are two lines facing each other and ten female/male pairs.
 - Ask the male participants to stand on their chairs facing their partners. Ask the female participants to put their hands behind their backs. Explain that they must stay in this position.
 - Ask the community members to surround the pairs in a circle.

Then put a piece of paper and a pen or pencil in between each female/male pair, **on the floor** in front of the chairs.
2. Ask:
 - Participants on the chairs, how do you feel standing on the chair?
 - Participants in front of the chairs, how do you feel standing before the person on the chair?
3. Explain the exercise:
 - For this exercise, the participants standing on the chairs have more power than the participants standing in front of them on the floor.
 - There is one way for the pairs to become equal. This is by drawing a perfect circle and an equal sign in the middle of that circle on the paper between them. However, the partners must do this together with both partners holding the pen— not just one of them.
 - Participants on the chairs must remain standing and cannot squat or bend over. Participants on the floor have to keep their hands behind their backs.
 - Community members watch the activity inside the circle. Remain silent until you show them the flipchart with the statement on it. At that point you will read the statement aloud to the pairs in the middle.
 - Ask if there are any questions and answer them. Then tell them to begin.
4. After 1-2 minutes, ask the participants: Is this working? Are there any perfect circles? (There will be no perfect circles).
5. Tell the participants to switch roles – the girls should stand on the chairs and the boys on the floor with their hands behind their backs. Then tell them to try to do the same exercise. After another 1-2 minutes, ask the participants: Are there any perfect circles now? (There will still be no perfect circles).
6. Ask the pairs to switch again. When the guys are back on the chairs, explain: The boys have power over the girls, but the community members think this is not right. Ask the community members to read the statement. Hold the flipchart with the statement high in the air so that everyone can see it: ‘In our community everybody is equal; no one has the right to use their power over another person.’

7. After the statement has been read, tell them that the community silence has been broken. Tell the girls standing on the floor that their hands are free now. Tell them to try to do the same exercise again. Make sure no one cheats by squatting on their chair or bending over.
8. After another 1-2 minutes, say: Things have improved but there are still no perfect circles. Boys, please balance your power with the girls by getting down from the chair. Ask: Can there be perfect circles now?
9. Allow participants to figure out how to draw the circle and then have them show their efforts to community members who can clap for them. Ask participants to return to their seats.
10. Discuss the activity by asking the following questions:
 - How did the activity make you feel?
 - When you were on the chairs?
 - Those of you who were on the floor with your hands behind your backs?
 - Those of you who were community members?
 - How did you feel when you were able to switch places and have power over the other person?
 - Did it help you accomplish your goal?
 - Do men and boys worry that sharing power means they will lose their power? Does this happen? If both people have power, does it mean one person has less?

Explain that balancing power does not mean losing power because power does not come in limited supply. It is not a quantity; it is a feeling.

- How did it feel to be equal?
 - How can we become more equal in our families and communities?
11. Ask the participants to summarize what they learned from the activity. Add any of the following key points if they are not mentioned.
 - When some people use their power over others, the two groups cannot work together well to reach their goals.**
 - The power imbalance between males and females is not healthy. It creates tension, struggle and resentment.**
 - Balancing power does not mean losing power because power does not come in limited supply. It is not a quantity; it is a feeling.**
 - Only when we speak out and reject the power imbalance between the sexes will the consequences of this imbalance on women and girls end.**
 - Men's power over women, and our silence about it, allows the discrimination against women and girls to continue.**

LINKING SENTENCE

If we want to achieve a healthy and just society and have healthy and just relationships, we need to change the power imbalance between the sexes, personally and in our community. In the next activities, we will learn more about gender, gender stereotypes and how they affect all of us.

ACTIVITY 4.5: SEX AND GENDER, WHAT'S THE DIFFERENCE?

Purpose: To define the terms 'sex' and 'gender', and to understand the difference between them.

Objectives: By the end of the activity, participants will be able to:

- Explain the difference between sex and gender;
- Identify whether a statement is about sex or gender;
- List at least two of the three differences between women and men.

Time: 45 minutes

Materials Needed: Flipchart paper, marker pens

Steps

1. Tell the participants that this session is about the difference between sex and gender. Ask them to form pairs with their neighbours and to discuss what they know about sex and gender.
2. After 2 or 3 minutes, call their attention back to the front of the room. Ask them to share what they discussed. Use their ideas to come up with a definition of 'sex' and of 'gender' similar to the following and write them on flipchart paper:

Sex is about the biology of being male or female. It is based on the biological differences between men and women.

Gender is what it means to be male or female in a specific society. It includes how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities.

Note that as long as you don't use a sexual organ to do something, it is gender.

3. Ask participants:
 - What biological differences between men and women do you know? (Answer: Men and women have: 1) different reproductive organs (for example, men have a penis, women have a clitoris); 2) different chromosomes (women have XX chromosomes and men have XY chromosomes); 3) different dominant hormones (women have more oestrogen and progesterone, men have more testosterone).
 - What are gender roles? (Answer: Gender roles are the different roles (jobs, responsibilities, behaviours) that men and women are expected to do in a specific culture based on their sex).
4. Explain that:
 - Sex is the same across the world in all cultures.
 - At birth, your sex is assigned to you based on your genitals.
 - Gender is cultural. What is expected of your gender varies by culture and changes over time.
 - Gender roles are learned as you grow up.
5. To assess the participants understanding, tell participants that you will read some sentences and they should decide if it reflects sex or gender. If they think, the sentence is about gender, they should raise their hands. Ask those who raised their hands to explain why they think the sentence is about gender. Ask those who did not raise their hands to explain why they think the sentence is about sex. Use their responses to give them the correct answer (shown in the parentheses).
 - Girls are gentle; boys are rough. (Gender)
 - Women give birth to children; men don't. (Sex)
 - Women do most of the housework. (Gender)
 - Boys' voices change a lot during puberty. (Sex)
 - Women should not make decisions independently. (Gender)
 - Women's risk of HIV often depends on their partners' sexual behaviour. (Gender)
 - Men can only feed babies using bottles. (Sex)
 - It is important to have male children. (Gender)
6. Ask participants:
 - What is another statement linked to sex?
 - What is another statement that shows gender?

- Have gender roles changed over the last 20 years in your community? How?
7. Tell participants that there are only three important differences between men and women. Ask them if they know what they are. List the correct answers (shown below) on flipchart paper and add any that they do not mention.
 - 1) Only men can make women pregnant.
 - 2) Only women can get pregnant and give birth to babies.
 - 3) Only women can breastfeed.
 8. Ask participants what the main points of the activity were. Add any of the following that they do not mention:
 - Sex is the biological state of being male or female. A person's chromosomes, anatomy and hormones determine their sex. It is the same everywhere in the world and usually does not change.**
 - Gender is what it means to be male or female in a specific society, including how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities. It is culturally determined; it varies across the world and changes over time.**
 - The only things that men cannot do are to give birth to a child and to breastfeed a child.**
 - A woman can do anything she decides to do, except make another woman pregnant.**

LINKING SENTENCE

Knowing that gender is something that is created by society, that it varies from culture to culture and that it changes over time, we can realize that it is something that we can also work to change. In the next activity, we will think about gender stereotypes, their impact on us and how society tries to reinforce them.

FACTILITATOR & PARTICIPANT INFORMATION: The Difference between Sex and Gender

SEX	GENDER
Biologically determined by our chromosomes (XX or XY); anatomy (penis, testes or vagina, ovaries, uterus); predominant hormones (e.g. more testosterone or more oestrogen)	Socially constructed roles, responsibilities, behaviours expected of men and women.
Universal: Factors related to sex are the same around the world — men have penises and women have vaginas in every country.	Cultural: Gender roles vary within and between cultures; the roles of men and women in the United Kingdom are different from the roles of men and women in Zimbabwe.
Born with: Generally unchanging (although change is now possible with hormones and surgical intervention).	Learned behaviour: Changes over time. For example, in the past, few women became lawyers or physicians; today it is more common to find women in these professions.

Sex has more than one meaning. First, it means whether a person is biologically male or female. A person’s sex is assigned at birth based on their genitals. It is also short for sexual intercourse.

Gender roles refers to the different roles and behaviours that a society expects of men and women. These are based on what a specific society believes about what men and women can or cannot do. Some examples, include women should cook, clean, care for children and the sick; men should earn money and repair things. While traditional gender roles still have a strong influence on many people, they are also changing a lot. For example, until recently, some countries would not allow women to join the army.

Stereotypes are rigid and oversimplified beliefs about groups of people. They are not based on fact, but on assumptions, usually learned from others. Examples of stereotypes are ‘men cannot be cooks’ or ‘women do not make good mechanics’.

There are three differences between men and women based on the differences in their bodies:

- Only women can get pregnant and give birth.
- Only women can breastfeed.
- Only men can make women pregnant.

Other statements about the differences between men and women as a group are stereotypes.

Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person’s biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However, some people feel that they are in the wrong body. They are **transgender**. Some say that they have a female brain trapped in a male body, or the other way around. Some identify with neither genders; some identify with both genders; while others feel they cannot relate to the idea of gender at all. Some transgendered people change their sex by taking hormones and having surgery.

People who have **intersex** conditions have anatomy that is not considered typically male or female. They have variations or differences in their chromosomes (such as XXY, XXX, XYY), hormones (endocrine functions), their gonads (testis or ovaries) and/or other reproductive anatomy, such as a very small penis or very large clitoris.

ACTIVITY 4.6: ACT LIKE A LADY, ACT LIKE A MAN

Adapted from Helping Teens Stop Violence and Engaging Boys and Men in Gender Transformation: The Group Education Manual, Engender Health and Promundo.

Purpose: To identify gender stereotypes for men and for women; to understand how people are treated when they do not conform to these stereotypes and relate that to how these stereotypes are reinforced; to understand the consequences of gender roles and stereotypes on personal development.

Objectives: By the end of the activity, participants will be able to:

- Name some of the rules of behaviour for men and for women;
- Explain how society uses violence to keep people inside their 'gender box';
- Discuss at least two negative effects that these gender rules have on the lives of women and men

Time: 60 minutes

Materials Needed: Flipchart paper, marker pens

Steps

1. Tell participants that in this activity we are going to look more closely at gender roles and how they affect us.
2. Ask the participants if they have ever been told to 'act like a man' or 'act like a lady.' Then ask them: What are guys being told to do or not to do when someone says 'act like a man' or 'be a man'? Use the following questions to get them to think more deeply, if needed:
 - What behaviours do they want to see?
 - What behaviours do they NOT want to see?
 - What characteristics should men show?
 - What does 'act like a man' mean when talking about sexuality?

List all of the characteristics named on the board or on chart paper, as follows:

ACT LIKE A MAN
Be tough In control Hide your feelings Don't cry Show anger Have sexual intercourse Make money Be able to fight

3. When they have finished responding, draw a box around the entire list and label it 'Act like a Man.'

Tell the participants: We call this the 'Act like a Man box.' Inside this box are some of the rules that society has created for boys and men. All boys are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box. **Note to facilitator:** It is important to emphasize this point.

4. Ask:
 - Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
 - How does living in the box affect a man's health?
 - How does living in the box limit men's lives?
5. Go through the same process for young women, listing their answers on a new piece of flipchart paper. Ask: What girls and women are being told to do or not to do when someone says 'act like a lady' or 'be a lady.' Using the following questions to encourage them to think more deeply, if needed:
 - What behaviours do they want to see?
 - What behaviours do they NOT want to see?
 - What characteristics should women show?

- What does 'act like a lady' mean when talking about sexuality?

ACT LIKE A LADY
Be sweet Sexy, but not too sexy Passive Listener Smart, but not too smart Caretaker Polite

6. Draw a box around the entire list and label it 'Act like a Lady.' Tell the participants: This is the 'Act like a Lady box.' Inside this box are some of the 'rules' that society has created for women. All girls are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

Note to facilitator: Again, emphasize this point.

7. Ask:
 - Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
 - How does living in the box affect a woman's health?
 - How does living in the box limit women's lives?
8. Then ask the participants: What are these rules called? (Answer: Gender norms and stereotypes)

Use their response to come up with the following definitions and write them on flipchart paper:

- **Gender norms** are the things that society has decided should be 'normal' for men and women.
- **Stereotypes** are generalizations about groups of people that are not based in fact.

Explain that when we assume or think that all people in a group are the same, it is a stereotype. For example, 'men are strong' is a stereotype. In fact, not all men are strong.

9. Now ask the following questions:
 - What put-downs or names are young women called when they don't fit into the box? For example, what happens when a girl is too tough? (For example, bitch, tomboy, slut, fool, and many others).

Write these put-downs on the board or flipchart paper on the right side of the Act Like a Lady Box (see the example below)

- What physical or other things might be done to young women who don't fit in to the box? (Answers: Rape, being beaten, molested, killed, rejected, hit, pinched, whistled at, job discrimination, bullying, teasing and many others).

Write these down on the board or flipchart paper on the left side of the box.

- What put-downs or names are young men called when they don't fit into the box or try to escape the box? (Coward, dum-dum, wimp, girl and many more).

Write these put-downs on the board or flipchart paper on the right side of the Act Like a Man Box.

- What physical or other things might be done to young men who don't fit in to the box? (Fights, being beat-up, ignored, bullied, teased, ignored and more).

Write their responses down on the board or flipchart paper on the left side of the box.

	Act Like a Lady	
Tom-boy	Be Sweet	Beaten up
Loose	Sexy but not too sexy	Molested
Lazy	Passive	Hit
Idiot	Caring, caretaker	Pinched
	Listener	Whistled at
	Clean	Killed
	Polite	Rejected
		Bullied
		Teased
	Act Like a Man	
Coward	Be in control	Fights
Gay	Hide their feelings	Beaten up
Moron	Don't cry	Discriminated
Madman	Show anger	Bullied
	Make money	Teased
	Be strong	Ignored

10. Point to the ways that young men and women are treated when they step out of the box and tell participants that all of this violence is based purely on gender – it is what is part of called **gender-based violence**. Take the box that you brought and put it on the floor in the middle of the room and emphasize to the participants:

Society is using this violence and name-calling to tell you to **get in that box and stay in there. Get in the box!!! Don't come out!**

- How does this affect you?
- Do you want to live in a box?
- Can you be yourself? Can you be free? (If needed, use an example, if guys cannot show their feelings, what might they do instead? (For example, drink alcohol)
- Is it right to be violent to people who don't stay in the gender box?
- What do you think we should do about these gender boxes we are being forced to live inside? Why?

Get different participants' opinions and allow them to discuss. Ask questions to help them understand that for our own well-being, gender norms need to change – that we need to work towards gender equality. Such as: Is being pushed into this box helping us or hurting us? (Point to the stars next to the harmful rules in the gender boxes)

- How can we get rid of these boxes and be our true selves?
11. Ask participants to summarize what they learned from this activity and discussion. Add any of the following key messages that they do not mention:
- Be yourself. Don't live in the gender box!**
 - Stereotypes are generalizations about groups of people that are not based in fact.**
 - Gender role norms and stereotypes (or gender rules) harm us and keep us from being ourselves.**
 - Society uses violence and name-calling to make people conform to gender norms (stay in the gender box).**
 - We need to change gender roles and norms.**

LINKING SENTENCE

Gender roles limit the lives of men and women and keep our communities from benefiting from everything that men and women have to offer as community members. It is important for all of us to think about who we really are and want to be and what type of relationships we want to have. We do not need to follow gender role stereotypes if we do not want to.

ACTIVITY 4.7: CHALLENGING GENDER STEREOTYPES

Purpose: To challenge participants thinking about gender stereotypes and to get them to think about how gender roles can be changed.

Objectives: By the end of the activity, participants will be able to:

- Describe at least two things the other sex wants to change about gender roles;
- Express some understanding of and empathy for the experiences of the other sex;
- Discuss how they want gender roles to change;
- Explain at least two things that they can do to challenge gender roles.

Time: 75 minutes

Materials Needed: Flipchart paper, marker pens

Steps

1. Explain that this activity is called a fishbowl. Some participants will sit in the centre – ‘in the fishbowl’ - and discuss a topic. The others will listen. Then you will change places. Tell them that the discussion topic is gender.
2. Start with the boys. Make a circle of chairs in the centre of the room – just enough for each boy to have a chair. Invite the boys to sit in the chairs. Ask the girls to stand outside the circle.
3. Tell them that you will ask them some questions and the boys will discuss among themselves. The girls will listen – tell them to act like they are not there. Ask the following questions, one at a time, and give them time to discuss. When the discussion slows down, ask the next question.
 - What is the most difficult thing about being a man in Zimbabwe?
 - What beliefs about men make you angry or frustrated?
 - What accurate information should replace those beliefs?
 - What do you wish girls understood about boys?
 - What kind of man do you want to be?
 - What changes do you want to see in men’s roles? In the behaviours that are expected of men?
4. Now ask the girls if they have any questions they would like to ask the boys about gender. Take 2-3 questions from the girls.
5. Have the girls and boys change places, so the girls are sitting in the circle of chairs and the boys are on the outside listening. Use the same process as for the boys, asking the following questions:
 - What is the most difficult thing about being a woman in [name of country]?
 - What beliefs about women make you angry or frustrated?
 - What accurate information should replace those beliefs?
 - What do you wish boys understood about girls?
 - What kind of woman do you want to be?
 - What changes do you want to see in women’s roles? In the behaviours that are expected of women?
6. Now ask the boys if they have any questions they would like to ask the girls about gender. Take 2-3 questions from the boys.
7. Bring the whole group back together and ask the following questions:
 - What was it like to be in the fishbowl? How did you feel?
 - What was it like to observe the discussion? How did you feel?
 - What surprised you?
 - What did you learn about the other gender?
 - Who can summarize what the boys want to change about being a man?
 - Who can summarize what the girls want to change about being a woman?
8. Explain that in order for society to develop and for everyone to enjoy all of their human rights, we need to work towards gender equality. Let’s make a list now of the new men and women we want to see – what ‘transformed’ men and women will be like.

Take a piece of flipchart paper and make a column for men and one for women. Label them ‘Transformed Men’

and 'Transformed Women.' Ask the participants to list characteristics of men who are 'living outside the box'. Record their answers (see example below). After you get seven or so responses, ask the participants to list the characteristics of women who are 'living outside the box.' Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

Transformed Men

- Are loving
- Show caring
- Communicate honestly
- Express their emotions appropriately
- Practice safer sex
- Treat partner with respect
- Treat both women and men with respect
- Speak out in favour of gender equality

Transformed Women

- Are loving
- Show caring
- Communicate honestly
- Express their emotions appropriately
- Practice safer sex
 - Treat partner with respect
 - Treat both women and men with respect
 - Speak out in favour of gender equality

9. Finally ask the following questions:

- How can you, in your own lives, challenge some of the ways men and women are expected to act?
- What can we do to start changing gender roles? List their responses on flipchart paper.

10. Ask the participants what they understand about gender from this activity. Add any of the following key points that they don't mention:

- ❑ **You should be yourself. You do not need to follow gender roles.**
- ❑ **We need to work to change gender roles and gender-based inequality.**



ACTIVITY 4.8: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of gender roles, stereotypes and gender equality.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on gender. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to answer the questions in the worksheet. They should write the answers in their exercise books.

WORKSHEET: WHAT I LEARNED ABOUT GENDER

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What is the most important thing you learned about gender from this unit?
2. Why is this information important to you?
3. How will it influence your behaviour as you move forward in your future?

For low-literate groups:

4. Ask participants to close their eyes and make a promise to themselves about what they will change related to gender.



Parenthood
wait for the right time
Dzora speed

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SECTION TWO: WHERE AM I GOING?

UNIT 5: PLANNING FOR THE FUTURE

PURPOSE AND OBJECTIVES

This unit assists young people to think about setting clear goals for their future and to identify obstacles that may affect the achievement of their goals. The unit will also help young people to recognise the influence of gender stereotypes on their vocational choices and to consider some different work options.

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

- Explain their short and long term goals
- Identify how gender stereotypes can affect vocational choices
- Describe their work options
- Discuss the kind of work they are interested in and what they need to do to reach their career goals

ACTIVITIES

Warm up – The Letter	10 minutes
Understanding Short and Long Term Goals	20 minutes
Setting Goals	40 minutes
Gender Roles and Vocations	30 minutes
Work Options	45 minutes
Start with What You've Got	40 minutes
Conversation Circle and Commitment	20 minutes

3 hours and 25 minutes

ACTIVITY 5.1: WARM UP – THE LETTER

Purpose: To have fun and move around the room

Time: 10 minutes

Steps

1. Ask participants to sit in a circle with their chairs.
2. Explain that you are the postman and you have a letter for certain people in the group.
3. Start by saying 'I have a letter for all participants wearing jeans or T-shirts or black shoes (choose something common to most people in the group).'
4. Those people who fit the description then have to move and find another seat. You should also find a seat which means that someone will be left standing.
5. The person left standing becomes the postman and the game continues.

ACTIVITY 5.2: UNDERSTANDING SHORT AND LONG TERM GOALS

Purpose: To understand the difference between short and long-term goals and to identify goals which are easier to achieve and the possible reasons for that.

Objectives: By the end of the activity, participants will be able to:

- Explain what a goal is;
- Explain the difference between short and long term goals;

Time: 20 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Write the following short-term and long-term goals on separate pieces of paper. Label the short-term goals 'A' and the long-term goals 'B'.

A. Goals: Short term

I want to go to the Youth Friendly Centre with my friends on Saturday.

My sister wants to buy sanitary pads.

I want to get a new pair of shoes.

My mom wants to go to town next weekend.

B Goals: Long term

My brother wants to get married.

I want to work as a hair dresser.

My sister is in Form 1 and wants to go to university.

I want to have my own business.

Steps

1. Tell the participants that this unit is on planning for their future. Read the following quote from American children's book by Dr. Seuss:

"You have brains in your head. You have feet in your shoes. You can steer yourself any direction you choose. You're on your own. And you know what you know. And YOU are the one who'll decide where to go..."

Ask them if they agree with it or not and give reasons. Allow only a short discussion.

2. Write the word 'goal' on a flipchart and ask teens to brainstorm what they think the word means. List their responses on flipchart.
3. Use their responses to come up with a definition similar to the following:

A **goal** is the result that a person wants to achieve through their work.

Explain that it is something a person works to accomplish. It can be something they want to do, a place they want to go, something they want to have, or a personal quality or skills they want to develop.

4. Ask for eight volunteers and give each one of the goals you prepared. Mix them up so that they are not in order. Ask each volunteer to read out their goal so that everyone can hear. Ask the others to listen carefully and see if they can figure out what the difference is between the A goals and the B goals.
5. Ask the participants:
 - What is the difference between the 'A' goals and the 'B' goals?
 - Which of the two can be achieved more easily? Why?
6. Then ask:
 - How would you define a 'short-term goal'?

Use their responses to come up with a definition similar to the following:

Short-term goals are those that can be accomplished in a short period of time, such as a day, or

even a month.

- How would you define a 'long-term goal'?

Use their responses to come up with a definition similar to the following:

Long-term goals are those that need a longer period of time to accomplish – six months to several years or more.

- What is the purpose of having goals in life? (Answers: They give direction and purpose to life; guide decisions in life; make life more interesting, give us motivation and hope).

Tell the participants that most long-term goals are achieved step by step and not all at once.

7. Ask for questions or comments and discuss these.
8. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - ❑ **Setting goals is a good way to focus one's energy and efforts.**
 - ❑ **Short-term goals are easier to achieve.**
 - ❑ **Long-term goals call for more planning.**

LINKING SENTENCE

Goals are part of life. Everyone sets different goals for themselves at different stages of their lives. Understanding the difference between short and long-term goals makes it easier for a person to set the right goals for themselves, at the right time.

ACTIVITY 5.3: SETTING GOALS

Purpose: To practice setting goals

Objectives: By the end of the activity, participants will be able to:

- State one long-term goal they have;
- Discuss two things that could prevent them from achieving their goals;
- Explain what they would do if something got in the way of achieving their goals.

Time: 40 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Write the following questions on a piece of flipchart paper:

- What could delay or prevent us from achieving our goals?
- How would this affect our plans?
- How could we deal with these problems - what would we do?
- How can we still achieve our goals or what new goals would we have to set?

Steps

1. Divide participants into small groups of 4. Tell them to each think of one long-term goal that they would like to achieve in the next 5 years. Explain that they do not need to select one goal as group, each person should just think about their own goal and answer the questions. Post the flipchart paper with the discussion questions on it and ask them to discuss the following questions in their groups:
 - What could delay or prevent us from achieving our goals?
 - How would this affect our plans?
 - How could we deal with these problems - what would we do?
 - How can we still achieve our goals or what new goals would we have to set?
2. After 15 minutes bring the groups back together and let them share their responses.
3. Use the following questions to stimulate discussion:
 - Who is actually in control of your life now? Probing question: Who decides what goals you want to achieve?
 - When it comes to life plans, which years are difficult to think about? Why?
 - What would change about your future if you became a parent this year or next? How would your goals change? Why? Who or what would be in control then?
 - If becoming a parent now would upset your plans, what can you do? (Answer: You can prevent the pregnancy).
 - If you are a parent or will become one soon, should you give up on your goals? Why or why not?
 - How can you plan for unforeseen incidents? (Answer: Have some alternative plans; be flexible in your planning).
4. Ask participants to summarize what they learned from the activity. Add any of the following points if not mentioned.
 - Be flexible in planning so that if something goes wrong, you can adjust your plan or focus on another goal. You can have alternative plans.**
 - As you grow up, you become more and more in control of your own life.**
 - You can set your own goals and work towards them.**
 - If you imagine the obstacles that could come up, you may be able to prevent them or plan for what you would do if they happen.**

LINKING SENTENCE

If you fail to plan, you plan to fail! Setting goals is like making decisions for your future. Young people often set goals related to the work they want to do when they are older. There are many jobs that a person can do. Some jobs are gender stereotyped, but we should not let gender stereotypes keep us from doing the work that we really want to do.

ACTIVITY 5.4: GENDER ROLES AND VOCATIONS

Purpose: To look at how gender influences choices of work, training and professions for both males and females.

Objectives: By the end of the activity, participants will be able to:

- List gender stereotyped jobs in their culture;
- Explain how gender-based stereotypes about jobs limit people.

Time: 30 minutes

Materials needed: Flipchart paper, marker pens

Steps

1. Ask participants:
 - What are some gender stereotypes about the kinds of job that men and women should have?
 - How do these stereotypes affect our work choices?
 - Is this effect positive or negative?
 - Are these stereotypes true? Why not?

If necessary, remind the group that one damaging result of stereotypes is that they limit us. The belief that only men can do certain jobs and only women can do other ones is based on tradition and not on fact. In other cultures, it may be different. So, it doesn't have to be that way.

2. Divide participants into three groups. Give each group a piece of paper and ask them to brainstorm and develop a list of:
 - 10 people from anywhere in the world who are well known or popular – male and/or female.
 - 10 African men who are well known or popular.
 - 10 African women who are well known or popular.
3. After a few minutes, ask the groups to give you the names on their lists. Write these on flipchart paper under the relevant heading.
4. Generate a general discussion by asking participants the following questions:
 - Which of these three lists was the easiest to compile? Why?
 - Which was the hardest to compile? Why?
 - What do you notice about the first list?
 - What kinds of jobs or professions do the women on your list have? What about the men?
 - Which of the males or females on these lists have non-traditional careers?
 - If you want to do a job that is stereotyped as 'not for your gender', what should you do?
5. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - Beliefs about the type of work that men and women can or should do can affect our choices about what to study and what work to do.**
 - Sometimes people do not pursue the jobs they really want because of these gender stereotypes.**
 - We can go against these stereotypes to do the work that we want to do.**

LINKING SENTENCE

If you are passionate about an area of work, you should not let gender stereotypes prevent you from pursuing it. Before trying to get work, it is useful to have some knowledge about the world of work. Let us now look at the different work options that people have.

ACTIVITY 5.5: WORK OPTIONS

Purpose: To explore the career or work choices that young people have and to identify what they need to be suitable for different career choices.

Objectives: By the end of the activity, participants will be able to:

- Explain the difference between employment, entrepreneurship and volunteerism;
- Discuss the advantages and disadvantages of each;
- Explain which one they think suits them the best and what they would need to be qualified for that option.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Before starting the activity, prepare the three sheets of flipchart paper as follows:

Group 1:

Advantages		
Employment	Entrepreneurship	Volunteerism

Group 2:

Disadvantages		
Employment	Entrepreneurship	Volunteerism

Group 3:

Qualities/Skills Needed		
Employment	Entrepreneurship	Volunteerism

Steps

1. Tell the participants that there are three main areas for starting a career. Write the words **Employment**, **Entrepreneurship** and **Volunteerism** on flipchart paper. Ask participants to share their understanding of what the words mean.
2. Use their responses to come up with definitions similar to the following. Add to what they say. For each, ask participants to give examples of the kind of job or work that falls into that category.

Employment means you work for someone else. You are an employee and receive a regular salary. You may also receive benefits such as a pension fund, medical aid or insurance, travel, study or car allowance. Not all employers provide all of these benefits. You will most likely have regular work hours, but there may be times when you are required to work on weekends or public holidays.

Entrepreneurship means you are self-employed. You have your own business and are your own boss or you are a partner in a business. You sell your services or goods to those who need and can pay for them and you set your own work hours. You have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service.

Volunteerism means you work without earning any pay or specific benefit. You do the work because you enjoy it, because it is meaningful or important to you or to learn a skill or get experience. You may get a small allowance.

3. At the end of the discussion, divide participants into 3 groups. Give each group one of the flipchart papers that you prepared and tell them to write their points under the different headings.
4. After 2 minutes ask each group to:
 - Leave their flipchart paper;
 - Move left to the next flipchart paper; and
 - Read through what is written there and add any additional points.
5. After 2 minutes, tell the groups rotate again.
6. After another 2 minutes, tell the participants to return to their original seats. Have each group present what is written on their flipchart paper. Then ask them to discuss the following in their groups (write these questions on flipchart paper):
 - Do I have the qualities or skills needed for any of these areas right now?
 - Which of these three am I most suited for right now? Why?
 - What do I need to be suitable for the others?
7. After 8-10 minutes, get the group together and ask them to share their discussions. Spend more time on the last question and list their responses to it on a piece of flipchart paper under the heading 'Career Development: Young People's Needs.'
8. Stimulate general discussion by asking:
 - How can you get the skills, knowledge, and experience that we listed here?
 - Do you need to have all of those things to be suitable?
 - What concerns or worries do you have about your future options?
9. Ask participants to copy the list of needs they identified in their exercise books and add their own ideas about how they can meet them.

WORKSHEET: MY CAREER GOALS AND HOW TO ACHIEVE THEM

Copy the list of career needs and goals discussed in the group and the suggestions made on how to achieve them.

Need

How to achieve it

10. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - It can be hard to get employment without skills and experience.**
 - To start your own business, you need money and business skills.**
 - Volunteerism can give you a lot of experience and skills for work.**
 - Many employers recognize volunteer activities as experience.**

LINKING SENTENCE

This activity shows that we need a lot of different things in order to be successful in employment or entrepreneurship. It is natural to feel downhearted because you think that you don't have the skills or training needed and that it would be difficult to get these. But it may not be as hard as you think. We will now look at how you can gain more knowledge and skills without being a paid employee.

ACTIVITY 5.6: START WITH WHAT YOU'VE GOT

Purpose: To identify the natural abilities and qualities we already possess that could help us achieve our goals.

Objectives: By the end of the activity, participants will be able to:

- Explain at least three abilities and three qualities that they have;
- Describe how they can use their abilities and qualities to earn money or further develop themselves.
- Describe the goal they have set for themselves.

Time: 40 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Think of your abilities and qualities so that you are prepared to share them in step 2.

Steps

1. Brainstorm the meaning of 'ability' and 'quality'. Ask for examples of each and check participants' understanding. If necessary, clarify what the two terms mean.

Ability is the talent, skill or competence to do something. It may be gained through training or education or it may be a natural ability.

Quality is a personal characteristic or attribute such as enthusiasm or persistence.

2. Ask participants to open their exercise books. Read through the instructions step by step and make sure that participants understand before they begin. Give an example of one of your abilities and qualities before the group starts.

WORKSHEET: START WITH WHAT YOU'VE GOT	
1. Think about yourself for a few minutes, then fill in the boxes below:	
A. My Abilities (list 3 below)	B. My Good Qualities (list 3 below)
Things I can do well or am great at:	
2. Choose one item from column A and write how you could use this to a) earn money, or b) gain more skills/ knowledge.	
3. Look at the qualities listed in column B and decide if you have what it takes to achieve what you wrote in 2 above. If yes, set one goal for yourself using that ability. If not, repeat steps 2 and 3 until you have set one goal that is realistic and achievable. Write that goal below. You will be asked to share this with the group.	
MY GOAL:	

3. When the participants are finished, invite them to share their abilities, qualities and goal.

4. Generate a discussion using the following questions:
 - How do you feel about yourself when you look at your abilities and qualities?
 - How do you feel when you compare your qualities and abilities with the career development needs from the previous activity?
5. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.
 - **Each person has a natural gift or talent that can be used to earn money.**

ACTIVITY 5.7: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned and to make a commitment to use what they learned to plan for their future.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on planning. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to write what they learned about planning their future.

WORKSHEET: WHAT I LEARNED ABOUT PLANNING MY FUTURE

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What are your plans for your future?
2. Write a commitment or promise to yourself related to planning for your future. You will not be asked to share this with the group. What are the steps you intend to take to make sure that you achieve this goal or these goals?

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about what they will change in terms of planning for their future.



CONCLUDING NOTES TO UNIT 5

As young people, having goals and a plan for the future is important. They will help you to know what to focus on and to make good choices about how to spend your time. Young people still have many opportunities for training and learning. It is important for you to take advantage of these while you can. Focus first on learning as much as possible about different things that interest you, so that you can develop a range of skills and get new knowledge to use in your work life. Taking opportunities to volunteer can help you build your skills and experience and may sometimes lead to paid work or to other opportunities.



UNIT 6: RELATIONSHIPS

PURPOSE AND OBJECTIVES

This unit examines different kinds of relationships and helps participants to understand what builds or destroys a relationship. In this unit we will look at the qualities of an ideal partner as well as the arguments for and against having sexual intercourse as a teenager. How to stay safe when using social media is also addressed.

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

- ➔ List and explain their relationship rights and responsibilities;
- ➔ Explain behaviours that can build or harm relationships;
- ➔ Discuss the types of problems that can happen when people use social media;
- ➔ Explain how to stay safe when using social media;
- ➔ List the qualities that they are looking for in a romantic partner, including the person's attitudes towards sex and protection;
- ➔ Identify the pros and cons of having sex as a teenager;
- ➔ Identify the different types of peer pressure;
- ➔ Demonstrate how to handle peer pressure effectively;
- ➔ Describe the behaviours that would lead them to end a relationship and why.

ACTIVITIES

Warm up – The Human Web	10 minutes
Relationship Rights and Responsibilities	75 minutes
Building Healthy Relationships	45 minutes
Peer Group Relationships	45 minutes
Being Smart about Social Media	60 minutes
Weighing the Options	45 minutes
Don't Pressure Me	90 minutes
When Would You End it?	75 minutes
Conversation Circle and Commitment	20 minutes

7 hours and 45 minutes

ACTIVITY 6.1: WARM UP – THE HUMAN WEB

Purpose: To focus participants on the complexities of relationships and the need to work together to solve most problems.

Time: 10 minutes

Steps

1. Ask participants to stand in a circle with their arms stretched out in front of them.

Note to Facilitator: If working with a large group do this activity in two or more small groups, either simultaneously if there is enough space, or one group after the next. There should be no more than 12 participants in a group.

2. Tell the participants to reach across the circle and grab hold of the hands of **two different people on the other side of the circle**. Emphasize that they should make sure they are holding the hands of two different people.
3. Now tell them that their task is to work together as a team to untangle themselves without letting go of each other's hands.
4. If they did not follow the instructions well, for example, some are holding the hands of people to their sides and not in front of them, ask the groups to start again.
5. Let participants return to their seats when they have succeeded or when the time is up.

ACTIVITY 6.2: RELATIONSHIP RIGHTS AND RESPONSIBILITIES

Purpose: To introduce rights and responsibilities specifically related to relationships and to apply those rights to specific situations that can come up in relationships.

Objectives: By the end of the activity, participants will be able to:

- Explain at least three of their relationship rights
- Explain at least two of their relationship responsibilities
- Identify situations in which their relationship rights are being violated

Time: 75 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or Glue

Preparation: On a piece of flipchart paper, write the following:

Relationship Rights:

- The right to ask for what I need or want.
- The right to say no without feeling guilty.
- The right to be myself.
- The right to always be treated with respect and as an equal.
- The right to protect my sexual health.

On another sheet of flipchart paper write the following:

Relationship Responsibilities:

- Respect the rights of others.
- Accept responsibility for myself and my actions.
- Always treat others with respect.

Steps

1. Introduce the new unit on relationships. Then introduce the activity by telling participants that this activity is about their relationship rights: what they are, how to exercise them, and why they are important. To review the definition of rights, ask: Can someone remind us what a right is? (Answer: A right is something that all people are entitled to, or have the freedom to do, just because they are human beings).
2. Tell them that now we are going to look at some rights that people have in relationships. Put up the flipchart paper you prepared with the 'Relationship Rights' and ask a participant to read the first one: **The right to ask for what I need or want.**

Get one or two examples of what it means in a relationship by asking participants: What is an example of what this right means in a relationship?

Note to Facilitator: If participants have difficulty coming up with examples, give them one example from the Participant Information: Relationship Rights and Responsibilities below. Then ask them for another example. Make sure that their suggestions are good examples of this right.

3. Follow the process in step 2 for the next four rights.
 - **The right to say no without feeling guilty.**
 - **The right to be myself.**
 - **The right to always be treated with respect and as an equal.**
 - **The right to protect my sexual health.**
4. Post the flipchart paper that you prepared with the 'Relationship Responsibilities' on it. Explain to the participants that just as we learned when we discussed human rights, rights also come with responsibilities in relationships. Ask a participant to read the first one: **Respect the rights of others.**

Ask the participants: What is an example what this means when you are in a relationship? Get one or two examples only.

5. Follow the process in steps 4 for the other responsibilities.

- **Accept responsibility for myself and my actions.**
 - **Always treat my boyfriend or girlfriend, husband or wife with respect.**
6. Ask participants to turn to open their exercise books and write down the rights and responsibilities in the box below. Then ask them:
- Do you have any questions about these rights and responsibilities?
 - Do you think they apply equally to everyone? To both women and men?

INFORMATION: RELATIONSHIP RIGHTS & RESPONSIBILITIES

Everyone has the following rights in their relationships:

- **The right to ask for what I need or want.**
 - To ask someone to go out with me (to ask for a date)
 - To suggest activities
 - To tell my partner (boyfriend or girlfriend, husband or wife) when I need affection
 - To tell my partner what my limits are (what I am willing or not willing to do)
 - To tell my partner when I need time for myself
 - To ask my partner to use a condom or other protection
- **The right to say no without feeling guilty.**
 - To refuse to go out with someone
 - To refuse any activities, even if my partner is excited about them
 - To refuse any sexual activities at any time, for any reason, even if I have done them before
 - To end a relationship for any reason I choose
 - To refuse to lend money
 - To refuse to take responsibility for my partner's behaviour, choices, mistakes, or acts of violence
- **The right to be myself.**
 - To wear what I want
 - To eat what I want
 - To have my own opinions and say what I think
 - To have and express my own feelings
 - To decide how much time I want to spend with my partner
 - To set my own limits and act according to my own values
 - To be in charge of my own body, property, boundaries, and privacy
 - To have friends, activities, and time apart from my partner
 - To make my own decisions and change my mind
- **The right to always be treated with respect and as an equal.**
 - To feel comfortable being myself
 - To have my decisions, limits, and values respected
 - To not be criticized, put down or insulted, or treated as a servant or property
 - To have a partner who values me, encourages me, and wants the best for me
 - To be listened to seriously and not be interrupted
 - To participate fully in decisions affecting me
 - To have a partner who gives as much to me as I give to him/her
 - To have my needs treated as equally important as my partner's needs
 - To pay for my own things
 - To let someone pay for me without owing them something in return
 - To feel safe in the relationship and not be abused physically or emotionally
- **The right to protect my sexual health.**
 - To prevent unplanned pregnancy and STIs, including HIV
 - To refuse unprotected sexual activities
 - To get reliable sexual health information
 - To access reproductive health services
 - To decide freely and responsibly the number, spacing and timing of children

These rights come with responsibilities. Everyone has the responsibility to:

- **Respect the rights of others.**
 - Accept gracefully when someone refuses me.
 - Not to put others at risk for disease or pregnancy.
 - Share the results of my STI and HIV tests with my current and future sexual partners, if any.
 - Not to use physical or emotional force or violence to get someone to do something.
 - Not to abuse someone physically, sexually, emotionally or financially.
- **Accept responsibility for myself and my actions.**
 - Determine my own limits and values.
 - Check my actions and decisions to decide if they are good or bad for me.
 - Communicate clearly and honestly.
 - Admit to being wrong when appropriate.
 - Protect myself from unplanned pregnancy, STIs and HIV.
 - Get the information and services I need to protect myself.
 - Get tested for HIV and STIs, if I am sexually active.
 - Ask for help when I need it.
- **Always treat others with respect.**
 - Not to exert power or control in the relationship.
 - Never hurt my partner physically or abuse him or her verbally or emotionally.
 - Not to be controlling or manipulative in my relationship.
 - Respect my partner's limits, values, feelings, and beliefs, including his or her decisions concerning sexual activity and affection.
 - Involve my partner in decisions and be willing to compromise (find decisions and solutions that we both agree on).
 - Give my partner space to be his or her own person.

7. Tell the participants that they are now going to apply these rights to some specific situations that can come up in relationships. Then do the examples together as follows:
- Read the example.
 - Ask which rights are being violated in the situation.
 - After participants respond, ask them why.
 - Then ask if everyone agrees and discuss until there is agreement about whether that right is being violated or not.
 - Then ask if there are any other rights that are being violated and follow the same procedure.
 - Finally ask: If this happens to you, what can you do to stand up for your rights?

Note to Facilitator: Use the Facilitator Information: Answer Guide to Putting Rights into Action below to guide you.

WORKSHEET: PUTTING RIGHTS INTO ACTION

Instructions: Read the situation. Use the information on Relationship Rights and Responsibilities to identify which rights are being violated. Then answer the questions.

1. Your boyfriend or girlfriend works and you don't. When you go out, your girlfriend or boyfriend always pays. Now he or she is saying that you owe him or her sex.

Rights being violated and why:

What can you do to stand up for your rights?

2. You want to use a condom, but your girlfriend or boyfriend is refusing.

Rights being violated and why:

What can you do to stand up for your rights?

3. When you are apart, your girlfriend or boyfriend texts you ALL the time to find out who you are with and what you are doing. If you don't text back immediately, she or he gets angry.

Rights being violated and why:

What can you do to stand up for your rights?

4. Often when you say what you think, your girlfriend or boyfriend rolls their eyes or makes a face.

Rights being violated and why:

What can you do to stand up for your rights?

8. Complete the remaining situations together.

9. Then ask:

- Did anyone identify any other rights that are being violated? Why do you think so? Discuss until there is agreement about the rights being violated.
- What can you do to stand up for your rights?
- What other ideas do people have?

10. Ask the whole group the following questions and generate a discussion:

- What do you need to do if you want to enjoy your rights?
- What do other people need to do for you to enjoy your rights?
- Is it easier for men or women to exercise their rights? Why? (Note: Allow the participants to discuss, but make sure the following key point comes out: Because men are given more power by society, it is almost always easier for them to exercise their rights).
- Do you think that is the way it should be?
- If your rights are constantly violated in a relationship, what should you do?
- How does knowing your rights make you feel? What kind of power does it give you? (Answer:

'Power within' and 'power to')

11. Ask the participants to summarise the main points of the activity. Add any of the following that they don't mention.

- ❑ **Everyone has the same rights and responsibilities in relationships.**
- ❑ **Relationship rights include the right: to ask for what you need or want; to say no without feeling guilty; to be yourself; to always be treated with respect and as an equal, and to protect your sexual health.**
- ❑ **Relationship responsibilities include: respecting the rights of others; accepting responsibility for yourself and your actions, and always treating your partner with respect.**
- ❑ **Both partners in a relationship need to make sure that they respect the other's rights and that their own rights are respected.**
- ❑ **To enjoy these rights, people need to be willing to stand up for them. Sometimes this means ending a relationship.**

LINKING SENTENCE

When you know the rights you have in relationships, you are better able to make sure that your rights are not violated. Sometimes you will have to stand up for rights and you may have to end a relationship in which your rights are not respected. Keeping in mind our relationship rights, we will now think about qualities that strengthen and damage our relationships.

FACILITATOR ANSWER GUIDE: PUTTING RIGHTS INTO ACTION

1. Your boyfriend or girlfriend works and you don't. When you go out, your girlfriend or boyfriend always pays. Now he or she is saying that you owe him or her sex.

Rights being violated and why:

- The right to always be treated with respect and as an equal because he or she is treating you like he or she can buy sex from you, which does not show respect. You did not agree to exchange sex when he or she paid -- they did so voluntarily.
- The right to say no without feeling guilty because he or she is trying to make you feel guilty by saying you owe him or her sex.

What can you do to stand up for your rights?

Tell my partner that I don't owe him or her sex just because he or she pays for things; that sex is not something I am willing to exchange; or that I did not agree to exchange sex when she or he paid for things.

Tell my partner that what I am willing to do or not to do sexually has nothing to do with what he or she has given me or done for me.

Break up with him or her if s/he doesn't understand.

2. You want to use a condom, but your girlfriend or boyfriend is refusing.

Rights being violated and why:

- The right to protect my sexual health because if he or she refuses to use a condom, I could get pregnant or become infected with a sexually transmitted infection (STI) or with HIV.
- The right to always be treated with respect and as an equal because she or he is not considering your desire to protect your health, which is a sensible desire.

What can you do to stand up for your rights?

- Explain your reasons for wanting to use condoms and why you will not have sex without one.
- Stick to your position: insist that if you are going to have sex, you have to use a condom; continue to refuse to have unprotected sex.
- Break up with him or her if he or she keeps insisting.

3. When you are apart, your girlfriend or boyfriend texts you ALL the time to find out who you are with and what you are doing. If you don't text back immediately, she or he gets angry.

Rights being violated and why:

- The right to always be treated with respect and as an equal because his or her behaviour shows that he or she thinks that I cannot be trusted and need to be monitored or that I could be doing something wrong.
- The right to be myself because he or she is acting like I cannot do things without him or her or have other friends.

What can you do to stand up for your rights?

- Discuss your feelings about his or her behaviour (for example, it feels like you don't trust me, like you think you need to monitor me) and ask him or her to not to text or call so often.
- Explain to your partner that you need to have other friends and activities without feeling like s/he doesn't trust you, is suspicious or is watching you.

4. Often when you say what you think, your girlfriend or boyfriend rolls their eyes or makes a face.

Rights being violated and why:

- The right to always be treated with respect and as an equal because she or he is not listening to you seriously or respecting your opinions when she or he rolls their eyes or makes a face.
- The right to be myself because she or he is communicating to you that your opinions are not worthy. His or her behaviour could make you start to feel uncomfortable being yourself by expressing your opinions.

What can you do to stand up for your rights?

- Talk to him or her and ask him or her why they are reacting in that way.
- Ask him or her to stop rolling their eyes or making faces that communicate that they think what you are saying is ridiculous or stupid.

ACTIVITY 6.3: BUILDING HEALTHY RELATIONSHIPS

Purpose: To identify positive and negative factors that influence relationships, and to discuss how to build positive relationships

Objectives: By the end of the activity, participants will be able to:

- Describe at least three things which build relationships and explain why they are important
- List at least three things which can harm relationships

Time: 45 minutes

Materials needed: A set of block cards, “A Strong Relationship House” poster (If you have not been provided with block cards, make cards from hard covers of used or old exercise books).

Steps

1. Ask participants to brainstorm the different types of relationships they have with people.
2. Explain that there are many different kinds of relationships: with parents, friends, romantic partners, community members, church members, etc.
3. Explain that good relationships do not just happen by themselves, but that they need to be BUILT and maintained to be successful. Explain that building a relationship is similar to building a house. It is hard work, and after it is built, it has to be maintained and looked after.
4. Ask the participants to give some feedback about what they think is important in building and maintaining a relationship.
5. As various components of building a relationship are mentioned, write these on your flipchart or on a piece of paper that the group can see.
6. Hand the set of cards to the participants and ask them to assemble a house with the cards and to compare the building materials on the cards with what they thought was important
OR
Ask participants to draw a relationship house highlighting what constitutes the foundation, the bricks, the door and the roof. They should compare the building materials with what they thought was important or what they initially mentioned.
 - a. They must choose the words from the foundation list to determine what constitutes the foundation.
 - b. They must choose the words from the bricks list to determine what constitutes the walls.
 - c. Explain that TIME is the door to the house. Without TIME, no relationship will last no matter which bricks are used to build the walls.
 - d. The participants need to talk to one another to decide which bricks are important to them to build their relationship house.
7. Explain that there is no correct or incorrect pattern for the bricks. The individuals must discuss what they think is important and which bricks support one another.
8. If necessary, let the group see the Strong Relationship poster to show what a house COULD look like. But explain that the group does not have to copy this pattern.
9. Explain the following and ask participants to give examples from their own lives:
 - **Foundation:**
 - All of the foundation bricks relate to different types of communication.
 - Communication is done in a number of ways; including using body language, emotion, talking and listening.

- **The bricks**

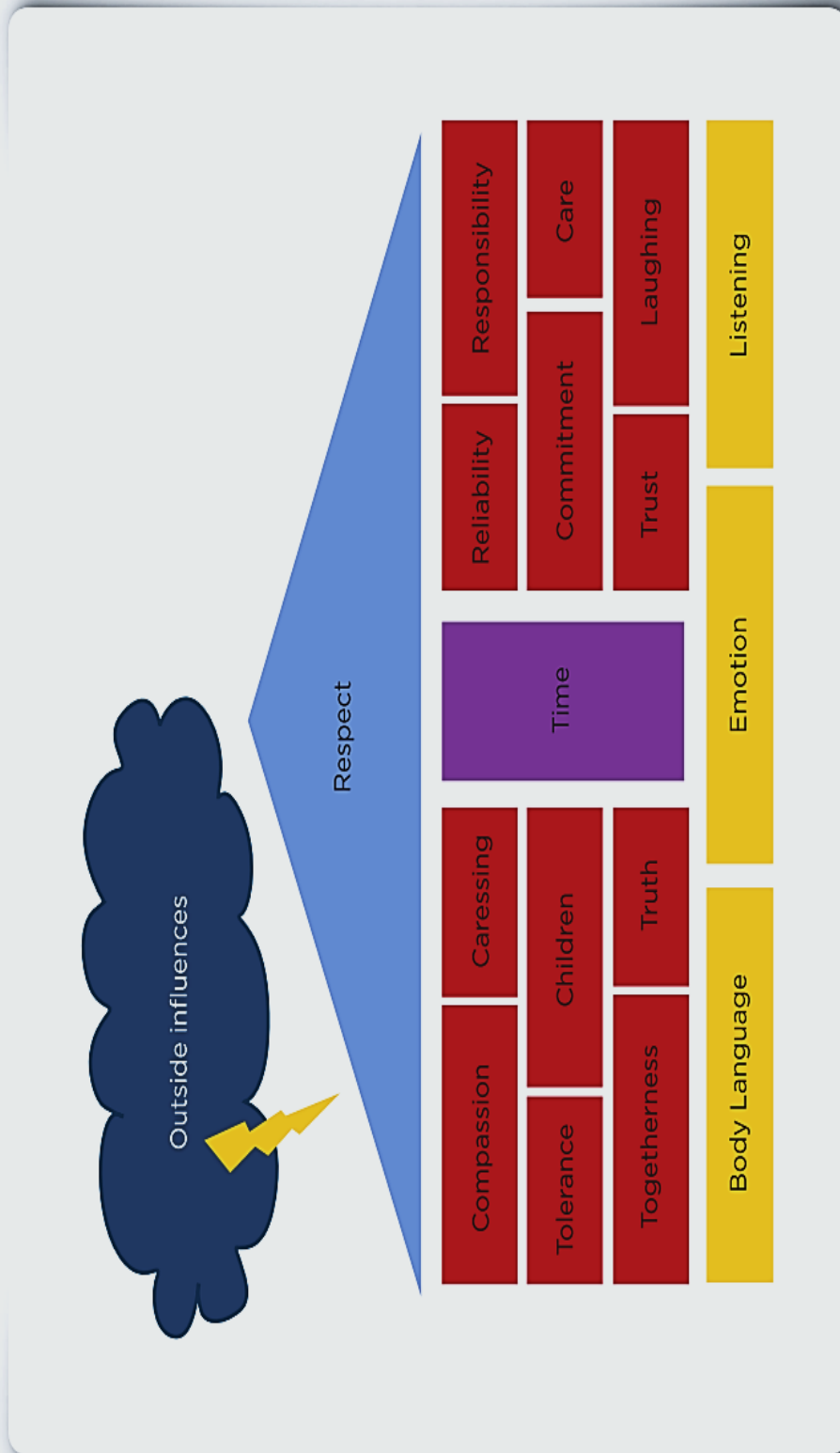
- Need to be maintained regularly
- All the bricks are important, without one, there would be a hole in the wall and the house would be weakened. However, you need to choose the most appropriate bricks for the relationship.
- Are there any bricks that the participants think should be included but are not?

- **The door**

- Time is a central part of each relationship. Without this, there is no opportunity to “get into” or “access” the relationship.
- Some people struggle to find time to spend together. Sometimes this needs some planning. Some suggestions are:
 - Agree that you will meet together at a certain time during the day or the evening, even if it is only for 15 minutes.
 - Do things that you both enjoy doing.
 - Make time in your day to help one another with normal daily activities.
 - Remember short periods of time together more frequently are often better than longer periods of time infrequently.

- **The roof**

- All of the building blocks are covered by respect. You need to have respect for another person to have a relationship with them.
- Respect can be shown in different ways including listening to another’s point of view, appreciating what another person does for you, giving another person space and freedom to express themselves and supporting a person when they need support, even if they have not asked for it.



Bricks List

Compassion	Dependability	Emotions
Caressing	Appreciation	Family
Reliability	Communication	Enjoyment
Respect	Sharing	Holidays
Tolerance	Trust	Eating
Commitment	Responsibility	Faith
Care	Laughing	Doing things
Truth	Smiling	Chores
Children	Parents	Providing
Housekeeping		

Foundation List

Body language	Touching
Emotions	Listening
Acknowledgements	Love

LINKING SENTENCE

Everyone deserves good relationships. The best relationships result when both people work hard at communicating, understanding each other, and showing respect. We need to keep working at those relationships that are important to us.

FACILITATOR AND PARTICIPANT INFORMATION: QUALITIES OF HEALTHY RELATIONSHIPS

Respect

- Valuing and appreciating the other person – their ideas, opinions, activities, accomplishments, and contributions.
- Showing the other person that they are valued, worthwhile, and important, even when they are different from you.
- Respecting the other person's rights and showing consideration.
- Encouraging the other person's growth, activities and belief in self; showing concern for an interest in his or her feelings, needs and wants; acknowledging the other person's feelings and points of view; wanting what is best for the person; helping them.
- Negative criticism, name-calling and ridiculing are harmful.

Honesty and Trust

- Part of being honest is being your true self.
- To be honest, you need to communicate openly, fully and truthfully.
- Honesty is communicated when a person's verbal communication and non-verbal behaviour give the same messages.
- It includes admitting when you are wrong; accepting responsibility for your actions; and bringing up issues or problems.
- Showing that you trust the other person involves believing what they tell you; allowing the other person freedom and space to be alone, to have other friends, and to spend time away from you.

Communication

- Humans communicate both through using words and through their actions, gestures, facial expressions and other body language.
- Listening carefully to what the other person says without judging and accepting their feelings, even when we don't agree with them, are an important part of communicating respect and empathy.
- In healthy **relationships there is a balance between talking and listening.**

Empathy and Understanding

- Having empathy means trying to understand the other person's position and feelings – trying to put yourself in their shoes, see the situations from their point of view, and understand why they feel the way that they do.
- This shows a deeper understanding, particularly if communicated back to the other person using different words.
- Understanding someone does not mean that you agree with them.

Sharing Power

- Sharing power means that you have 'power with' the other person rather than 'power over' them.
- When you share power, you make decisions together; seek solutions to problems that both people agree with; are willing to compromise; have a balance of giving and receiving, and try to share responsibilities and work equally.

Common values and attitudes

- In successful relationships the two people often have many shared or similar values. If your values about most things differ, you may often be in conflict.
- Pressuring the other person to change their values may harm a relationship. If virginity before marriage is valued, for example, then pressure to become sexually active may damage the relationship.

ACTIVITY 6.4: PEER GROUP RELATIONSHIPS

Purpose: To discuss the importance of belonging to a group and to look at the benefits and disadvantages of belonging to a group.

Note to facilitator: This session is most appropriate for pre-teens and younger adolescents, 10-14 years of age.

Objectives: By the end of the activity, participants will be able to:

- Explain the value of friendship;
- Describe the advantages and disadvantages of being part of a group of peers;
- Discuss at least three ways that they can cope with peer pressure.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Ask participants the following questions to introduce the topic:
 - Why are friends important?
 - How do your friends influence you?
2. Ask participants to discuss in groups of three for 2 minutes about the advantages and disadvantages of belonging to a group of friends. While they are doing that, put up two sheets of flipchart paper on the wall. Write the heading 'Advantages' on one sheet and 'Disadvantages' on the other. Place an assortment of markers next to the posted papers.
3. Then invite a volunteer from each group to write points under each heading. The other participants can add points from where they're seated. Discuss as they add things.
4. Ask participants:
 - What is 'peer pressure'? (Answer: Peer pressure is when a friend or group of age mates influence or try to influence your choices and behaviours).
 - What are some examples of how your friends and peers have influenced you positively or negatively? How did you feel about the individual or group at the time? Ask participants to give examples.
 - How have you handled peer pressure?
 - What relationship rights do you have related to peer pressure? (Answers: The right to say no without feeling guilty; the right to be yourself, the right to be treated with respect).
 - What responsibilities do you have related to peer pressure? (Answers: the responsibility to respect the rights of others, to treat others with respect)
5. Ask the group to get back into their groups of threes and come up with a list of ways to cope with peer pressure.
6. After three minutes, ask the groups to share their discussion and make a list of their points on flipchart paper. Then encourage general discussion to make sure that all the participants agree with and accept the list for themselves.
7. Ask if there are any comments or questions and discuss them.
8. Ask participants to summarize what they learned from the activity. Add any of the following points if not mentioned:
 - It is healthy and normal to want to belong to peer groups.**
 - Peers and peer groups often influence young people's decisions and behaviours.**
 - We should be true to ourselves and our own values and make decisions that are good for us.**
 - Friends are important but we should not allow ourselves to be pressured into doing things that we do not want to do.**

LINKING SENTENCE

During adolescence, it is normal to become more focused on peers and less on your family because you feel that they understand you better. Having friends and belonging to groups is good, but you need to be aware of peers who are not good influences on you. They may not be bad people, but sometimes our desire to fit in with our group influences us, directly or indirectly, to do things that we don't really want to do or that we know are not good for us. Your true friends will respect you and your choices.

More and more young people are connecting with their friends and peers on social media. In the next activity, we will look at how to be smart when using social media.

FACILITATOR INFORMATION: THE INFLUENCE OF PEERS AND FRIENDS

Many adolescents want to belong to peer groups. Belonging to a group often means conforming to the behaviour acceptable to the group, which may result in individuals being 'swallowed' up by the group. Sometime the group's behaviour is harmful, for example, drinking alcohol or using drugs. If a young person is or wants to be part of a group, they may do things they would not do on their own. This is called peer pressure. Peer pressure often results in someone joining the group behaviour rather than risk being ridiculed or rejected by them.

Not all peer pressure is bad. Peer groups can also have positive influences if the peers we spend time with are involved in productive and positive activities such as working hard in school, keeping in good physical shape, or being helpful in the community.



ACTIVITY 6.5: SOCIAL MEDIA SAFETY

Purpose: To increase awareness of the risks of being on social media and to know how to avoid those risks and stay safe.

Objectives: By the end of the activity, participants will be able to:

- Describe the positive impact of social media on their lives
- Explain two undesirable things that can happen when they use social media
- List at least three things to do to use social media safely

Time: 60 minutes

Materials needed: Flipchart paper, and marker pens

Preparation:

- Find out from some of your participants what social media they use a lot. If they do not use Facebook or WhatsApp or some of the other apps much, you may want to adapt the activity to focus more on the ways that they use social media. Most young people will have cell phones and will use them at the very least to text, and to take and share photos
- Familiarize yourself with any websites and apps that you do not know about.

Steps

1. Ask participants how they communicate with their friends nowadays. Pick up on their answers related to using cell phones, social media and the internet. Tell them that this activity is about being smart when using social media.
2. Ask the participants the following questions:
 - What is social media? (Answer: Social media are websites and applications or apps that allow users to create and share content with others, to interact with others or to find people with similar interests).
 - What are some examples? (Answer: Facebook, WhatsApp, Twitter, Instagram, Snapchat). Write their answers on flipchart paper.
 - Which ones do you use?
 - Why are you using social media? What do you use it for? List their answers on flipchart paper.
 - What are the positive or good things about using social media? List their answers on flipchart paper.

Possible answers:

- Easier to maintain friendships especially those far away
- Quick dissemination and feedback
- It is cheap
- Allows us to learn about ourselves
- Can be used for activism
- Makes distance feel closer
- Facilitates work or school assignments
- Easy to market or advertise

- What are the negative or bad things about using social media? List their answers on flipchart paper.

Possible answers:

- No control over your photos or videos after posted or sent to others
- Reduced quality of time spent with others; anti-social effect, concentrating more on Facebook than being together in person
- Time consuming
- Revenge porn (Distribution of sexually explicit photos or videos without the person's permission)
- Can affect self-esteem, may cause social media anxiety disorder (Anxiety from participating in social media)
- Copying someone's identity, identity theft
- Promotes poor writing, spelling, grammar, handwriting
- Less reading
- Security concerns and risks
- Too much personal information is shared
- Cyber-bullying
- Fake identities
- Cat-fishing (predators fabricating online identities and entire social circles over a long period of time to

trick people into romantic relationships

- If you post something on a website like Facebook, who can see it? (Possible answers: It depends on your privacy settings, but usually your friends. If someone comments, their friends can see it, and if they comment, the friends of their friends can see it).
3. Tell participants that while social media can have positive impacts on our lives, they can also cause us problems that we may not even be aware of. Tell them that they are now going to think about some situations that can happen when they use social media and think about what could go wrong.
 4. Divide the participants into four groups. Give them ten minutes to discuss each of the scenarios.

WORKSHEET: WHAT CAN GO WRONG?

Instructions: Read the situation assigned to your group and make a list of all the things that might go wrong in this situation.

1. A 16-year-old girl takes a nude picture of herself with her phone and sends it to her boyfriend.
2. A young man's friend asks him if he can use his computer or phone. He agrees.
3. A girl starts a phone or internet friendship with a cute 17-year-old boy. He wants to meet her and she agrees.
4. A boy gives his girlfriend his Facebook username and password.

5. After ten minutes call their attention back to the front and for each situation, ask one group to present their situation and the results of their discussion for the first question. Then ask the second group to add to their answer. Then ask the other participants if they have anything else to add. If the group has missed anything significant, you can mention it.

FACILITATOR'S ANSWER SHEET FOR WHAT CAN GO WRONG?

Instructions: Read the situation and make a list of all the things that might go wrong in this situation.

1. A 16-year-old girl takes a nude picture of herself with her phone and sends it to her boyfriend.

Answers: Her boyfriend can show it to one or more of his friends; he can send it to a friend, who sends it to other friends; a friend of his could see it, take a screenshot of it and then show it or send it to others; he could lose his phone and someone else could see it and share it with others; his parents could look through what is on his phone and see it; after they break up, he could share it with others; when she applies for a job, the person making the decision about hiring could see it; her parents could see it. She could be charged with making pornography and, since she is under the age of 18.

2. A young man's friend asks him if he can use his computer or phone. He agrees.

Answer: His friend can access all the files on his computer, including his photos, emails and other private documents. His friend could copy personal or private photos, videos, emails and documents onto a drive or send them to himself by email, or he could take a screenshot of the photos. Once he has the photos, videos or documents, he can share them with others, post them on line, and so on. While his friend may not intend to hurt him, he might do so without intending to. For example, he might share a sexy or naked picture of his friend's girlfriend or post a funny but embarrassing picture of his friend as a joke.

3. A girl starts a phone or internet friendship with a cute 17-year-old boy. He wants to meet her and she agrees.

Answer: The person is not really a cute 17-year-old boy. When they meet, the person could rob her, beat her up, rape her, kidnap her, kill her, trick her, and/or force her to do sex work or to pose for pornographic photos or to participate in pornographic (blue) movies.

4. A boy gives his girlfriend his Facebook username and password.

Answer: She can post pictures or other material on his Facebook page that could harm him. She can write to his friends pretending to be the boyfriend. She might not do this normally but if she gets very angry and wants revenge on him or if they break up, she could hurt him by doing such things. If she attacks someone else on his Facebook page and harms the person's reputation, the person could take him to court.

6. Then ask:

- One of our human rights is the right to freedom of expression. However, it is not an unlimited right. At what point does your right to express yourself end? (Answer: It ends when it does not respect others' rights to privacy, dignity and reputation, or when it is hate speech. This is speech that offends, threatens, or insults groups of people).

Explain that it is illegal to share information that damages another person's reputation on social media. You could be taken to court if the information is not both true and in the public interest.

- What can you do if someone else posts an inappropriate photo of you on the internet?

7. Now have the participants brainstorm a list of social media safety rules. Ask: What can a person do to stay safe in the situations we discussed?

Write their idea on a piece of flipchart paper. Then compare their rules to those recommended in the information box. If there are any new ones, discuss them and ask them if they think it should be added to their list.

INFORMATION: SOCIAL MEDIA SAFETY RULES

1. Don't post or give out personal information online, like your name, address, phone number, email, passwords or location.
2. Do not share details about your life with people you don't know online.
3. Think carefully about what you say before you post something online. Don't post anything that you would not say in person. Respect other people's privacy and be polite when you post photos of or information about others.
4. Think carefully before posting or sending pictures or videos of yourself. Once you've put a picture of yourself online others can see it, download it, send it to other people and post it elsewhere. You don't control it anymore.
5. Don't post or send pictures or other content that may embarrass you or get you in trouble now or later in life. Once something is online, it can remain online forever.
6. Never send a picture of yourself to a stranger.
7. Keep your privacy settings as high as possible.
8. Don't accept or befriend people you don't know online.
9. Remember that not everyone online is who they say they are. A person who says she is a 15-year-old girl could be a 40-year-old man.
10. Don't meet up with people you've met online. You don't really know who they are or what they might do. If you ever do decide to meet somebody in real life who you met online, meet in a group of at least 3 or 4 people and in a public, well-lit and populated area during the daytime.
11. Don't bully or attack other people online. Don't post inappropriate photos of them. Respect other people's views. Even if you don't agree with someone else's views, you don't need to be rude.
12. If you see something online that makes you feel uncomfortable, unsafe or worried or if someone sends you a sexual picture or asks you to send them one of yourself, tell someone you trust about it immediately.

8. Ask participants to summarize the main things that they learned from this activity. Add any of the following points that they don't mention.

- Social media helps us to stay in touch with our friends and family more easily.**
- Social media also has risks.**
- Think carefully about what you post online because it can remain there forever. Lots of people can see it, download it, and share it. It won't be private anymore.**
- Respect others online.**
- Don't become friends with strangers online or agree to meet someone you met online.**

ACTIVITY 6.6: WEIGHING THE OPTIONS

Purpose: To examine reasons for and against having sexual intercourse as an adolescent; and to discuss what influences a young person to engage in or delay sexual intercourse.

Objectives: By the end of the activity, participants will be able to:

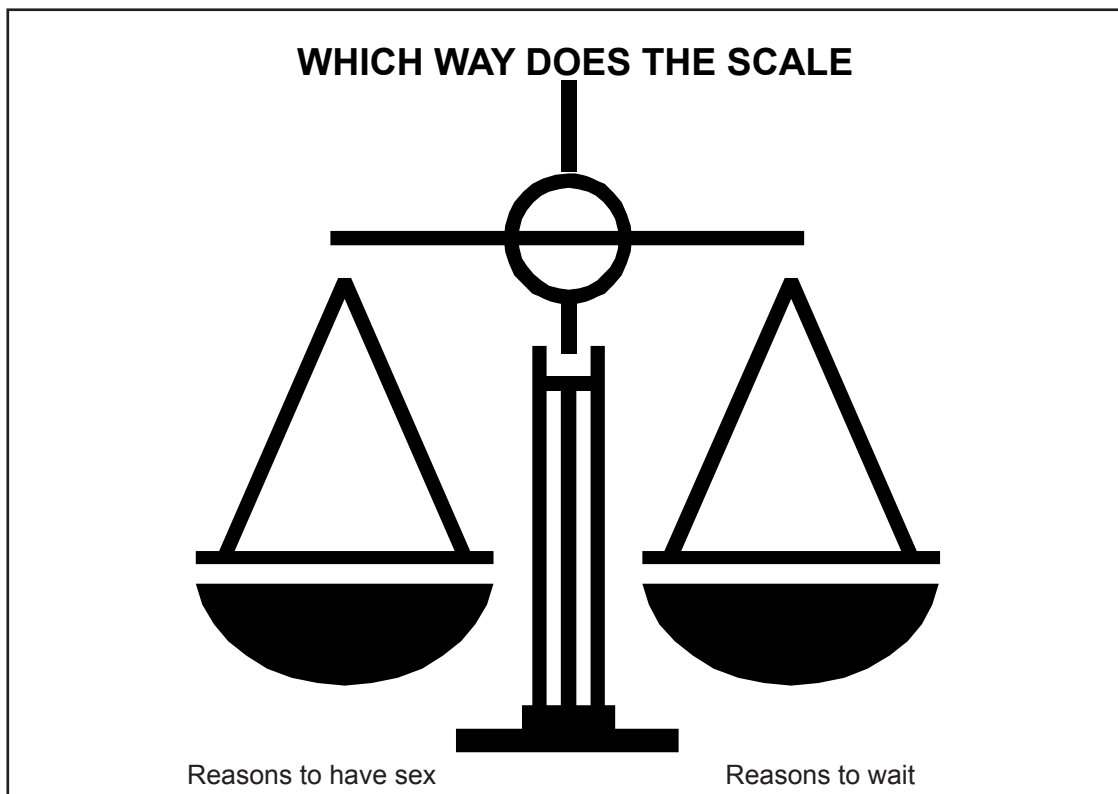
- List at least four reasons teens wait to have sex and four reasons teens decide to have sex;
- Discuss whether they think those reasons are good or bad reasons and why;
- Know their personal reasons for deciding to wait or to have sex;
- Name at least three things that a young person needs to be able to do before having sexual intercourse.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Identify social services and/or NGOs in the area that help young people who are in situations where they are forced to have sex in order to survive.
- Draw the following picture on a piece of flipchart paper.



Steps

1. Start the activity by explaining to the participants that this activity will focus on sexual decision-making.
2. Put up the drawing of the scale and explain that the scale represents two choices young people can make about having sexual intercourse – either to have sexual intercourse now (as an adolescent) or to wait.
3. Divide the participants into four groups. Ask the groups to brainstorm two lists.
 - One, all the reasons and arguments why a young person would decide to wait and **not** to have sex now.
 - Two, all the reasons and arguments why a young person would decide to have sex now.

They should write all their responses on a piece of paper. Give them 10 minutes.

4. After 10 minutes bring the groups back together and starting with one side of the scale, ask each group to give you one reason they came up with. Write it on a piece of flipchart paper. Continue by going from group to group, getting one new reason from each until you have all their ideas.

5. Follow the same process for the other side of the scale.
6. Add any of the following points that do not come from the group and which they agree to, by asking: What about ...? Is this another reason young people have/wait to have sexual intercourse?

Reasons young people have sexual intercourse

- To communicate loving feelings in a relationship
- To receive and give pleasure
- To get affection
- To satisfy curiosity
- To not be a virgin anymore
- To feel close or closer
- To stop pressure from partner or friends
- To hold onto a partner
- To avoid loneliness
- To get gifts or other benefits
- To show independence from parents and other adults
- To show one is an adult
- Because they are married
- To become a parent

Reasons young people wait to have sexual intercourse

- To follow religious beliefs or personal or family values
- Don't feel ready for intercourse
- Relationship is not ready for intercourse
- To find the right partner first
- To try to keep a romantic relationship from changing
- Not to have any risk of pregnancy
- Not to have any risk of STIs and HIV
- To avoid hurting parents
- To avoid hurting reputation
- To avoid feeling guilty
- To focus on future goals first
- To wait for marriage

7. Go through each statement on the list of reasons to wait to have sex one at a time and ask participants the following questions for each item to generate a short discussion of each:
 - Who thinks this is a good reason to wait to have sex? Why do you think so?
 - Who thinks this is a bad reason to wait? Why do you think so?

Then go through each statement on the list of reasons to have sex one at a time and ask participants the following questions for each item to generate a short discussion of each:

- Who thinks this is a good reason to have sex? Why do you think so?
- Who thinks this is a bad reason to have sex? Why do you think so?

Ask questions and challenge them to be honest and think hard if their answers are not logical. If they say that having sex for gifts or other benefits is a good reason, for example, ask them, what kind of benefits? Then ask them if they can get those benefits in any other way. Highlight the difference between having sex for benefits like good grades or cell phones, which they can get in another way or which are not necessarily worth the risk, and having sex for survival (such as for food or housing when there is no other choice).

8. Now ask the young people to look at these lists and think about their personal reasons to wait to have sex or to have sex. Tell them that they have three minutes to think about which of these reasons are really good reasons for THEM personally. Don't rush them – give them time to think and write.
9. Stimulate a general discussion using the following questions:
 - What were some of the reasons to wait that you personally thought were good? (Only call on those who volunteer to share. If no one wants to share, don't force the issue).
 - What were some of the reasons to have sex that you personally thought were good? (Only call on those who volunteer to share. If no one wants to share, don't force the issue).
 - Overall, which side of the scale is more convincing to you?
 - What most influences teenagers to have sex? What most influences them not to have sex?

- Are the reasons for having sex different for young men than for young women? How so?
 - Are the reasons for not having sex different for young men than for young women? How so?
 - Why do you think there are differences in the reasons of boys and girls? Does this make sense? If necessary, point out that society has a double standard – it promotes sexual activity for males and shames female sexuality. There is no good reason for this double standard.
10. Tell the participants that most young people who have not had sex, will eventually have sex at some time in the future. Ask them:
- What does a young person need to know or be prepared to do, if she/he is going to have sexual intercourse?

List their responses on flip chart paper headed “Before someone has sex, they need to.” Add any of the following items that they don’t mention:

- Think about whether they are really ready and why they want to do it now (I.e. Is it the right relationship, what are my expectations, how will I feel, how might it affect my relationship)
 - Know their body and how it functions, what the consequences can be and how to prevent them
 - Be able to talk to their partner about sex
 - Be able to talk to their partner and to get protection from pregnancy, STIs and HIV
 - Be able to use their methods of protection
 - Be prepared to accept the consequences if there are any.
 - Be prepared for possible disappointment, for example, if it doesn’t feel good or if your partner leaves you afterward
11. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
- ❑ **Each person must make their own decision about when to have sex and take responsibility for their choice.**
 - ❑ **Choosing to have sex is a serious decision that needs to be thought about carefully to avoid regrets.**
 - ❑ **Before you have sex, you should be able to talk to your partner about sex and protection and to take action to prevent unintended pregnancy, STIs and HIV.**

LINKING SENTENCE

Not making good decisions about sex is one reason many teenagers have unplanned pregnancies and/or contract an STI or HIV. Unplanned pregnancies can affect your future (Unit 5), you may be forced to drop out of school in order to take care of your child. Being able to make the right decision can be especially difficult when someone else is pressuring you to make the decision that they want you to make. We will now look at how to deal with such situations.

ACTIVITY 6.7: DON'T PRESSURE ME! MANAGING PARTNER PRESSURE

Purpose: To learn the different types of peer and partner pressure; to develop the skills to handle disagreements and pressure from a partner; to be able to avoid taking risks to please a partner.

Note to facilitator: This session is appropriate for older participants, 15-24 years of age.

Objectives: By the end of the activity, participants will be able to:

- Identify examples of arguments, put downs and threats;
- Give examples of internal pressure and external, explicit pressure;
- Explain at least two ways to handle pressure from a peer or partner;
- Demonstrate dealing with pressure effectively in a role play.

Time: 90 minutes

Materials: Flipchart paper, marker pens

Preparation: Copy the role play situations so that you have enough to give each group of pair a copy. Cut apart each role play and each part in the role play to be distributed to the groups.

Steps

1. To introduce the activity, ask:
 - How can a partner help you to protect yourself?
 - What can a partner do that makes it more difficult for you to protect yourself? (Possible answers: Put pressure on you; threaten you).
2. Explain that communication about sex, protection and testing often goes smoothly (or easily), but sometimes there are disagreements about these issues. One person may pressure the other to do what s/he wants. Pressure from someone you love can be difficult to handle because you want to make them happy.

Tell them that this activity is about how you can handle pressure from your partner to do something that you don't want to do or to do something risky.

3. Explain the following and write the highlighted words on flipchart paper:

There are **three main ways** that a partner (or anyone else) can put pressure on you. The first is **arguments**. Arguments are when someone gives you reasons for why you should do something or change your mind.

Ask: Who can give me an example of a common argument your partner might make to convince you not to wait to have sex? If necessary, tell them to come up with realistic answers – what someone would say in real life. (Possible answers: You would if you loved me. Everyone's doing it. It feels so good). Tell them to write one of the examples in their exercise books (on the worksheet shown below).

Note to Facilitator: Make sure that the responses are realistic (e.g., not 'I'll kill you if you don't have sex with me') and that they are really arguments and not put downs or threats. If they are not arguments, question them.

The second is **put downs**. Put downs are when someone insults you, calls you names, or says things to make you feel bad. Ask: Who can give me an example of a common put down? (Possible answers: You are such a baby. You're never any fun. And I thought you were a real man). Give them time to write an example in their exercise books.

The third is **threats**. **Threats** are when someone says that if you do not do what they want, they will do something that they think you won't like. Who can give me an example of a common threat? (Possible answers: I'll leave you; I'll find someone who will; I'll tell your friends). Give them time to write an example in their exercise books.

4. Explain that there are two ways that you can feel pressure. It can be **external and explicit** – that is your partner says so directly to you. Or it can be **internal** – you just think so. For example, you believe that your partner will leave you if you don't have sex, but he or she has never actually said that.

WORKSHEET: TYPES OF PRESSURE AND WAYS TO DEAL WITH IT

TYPES OF PRESSURE

Arguments = Giving you reasons for why you should do something or change your mind. (The reasons are not necessarily good reasons!)

Example:

Put downs = Insulting you, saying things or calling you names to make you feel bad.

Example:

Threats = Saying that if you don't do what they want, they will do something that they think you won't like.

Example:

Peer or partner pressure can be:

- **External and explicit** - that is when your partner says so directly to you; **OR**
- **Internal** – when you just think or believe so. For example, your partner never said they will leave you if you don't have sex, but you **think they will**.

5. Tell participants that you are going to read some examples. You want them to tell you: 1) If it is external and explicit or internal; and 2) what type of pressure it is. Read the following examples:
- Sometimes you are afraid to tell your sugar daddy (blesser) that he should use a condom. If you are dating the man because of money and you don't want to lose the money, you just do it.
Answer: Threats, internal
 - When I slept with her, she told me she trusts me and loves me, so let's have sex without a condom.
Answer: Arguments, external and explicit
 - I was going to wait, but she really wanted to do it. So I thought, you know, I am acting like a child. I should be a man. Let me grow up.
Answer: Put down and arguments, internal
 - Well, I did it because he was saying things like, 'Everyone needs sex – that's normal. What's wrong with you?'
Answer: Put down, external and explicit.
 - I loved this guy and I wanted to please him and show him that I would do anything for him. So I had to reconsider my decision to wait.
Answer: Arguments, internal
 - Well, he said that he needed sex and if I wouldn't sleep with him, I was forcing him to find another girl.
Answer: Threats, external and explicit.
 - I told him I was waiting. He asked me, 'What are you waiting for? You might die today and you didn't have sex.'
Answer: Argument, External and explicit
6. Ask: What can a person do when they are being pressured to do something? Take a few of their ideas and give them positive feedback. Don't get into a long discussion at this point.
7. Tell participants that if you do not want to agree and do what your friend or partner wants, you can:

Negotiate – Try to find a solution that both of you are happy with. For example, you can say 'What if we go visit our friends Margaret and Pious instead?'

Delay – Put off the decision until later. For example: 'Let's talk about it another time. I need some time to think

first.'

Refuse – Say no clearly. For example: 'Sorry, but I am not ready to have sex, so I am not going to do it now.'

Leave – Leave the situation and, if necessary, the relationship. For example: 'I have to leave now. Bye!'

Then ask for two volunteers to read the example of managing pressure. Go through 'Ways to Deal with Pressure'

WAYS TO DEAL WITH PRESSURE

If you do not want to agree to do what your friend or partner wants, you must communicate effectively. To do so you can:

Negotiate – Try to find a solution that both of you are happy with. For example, say:

- What if we do... instead?
- I don't want to do that, but maybe we could...
- What would make us both happy?

Delay – Put off the decision until later. For example, say:

- Maybe we can talk about it later.
- I'd like to talk to a friend first.
- I need to get more information before I decide what I want to do.

Refuse – Say 'no' clearly. For example, say:

- No, I don't want to do that! And I really mean no.
- No. Seriously! I won't change my mind.

Leave – Leave the situation and, if necessary, the relationship.

You can use these options with a partner or a peer or anyone who is pressuring you to do something you don't want to do.

EXAMPLE:

A: Don't do that. We talked about this before and I told you how I feel. I don't feel ready to have sex yet.

B: Come on, sweetie! I know you want to wait and all, but we've been together for so long now. We should do it, man. It's time! How long are you going wait, anyway?

Negotiate:

A: You know that I want to finish school first. How about if I make you feel really good this way.... (touches partner)?

B: That's great, but we always do that... I want the real thing! I'll use a condom – you don't need to worry... Please!!! I really want it. You know I love you so much.

Delay:

A: I know you do, but I am feeling pressured right now. I don't want to make any decisions under pressure. Let's talk about it again another time. Okay?

B: Another time, another time.... It's always another time!! When is it going to be this time?

Refuse and Leave:

A: I know you really want to do it for real and you feel frustrated. But I am not going to be pressured to do something I am not ready to do. I want to finish school first. If you love me, you will understand that and you'll wait. Right now, I am willing to do other things to make you feel good, but I don't want to have sex. I think I am going to go home now. I don't want us to fight about this. I'll text you later, okay?

B: Alright... Later.

You can also use I-statement to communicate

- In what kind of situations can you try to negotiate? (Answer: When the other person is willing to talk calmly)

and reasonably; when they are not drunk, angry or being unreasonable or violent).

- When should you delay the decision? (Answer: When you aren't sure about what you really want, or when someone is drunk or not rational).
 - When should you just refuse? (Answer: When you are sure about what you want; when your position is final and not negotiable).
 - When would you leave? (Answer: If the situation seems dangerous or violent; if you see there is no way to resolve the conflict).
8. Divide participants into pairs (you may have one group of three, depending on the number of participants). Ask each pair to identify a Partner 1 and a Partner 2. Explain that there are three situations and each person will receive a role to play. They should not discuss it with each other. Emphasize that the person being pressured should focus on **negotiating a solution**. If that doesn't work, then they can try delaying, refusing or leaving. They should try to **keep the relationship** and **avoid fighting**.

Handout the role plays, giving each Partner 1 their role and each Partner 2 their role. Tell them that they have two minutes to think about how they are going to play their role and what they will say. They should not discuss it with each other.

9. After about 2 minutes, tell them to stop preparing. Then tell them to start their conversation. Person 1 will speak first. Give them another two to three minutes or so to have their conversation. They should not use any notes. When they have finished, ask them how it went.
10. Then ask for some volunteers who have Situation 1 to do their role play. Tell the others to observe closely. Stop them after no more than 2-3 minutes. Ask the observers:
- How well did they resolve their differences? What did the person under pressure say to try to negotiate a solution?
 - What was the outcome?
 - What could they have done better?

Emphasize maintaining the relationship and negotiating a solution, when possible.

If you have time, you can take another pair with Situation 1 do their role play for the group and follow the same process. Then do the same for Situation 2 and then for Situation 3.

11. To conclude ask the whole group:
- Should you put pressure on someone else to do something they are not sure they want to do? Why or why not? Probing questions: Is it right to pressure others? Do you like it when someone pressures you? **Note:** Encourage participants to discuss the importance of respecting other people's choices.
 - If someone threatens to leave their girlfriend or boyfriend if they don't have sex, what is your opinion of the relationship? Probing questions: If someone threatens you, do they really love you? (Answer: If someone threatens to leave you if you don't have sex with them, it isn't a good relationship. They don't love and respect you).
 - Instead of pressuring each other to take risks, how can young people support each other to stay safe?
12. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
- The three main ways people put pressure on another person are: arguments, put downs and threats. These can be external and explicit or internal.**
 - If you do not want do what the other person wants, you can: negotiate or try to find a solution that you are both happy with; delay making the decision; refuse directly; or leave the situation or, if necessary, the relationship.**
 - If someone is very angry and could get violent, you should leave the situation.**

LINKING SENTENCE

When it comes to sex, protection and staying safe, the decisions you make are important to your future, your relationship and your health. Only you can decide what is best for you. While it is important to listen to your partner and to respect what they want and need, you should not let anyone pressure you into doing something that you do not want to do. Your partner should also respect what you want and need. Being able to find a compromise that respects and suits both of you is the sign of a strong relationship.

MANAGING PARTNER PRESSURE - ROLE PLAY SITUATIONS

Situation 1, Partner 1: You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetheart but you do not want to have sex yet – you just don't feel ready. You are happy with just making out and you don't want to risk pregnancy, STIs or HIV.

Situation 1, Partner 2: You and your sweetheart have been dating for a couple of months. Things have been getting hotter between the two of you lately. You love your sweetheart and really want to have sex with him or her soon. You believe that most of your friends have already done it so you really want to see what it is like. Since you are planning to use condoms to prevent pregnancy, STIs and HIV, you got some recently. Ask your sweetheart to have sex. Put some pressure on him or her, but don't overdo it.

Situation 2, Partner 1: You and sweetheart have been using condoms for the last month and you are tired of them. You really want to know what it is like without a condom. You've only been with your sweetie since you got together. You trust him or her, and you are wondering if s/he really trusts you. Tell your sweetheart that you want to stop using condoms and use another kind of contraception. Put some pressure on him or her, but don't overdo it.

Situation 2, Partner 2: You and your sweetheart have been using condoms for the last month. You are really happy about it. Condoms prevent pregnancy, STIs and HIV and you think they are just fantastic! You've only been with your sweetheart since you got together. You trust him or her, but you think you never know when someone could make a mistake or could fall out of love in the future. You just feel like it is better just to be safe and keep using condoms.

Situation 3, Partner 1: Your darling wants to have sex without a condom first and then put on a condom before ejaculating. You don't think this is a good idea at all. You know it isn't safe because there is HIV in the fluid that comes out before ejaculation. Also he might forget to stop and put on the condom. You could get pregnant. Discuss it with your partner.

Situation 3, Partner 2: You want to have sex without a condom first and then put one on before ejaculating. You think it this will give you the best of both worlds – sex without a condom, but still preventing pregnancy and HIV. You believe that you have the control to do this and you won't make a mistake. Discuss it with your partner and put some pressure on him or her, but don't overdo it.

ACTIVITY 6.8: WHEN WOULD YOU END IT?

Purpose: To provide participants with the opportunity to consider what they would do in various abusive or risky situations and what would cause them to end a relationship.

Objectives: By the end of the activity, participants will be able to:

- Describe what they would do if various unhealthy behaviours occurred in a relationship and why.
- Explain why jealousy and violence are not signs of love.
- Discuss why physical, sexual and emotional violence should not be tolerated in a relationship.
- Explain the link between violence and HIV.

Time: 75 minutes

Materials: Flipchart paper, marker pens

Preparation: Make three signs that say 'Do nothing' 'Discuss the behaviour and try to change it' and 'End the relationship.' Post them in different spots in the room where participants have room to stand.

Steps

1. Introduce the topic by telling participants: Sometimes people find themselves in unhealthy relationships. These are relationships that hurt them, cause them pain or damage their health. Still the person often stays in the relationship for different reasons. Ask:
 - What are some things that happen in relationships that show that it is not a good relationship – that it is unhealthy? Write some of their answers on flipchart paper. If they have difficulty, give them an example: Lying in a relationship.
 - Why would someone stay in a relationship that is unhealthy?
2. Tell them that they are now going to think about what they would do in some different relationship situations. (If you have not posted the signs you prepared already, do so now). Point to the signs you posted and tell the participants that you are going to read some statements about something a person might do in a relationship that is **not healthy**. They will imagine that their partner has done this and then decide if they would 1) Do nothing; 2) Discuss the behaviour and try to change it or 3) End the relationship. They will stand beside the sign that shows their answer. Then you will discuss why they decided to stand where they did. Tell them that there are no correct answers. If they change their mind about their answer during the discussion, they can change places. Ask them if they have any questions and answer them.
3. Have them all come stand in the centre of the room and begin by reading the first statement below. Once participants are all standing under the sign that corresponds to their answer, ask a couple of participants under each sign to explain why they would do nothing; discuss the behaviour and try to change it; or end the relationship. Also ask those standing under 'discuss the behaviour' what they would say to their partner. Ask questions to challenge their logic if their reasons do not make sense.

Statements: What will you do if your partner...

- Makes frequent negative comments about your clothes, body, or hair.
 - Reveals that they are much older than you thought they were.
 - Gets angry when you don't agree to do what they want to do.
 - Makes you hide things from your family.
 - Often puts you down in private.
 - Puts you down in public.
 - Accuses you of cheating with someone when you are not.
 - Blames you when s/he beats you because you made him or her angry.
 - Calls, texts or turns up unexpectedly to check up on you.
 - Refuses to get tested for HIV or STIs with you.
 - Cheats on you.
 - Hits you and then apologizes.
 - Forces you to have sex when you do not want to.
4. Tell the participants to return to their seats. Tell them that these things are all signs that the relationship is not healthy.

5. Ask the following questions:

- If you 'do nothing' about these behaviours, what can happen? Use a specific example if it helps them to understand signs that show that the relationship is unhealthy. Emphasise the need for action.
- What behaviours would definitely cause you to end a relationship? If necessary, ask: Would lying cause you to end a relationship? Cheating? Violence?
- Is it a good idea to think about what to do in these situations now? Why?

Make sure the following points are brought up in answer to the final question:

- It is important to know what you are not willing to tolerate in a relationship.
- One reason is that sometimes when you are in a relationship, you don't think clearly. As they say, love is blind.
- For example, if you decide now what you will do if your partner hits you, it is more likely that you will know what to do, if it actually happens – instead of making excuses for the person.

6. Generate a discussion by asking the following questions:

- If someone is disrespecting you or using threats, is that love? Probing questions: For example, if they say they will leave you if you don't have sex with them, do you think they love you? (Answer: No, if someone threatens you or disrespects you, it is a sign that the relationship is unhealthy and not real love).
- People sometimes say that if someone beats you or is very jealous, that is a sign of love. Do you agree? Why or why not? Probing questions: If someone beats you, are they respecting you? Are they treating you as an equal? If someone is very jealous of you, do they trust you?

Note to Facilitator: If many participants agree with the last statement after discussing it, tell them:

- Getting violent or feeling very jealous are **NOT** signs of love.
- Violence and abuse are used to control another person.
- Extreme jealousy is a sign that the person is not secure in the relationship.
- Saying that violent behaviour is a sign of love is an excuse for behaviours that hurt people and violate their rights.

7. Remind participant that they have rights – so they should not tolerate abuse! Tell them that if they are in an abusive relationship, they should talk to a trusted adult or a counsellor or social worker. It is their right to leave that relationship. So they should get the help they need.

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

- ❑ **Sexual and physical violence and emotional abuse in a relationship hurt a person and damage health.**
Respect is important in healthy relationships. Violence, abuse, threats and insults are not respectful.
- ❑ **Many people remain in unhealthy relationships. They may tell themselves that the problems are not serious, make excuses for their partner, or blame themselves.**
- ❑ **It is helpful to think about what you would do about certain behaviours in a relationship before they happen.**
- ❑ **No one has the right to force you to stay in a relationship or to physically or verbally abuse you if you choose to leave.**

WORKSHEET: WHERE DO YOU DRAW THE LINE?

Instructions: In a healthy relationship, both people are **honest, respectful, responsible and equal**. The behaviours in the chart below have been identified as signs that a relationship is **not healthy**. Use your imagination and decide what **you** would do if they happened to you in a relationship. Think about why you would do that and then tick the appropriate box.

IMAGINE YOUR PARTNER:	WOULD YOU:		
	Do nothing?	Discuss the behaviour to try to change it?	End the relationship?
1. Makes negative comments about your clothes, body, or hair.			
2. Reveals that they are much older than you were led to believe.			
3. Gets angry when you don't agree to do what they want to do.			
4. Makes you hide things from your friends or family.			
5. Puts you down in public.			
6. Often puts you down in private.			
7. Accuses you of cheating with someone when you are not.			
8. Blames you when s/he beats you because you made him or her angry.			
9. Calls, texts or turns up unexpectedly to check up on you.			
10. Cheats on you.			
11. Hits you and then apologizes.			
12. Refuses to use a condom.			
13. Will not let you get or use protection.			
14. Forces you to have sex when you do not want to.			
15. Refuses to get tested for HIV or STIs with you.			

Are you clear about the behaviours that would cause you to end a relationship?

What behaviours would you **not tolerate at all** in a boyfriend or girlfriend?

What behaviours would you **not tolerate at all** in a wife, husband or committed partner?

ACTIVITY 6.9: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about themselves in terms of their relationships.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or Glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on relationships. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to open their exercise books and complete the worksheet.

WORKSHEET: WHAT I LEARNED ABOUT RELATIONSHIPS

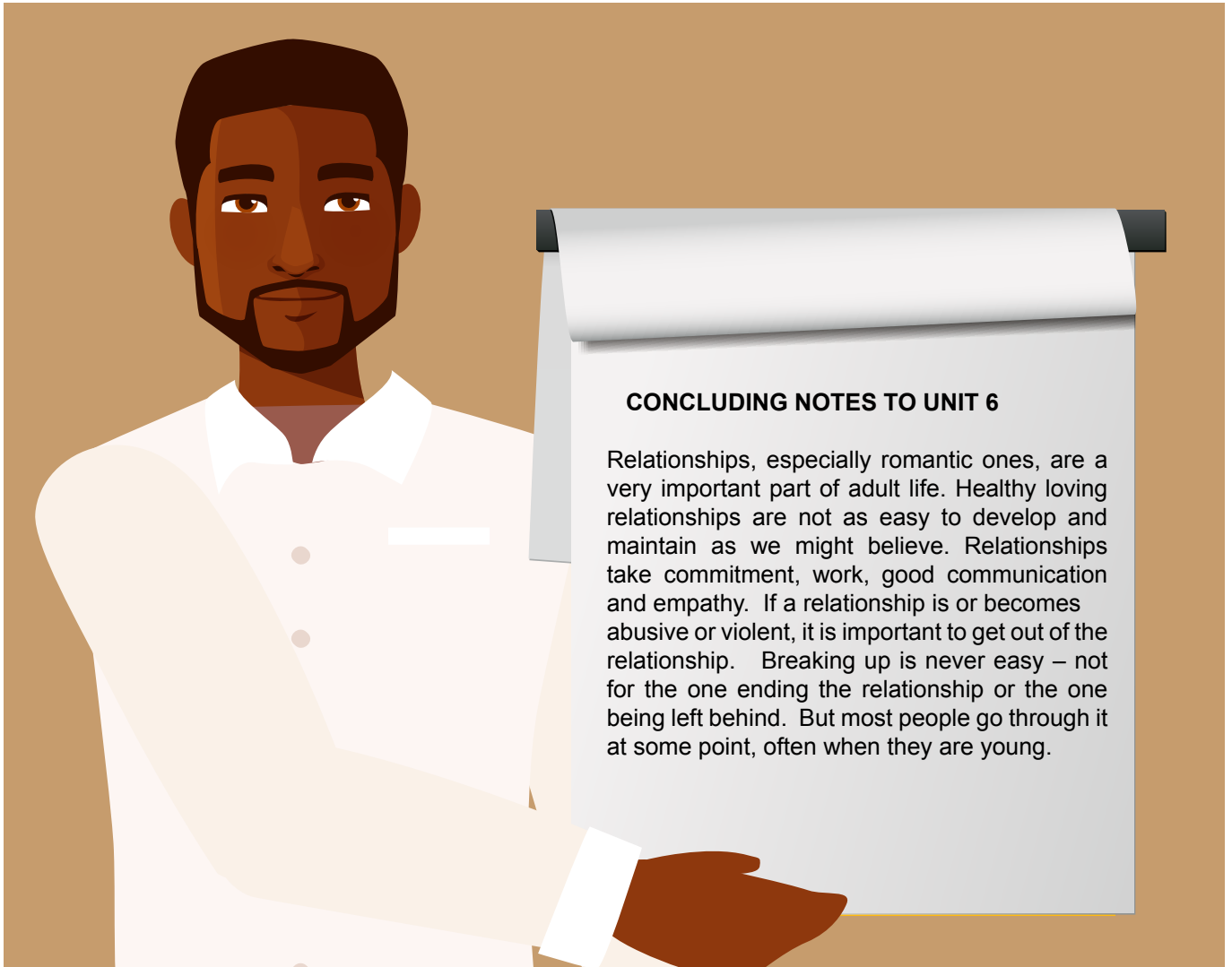
Based on the information discussed and what you learned in this unit, answer the following questions:

1. Have you learned anything about communication in this unit?
2. Do you think you can apply it to your relationships with others?

How do you think what you have learned will improve your relationship(s)?

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about what they will change related to their relationships.



CONCLUDING NOTES TO UNIT 6

Relationships, especially romantic ones, are a very important part of adult life. Healthy loving relationships are not as easy to develop and maintain as we might believe. Relationships take commitment, work, good communication and empathy. If a relationship is or becomes abusive or violent, it is important to get out of the relationship. Breaking up is never easy – not for the one ending the relationship or the one being left behind. But most people go through it at some point, often when they are young.



UNIT 7: COMMUNICATION

PURPOSE AND OBJECTIVES

This unit examines the role of communication in every aspect of life. It provides a range of activities that practise effective communication in different settings and helps participants examine their communication skills.

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

- Explain the importance of communication;
- Distinguish between verbal and non-verbal communication;
- List at least five barriers to effective listening;
- Describe at least three ways to be an active listener;
- Demonstrate active listening skills;
- Demonstrate how to use an I-statement to address a problem they are having with someone.

ACTIVITIES

Warm up – Mute Line Up	20 minutes
What is Communication?	20 minutes
Are You Listening?	60 minutes
Speaking for Yourself	60 minutes
Non-verbal Communication	60 minutes
Conversation Circle and Commitment	20 minutes

4 hours

ACTIVITY 7.1: WARM UP – MUTE LINE UP

Purpose: To enable participants to see how they can communicate without words, using only signs and body language.

Objectives: By the end of the activity, participants will be able to:

- Describe how people can communicate non-verbally.

Time: 20 minutes

Materials: None

Preparation: Some alternatives to lining up by age (oldest to youngest) in step two are to have the participants line up by their height, or shoe size, or birthday month. Decide which you want to use. Height will be easier than age, for example.

Steps

1. Ask participants to stand in an open area of the room. If you have many participants, you may want to break them into two or three groups to reduce the time the activity will take.
2. Explain that they are going to do a fun activity to test their communication skills. The rules are as follows:
 - They are not allowed to speak, make any noises, silently mouth any words, or write throughout the activity.
 - You must line up in order from oldest to youngest (not just by year, but by month and day).
3. Check that participants understand and then tell them to start.
4. When they are all in a line, check if they got it right and are actually lined up from oldest to youngest.
5. Then ask participants:
 - How did you communicate without using words?
 - What difficulties did you have?
 - What did you learn from this activity?

ACTIVITY 7.2: WHAT IS COMMUNICATION?

Purpose: To come up with an understanding of what communication means that is applicable to the group and activities.

Objectives: By the end of the activity, participants will be able to:

- Define communication;
- Discuss how people communicate;
- List two things that get in the way of good communication and explain why.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or Glue

Preparation: Review the paraphrasing example in step 5 to make sure you understand and can give examples.

Steps

1. Have participants sit or stand in a circle. Tell participants that you are going to do an experiment. You are going to whisper something to the person on your right. Each person will whisper it to their neighbour and we will find out what the last person heard. Whisper any message of your choice. For example, 'condoms protect us' or 'communication is important.' Find out what the last person in the line heard. Then tell them what the original message was. Ask them: What happened? Why was the message at the end different from the one at the beginning?

Note to facilitator: If you have many participants, divide them into two lines and give each one the same message.

2. Note that one of the problems was that people were not listening carefully. Tell participants that this activity is about active listening skills. Say: Let's review, what is the goal of listening? Why do we listen?

Possible answers: We listen because we want to understand the other person; to learn about or know the other person; to find out what they think or feel.

Emphasize that the main point of listening is to **understand the other person**.

3. Ask the participants: What do poor (or bad) listeners do? Write their ideas on flipchart paper. Then ask: What do good listeners do? Get several ideas from them.
4. Have different participants read the 'How to Listen Actively' or read them to the participants if they have difficulty with reading. Where relevant, give an example, or demonstrate the point, for example, when you get to #2 or 4. Then answer questions the participants might have.

INFORMATION: HOW TO LISTEN ACTIVELY

Active listening is more than just hearing the words that someone is saying. Active listeners:

1. Focus – give the speaker your full attention and concentrate only on listening.
 - Don't do anything else, like cooking, cleaning, texting, or reading.
 - Don't think about anything else, don't think about how to respond, why the person is wrong, or let your mind wander.
2. Show that you are listening and interested in what the person is saying.
 - Look the person in the eye;
 - Lean toward the speaker;
 - Nod or shake your head in response;
 - Say 'yes, I see, go on, uh-huh';
3. Use an appropriate facial expression.
4. Only speak to respond to what the person is telling you.
 - Get feedback. From time to time, check that you received the correct message by repeating and summarizing what you understood. For example, say, 'Let me see if I understood you. Are you saying that...?'
 - Ask questions to clarify and understand better. For example, 'Do you mean that...?'
5. Listen to more than the words.
 - Pay attention to non-verbal communication – their body, face and voice.
 - Try to figure out the feelings beneath the speaker's words.
 - Ask a question to see if you are right about how they feel. For example, 'Are you nervous about going for the interview?' or 'Are you disappointed that it ended like that?'
6. Don't jump to conclusions about what the person will say. Listen to what they do say!
7. Don't interrupt, judge, or criticize the speaker. Just be open and try to understand! Understanding someone doesn't mean you agree with them.

5. Tell them that repeating what the speaker says in different words is a good way to see if you understand what they are saying. This is called **paraphrasing** (write this on flipchart paper). If you misunderstood, the speaker can correct you and explain things more clearly. If you understood correctly, the speaker will know that you are really paying attention. Give them the following example:

Glory tells you, 'I broke up with Jason. Every time I tried to talk to him about our relationship, he would refuse to talk. I couldn't take it anymore. It's been hard but I feel much better now.'

Ask them to discuss with their partner and come up a sentence that they would say to Glory to show her that they understood her. After a few minutes ask for some volunteers to give you their responses.

Note to Facilitator: Their responses should summarize and reflect how Glory feels using their own words, for example, 'So, you are glad you broke up with Jason even though it has been hard, right?' or 'It sounds like it you really tried to work it out with Jason but in the end you couldn't. It was hard but now you feel better.'

6. Ask the participants to form pairs. Tell them that one person will be the listener and one will be the speaker. Later they will change roles. Tell them to decide who will speak first and who will listen. Tell the speakers to think of some recent problem they had with a friend or family member or acquaintance that they feel comfortable discussing (nothing too personal or intimate). Tell the listeners to try to be the best listener possible using the tips that you just discussed – looking at the person, trying to understand what they feel, saying, 'Yes, go on' and asking questions to see if you understand. Ask if there are any questions and tell them to begin.
7. After two or three minutes, tell them to stop. Ask the speakers:
 - Did you feel that you were understood? Why or why not?Probing questions: What did the listeners do? What non-verbal messages did they give you? Did they do anything that made you feel that they were not listening? What?
8. Ask the listeners:
 - How did you feel? Was it difficult? Why or why not?
 - What did you do to show that you were listening actively?
 - What did you forget to do? Did you paraphrase?
9. Now ask them to switch roles and have those who were listening talk about a recent problem they have for

two or three minutes, while their partners try to be the best possible listener. After two or three minutes, stop them and ask the questions in steps 7 and 8 again.

10. Tell them to imagine the following: You are having an argument with a friend. You decide to use only active listening. You only listen to your friend and try to understand what he or she is saying. You try to really understand their feelings. You don't respond except by asking questions about what they are saying. You repeat what you understood and ask them if that is what they meant. Ask:

- What do you think will happen (to the argument)? (Possible answers: It will probably end. It may turn into a discussion instead of an argument).
- Why? (Possible answers: Because you are trying to understand instead of trying to defend yourself or argue back. You are not participating in the argument; you are only listening and understanding).

Tell them that understanding someone doesn't mean that you agree with them. But if you love someone, you need to understand their thoughts and feelings, even when you don't agree. You are two different people, so you won't always think and feel the same way. That is okay. You just need to understand each other.

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

12. Allow participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.

- Active listening means focusing on the other person and trying to really understand what they are saying and how they are feeling.**
- Check your understanding by repeating and summarizing what you hear the person saying, so the person can correct you if you misunderstood.**
- Understanding someone does not mean you agree with them.**
- Active listening can turn fights and arguments into discussions and can improve relationships.**

LINKING SENTENCE

Listening is one key to good communication. Try to practise your listening skills in your everyday life and see what happens. This will help improve your communication skills and strengthen your relationships.

ACTIVITY 7.4: SPEAKING FOR YOURSELF

Purpose: To teach participants how to formulate I-statements, give them the opportunity to practice developing I-statements, and experience the value of direct, honest communication.

Objectives: By the end of the activity, participants should be able to:

- Explain the difference between a you-statement and an I-statement;
- List the main parts of an I-statement;
- Demonstrate how to develop an I-statement in a problem situation.

Time: 60 minutes

Materials: Flipchart paper, marker pens, tape and scissors or glue.

Preparation: Review the situations in step 6 and come up with at least one I-statement for each.

Steps

1. Tell the participants that this activity will focus on how to express yourself to communicate better in relationships. To get them thinking, ask them:
 - How do people usually handle disagreements and problems in relationships?
 - When they communicate about problems, what often happens?
2. Explain that I-statements are a way of directly but kindly talking **about your feelings**. They are useful for:
 - Talking to someone about a problem you are having with their behaviour;
 - Complaining effectively;
 - Telling someone you think they are not treating you right;
 - Avoiding putting someone else down;
 - Expressing your own feelings about the problem honestly;
 - Admitting or owning your feelings, opinions, and needs; and
 - Empowering yourself.

3. Demonstrate the difference between you-statements and I-statements by giving the following example of a **you-statement**:

You always leave your clothes all over the floor and on the chair in our room! I can't stand it when our room is so messy! I don't want to share this room with you anymore because you're just hopeless!

Ask:

- How will you feel if someone says that to you?
- How will you respond?

Then read the following example of an **I-statement**.

When I came home yesterday and found your clothes on the floor and on the chair in our room, I felt frustrated. I need to be able to sit at the desk and study. Would you be willing to either put your clothes away or leave them only on your bed so that they are not in my way?

Ask:

- How will you feel if someone says that to you?
- How will you respond?
- Which will you prefer to hear – the you-statement or the I-statement?

4. Ask them what differences they observed in the two statements. If necessary, point out that in the second statement (the I-statement), the person 1) said how they feel; 2) expressed their needs; 3) asked if the other person would be willing to do something to solve the problem. In the first statement (the you-statement), the speaker was accusing the other person, attacking them, threatening them and insulting them.
5. Have the participants read the I-statements out loud or, if they are not good readers, read the information aloud to them yourself. Then ask if they have any questions.

INFORMATION: I-STATEMENTS

I-statements are a very useful way to **complain about something that is bothering you or to bring up a problem you are having with someone.**

Example: On Monday, **when** you shouted at me, I felt really scared. It reminded me of when my father used to shout at my mother and then beat her. **I need** to feel like we can discuss our problems calmly and try to solve them. **Would you be willing to** talk to me about any problems you have with me when you are calm?

How to make an I-statement:

1. State the **facts** about what happened. It is best to use a specific example, like, 'Yesterday, when...' or 'Last weekend, when...' For example, 'On Monday, **when** you shouted at me
2. State your **feelings** about what happened without blaming. '**I feel...**' or '**I felt...**' For example, 'I felt really scared.' You can explain why you felt that way 'It reminded me of when my father used to shout at my mother and then beat her.'
3. State what you **need**. '**I need....**' For example, '**I need** to feel like we can discuss our problems calmly and try to solve them.'
4. Make a **request** for what you want the other person to do. '**Would you be willing to...?**' For example, '**Would you be willing to** talk to me about any problems you have with me when you are calm?'

The parts of an I-statement

When...

I feel OR I felt...

I need...

Would you be willing to...?

6. Then have the pairs count off up to four and assign them each an example to work on. The number ones get example 1, and so forth. Tell them that their task is to come up with an I-statement to express **the problem they have with the other person**, their feelings about the situation and to ask for what they want. Circulate while they work and help them as needed.

WORKSHEET: MAKING I-STATEMENTS

Instructions: Read the situation assigned to you and come up with an I-statement to express to the other person the problem you have with their behaviour, how you feel and what you want.

1. You share a kitchen with some friends. On Monday, they left their dirty dishes around the kitchen, as they often do. You had to spend an hour cleaning the kitchen before you could cook. You like a clean kitchen and you don't want to have to clean someone else's dishes before you can cook. Tell your friends how you feel about what happened and what you want using an I-statement.
2. Your best friend invited you to meet on Friday evening. He or she forgot about it and went out with his or her boyfriend or girlfriend instead. You waited for an hour. When you tried to message him or her, there was no response. You don't want to be ignored or forgotten about when you've made plans with someone. Tell your best friend how you feel about what happened and what you want using an I-statement.
3. Last Saturday night your boyfriend or girlfriend really upset you by getting drunk and trying to force you to have sex. You don't feel ready to have sex yet and he or she knows that. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.
4. On Friday night, when you went out with some friends, your boyfriend or girlfriend got very jealous when s/he saw you talking to another boy or girl, as they often do. S/he shouted at you in front of everyone and then left. You don't want to be shouted at and you want to be able to talk to your friends without your boyfriend/girlfriend getting jealous and creating a scene. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.

Situation assigned to my group: _____

Our I-Statement (Use the parts of the I-statement given in 'Information about I-statements' above):

7. When they are ready, read the first situation and ask all the pairs that worked on it to present their I-statements. After each one, ask the other participants to give feedback. Provide additional feedback on their I-statement if needed to make sure they are done correctly. Follow the same process for all of the situations. **If you don't have time**, you can ask only a couple of pairs to share their statements for each example, instead of all the pairs.
8. Ask the following questions and generate a discussion.
 - How do you feel when someone uses the word 'you' when voicing their opinion or a feeling? For example, 'You do this!' or 'you are a....!'

Note to Facilitator: If they don't mention feeling defensive or wanting to defend themselves, mention that very often people who feel attacked want to defend themselves.

 - How do you feel when someone uses the word 'I' when explaining their opinion or feelings?
 - How will I-statements help you communicate better?
 - Every relationship has some problems or conflicts. How can I-statements help you to solve problems and conflicts in your relationships?
9. Tell participants that it takes practice and time to learn this kind of communication technique. If they keep trying it, it will start to feel more natural.
10. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - When communicating about problems, people often use 'you-messages' which blame, criticize, insult or attack the other person.**
 - You-messages are more likely to get defensive responses and to make the problem or conflict worse.**
 - I-messages explain your feelings and point of view and your needs without blaming, criticizing, insulting or attacking the other person.**

- Learning communication techniques requires repeated practice before they feel natural.

LINKING SENTENCE

Communication is key to every aspect of our life and plays an especially important role in building and strengthening our relationships. We can use certain techniques, like I-statements, that will help us to communicate our feelings and needs without blaming or criticizing the other person. In the next activity, we will focus on the importance of non-verbal communication.



ACTIVITY 7.5: NON-VERBAL COMMUNICATION

Purpose: To review the components of communication; to think about how our voice affects our communication; and to practice interpreting body language.

Objectives: By the end of the activity, participants should be able to:

- Explain the importance of non-verbal communication.
- Identify the differences in meaning when the same words are said using different vocal tones and effects.
- Offer at least one interpretation of different body postures, gestures and facial expressions.

Time: 60 minutes

Materials: Flipchart paper, marker pens

Preparation: Practice all of the examples in Step 3 to make sure that you are prepared to really demonstrate the differences in the vocal qualities.

Steps

1. Tell the participants that in this activity, they will learn about non-verbal communication. Ask them:
 - What is non-verbal communication? (Answer: communication using our tone of voice and body language).
 - How much of communication do you think happens through words? (Answer: Research has found that only 7% of communication takes place through words).

Tell them that this means that 93% of our communication is non-verbal – 38% is tone of voice and 55% is body language.

2. Tell them that first we will look at how our voice affects our communication. Explain that you are going to read some sentences changing **only how you use your voice, not the words**. They should listen very carefully and then tell you how the meaning changed.
3. Read the following examples using the instructions given and then ask the questions. **Note to facilitator:** Only 30 minutes are allocated to complete the first four steps. If it is taking too long, don't do the last example.

Example 1:

- Say: 'Okay! Now listen carefully!' in a loud voice.
- Say: 'Okay, now listen carefully!' in a soft voice.

Ask participants:

- What did you understand from the first one? (Answer: You better listen, pay attention, I am in control, do what I say).
- What did you understand from the second one? (Answers: What I am going to tell you is a secret).

Example 2:

- Say: 'I did not say he lost the keys.' (Emphasize the word 'I').
- Say: 'I did not say **he** lost the keys.' (Emphasize the word 'he').
- Say: 'I did not say he **lost** the keys.' (Emphasize the word 'lost').
- Say: 'I did not say he lost the **keys**.' (Emphasize the word 'keys').

Ask participants:

- What does each sentence mean? Repeat each sentence one by one and ask them what it means.
 - 'I did not say he lost the keys.' (Someone else said it).
 - 'I did not say **he** lost the keys.' (Someone else lost the keys).
 - 'I did not say he **lost** the keys.' (Maybe he just can't find them).
 - 'I did not say he lost the **keys**.' (He lost something else).

(If you need another example, you can use the following: I never said she stole my money. Emphasising the words **she** meaning I said someone else stole it; **my** meaning she stole someone else's money; **money** meaning she stole something else, not money, from me).

Example 3:

1. Say: 'It's okay. Forget it!' with an angry voice.
2. Say: 'It's okay. Forget it!' with a sweet or kindly voice.

Ask participants:

- What did you understand from the first one? (I am angry or unhappy with you. It's not really okay).
- What did you understand from the second one? (It really is okay. I like you anyway).

To show how much our voice affects the meaning of our words, note that the first one means the **opposite** of what the words mean if take alone.

If you have time, do the fourth example:

Example 4:

- Say: 'So, last night I went out with some friends. We were having a good time, but then two of them got drunk and got into a fight' **in a flat, monotone, bored voice.**
- Say the same sentences **in an excited, animated voice with lots of emotion.**

Ask participants:

- What did you understand from the first one? (Answer: The person was bored, not happy).
- What did you understand from the second one? (Answer: The person feels excited about what happened. It is an interesting story to tell. There was drama).

4. Then ask the following questions:

- What were some of the differences in voice that I demonstrated? List these on flipchart paper. (Answers include: volume (loud or soft), change in pitch to emphasize word(s), tone or the quality of voice that conveys emotions).
- What did you understand from this activity? (Answer: The way you say something (or how you use your voice) is very important in communication. It can change the meaning of the words completely).
Probing question: How important are these qualities of your voice for communication?

5. Tell participants that they are now going to look at how we communicate using body language, which is 55% of our communication. Ask them: What is body language? Use their responses and come up with a definition similar to the following:

Body language is using your body parts (face, eyes, and hands) to communicate thoughts and feelings.

- Have participant brainstorm a list of all the types of body language they can think of. Write their ideas down. For each idea, get them to give an example, but **do not get into the Facial expressions**, examples: smiling, frowning, scowling.
- **Body movements and posture**, examples: slouching, arms folded, sitting up straight, swaying, tapping your fingers or foot.
- **Body orientation**, examples: standing or sitting face to face, or side by side, turning towards someone or away from them.
- **Gestures**, examples: waving our hands, pointing, thumbs up.
- **Eye movements**, examples: looking someone in the eyes, looking down or away, rolling your eyes.
- **Touch**, examples: shaking hands hard or soft, hugging, slapping on the back, patting on the head, pinching or gripping on the arm.
- **Personal space**, example: sitting or standing very close or standing far apart.
- **Appearance or image**, examples: how we dress; how we present ourselves and act.

Add anything important that is missing from their list. Ask if they have any questions.

6. Explain that they are now going to see some examples and we will discuss what they mean. Ask for four volunteers who want to act out some different body language for the class. Bring four chairs to the front of the classroom.
7. Read out the following body language examples one at a time and have all of the volunteers demonstrate them. For each one, ask the other participants: What is their body language communicating? Discuss their ideas. If they have different ideas about what is being communicated, note that there may be more than one interpretation of what each means.

Note to facilitator: Only thirty minutes are allocated for this second half of the lesson. **If there is not enough**

time, do not do all of the examples.

- Shrugging your shoulders
 - Sitting with arms crossed across your chest
 - Putting your thumbs up while your hand is in a fist
 - Tapping your foot
 - Looking with tight lips and narrowed eyes
 - Shaking your head from side to side or left to right to left
 - Nodding your head up and down
 - Pacing up and down
 - Talking or listening with clenched hands
 - Looking down when talking
 - Looking with a big smile
 - Leaning back on your chair with hands on your head
 - Get up and storm out of the room (leave the room angrily)
8. After you have gone through the examples, ask them the following questions:
- Which ones were the most difficult for you to interpret?
 - Which ones had more than one meaning?
 - Can we misunderstand body language? (Answer: yes).
 - What should you do if you are not sure what someone's body language means? (Answer: Ask them or ask them if your interpretation is correct).
 - How aware are you of your own body language?
 - Why is it important to be aware of our own body language and other people's body language? (Answer: It is 55% or more than half of communication, so it is very important to understanding others).
 - Why is it important for our words and our non-verbal communication to give the same message? (Answer: To communicate clearly, avoid confusion, not to give mixed messages).
9. Ask if the participants have any questions or comments.
10. Ask participants if they have heard the saying "Actions speak louder than words." Then ask them what it means.

Note that our actions usually reflect our true feelings. If you are wondering about a relationship, you can ignore the words the person is saying and pay attention to their actions – Are they contacting you? Making time to see you? Listening to you? Their actions will tell you how they feel about their relationship with you.

11. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
- Only 7% of our communication is, from words; 93% is non-verbal.**
 - Some ways that our voice changes the meaning of our words are: emphasis on certain words, how loudly we speak, how high or low we speak, how much emotion we use.**
 - Body language can include our facial expressions, our body movements and posture, our gestures, eye contact, touch, the amount of space between us, and our appearance.**
 - Body language can have more than one meaning and can be misinterpreted.**
 - Ideally, our verbal and non-verbal communication should send the same message.**
 - People can tell what we really mean by our non-verbal signs.**

ACTIVITY 7.6: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned; to make a commitment to use what they learned by changing one thing about their communication.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on relationships. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high literate groups:

3. Ask participants to open their workbooks and complete the worksheet.

WORKSHEET: WHAT I LEARNED ABOUT COMMUNICATION

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What is the most important thing you learned from this unit?
2. Why is this information important to you?
3. How will it influence your behaviour?
4. Write a commitment or promise to yourself about how you will improve your communication. You will not be asked to share this with the group.

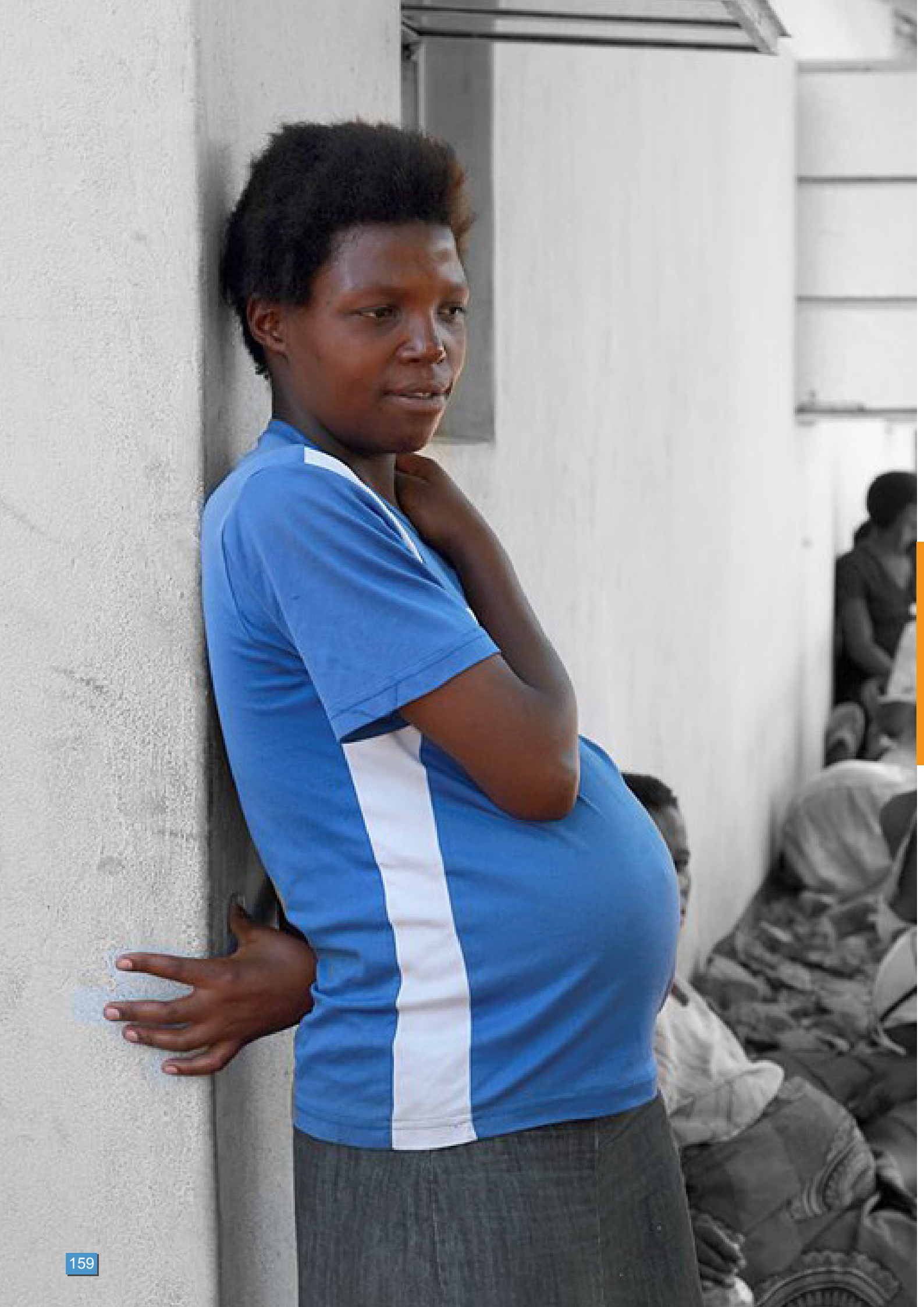
For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about what they will do to improve our communication.

LINKING SENTENCE

Communication is key to every aspect of our lives and plays an essential role in the quality of our relationships with others. The way we communicate with others influences their reactions to us.

Active listening is a critical element of effective communication. We must listen attentively first, and then speak. Positive feedback and sharing are also important ways of improving communication. We also need to be aware of what our bodies are saying – not just our mouths. We must make sure that our words and our bodies are sending one and the same message.



SECTION THREE: HOW AM I GOING TO GET THERE?

UNIT 8: PREGNANCY

PURPOSE AND OBJECTIVES

This unit describes how pregnancy happens and explores the consequences of an unintended or unwanted pregnancy on a young person's life. It teaches decision-making skills by looking at the options that a woman has when she becomes pregnant and emphasizes how to prevent unintended pregnancies. Finally, participants visit a sexual health centre to learn about the services offered and what they can expect when they go there.

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

- Explain how a woman gets pregnant
- List at least three consequences of early pregnancy
- Explain how to make good decisions
- Describe the options that a woman has when she falls pregnant
- Explain how to prevent an unintended pregnancy
- Explain the contraceptive methods suitable for teens
- Explain how to use condoms correctly
- Speak more comfortably about contraception
- Identify where sexual health services are located in the community.
- Feel more comfortable going to sexual and reproductive health services

ACTIVITIES

Warm up – Robot testing	10 minutes
How Pregnancy Happens	45 minutes
Preventing Pregnancy	90 minutes
Discussing Contraception	45 minutes
Decision-making About Pregnancy Options	75 minutes
Teen Services Safari	150 minutes
Conversation Circle and Commitment	20 minutes

7 hours and 15 minutes

ACTIVITY 8.1: WARM UP – ROBOT TESTING

Purpose: To get participants moving around the room; and to have fun before engaging in intense discussions.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 10 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Steps

1. Divide the participants into groups of three.
2. Two people in each group should act as robots and the other as a 'robot tester'.
3. Let all the robots start moving at the same time, walking in the same direction.
4. The testers should follow her/his two robots and control their robots' movement by simply touching either their right or left shoulder.
5. The tester must try to stop their own robots crashing into obstacles such as walls, chairs, or other robots.
6. Stop the game when it is clear that participants are having fun and are relaxed.
7. If time allows, you can let the 'robots' and 'testers' change places or do the activity at another time during the training program, so that each person gets a chance to be a 'robot' and a 'tester'.

ACTIVITY 8.2: HOW PREGNANCY HAPPENS

Purpose: To discuss the process by which pregnancy happens and to provide information on emergency contraception to reduce the risk of pregnancy if they have unprotected sex, a condom burst, or are raped.

Objectives: By the end of the activity, participants will be able to:

- Describe what would happen to their hopes and dreams if they became a parent now;
- Explain the process by which pregnancy occurs;
- Discuss emergency contraception, specifically the key points of its use, such as the circumstances when it can be used and when a woman should get it.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Write the following in large letters on ten pieces of A4 paper or print each in large letters on a piece of paper and then mix them up so they are not in order:
 - UNPROTECTED VAGINAL SEX
 - EJACULATION IN THE VAGINA
 - SPERM TRAVEL THROUGH THE CERVIX INTO UTERUS
 - SPERM TRAVEL THROUGH THE UTERUS
 - SPERM TRAVEL UP THE FALLOPIAN TUBE
 - SPERM MEET THE EGG
 - ONE SPERM ENTERS THE EGG
 - FERTILIZED EGG IS MOVED DOWN THE FALLOPIAN TUBE
 - FERTILIZED EGG REACHES THE UTERUS
 - FERTILIZED EGG ATTACHES TO THE UTERUS
- Find out about the availability of emergency contraception in your area. Is it only available in clinics or can you also purchase it over the counter in a pharmacy? Are there any restrictions on its availability?
- Find out what the laws say about men's responsibility for their children. Can they be legally required to pay child support?

Steps

1. Ask participants to close their eyes and sit back in their chairs. Tell them to think about their hopes, dreams and plans for the future. Speaking slowly and pausing for a long time between questions, ask:
 - What do you hope will happen in the next few years?
 - What are you dreaming about?
 - What are your plans for the future?

After at least a minute (don't rush them) say: There's been a change in your circumstances. If you are a girl, you just found out that you are pregnant. If you are a boy, you just found out that your girlfriend is pregnant and you are going to be a father. What will happen now?

2. After about 30 seconds, then tell them to open their eyes. Ask them:
 - If this happens to you now, what will happen to your hopes, dreams and plans?
 - Do you want to get pregnant now? Why or why not?
 - What responsibility do boys have for their children if they get a girl pregnant? **Note to Facilitator:** Make sure it comes up that we have a moral obligation to care for our own children. If there is a legal obligation in your country, make sure that this comes out. In most countries, the mother can take the father (or the father's family if he is a minor) to court to get child support money. DNA tests can ascertain paternity which may be available in major cities.
3. Tell participants that they are now going to learn about how a woman gets pregnant. Ask for ten volunteers (try to get an equal number of males and females) and ask them to come to the front of the room.
4. Give each volunteer one of the cards you prepared and tell them:

The process that leads to a pregnancy is written on these cards in steps. You have two minutes to put yourselves in the correct order so the cards describe how a woman gets pregnant.

Tell the rest of the participants to observe how the group does the task.

5. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

Correct Order:

- 1) Unprotected vaginal sex
- 2) Ejaculation in the vagina
- 3) Sperm travel through the cervix
- 4) Sperm travel through the uterus
- 5) Sperm travel up the fallopian tube
- 6) Sperm meet the egg
- 7) One sperm enters the egg
- 8) Fertilized egg is moved down the fallopian tube
- 9) Fertilized egg reaches the uterus
- 10) Fertilized egg implants in the lining of the uterus.

6. When the order is correct, post the cards on a chalkboard or wall.

7. Ask the participants the following questions:

- How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? (Answer: A few seconds).
- So if, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant? (Answer: No, it's already too late. Once sperm are in the cervix they cannot be washed away).
- Can you jump up and down to make the sperm come out of the vagina? (Answer: No, it's already too late – they are through the cervix and on their way to the egg. No amount of jumping will make them turn around!)
- How long is it between step 7, the fertilization of the egg, and step 10, the egg implanting in the uterus? (Answer: Five or six days).
- Is there *ANYTHING* you **can** do in those five days after unprotected sex that could help prevent a pregnancy? Probing questions: Have you ever heard of emergency contraception? The 'morning after' pill? (Answer: You can take emergency contraception).

Emphasize that emergency contraception is the **only** method you can use to help prevent an unintended pregnancy **after** sex. Emergency contraception is a special dose of concentrated oral contraceptive pills that are meant to be taken within 120 hours (5 days) of unprotected sex but the sooner after the unprotected sex, the more effective an emergency contraceptive is.

Note to facilitator: The effectiveness of emergency contraception varies by the type of emergency contraceptive a woman takes and when she takes it. The sooner she takes it, the more effective it is. The longer she waits, the less effective it will be.

Ask them if they have heard of any other way to prevent pregnancy after unprotected sex. Dispel all of the myths that they have heard. There is NO other way to prevent unintended pregnancy after unprotected sex.

Also explain that if the couple has unprotected vaginal sex but the man pulls out of the vagina before ejaculating, there is still a chance the woman can become pregnant. The reason is that in most men, a small amount of fluid comes out of the penis before ejaculation. This is called pre-ejaculate or pre-cum and it may have sperm in it from a previous ejaculation.

8. Ask: What do you know about emergency contraception? Praise correct responses and use their answers to lead into the next step.
9. Ask one or more participants to read the points on emergency contraception.

WORKBOOK INFORMATION: MOST IMPORTANT INFORMATION ABOUT EMERGENCY CONTRACEPTION

1. Emergency contraception must be taken **within 5 days** of unprotected sex.⁴
2. You should take it **as soon as possible** after unprotected sex. The sooner you take it, the better it works.
3. Emergency contraception is available in clinics and, in some countries, at pharmacies. Just ask for emergency contraception.
4. Emergency contraception is for **emergencies**, not for regular use.
5. Emergency contraception does not protect you from STIs and HIV.

10. Ask participants the following questions to generate discussion and bring out key points:
 - It is for **emergencies**. What is an 'emergency'?
Main points:
 - When a condom bursts or breaks
 - If you are raped or forced to have sex
 - If you did not use a condom or other contraception
 - If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.
 - It is **only** for emergencies. So if you are going to have sex and do not want to get pregnant, what should you do? (Answer: Use a condom and/or another contraceptive method to prevent pregnancy).
 - But if you **do** have unprotected sex for any reason and you do **NOT** want to get pregnant what should you do? (Answer: Go to a clinic (or pharmacy) **as soon as possible** to get emergency contraception).
11. Tell participants that they will learn more about protecting themselves from pregnancy in an up-coming session. Ask participants if they have any questions about pregnancy and discuss them. Use the Facilitator's Information below to assist you to answer their questions. **However, do not lecture them or talk at length.**
12. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - **An unplanned pregnancy can result from unprotected vaginal sex without protection; from not using contraception correctly every time you have sex; and sometimes because contraception fails.**
 - **The only method you can use to help prevent an unintended pregnancy after sex is emergency contraception.**
 - **Emergency contraception can help prevent pregnancy when someone has unprotected sex, when a condom bursts, when contraception is not used correctly or when someone is raped.**
 - **Emergency contraception should be taken as soon as possible after unprotected sex, but no later than 5 days afterwards.**

LINKING SENTENCE

The most effective way to avoid an unintended pregnancy is not to have sexual intercourse. If you do have unprotected sexual intercourse, using emergency contraception reduces the likelihood of a pregnancy. However, if a young couple does get pregnant, the young woman will need to consider her choices and make a responsible decision for herself and her partner. In the next session we will learn how to make such a decision.

⁴ The number of days used to be fewer, but has now been extended. According to the World Health Organization, 'The emergency contraceptive pill regimen recommended...is one dose...taken within five days (120 hours) of unprotected intercourse.' See <http://www.who.int/mediacentre/factsheets/fs244/en/> for more information (accessed January 2, 2016). However, you should stress that **the sooner it is used, the more effective it is.**

FACILITATOR AND PARTICIPANT INFORMATION: HOW PREGNANCY HAPPENS

Once every menstrual cycle, one ovary releases an egg (ovulation). If the woman has unprotected sex at this time or in the five days immediately before it, she may become pregnant. Once the mature egg leaves the ovary, it begins to travel down the fallopian tube towards the uterus. It only lives up to 24 hours. After the man ejaculates semen into the woman's vagina, the sperm contained in the semen begin to swim towards the egg. They swim up through the cervix, into the uterus and then into the fallopian tubes. The fastest sperm can reach the egg within 30 minutes of ejaculation. If the sperm find the egg, one of them may enter it. This joining of sperm and egg is called fertilization. The fertilized egg then begins dividing its cells as it travels down the fallopian tube to the uterus. When it reaches the uterus, it attaches itself to the lining. This is called implantation. Once implantation has happened, the woman is pregnant.

If the couple has unprotected sex, but the man does not ejaculate, some sperm may still enter the vagina in the pre-ejaculate. The pre-ejaculate or pre-cum is the small amount of fluid that comes out of the penis before ejaculation. Although this fluid, which comes from the Cowper's gland, does not naturally have sperm in it, it may contain sperm from a recent ejaculation or sperm may leak into the fluid before it leaves the body.

Some additional information about emergency contraception:

- The way emergency contraceptive pills work depends on where the woman is in her monthly cycle when she takes them. Emergency contraceptive pills work by delaying or stopping ovulation. Research has found that if a woman takes emergency contraception on the day of ovulation or afterwards, the same numbers of pregnancies occur as when no emergency contraception is taken.
- Using emergency contraception is not the same as having an abortion because emergency contraceptive pills work before pregnancy begins. According to medical authorities, pregnancy begins when the fertilized egg implants in the lining of a woman's uterus, five to seven days after the egg is fertilised and the process is completed several days later. Emergency contraception will not work if a woman is already pregnant.
- In addition to taking emergency contraceptive pills, a woman can have a Copper-T IUCD inserted up to five days after unprotected sex. The copper in Copper-T IUCDs can prevent sperm from fertilizing an egg and may also prevent implantation of a fertilized egg.
- There are no safety concerns or known health risks about using emergency contraceptive pills more than once or even repeatedly.⁵ However, it is not as effective as using a regular method of contraception before or during sex. Emergency contraceptive pills can also have unpleasant side effects, such as making you sick to your stomach, and repeated use can result in increased side effects, like menstrual irregularities. Emergency contraception isn't effective over the long term because most women will eventually ovulate and it doesn't work after ovulation.
- Emergency contraceptive pills only protect against pregnancy when a woman takes them after sex. If a woman takes them and then has sex again without using another kind of contraception or her method fails, she can still get pregnant. If she still doesn't want to get pregnant, she needs to take emergency contraceptive pills again. Although emergency contraceptive pills would probably still protect you if you had sex immediately after taking them, there is no research to show how long they would work.

Note to facilitator: If participants ask about the following, use the information below to explain. Do not give them a lecture about these topics.

Twins occur in two ways. One, the ovaries release two eggs at once and both are fertilized and implant themselves in the uterus so that two fetuses develop. These are called **fraternal twins**. The other way is when one fertilized egg splits into two and both develop into fetuses, resulting in identical twins. They are identical because they come from the same fertilized egg and therefore have exactly the same genes.

Ectopic pregnancy happens when the fertilized egg implants itself outside the uterus, most often in a fallopian tube, although it can also implant in the abdomen, on the ovary or in the cervix. It may implant in the fallopian tube because scarring from an infection has blocked the tube. The fertilized egg then begins to grow outside the uterus. An ectopic pregnancy cannot develop normally outside the uterus and the growing tissue might destroy parts of the woman's reproductive system. For example, if the foetus begins to grow in the tube, which is tiny, it can burst without warning. This is called a tubal pregnancy. Ectopic pregnancies are very dangerous and need to be treated as an emergency in a hospital. In the case of a tubal pregnancy, if the woman does not get it removed before the fallopian tube bursts, she may lose the tube or even die. Symptoms of an ectopic pregnancy include:

- Vaginal bleeding with severe abdominal or pelvic pain;
- Shoulder pain; and
- Feeling lightheaded and/or fainting.

⁵ World Health Organization (2016), Emergency Contraception Fact Sheet, February 2016. Available from: <http://who.int/mediacentre/factsheets/fs244/en/>.

ACTIVITY 8.3: PREVENTING PREGNANCY

Purpose: To discuss the different methods of preventing pregnancy and how they work; and to identify those that are suitable for young people.

Objectives: By the end of the activity, participants will be able to:

- Name at least three modern contraceptive methods that are suitable for young people;
- Explain the advantages and disadvantages of a contraceptive method that they would like to use;
- Correctly demonstrate how to use a male and female condom (if you have them) on a model.

Time: 90 minutes

Materials needed: Flipchart paper, marker pens, samples of contraceptive methods, the pill (oral contraceptives), injectable contraceptive, IUCD, emergency contraception, male and female condoms and male penis models (at least one for every three students) and a female reproductive system models.

Preparation: Make sure that you know the facts about the different methods so that you can answer the participants' questions correctly. Go through step 4 and answer each question to prepare. If you will use a guest facilitator, share the activity plan with them and discuss it so that they will not lecture the participants.

Steps

1. Ask the group how pregnancy can be prevented and allow them to quickly brainstorm the methods that they know. List these on flipchart paper. Then ask them to identify any that are myths and to explain why they are myths. If necessary, give factual information yourself about those that are not scientific methods.
2. Add any of the following methods that are missing from the list below:
 - Abstinence
 - The pill (oral contraceptives)
 - Injections
 - Implants
 - Intra-uterine Copper device or IUCD
 - Male condoms
 - Female condoms.
3. Ask participants which methods are suitable for young people and star those. (These are the ones on the list above).
4. Show the participants the example of emergency contraception that you brought with you and pass it around so they can see it. Remind them that you already discussed emergency contraception in the last activity, so you won't discuss it again unless they have questions.
5. Then tell them that you will now discuss each method listed on the flipchart paper one at a time (do them in the order listed above).

For each method, ask:

- How does this method work?
- What do you think are the advantages of (or good things about using) this method?
- What do you think are the disadvantages (or bad things)?
- What questions or concerns do you have about it?

Make a note of key words from their responses. After each question add to what they have said and give additional factual information on each method using the Facilitator Information below.

When you discuss **abstinence**, note that for most people this is a temporary method during a part of life, such as adolescence. The transition from abstinence to sexual intercourse is often a gradual one for young people. The period of transition, whether long or short, is risky for young people if they are not prepared and making conscious decisions about their sexual behaviour and getting protection.

When you discuss **the pill (oral contraceptives), injections and the IUCD**, show them samples if possible.

Note to Facilitator: For younger adolescents, aged 10-14, you should **NOT** do the demonstration.

6. For male and female condoms, ask (separately for each):

- How many of you know how to use a male (female) condom correctly?
- Who thinks that they can show us the exact right way to use a male (female) condom?

Use a penis model (or female model) to demonstrate how to wear a male and female condoms.

For the male condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants.

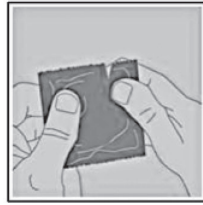
PARTICIPANT INFORMATION: HOW TO USE A MALE CONDOM

Practice putting a condom on by following these steps:

1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



Step 1



Step 2



Step 3



Step 4

2. When the penis is hard or erect, carefully open the condom package along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.

3. Remove the condom and determine the correct side to unroll. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. If the man is not circumcised, make sure the foreskin is rolled down before putting the condom on.

Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do not use body lotion, oil or Vaseline – this could cause the condom to break.

4. Place the rolled condom on the head of the penis and pinch or hold the tip of the condom tightly to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.

5. While pinching or holding the tip with one hand, unroll the condom all the way down to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.



Step 5



Step 6



Step 7

6. After ejaculation and before the penis gets soft, hold the condom firmly at the base of the penis and carefully withdraw from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.

7. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.

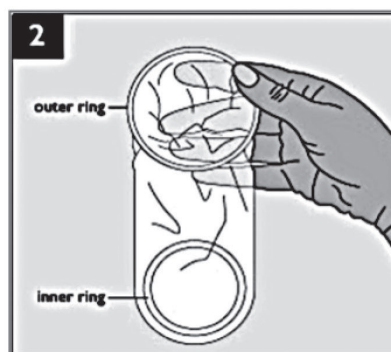
For the female condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants.

WORKBOOK INFORMATION: HOW TO USE A FEMALE CONDOM

Follow these steps to use a female condom:

1. Check the expiry date on the package. Squeeze the condom package and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.
2. When you are ready to insert the condom (up to 8 hours before sex), carefully open the package and remove the condom. Tear the package at the notch on the top right – see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors.

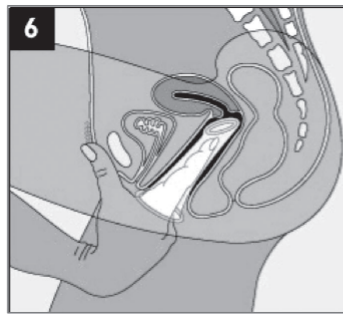
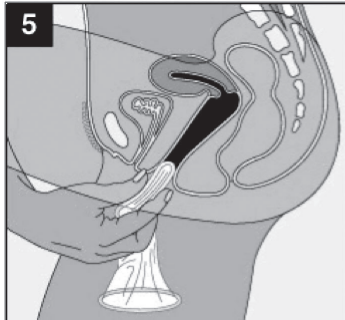
The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse. See picture 2 below.



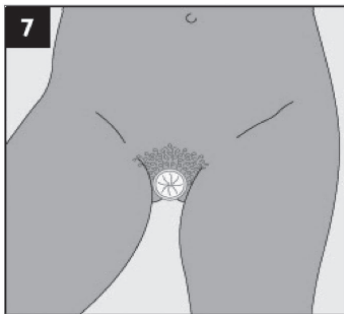
3. Hold the condom with the open end hanging down and squeeze the inner ring at the closed end with two fingers so it becomes long and narrow or turns into a figure eight. See picture 3.
4. Choose a comfortable position – raise one leg, sit or lie down. See picture 4.



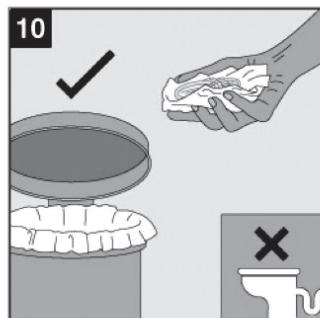
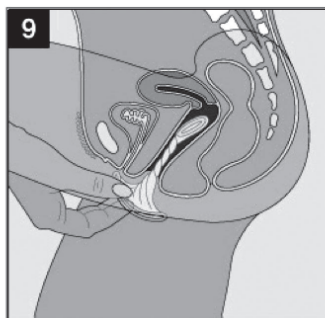
5. With your other hand, spread the lips open and gently insert the inner ring into the vagina. Place your index finger inside the condom, and push the inner ring up as far as it will go. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.



6. The condom is now in place – see picture 7. When you are ready to have sex, guide the penis inside the condom. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.



7. To remove the condom after sex, squeeze and twist the outer ring to keep the semen inside the pouch. See picture 9 Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.



Reference: <http://www.ripnroll.com/femalecondoms.htm>

Female condoms are not difficult to use, but they may take some practice to get used to. Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, try a different body position (for example, lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.

7. Ask participants:
- Which of the methods that you know prevents pregnancy **AND** STIs **AND** HIV? (Answer: Abstinence, male and female condoms).
 - Why do some couples use condoms **and** another contraceptive method? (Answer: To be sure to prevent pregnancy if the condom bursts).
 - Who is responsible for making sure that a couple is using contraception – the boy, the girl or both? Why? (Answer: Both partners are responsible).
 - Who is responsible for deciding which method to use? Why? (Answer: They can discuss it together. If they want to use a method that the girl must take, then she should be the final decision-maker about which method, because it is her body).
 - Who is responsible for getting the contraception? (Answer: For condoms, either one can get them. For hormonal methods, the girl must go to the clinic, but emphasize that they can go together so they both understand how to use the method).
 - If you have the opportunity to have sex, but you don't have a contraceptive method with you, what would you do?
 - Boys, if your girlfriend tells you that you don't need to worry because she is using the pill, what would you say?
 - Where are youth-friendly sexual and reproductive health services available in this community?
 - Are you comfortable going there if you needed contraception? Why or why not?
 - Where else can you get contraception if you don't feel comfortable going to the places we just discussed?
8. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
- Abstinence is the most effective way to prevent pregnancy when used correctly.**
 - Ways to prevent pregnancy that are appropriate for young people include: abstinence, male and female condoms, the pill, and the injectable.**
 - Different people may experience different side effects from contraception – many have none at all.**
 - The safest methods are those that protect you against unintended pregnancy, STIs AND HIV. Those are abstinence, male and female condoms alone or with another method, such as oral contraceptives or injections.**
 - Pregnancy prevention is the responsibility of both partners.**
 - Using condoms correctly is the most important protection skill. Every young person must know how to do it.**
 - Practise using a condom properly, especially if you are not confident.**

LINKING SENTENCE

It is important to know the different methods of pregnancy prevention and how they work. But it may not be easy to raise the issue of pregnancy prevention with your partner or with a parent. Sex is still considered a 'taboo' in some cultures and this can make it more difficult to talk about it. For this reason, many young people can find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.

FACILITATOR AND PARTICIPANT INFORMATION: PREGNANCY PREVENTION

There are four main types of methods that prevent pregnancy:

1. Methods that rely on your behaviour, like abstinence, are called **behavioural methods**;
2. Methods that use hormones to interfere with ovulation, change the cervical mucus and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called **hormonal methods**; and
3. Methods that prevent the sperm and egg from meeting, are called **barrier methods**;
4. Methods that cannot be reversed are called **permanent methods**. They require surgery and are only recommended for people who already have all of the children that they want to have.

Methods Suitable for Young People

The methods for preventing pregnancy that are recommended for young people are:

- Abstinence and outer course (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections e.g. Depo Provera
- Implants e.g. Jadelle
- Intra-uterine copper device (IUCD)
- Emergency contraception

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them result in infertility. No method is completely effective, although there are many that are highly effective. Therefore, there is some risk involved when using any method. Ideally, the decision about which contraceptive method to use should be made by both partners.

Abstinence means completely avoiding vaginal, oral and anal sexual intercourse. It is a good choice for adolescents who are not ready for sexual intercourse and the risks of pregnancy and STIs. Abstinence requires self-discipline and respect for each other's wishes. The responsibility rests with both partners. It is 100% effective in preventing pregnancy and STIs, including HIV, if used correctly (which means the couple sticks to their decision and does not have sex). For most people, abstinence is a temporary method during a part of life, such as adolescence. The transition from abstinence to sexual intercourse is often a gradual one. The period of transition, whether long or short, is especially risky for young people
le if they are not prepared and making conscious decisions about their sexual behaviour and getting protection. Abstinence can and does fail!

Outer course means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outer course can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing etc. Outer course can be effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.

Some **advantages of abstinence and outer course** are: the most effective way to prevent pregnancy, if followed; the most effective protection from sexually transmitted infections (STIs) and HIV, if followed; no physical side effects; and is free. **Some disadvantages of abstinence and outer course** are: it may be difficult not to have sex for long periods of time; and you may lose control and forget the decision not to have sex (in which case, you may not be prepared to use protection against pregnancy and STIs).

Male condoms are latex sheaths that are rolled onto the erect penis before sexual intercourse. They are a barrier method because they prevent the semen and hence, the sperm, from entering the vagina. When used properly, every time a person has sex, condoms are effective in preventing pregnancy and STIs, including HIV. Some **advantages of the male condom**, in addition to being the most effective way to prevent STIs and HIV for people who are having sex, are: doesn't require clinic visit or prescription; free or cheap and easily available; can be carried easily and discreetly by men and women; allows men to participate in preventing pregnancy and infections; may decrease early ejaculation and make intercourse last longer; nothing drips from the vagina after intercourse; has few side effects; and does not affect the menstrual cycle. Some **disadvantages of the male condom** are: can interrupt sexual activity; can reduce feeling during sex for men; and a few people may develop an allergy or sensitivity to latex (they can use female condoms which are not made from latex).

Female condoms are narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. A ring holds the condom in place during intercourse and the bag catches the man's semen so that it does not enter the vagina. If used properly, every time a person has sex, female condoms are effective in

preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, it also offers some additional protection from STIs that are spread by skin-to-skin contact.

Some **advantages of female condoms**, in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect female fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman's understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before intercourse so that they do not interrupt sexual activity. Some **disadvantages of female condoms** are: not as effective in preventing pregnancy as male condoms or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.

Oral contraceptives or the pill: These include the combination pill and the mini-pill. The mini-pill is not recommended for young people. Contraceptive pills contain hormones that prevent pregnancy by suppressing ovulation, changing the movement of the fallopian tubes, making the mucous in the cervix thick, which prevents the sperm from entering the uterus and by reducing the thickness of the lining of the uterus before menstruation. When used correctly, the pill is highly effective in preventing pregnancy. Some **advantages of the pill** are: lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples. Some **disadvantages of the pill** are: does not protect against STIs, including HIV; must be taken every day at the same time (may be difficult for some women to remember); may have side effects; and requires a prescription.

Contraceptive injections are hormonal methods that work similarly to the pill. There are different types of injections that work for different lengths of time. When used correctly, contraceptive injections are highly effective in preventing pregnancy. Some **advantages of contraceptive injections** are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone oestrogen; may decrease the risk of cancer of the ovary or uterus. Some **disadvantages of contraceptive injections** are: does not protect against STIs, including HIV; may cause changes in the menstrual cycle; may cause irregular bleeding or heavy spotting; menstruation may not occur (called amenorrhea); may result in weight gain; side effects can last for a long time due to the amount of the hormone injected into the body; requires injections on a monthly or tri-monthly basis; and when a woman stops using it, there may be a delay in her fertility coming back.

The **intra-uterine device (IUD or coil)** is a small device that is inserted into the uterus by a trained health worker. It prevents the man's sperm from fertilizing the woman's egg. Depending on the type, it can work for up to 10 years before it must be replaced. Some IUDs contain the hormone progestin and use hormonal methods to help prevent pregnancy as well. It is highly effective in preventing pregnancy. Some **advantages of the IUD** are: immediate starts preventing pregnancy; regular attention is not required; effective for 5-10 years; no interference with sexual activity; low cost over time. Some **disadvantages of the IUD** are: does not protect against STIs, including HIV; requires a visit to a clinic to be inserted or removed; can come out or change position; and can cause heavier than normal menstrual periods.

Emergency contraception is pills that are taken within five days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. They may cause a disruption in the menstrual cycle. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, and if the couple had unprotected sex.

A couple should seek counselling when choosing a contraceptive method other than condoms. Counselling will provide them with all the facts they need to make a decision about which method is most suitable for them and how to use the method properly. Young people can use both a condom and another method of contraception to increase their protection from pregnancy.

Common side effects and symptoms vary with the different methods but generally may include: headaches; irregular menstrual cycles; stomach cramps; nausea and sometimes vomiting; and/or weight loss or gain.

FACILITATOR INFORMATION: OTHER METHODS OF PREGNANCY PREVENTION

The following information about methods that are not suitable for young people is included only in case a participant asks questions about one of these methods. Do not provide information about them to participants if they do not mention them.

Withdrawal: Withdrawal is when a man pulls his penis out of the woman's vagina and away from her genitals before he ejaculates. It is not a good method for young people because it requires self-knowledge and self-control and because it is less effective than other methods. It does not protect against STIs or HIV.

Fertility Awareness Methods (FAM): Fertility awareness is based on knowing the signs that a woman is ovulating and therefore fertile and could get pregnant. It uses a combination of different methods to monitor these signs (basal body temperature, cervical mucus, position of the cervix and counting the days). It is not recommended for young people because of the level of knowledge required and the fact that it does not protect against STIs or HIV.

Lactational Amenorrhoea Method (LAM): Lactational Amenorrhoea can be used during the first six months after birth if the woman is exclusively breastfeeding her baby. Exclusive breastfeeding, which means the baby is getting only breast milk whenever it is hungry, can prevent the ovaries from releasing an egg for up to six months. It does not protect against STIs or HIV.

Sterilization is a surgery that makes it almost impossible for a man or a woman to have any more children.

Vasectomy or sterilization for a man is a simple operation in which the vas deferens are cut and sealed. After a vasectomy, the man will still ejaculate but the semen will not have sperm in it. **Tubal ligation** or sterilization for a woman is an operation in which the woman's fallopian tubes are cut and sealed. It does not change a woman's ability to have sex or to feel sexual pleasure.

ACTIVITY 8.4: DISCUSSING CONTRACEPTION

Purpose: To look at how to raise or handle the issue of contraception with partners.

Objectives: By the end of the activity, participants will be able to:

- Feel more comfortable talking about contraception;
- Demonstrate the ability to talk about contraception in a role play.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Depending on the number of participants and the time available, choose which scenarios to do. Before the session, copy the scenarios and cut them apart.

Steps

1. Divide the participants into groups of 3 or 4. Have one participant read the instructions. Then assign each group one of the scenarios. You do not need to have them read the scenarios out loud.

WORKSHEET: TALKING ABOUT CONTRACEPTION

Instructions: In your groups:

- Read through the scenario.
- Discuss how you would deal with or discuss the situation.
- Prepare a five-minute sketch to show the scenario and your solution.
- All group members must play a role.
- You have 20 minutes to do this.

Scenario 1: You are a 15-year old teenage girl who has painful cramps when you menstruate. A health worker who visited your school last week told you that using the contraceptive pill could stop the cramps or make them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

Scenario 2: You and your girlfriend have been having sex regularly for a few weeks. You have not used a condom every time. You were hoping that she is using the pill or something so that she doesn't become pregnant. But now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect yourselves.

Scenario 3: A number of your friends have become pregnant. Your boyfriend wants to have sex with you and you think you might be ready, too. However, you haven't discussed protection with him yet. You realize that the two of you need to talk about protection now, before you have sex.

Scenario 4: Your mother finds a condom in the pocket of your trousers in the dirty clothes basket. She calls you and starts asking you about your sexual activities. She knows you have a girlfriend but doesn't think that you should be having sex. You and your girlfriend are not having sex. You have decided that you are not ready for sex until you have a job. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

2. After 20 minutes bring the groups back together. Have each group present their scenario.
3. At the end of each presentation invite questions and comments from the observing participants about the approach and solutions shown. Ask them what strategies the young person used to bring up or discuss contraception.
4. After all the presentations have been done, use the following questions to generate a discussion:
 - Do most youth want to be able to discuss issues of contraception with their parents? What about with their partners?
 - Why is it difficult for teens to raise these issues with parents? What about with their partners?
 - What can you do to overcome these difficulties?

- Do you think it is important to talk about contraception with your sexual partners? Why?
- When should you talk about it? (Answer: Before you start having sex; when you are not in a sexual situation)
- Who is responsible for bring up the topic? (Answer: Both partners are responsible).
- What are some things a young person or young couple should consider when deciding which method of contraception to use? (Answer: their lifestyle – how often they have sex, partner’s involvement in using method, remembering to use the pill; how convenient it is to use; how effective it is; how safe it is; and if it provides protection against STIs and HIV or not).

Stress to the participants that they are responsible for protecting themselves, so they need to take all the necessary actions to do so **before starting to have sex**.

5. Remind participants that if they can’t **talk** about sex and protection with their partner, then they aren’t ready to **have sex** with their partner.
6. Ask participants to summarize what they learned during the activity. Add the following point if it is not mentioned.
 - ❑ **Discussing contraception with your sexual partners is necessary and very important for avoiding unintended pregnancies and protecting your health.**
 - ❑ **To make sure you are protected, you need to talk with your partner about what methods you will use to protect yourselves from pregnancy, STIs and HIV before you start having sex.**

LINKING SENTENCE

Now you’ve learned about preventing unintended pregnancies, about protecting yourself from STIs and HIV, and what you can do if you get pregnant. Some of these things require accessing sexual health services, but many young people are not familiar with those services or might feel nervous about going there.

ACTIVITY 8.5: DECISION-MAKING ABOUT PREGNANCY OPTIONS

Purpose: To learn a model for making good decisions and to apply it to a situation in which a teenager experiences an unintended pregnancy; to discuss the options that a pregnant woman may have and look at the advantages and disadvantages of each.

Objectives: By the end of the activity, participants will be able to:

- Explain the steps for making a good decision;
- Demonstrate how to use the steps to make a good decision when given a specific problem to solve;
- List the options that a pregnant woman has and describe the advantages and disadvantages of each.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find out about the abortion and adoption laws and procedures and policies in your country.

Steps

1. Tell the participants that in this activity, they will learn about how to make good decisions and then apply that process to deciding what to do about an unintended pregnancy. Ask the group:
 - When do people make decisions? (Answer: Everyone makes many decisions every day from what to wear to what to eat).
 - When do we need to take more time make decisions? (Answers: when the decision is important or big; when faced with a difficult situation or problem; when there's more than one choice; when faced with a challenge or challenging situation).
2. Introduce the decision-making model using the following presentation. Write out each highlighted word, step by step, on the flipchart, as you introduce and describe it.

Whenever we are facing an important decision or difficult problem, we can go through a conscious process to help us make the best decision. This decision-making process is made up of the following steps:

1. **Problem:** Identify the problem or challenge you are facing.
2. **Choices:** List all the options or choices or that you have.
3. **Consequences:** For each choice, list all the possible consequences, both positive and negative.
4. **Decision:** Look at the choices and their consequences and make your decision.
5. **Evaluation:** Ask yourself why you made this decision and if it is the best one to make. Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If after answering these questions, you do not think you made the best choice, make another decision and evaluate it.

3. Ask participants if they have any comments or questions and discuss these.
4. Tell participants that they will now practise using the model. Divide participants into groups of four and have a volunteer read the situation. Then do the first two steps as a whole group. Ask them:
 - What is the problem?
 - What are the possible choices that Nokuthula has? (Answer: Single parenting, marriage and parenting, adoption, abortion, and fostering).

Then tell them to complete the activity in their groups. Circulate as they work and help them as needed.

Note to Facilitator: For semi-literate youth, do the following:

- Read the situation out loud.
- Identify the problem and their choices as a whole group.

- Tell the participants to get into pairs or groups of three and use the model to make a decision about what they would do.
- Tell them to prepare a short role play to present their decision.

WORKSHEET: GOOD DECISION-MAKING

Instructions: Read through the situations below and use the decision-making process you just learned to come to a decision by following the steps listed.

Situation 1: Nokuthula and Takunda are both 16 years old and neither of them has a job. They have been together for about six months. They started having sex about two months ago. They were using condoms but six weeks ago they had unprotected sex once when they didn't have a condom. They have just found out that Nokuthula is pregnant. Imagine that you are Nokuthula. What will you do?

Step 1: What is the **problem** that you are facing:

Step 2: What are your **choices**? List all of the options that you can think of. Write them in the space below.

Choice 1:

Choice 2:

Choice 3:

Choice 4:

Choice 5:

Situation 2: After schools had closed for the Christmas holiday, Chipso, a 15-year-old girl, went to Mutare to spend her holiday with her aunt and uncle. It had only been a few days after she arrived when her uncle got into her bedroom while she was sleeping, and raped her. Her uncle threatened to kill her if she ever told anyone about what had happened. She cried for many days and could not eat anything or talk to anyone. She later ran away from her aunt and uncle's home and went back to Marondera to her parents' home. When she arrived she told her father everything and he took her to the police to report the incident. The police referred her to the nearest clinic and after some tests were done by the nurses there, she was found to be 2 weeks pregnant.

Step 1: What is the **problem** that you are facing:

Step 2: What are your **choices**? List all of the options that you can think of. Write them in the space below.

Choice 1:

Choice 2:

Choice 3:

Choice 4:

Choice 5:

Step 3: What are the **possible consequences** of each choice? Write these in the spaces below

Choices	Positive or Good Consequences	Negative or Bad Consequences
1		
2		
3		
4		
5		

Step 4: Decide what to do. What is your **decision**?

Step 5: **Evaluate your decision.** Why did you make this decision?

Is this really the best choice? Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If not, go back and make another choice.

5. Go through Steps 3, 4, and 5 asking several groups to share their responses to each step. Challenge their thinking as needed to make sure that they fully understand the consequences of each option. Use the Facilitator Information: Options Available to Pregnant Teenagers to guide you.
6. Ask participants:
 - Were the final decisions of the groups the same or different? Why?
 - What was it like to use this model?
 - Was it difficult to make a final decision? Why or why not?
 - Who can help a teenage couple decide what to do about an unintended pregnancy?
 - What are the pressures a teen couple might face while making this decision?
 - Who has the right to make the final decision about an unintended pregnancy? (Answer: The pregnant woman or girl has the right to make the final decision because it is her body).
 - Do you think it is important to use a model like this when making big decisions like this one? Why or why not?
 - Why do people sometimes make bad decisions? How can you avoid that?
 - What is different about making a decision with another person, for example, when you are in a relationship? (Answer: You need to consider their needs, feelings, desires and solutions; you may need to compromise).
7. Read through the information on pregnancy options.
8. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - ❑ **When a teenage girl has an unintended pregnancy, she has several options to choose from, including becoming a single parent, getting married and parenting, putting the baby up for adoption and fostering the baby.**
 - ❑ **The pregnant woman may involve the man or boy who is responsible in the decision, but she will make the final decision.**
 - ❑ **Before making a big decision, you need to think of all the consequences of your options, especially the negative consequences.**
 - ❑ **Making decisions with another person, for example, when you are in a relationship, often requires that both people compromise.**

LINKING SENTENCE

Now that we understand the difficult choices a pregnant teenager faces and the possible consequences on future plans and options, we need to understand how to prevent unintended pregnancies. If young people choose to engage in sex, they need to be informed about the different methods of contraception that are appropriate for them.

FACILITATOR AND PARTICIPANT INFORMATION: PREGNANCY OPTIONS

The options available to teenagers who become pregnant are: abortion, adoption, single parenting, marriage and parenting; and fostering.

Abortion – the termination of pregnancy before the foetus can have independent existence. Two broad types are: Spontaneous abortion (miscarriage) and Induced abortion (intentional termination of pregnancy).

Abortion is legally restricted in Zimbabwe. However, illegal abortions (sometimes called ‘back street abortions’) sometime occur. When abortions are done in conditions that are not hygienic (unsafe abortions), the risk of infection is higher, which can result in infertility and sometimes death. If an unsafe abortion is done and somehow goes wrong, it is recommended to seek immediate attention from the nearest health facility.

Facts to consider:

Abortion is legal under the following circumstances:

- Rape (excluding marital rape)
- Incest
- When the woman is mentally handicapped
- When the pregnancy endangers the woman’s life or physical health
- When there are chances that the child will be born with a severe handicap or mental defect ⁶

Adoption: There are two types of adoption: adoptions in which the mother and others know the identity of the adoptive parents, and adoptions in which the identity of the adoptive parents is not known to the mother.

Facts to consider:

- Giving up a child for adoption may or may not be a traumatic decision for the mother, the father and their families. The mother may experience additional emotional stress after the adoption if she was pressured into the decision; if she spends time with the baby before putting it up for adoption, or is rejected by her family or community.
- The teenage mother has the final decision. Whether she is 11 years old or 18, she has to sign the legal papers. The baby’s father may also have to give consent.
- Once legal papers are signed, the adoption is considered final. However, there is usually a period of time during which the woman can withdraw her consent.

Some reasons women choose adoption include:

- Termination of pregnancy is against the girl’s principles, illegal or too risky.
- To finish her education.
- To please her family.
- To try to start a new life.
- Thinking the child may have a better chance in life with another family.
- Because the father doesn’t want to marry her, or she doesn’t want to marry him.

Marriage and parenting: The couple decides to marry because of the pregnancy. They may be pressured to marry by the girl and/or boy’s families.

⁶ Section 4 of the Termination of Pregnancy Act of Zimbabwe Chapter 15:10, 2001.

Facts to consider:

- Few teenagers realize the enormous responsibility of parenting. The pressures of parenthood may lead to marital conflict.
- Few teenagers have the emotional maturity to marry. They may be unable to cope and/or face instability or violence in the relationship.
- If they have to leave school early in order to parent, they may have poor employment opportunities and financial difficulties.
- They may feel trapped and isolated from friends and resent the child.
- They may mourn their missed opportunities.
- If they live with their parents, they may have no privacy.

Some reasons couples choose marriage and parenting include:

- Their parents pressure them to do it.
- To give the child a name or to keep their child from being illegitimate or born out of marriage.
- Believing it is their payment for making a mistake.
- Thinking it was 'meant to be.'
- Being in love and thinking that they can handle it.

Single parenthood: Single parenthood is a common choice among teenagers but a very challenging one. Becoming a single parent often limits education, career, and marriage opportunities.

Facts to consider:

- A child is a 24-hour 7-day a week responsibility. Young people may not consider this seriously enough.
- A young parent's earning capacity is limited, often resulting in greater poverty.
- Single parenthood, especially in adolescence, can result in social isolation and loneliness. The young person may not be able to visit or go out with friends.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother lives at home, it may result in confusion of roles with her own parents, and eventually lead to conflict and power struggles.
- The adolescent father:
 - May not know his rights or his rights may be disregarded.
 - May be forgotten or ignored.
 - May have to pay child maintenance. If he does not do this voluntarily, the mother can get a court order that says he has to pay.

Some reasons women or men choose single parenthood include:

- Believing that it is the most acceptable choice.
- Wanting to have a baby even though their ideas about being a mother or father may not be realistic.
- Thinking it is her or his 'payment' for making a mistake
- Not wanting to marry the mother or father of the child.
- Her or his parents offered to help raise the child.
- Her or his parents want a grandchild.

Fostering: Fostering is when someone raises the child until the biological parents are able to care for it. Some people think it is traumatic for both the child and the foster parents when the biological mother or father retrieves the child.

Some reasons women or couples choose fostering include:

- To be able to finish their education.
- To ensure the baby is well cared for until they are more mature and ready to take on the responsibility.

ACTIVITY 8.6: YOUTH SERVICES SAFARI

Purpose: To remove barriers to accessing services by having participants visit and become familiar with a reproductive health services

Objectives: By the end of the activity, participants will be able to:

- Describe where they can go for youth friendly sexual and reproductive health services;
- Explain what happened when they went to visit the service and their impression of the services and providers;
- Feel more comfortable accessing sexual and reproductive health services.

Time: 2 – 2.5 hours

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Before doing this activity, you will need to identify which reproductive or sexual health service you will take the participants to visit and make arrangements with that health facility for the visit. The service must provide reproductive or sexual health services and should preferably be nearby and be youth-friendly or have some health workers who are open to youth and non-judgmental. If possible, ask for a provider to talk through a pelvic exam with the female participants while another provider talks through a male genital exam with the male participants.

You may need to do this activity later in your program, depending on when the services are able to accommodate your group.

Steps

1. Tell participants that this next activity is about accessing sexual and reproductive services. Ask them: What are your rights related to health services? Make sure the following rights are mentioned:
 - The right to health care;
 - The right to respect;
 - The right to dignity;
 - The right to privacy - their health information should be kept confidential;
 - The right to information.
2. Tell them that they will be going to visit [Name of the facility] to see what sexual and reproductive services they provide and what the place is like. Explain what will happen during the visit according to what you arranged with the facility.

Tell them that while they are at the facility, they will need to gather some information about it. Use the information in the worksheet below to guide them on the type of information to gather.

3. When you get back from the visit to the facility, ask the participants to share their experiences and findings.
4. Use the following questions to stimulate discussion:
 - How did you feel about going to a place that offers sexual and reproductive health services?
 - Were the facilities youth-friendly? Why or why not?
 - How did the girls' experiences differ from the boys'?
 - If you ever needed treatment for STIs or contraceptives, would you go to this facility? Why or why not?
 - Would you recommend this facility to other young people? Why or why not?
5. Ask the participants what are the main things they learned in this activity. Add any of the following key messages:
 - You have the right to respect and privacy (confidentiality) when seeking health care.**
 - If you need contraception, HIV or STI testing and treatment, ante-natal care or other sexual and reproductive health services or information, go to a health care centre.**
 - Some services are designed to be friendly to young people.**
 - Some services are available for free or at low cost to young people.**

WORKSHEET: TEEN SERVICES SAFARI

General Information about the Service	Sexual and Reproductive Health (SRH) Services Offered	Accessibility and Availability	Confidentiality	Youth Friendly Features	Barriers for Youth
<ul style="list-style-type: none"> Name and address Location of service Phone number 	<ul style="list-style-type: none"> Who works at the service? What SRH services do they provide? Include counselling, physical exams, treatments and referrals. Are all services found in one place? 	<ul style="list-style-type: none"> Hours of service Is an appointment necessary? Easy to access for young people? How would you get there? Is there a cost? If so, could you pay it? Are they welcoming and open to questions? How did they respond to your questions? Are they non-judgmental? 	<ul style="list-style-type: none"> Do you have the option to remain anonymous? Is parent consent required? Release of information – who will be able to access your personal information? Confidentiality what does it mean? 	<p>List what they are doing to make their service friendly and welcoming to young people. What special services do they provide for young people? Include anything about the services that appeals to you as a young person.</p>	<p>List anything that would be a barrier to your use of the service or that you think other youth would find a barrier.</p>

ACTIVITY 8.7: CONVERSATION CIRCLE AND COMMITMENT

Purpose: To reflect on the unit and what they learned; to plan how to use what they learned by making a commitment related to their sexual behaviour and unintended pregnancy.

- Objectives: By the end of the activity, participants will be able to:
 - Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on pregnancy. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to open their exercise books and answer the following questions.

WORKSHEET: WHAT I LEARNED ABOUT PREGNANCY

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What are the most important things you have learned about pregnancy from this unit?
2. Is this information useful to you?
3. How do you think that it will help you?
4. Write a commitment or promise to yourself related to their sexual behaviour and unintended pregnancy. You will not be asked to share this with the group.

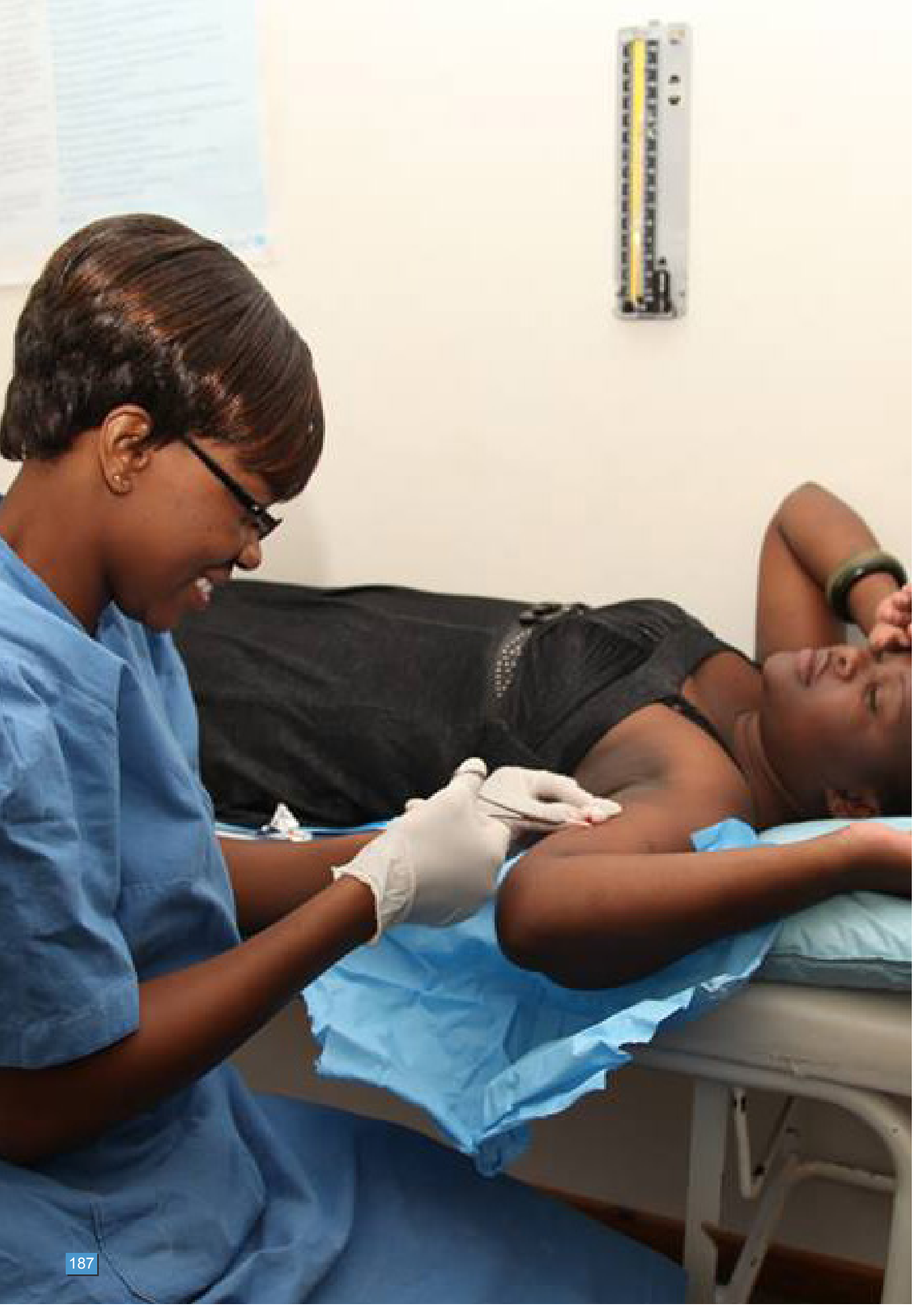
For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about what behaviours they will change based on what they learned about unintended pregnancy.



CONCLUDING NOTES TO UNIT 8

An unintended pregnancy is just one of the consequences of unprotected sexual intercourse. It brings a number of problems and difficulties for both teenagers and their families. Before engaging in sexual intercourse, young people need to think about the possible consequences, know how they can protect themselves, discuss protection with their partners, and get the methods they decide to use. It is important to take responsibility and not to risk having unprotected sex. Abstinence, outer course, and male and female condoms are the most suitable methods because they protect against both pregnancy and STIs, including HIV. These methods can be combined with other contraceptive methods, such as the pill or injections, for extra protection against pregnancy.



UNIT 9: SEXUALLY TRANSMITTED INFECTIONS AND HIV

PURPOSE AND OBJECTIVES

This unit aims to help learners understand the facts about sexually transmitted infections (STIs) and HIV. It challenges myths and presents facts about how STIs and HIV are transmitted, their signs and symptoms and possible consequences. It also increases understanding about how HIV attacks the body and causes AIDS, why everyone should get tested for HIV and the benefits of antiretroviral treatment (ART) if you have HIV. The unit also emphasizes living positively with HIV and challenges participants to understand and reduce stigma and discrimination in general, as well as stigma and discrimination associated with HIV.

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

- Express the desire to protect themselves from STIs and HIV
- Explain basic facts about sexually transmitted infections and HIV
- Correct misinformation about transmission of STIs and HIV
- Give a basic explanation of how HIV attacks the body
- Convince others that it is better to get tested for HIV and to know your status than not to do so
- Describe the importance of treatment for people living with HIV
- Explain how to live positively with HIV and AIDS
- Describe how it feels to be stigmatized
- List at least two things they can do to challenge stigma associated with HIV

ACTIVITIES

Warm up: Messages from HIV-Positive Youth	20minutes
Myths and Facts about STIs	75minutes
How Much Do You Know about HIV	50 minutes
How HIV Makes You Sick	60 minutes
To Know or Not to Know Your HIV Status	60 minutes
Telling Our Partners	60 minutes
Treatment for HIV	45 minutes
Positively Alive!	60 minutes
Understanding and Challenging Stigma, Part 1	30 minutes
Understanding and Challenging Stigma, Part 2	60 minutes
Conversation Circle and Commitment	20 minutes

9 hours

ACTIVITY 9.1: MESSAGES FROM HIV POSITIVE YOUTH

Purpose: To motivate negative participants to protect themselves, especially from HIV and pregnancy; to help positive participants feel like their voices are being heard.

Objectives: By the end of the activity, participants will be able to:

- Discuss at least two things that young people living with HIV want them to know.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Read through the quotes and identify the key points of each.

Steps

1. Tell them that some young people living with HIV were asked what they wanted to tell other young people. The stories are real but their names have been changed.
2. Read the first message and ask the following questions:
 - What does [Stella] want you to understand?
 - What does she suggest that you do? Why?

INFORMATION: WHAT I WANT TO TELL YOU: MESSAGES FROM YOUNG PEOPLE LIVING WITH HIV

Instructions: Some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers. Read what they had to say and think about it.

Stella, 25 years old, has known she has HIV since she was in secondary school. She says:

People will say it's normal to have HIV because you have options. But it isn't normal to live with HIV. You can't have that fun you used to have, fun like normal sex and having a baby without fear. The fear of death is always in you, even though we will all die. And if you are not in a relationship, you won't find the real one. HIV has a lot of stigma and discrimination attached to it. The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV. Always use condoms and get tested with your partner if you are serious. Girls, don't leave it up to the man -- you also need to say, 'Let's use a condom.' Protect yourselves, guys!

If you are HIV-positive, live your life and make the best out of it. You have a future. It is not the end of the world. HIV is a manageable virus. ARVs (antiretroviral) are here at the public hospitals and there are mobile services in rural areas.

John, 20 years old, says:

Young people are more afraid of pregnancy than the virus. You should concentrate on avoiding both pregnancy and the virus. We tend to believe that if we are with a boyfriend or girlfriend for three months, then we are a couple and there is no need to use a condom. Meanwhile, the other one is cheating on us. Looking at some grown up people, too, they are getting HIV because one is faithful but the other one isn't. You need to look out for yourself, man, and just use condoms all the time... If you are negative, get serious! Maintain your status -- don't get the virus!

Letty, a 23-year-old student at the university, says:

Young girls like me come from villages to the university and suddenly, you know, you aren't with your relatives anymore. And there is a lot of peer pressure -- you see how others are living -- this one has this and that -- clothes from Dubai or China, cell phones. It's a trap that is easy to fall into. There are a lot of pregnancies and some girls have unsafe abortions. Or like me, they end up pregnant and HIV-positive. Don't think it can't happen to you like I did. I am telling you -- that is what is propelling HIV-- the temptation, especially money. Ladies, I hope you will listen and understand me: If you hear about money or cell phones, please, don't forget about your own life.

Bongani is 13. He says:

Don't forget that there are children born with HIV. When you sing songs like 'AIDS is a Killer,' it hurts us. Think about how we feel. Don't hurt people who have the virus!

3. Follow the same procedure for the rest of the quotes, one at a time until all have been read.
4. Ask participants the following questions: Whose message stood out to you? Why?
5. Ask participants to summarise the main things that they understood from this activity. Add any of the following key messages if not mentioned:
 - The best way not to feel the pain of being stigmatized and rejected by your peers is not to get HIV.**
 - If you are HIV-positive, you still have a future -- it's not the end of the world. But if you are negative, do everything you need to do to stay negative.**
 - You need to concentrate on avoiding both pregnancy and HIV, not just pregnancy.**
 - If you are offered money or cell phones, don't have sex without a condom for them and forget about your own life.**
 - Don't hurt people who have HIV.**

ACTIVITY 9.2: MYTHS AND FACTS ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIs)

Purpose: To learn how STIs are spread and how they can be prevented; and to discuss the effects and consequences of STIs; to correct wrong information; and to discuss what to do if you have an STI.

Objectives: By the end of the activity, participants will be able to:

- Explain what an STI is and how they are transmitted;
- Name at least four different STIs;
- List at least three signs or symptoms of an STI;
- Explain the link between untreated STIs and HIV;
- List at least one possible consequence of not getting treated when you have an STI.
- Describe what a person should do if they think they have an STI.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue,

Preparation:

- Make three signs marked 'True', 'False' and 'Don't Know' and post them at different places in the room where participants will be able to stand.
- Find out where people can get tested and treated for STIs in your community and identify any places that provide youth-friendly services.

Steps

1. Write 'STI' at the top of flipchart paper. Ask the participants:
 - What does STI stand for? Write their responses on flipchart paper.
 - How do you get an STI? (Answer: By having unprotected sexual intercourse).

Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone (e.g., herpes and genital warts (HPV)).

2. Ask the group to brainstorm the following and list their responses on the flipchart paper:
 - STIs they know
 - Any other names for those infections (slang)

If any of the following are missing, add them: gonorrhoea; chlamydia; syphilis; herpes; genital warts or human papillomavirus; hepatitis B; pubic lice; and scabies.

Note that these are the most common STIs.

3. Point out the signs labelled 'True', 'False' and 'Don't Know/Unsure' that you posted in the room. Ask the participants to stand up and explain that you are going to read a statement and they should move to the sign that shows how they feel about each statement – if they think it is true, they will move to the True sign and so on.
4. Read the first statement below and give participants time to move. Ask each group why they are standing under that sign. Then give the correct answer and add to the explanations or information given by the participants as needed. Use the Facilitator Answer Key: STIs – True or False below as a guide to the answers. Give the explanations and additional information as you go through the answers.

True or False Statements

- You won't get an STI if you only have oral sex.
 - Only people who have lots of sex partners get STIs.
 - You can get an STI from a toilet seat.
 - Many STIs can be transmitted to babies during pregnancy or birth.⁷
 - You can have an STI even if you do not have any signs or symptoms.
 - Some signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.
 - Women have more noticeable signs and symptoms of STIs than men.
 - STIs caused by viruses cannot be cured.
 - Passing urine after sex protects you from STIs.
 - If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.
 - STIs cannot lead to cancer.
 - STIs that are not treated can result in problems getting pregnant.
5. Read out a second statement and repeat the same process. Continue for all of the statements.
 6. Ask participants what other things they have heard about STIs that they think may be wrong. Discuss these and any other questions or comments that they have.
 7. Ask participants: What should people who think they may have an STI do?

Make sure the following key points come out in the discussion:

- Go to a clinic and get tested as soon as possible
 - If you have an STI, tell all of your sexual partners to get tested
 - Take all of the medicine prescribed even if you feel better
 - Go back to the clinic to make sure the infection is gone
 - Use condoms every time you have sex
 - If you have an STI that cannot be cured, tell all of your future sex partners about it before you have sex with them.
8. Ask them:
 - If you think that you might have an STI or you just want to get checked to make sure, where can you go?
 - Which of those services is youth-friendly?
 9. Ask the participants if they have any questions, comments or concerns and respond to them. Tell them that there is some information on STIs in their workbooks. They can read it when they have time.
 10. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - Anyone can get an STI if they have unprotected sexual intercourse.**
 - STIs are spread through unprotected sexual intercourse, including oral and anal sex. Some, like herpes and genital warts, can be spread from skin-to-skin contact.**
 - Both partners must be treated at a clinic to make sure that there is no chance of re-infection.**
 - Abstinence or condoms used correctly every time you have sex are the only ways to prevent transmission of STIs.**
 - Many STIs can be cured, but those caused by viruses, such as herpes, genital warts, and HIV, have no cure.**
 - There are vaccines to protect you from hepatitis B and from genital warts.**

⁷ If participants want to know what "many", tell them it means more than half.

LINKING SENTENCE

STIs happen because people are still engaging in unprotected sexual activity. They are common among adolescents. If a person suspects that s/he may have an STI, s/he should go for treatment rather than ignoring it. A person with an STI is more likely to get HIV and to spread HIV to others.

Although you may feel scared, embarrassed or nervous to go to a clinic, it is the best thing to do to make sure that you are properly treated. Delaying medical treatment makes the STI worse. Self-treatment, traditional medicine and prayer are not effective solutions. Now that you know some of the basic information about STIs, let's learn more about one infection that is usually sexually transmitted - HIV.

FACILITATOR ANSWER KEY: STIs - TRUE OR FALSE

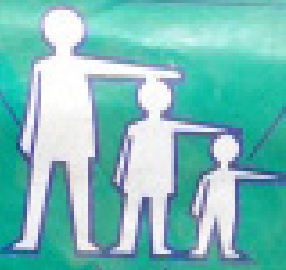
- 1. You won't get an STI if you only have oral sex. False:** STIs can be transmitted through oral sex. You can get gonorrhoea in your throat, for example. Herpes and syphilis can also be spread through oral sex.
- 2. Only people who have lots of sex partners get STIs. False:** Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.
- 3. You cannot get STIs from toilet seats. True:** The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat.
- 4. Many STIs can be transmitted to babies during pregnancy or birth. True:** Many STIs, including gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. (Human papillomavirus (HPV) and chancroid are not transmitted to babies during pregnancy or birth).
- 5. You can have an STI even if you do not have any signs or symptoms. True:** In more than half of all cases, a person with an STI has no signs or symptoms that they notice. Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts.
- 6. Some common signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. True:** These are the most common signs of having an STI.
- 7. Women have more noticeable signs and symptoms of STIs than men. False:** Women are more likely not to have any noticeable signs or symptoms than men. They may have signs that are inside the vagina or they may have no signs at all.
- 8. STIs caused by viruses cannot be cured. True:** STIs caused by viruses (herpes, genital warts (HPV), hepatitis B and HIV) have no cure. Those caused by bacteria (gonorrhoea, chlamydia, and syphilis) or by parasites (pubic lice and scabies) can be cured.
- 9. Passing urine after sex protects you from STIs. False:** During sex, the bacteria and viruses that cause STIs enter the body very quickly. Urinating does not eliminate them but can help protect women from urinary tract infections, though.
- 10. If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners. True:** If you have an STI, the skin or mucous membranes of your genitals may have a sore or be inflamed, making it easier for HIV to enter the body. If you have an STI and HIV, it is more likely that you will transmit the virus when you have sex. In addition, having an STI is a sign that you are not using condoms correctly every time you have sex.
- 11. STIs cannot lead to cancer. False:** Some STIs can lead to cancer. Some types of genital warts (HPV) lead to cervical cancer. Hepatitis B can lead to liver cancer.
- 12. STIs that are not treated can result in problems getting pregnant. True:** Untreated STIs can cause infections in the upper reproductive tract of both men and women. These infections may cause scarring that blocks the vas deferens (sperm duct) in men and the fallopian tubes in women. They can also make tubal ectopic pregnancies (when the fertilized egg attaches itself to the fallopian tube) more likely.

FACILITATOR INFORMATION: SEXUALLY TRANSMITTED INFECTIONS

The table below lists some of the most common STIs and provides information about each of them.

	Gonorrhoea	Chlamydia	Syphilis	Chancroid
Common names	Drip, clap, dose		The pox	Soft sore or soft chancre
Infectious agent	Bacteria	Bacteria	Bacteria	Bacteria
How do you get it?	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact Skin-to-skin contact
When will it start to show?	1 – 10 days	1 – 3 weeks	Stage 1: 1-3 months Stage 2: 3 – 6 months Stage 3: Many years	3 – 14 days
What are the symptoms?	Women: pelvic pain, painful urination, vaginal discharge; fever; most will have no symptoms. Men: painful urination, discharge or drip from penis or no symptoms	Women: pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse or no symptoms Men: discharge from penis, painful urination; most have no symptoms	Stage 1: a painless sore Stage 2: fever, headache and a rash Stage 3: very ill. The cause is not always easy to find.	Soft painful sore on the genitals (less noticeable in women) Swollen lymph glands in the groin
Treatment	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics
What are the effects if untreated?	<ul style="list-style-type: none"> • Pelvic infection • Infertility • Blindness in baby • Sterility in men • Risk of tubal pregnancy • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Severe infection of reproductive organs (PID) • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Infertility • Skin diseases • Paralysis • Mental illness • Arthritis • Baby born blind or stillborn • Death • Facilitates HIV transmission 	<ul style="list-style-type: none"> • Scarring, thickening of tissues, fistula (passages or holes between organs, such as the vagina and the urethra)

	Herpes	Human Papillomavirus	Hepatitis B	Pubic lice	Scabies
Common names	Blisters, cold sores	Genital warts, HPV	Jaundice	Crabs	
Infectious agent	Virus	Virus	Virus	Parasite	Parasite (a small mite)
How do you get it?	Sexual contact Skin-to-skin contact with or without a sore From mother to child	Sexual contact and Skin-to-skin contact	Sexual contact Exchange of body fluids (blood, saliva and urine)	Sexual contact, close physical contact, sharing a bed or clothes	Sexual contact Close physical contact
When will it start to show?	2 – 20 days	1 – 6 months	1 – 6 months	Immediately	1 month
Symptoms	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. Sometimes there are no signs or symptoms.	Small painless bumps on the genitals with slight itching or burning. They can be inside the vagina in women or the urethra in men with no outward signs. Women need a pap smear or acetic acid test to detect lesions.	Stage 1: Flu, fatigue, weight loss, painful joints Stage 2: Jaundice – the skin and whites of the eyes become yellow	Itching in the area of the chest, genital hair. Lice crawling and small eggs (nits) on hair and clothing.	Itching at night Red lines in the skin as the scabies burrow. Ulcers develop after scratching.
Treatment	Not curable. Medications can help prevent the sores from reappearing.	Not curable. Warts can be removed by burning, freezing or minor surgery. A vaccine is available.	Rest and healthy food. Lifelong infection. A vaccine is available to prevent this infection.	Special shampoos or lotions. All bedding and clothing must be washed in hot soapy water.	Special cream Wash all clothing and bedding before applying. Repeat after three days
What are the effects if no treatment?	<ul style="list-style-type: none"> • Sores go away without treatment, but may reappear when person is ill or stressed. • Can pass to baby. • Facilitates HIV transmission. 	<ul style="list-style-type: none"> <input type="checkbox"/> Can grow large and spread <input type="checkbox"/> Some types can lead to cervical cancer <input type="checkbox"/> Can pass on to baby 	<ul style="list-style-type: none"> • Can cause liver disease, liver cancer and death. • Can pass on to baby 	<ul style="list-style-type: none"> • Skin irritation 	<ul style="list-style-type: none"> • Spreads all over the body



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PARTICIPANT INFORMATION: BASIC FACTS ABOUT STIS

How STIs are spread: STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of a woman's anatomy).

Types of STIs: STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus (HPV) or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomoniasis, scabies and pubic lice. They can be cured.

Signs and symptoms of STIs: In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs and symptoms of STIs on or around the genitals are: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men. Because STIs often don't have signs and symptoms, many people are not aware that they have one. So if you have had unprotected sex, you could have an STI and not know it.

STIs and HIV: STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.

Consequences of untreated STIs: Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (PID - pelvic inflammatory disease in women, inflammation of the testicles in men), infertility (not being able to get pregnant), cervical cancer (from HPV), liver cancer (from hepatitis B and C), serious damage to the nervous and cardiovascular system (from syphilis) and even death (from syphilis and HIV).

Genital warts (HPV) and cervical cancer: The virus that causes genital warts (HPV) is an important cause of cervical cancer in women. There is now a vaccine against genital warts, so all young women should get vaccinated against genital warts, if possible. Women who have not been vaccinated can get a test, called a Pap smear, or the acetic acid test to detect pre-cancerous lesions or other signs of cervical cancer. All women should get this test every three years if they can, but it is especially important for women who have genital warts and for women who are HIV-positive because they are at higher risk for cervical cancer.

Preventing STIs: Abstinence or not having sex is the surest way to avoid getting an STI. For those who are having sex, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI. In addition to the vaccine for genital warts (human Papillomavirus), there is a vaccine for hepatitis B.

Candidiasis: Candidiasis, also called yeast infections, candida, white discharge or thrush, is usually not sexually transmitted. In women, it is the result of an increase in the natural yeast in the vagina. It is rare in men. Pregnancy, taking antibiotics, diabetes and illnesses that suppress the immune system, like HIV, make it more likely that a woman will get candidiasis. Signs of candida include thick white, lumpy discharge; bright red skin on the vulva and in the vagina; intense itching of the vulva and vaginal opening; and discomfort or pain during sex. It can be easily treated and will also go away on its own.

If you think you may have an STI: Do the following:

1. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Traditional medicine is usually not effective in treating STIs.
3. Tell anyone with whom you've had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
4. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone.
5. Go back for a check-up to make sure the infection is gone, even if you feel better.
6. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
7. If you get an STI that cannot be cured, always tell your sex partners about the infection before you have sex with them and always use condoms.

Remember that anyone can get an STI.

ACTIVITY 9.3: HOW MUCH DO YOU KNOW ABOUT HIV?

Purpose: To assess how much participants know about HIV; to review basic information about HIV transmission and prevention; to enable participants to share the knowledge they have with each other; and to ensure that all participants have the correct information.

Time: 50 minutes

Objectives: By the end of the activity, participants will be able to:

- Explain how HIV is and is not transmitted;
- List the five fluids that can transmit HIV when exchanged;
- Describe how HIV can be prevented.

Materials needed: Flipchart paper, marker pens, tape and scissors or glue, a bag or other container

Preparation:

- Write the following statements for the game onto slips of paper (**without the answers**) and fold them up. Keep the three categories of statements separate by putting each into a separate bag or container. Label each bag so you know which is which.

Statements about how you get HIV:

- A person can get HIV if they have sex without using a condom. (True)
- A person can get HIV by using needles or razors that were used by someone else. (True)
- A person can get HIV from a mosquito that bit someone with HIV before. (False)
- An HIV-positive woman who is pregnant can pass HIV to her baby. (True)
- An HIV-positive woman who breastfeeds can pass HIV to the baby. (True)
- HIV can be transmitted through witchcraft. (False)
- I can get HIV by being around people who are HIV-positive. (False)
- Condoms can spread HIV. (False)
- A person with a sexually transmitted infection can get infected with HIV more easily. (True)

Statements about preventing HIV:

- Not having sexual intercourse is one way to protect yourself from HIV. (True)
- Using contraceptive injections is one way to protect yourself from HIV. (False)
- Always using condoms correctly with sex partners greatly reduces your risk of getting HIV. (True)
- Pulling the penis out before the man ejaculates is one way to protect yourself from HIV. (False)
- Having sex only with your regular partner will protect you from HIV. (False)
- If a person is not in a high-risk group, they don't need to worry about getting HIV. (False)
- A person doesn't need to worry about getting HIV because there is now a cure. (False)
- There is a vaccine to prevent HIV infection. (False)
- A person taking medicines for HIV cannot spread the virus. (False)
- A pregnant woman who is HIV-positive can take medicine to protect her baby from HIV. (True)
- If a person and their partner both have HIV, they don't need to use condoms. (False)
- Having unprotected sex with a person who looks healthy and fit is safe. (False)

Tiebreaker statements:

- If you have HIV, you will know you have it. (False)
 - Getting circumcised will protect a man from HIV. (False)
 - An HIV-positive woman can have a baby who does not have HIV. (True)
 - HIV can survive outside the body for about a day. (False)
 - If you have a negative HIV test, you may still be HIV-positive. (True)
 - If you have HIV, you can get infected with HIV again. (True)
- Make sure you know all of the correct answers and the reasons for them by reading the Information for the Facilitator. If you are unsure, you can get a co-facilitator who is experienced in the field of HIV to assist you.

Steps

1. Tell the participants that they are going to play a game now called 'How Much Do You Know?' Ask them to count off from 1 to 4. Have them form four teams. Have each team pick a name for themselves and write their names on a piece of flipchart paper in order to keep score.

2. Explain the game to the participants:
 - Each team will pick a statement out of the bag and read it out loud. They will consult with each other **briefly** and decide if the statement is **true or false**. After **15 seconds** I will ask the team for their **final answer**.
 - If their answer is **correct**, they get one point.
 - The team with the most points remaining at the end of the game will win. If there is a tie, there will be tie-breaker statements, until one team wins.
 - Ask if there are any questions and clarify as needed.

Note to Facilitator: Keep the time yourself or ask your co-facilitator or someone on another team to keep the time.

3. Explain that the first set of statements is about how HIV is transmitted. Have the first team pick a statement out of the bag and read the statement out loud. After 15 seconds, ask them for their final answer.

Then have the next team pick a statement out of the bag and continue in this way. Praise correct answers. If there are incorrect answers, ask if anyone can explain why it is incorrect. If no one can, explain it. Keep the game moving along quickly.

4. When all the statements have been taken from the first bag, tell them that the next set of statements is on how people can protect themselves from HIV. Have the next team pick a statement out of the second bag and continue in the same way.
5. After all the statements in the second bag have been answered, see which team has the most points. If you have a tie, tell them that they will now move on to the tiebreaker statements. Tell them that they now also have to **explain their answer correctly to stay in the game**. Any team that gives a wrong answer will be out!

Note to facilitator: Use the Facilitator Information below as a guide to the correct answers.

6. Go through the tiebreaker statements until there is a winner. If there is still a tie by the end, tell them that you are very impressed – they have so much knowledge of HIV that you can't even declare a winner! If you have a prize, give it to the winning team or teams.
7. Ask the participants to open their workbooks, 'Important Information about HIV.' Tell them that we will fill out the worksheet together to summarize the correct information.
8. Have a participant read the statement on the worksheet and ask the whole group for the answers. Write the correct answers on flipchart paper. Use the Facilitator Information below as a guide to the correct answers.

Participant Worksheet with Answers: Important Information about HIV and STIs

Instructions: Fill in the blanks with the correct information:

A. The **three ways** that a person **can get HIV** are:

1. From **sex without a condom** with someone who has HIV (vaginal, oral or anal sexual intercourse)
2. From the **exchange of blood** with someone who has HIV (usually from a used needle or something sharp, like a razor); and
3. From an **HIV-positive woman to her baby** during pregnancy, birth or breastfeeding.

You **cannot get HIV** from mosquitoes, curses, or living or working with someone who has HIV.

B. The five body fluids that **can transmit HIV** are:

1. Semen
2. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)
3. Vaginal fluids
4. Blood; and
5. Breast milk

You **cannot get HIV** from tears, saliva, sweat, sneezing and coughing.

C. The two ways to **protect yourself from getting HIV from sex** are:

1. Do not have sex (abstain)
2. Use condoms **every time** you have sex.

9. Ask the participants the following questions to generate a discussion:

- We listed three ways you can get HIV. Are there **any** other ways of getting HIV that you heard about?

Note to facilitator: Discuss any things that they bring up and end by emphasizing that if they hear that you can get HIV in **any other way** – through mosquitoes, curses, witchcraft, living with someone who is positive, etc., **it is not true!**

- We listed five fluids that transmit HIV. Are there any other fluids that can transmit HIV? Any that you heard about and you aren't sure if it's true or not?

Note to facilitator: Have the participants discuss any that they bring up. Emphasize that these are the **ONLY fluids** that transmit HIV. Tears, saliva, sweat, sneezing and coughing **cannot** transmit HIV.

- Do you have any questions about how HIV is and is not transmitted?
- Do you have any questions about how you can protect yourself from HIV?
- Do you have any questions about any behaviours and whether or not they transmit HIV?
- If you were explaining to a friend which behaviours are risky and which are not, what would you say first?

10. Tell participants that in sub-Saharan Africa, young women aged 15-24 are twice as likely to have HIV than young men of the same age. Ask them why do they think this happens? Allow them to discuss and ask them questions, such as 'What effect do gender roles have on young women's ability to protect themselves from HIV?' to bring out the following points:

- Biologically, women are more likely to become infected with HIV through unprotected heterosexual intercourse than men. Young girls, whose reproductive systems are not fully mature, are even more likely to become infected if they have unprotected sex.
- Because of gender inequities, women have less power in relationships and therefore are less able to negotiate condom use. This is especially true for young women who are in relationships with older men.
- Young married or partnered women may not be able to abstain from sex or refuse unprotected sex. This is especially true if they fear violence from their partners.
- Women and girls are more likely to be raped.

11. Ask participants what the main points of the activity were. Add any of the following points that they do not mention:

- ❑ **HIV can be transmitted through unprotected sex; through the exchange of blood (from sharing needles or other sharp cutting or piercing instruments); and from an infected mother to her baby during pregnancy, birth or breastfeeding.**
- ❑ **The five body fluids that can transmit HIV are semen, pre-ejaculate, vaginal fluids, blood and breast milk.**
- ❑ **Any time these fluids are exchanged between people there is a risk of HIV being transmitted.**
- ❑ **HIV can be prevented by not having sex and by using condoms correctly every time you have sex.**
- ❑ **Girls and women are at higher risk for HIV for biological reasons and because of the effects of gender roles and sexual violence on them.**

LINKING SENTENCE

HIV is the virus that causes AIDS. Although HIV has no cure, there are treatments that can help people stay healthy and live a long life if they have HIV. Now that we have reviewed the basic information about how HIV is transmitted, we are going to look at how HIV attacks the body and makes someone sick.

FACILITATOR INFORMATION: BASIC FACTS ABOUT HIV TRANSMISSION AND PREVENTION

HIV stands for human immunodeficiency virus. HIV is a virus that lives in humans and attacks the immune system. z

AIDS is acquired immune deficiency syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when his or her immune system is so damaged by HIV that it is too weak to fight off infections.

Transmission of HIV

The three ways that HIV can be transmitted are:

1. Through sex without a condom with someone who has HIV (vaginal, oral or anal sexual intercourse);
2. Exchange of blood with someone who has HIV (usually from a used needle or something sharp, like a razor); and
3. From an HIV-positive woman to her baby during pregnancy, birth or breastfeeding.

You **cannot** get HIV from mosquitoes, curses, witchcraft or living or working with someone who has HIV. Mosquitoes do not transmit HIV because HIV does not survive inside a mosquito (it is digested); and mosquitoes take blood from a person when they bite them, but they **do not** inject blood into the person they bite. So, there is no exchange of blood.

The five body fluids that can transmit HIV are:

1. Semen
2. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)
3. Vaginal fluids
4. Blood
5. Breast milk

There is a risk of HIV being transmitted any time these fluids are exchanged between two people. For example, if there is an exchange of semen or vaginal fluids (with someone who is HIV-positive) during sexual intercourse without a condom, or an exchange of blood (with someone who has HIV) from sharing needles or other sharp instruments that have fresh blood on them. A person with a sexually transmitted infection (STI) can get infected with HIV more easily because STIs can cause sores and irritations of the skin that allow HIV to enter the body more easily. STIs also make it more likely that they will pass HIV on to their partners. Therefore, it is important for anyone with an STI and their partners to get treated.

Anyone who exchanges these body fluids can get HIV, whether they are in a high-risk group or not. There is still no cure or vaccine for HIV. There is, however, antiretroviral medicines that enable people with HIV to live long, healthy lives. Although antiretroviral therapy (ART) reduce the amount of HIV in the body fluids and therefore make it less likely that the person will transmit HIV, it does not eliminate the risk completely. So a person taking medicine for HIV can still transmit HIV.

Protection from HIV

Not having sex at all (abstinence) prevents the sexual transmission of HIV. If you don't have sexual intercourse, semen, pre-ejaculate and vaginal fluids cannot be exchanged. However, the person may still get HIV from sharing needles or sharp, bloody instruments with a person who is infected.

Condoms are very effective protection when they are used correctly and consistently when you have sex since they prevent the transmission of semen and vaginal fluids. However, other contraceptive methods (including the pill and contraceptive injections) do not prevent the transmission of HIV.

Having only your regular partner prevents the sexual transmission of HIV ONLY IF that partner does not have HIV already and also has no other sex partners. You cannot be completely certain that another person does not have other partners. Many people have more than one sex partner and do not tell their other partners. Having only one partner does reduce the risk of getting HIV.

Voluntary Medical Male Circumcision reduces the man's risk of getting infected by 60%. Circumcised men are still encouraged to practice safer sexual practices – abstinence, correct and consistent use of condoms, being faithful to one partner, etc.

A man who is circumcised can still get HIV if not practicing safer sex.

To protect yourself from getting HIV from blood:

- Do not share needles for injecting drug use;
- Do not get body piercings, tattoos, or get cut or pricked with needles, razors, or other sharp objects that have been used and not sterilized;
- Avoid direct contact with blood by using gloves or plastic bags.

How to know if a person is HIV-positive

It is impossible to know if a person has HIV by the way they look. Many people who are infected with HIV do not know that they are infected because they feel and look healthy. Many live for years without developing signs or symptoms of HIV infection. The only way for a person to know if they have HIV is to have an HIV test.

Encourage individuals and families to know their status by going for HIV Testing Services as a couple, as individuals or through use of HIV self-testing kits.

ACTIVITY 9.4: HOW HIV MAKES YOU SICK

Purpose: To understand how the immune system works; what HIV does in the body; and how it causes illness.

Time: 60 minutes

Objectives: By the end of the activity, participants will be able to:

- Explain how HIV attacks and destroys the immune system;
- Describe why a disease or infection, like TB, will kill a person with a very weak immune system (like someone who has been living with HIV for many years).

Materials needed: Flipchart paper, marker pens, tape and scissors or glue, A4 paper, pins or tape or glue (to attach the signs to their chests)

Preparation:

- For the first drama, you will need to have 12 participants to act the following roles: 1 Kudakwashe, 6 Lookouts, 3 TB, 2 Special Forces TB
- For the second drama, you will need to have 26 participants to act the following roles: 1 Kudakwashe, 9 Lookouts (CD4 cells), 13 HIV, 2 Special Forces HIV Fighters (HIV antibodies), 1 TB bacteria.
- Make name tags using A4 paper for each of these as follows: Kudakwashe, Lookout 1, Lookout 2, Lookout 3, Lookout 4, Lookout 5, Lookout 6, Lookout 7, Lookout 8, Lookout 9, HIV 1, HIV 2, HIV 3, HIV 4, HIV 5, HIV 6, HIV 7, HIV 8, HIV 9, HIV 10, HIV 11, HIV 12, HIV 13, Special Forces HIV 1, Special Forces HIV 2, TB 1, TB 2, TB3, Special Forces TB 1, Special Forces TB 2.
- To do the drama with only 20 participants, reduce the Lookouts to 7 and the HIV to 9. In the second drama, in step 2, Lookouts 1-5 should enter; in step 6, HIV 2-3 should enter; in step 7, HIV 4-6 should enter; in step 11, Lookouts 6-7 should enter; and in Step 12, HIV 7-9 should enter. Adjust the answers to the questions embedded into the drama accordingly.

Steps

1. Tell the participants that in this activity, they are going to act out a play about the immune system and about how HIV attacks a person's body and affects the immune system.
2. Tell participants that first you will look at how the immune system usually works. Ask for 13 volunteers and assign the participants' their roles the first drama. Give them their name tags and pins or have them secure the papers to a button if they have one as follows:
 - Chris (one participant)
 - Lookout 1, Lookout 2, Lookout 3, Lookout 4, Lookout 5, Lookout 6 (6 participants)
 - TB 1, TB 2, TB 3 (3 participants)
 - Special Forces TB 1, Special Forces TB 2 (2 participants)Make a table the "Immune System Command Centre" and ask the Special Forces to stay behind it until they are called.
3. Have everyone stand up and clear a large space in the middle of the room for the drama. Ask the participants to act out their roles as you explain what happens. Read the drama below **slowly**, stopping and making sure everything is okay between steps.

DRAMA: HOW THE IMMUNE SYSTEM WORKS

1. This is **Kudakwashe**. Kudakwashe loves partying with friends and is enjoying life to the fullest.
2. Kudakwashe has Lookouts in his blood that are on the watch for any invaders that make him sick, like bacteria or viruses. **Lookouts 1-6** come and stand around Kudakwashe.
3. TB enters Kudakwashe lung. **TB 1** enter the scene.
4. The **Lookouts** see the **TB** and send a message to their command centre to create Special Forces TB Fighters who only know how to fight and kill TB; however, they have to wait many days for the first special forces to arrive.
5. The TB in Kudakwashe's body starts making copies of itself. TB 2 and 3 enter the scene.
6. The special forces TB fighters finally arrive! Enter **Special Forces TB Fighters 1 & 2**. They find the TB and kill it. **TB bacteria 1-3** die.
7. Kudakwashe is healthy again.

4. Ask the participants: How did Kudakwashe' immune system fight off TB?
Probing question: What happened in the drama?
5. Tell them that now they will see what happens when HIV enters someone's body. Keep the same Kudakwashe, the Lookouts 1-6 and TB 1. Handout the other roles as follows and ask them to attach the name tags:
 - Lookout 7, Lookout 8, Lookout 9 (3 participants)
 - HIV 1, HIV 2, HIV 3, HIV 4, HIV 5, HIV 6, HIV 7, HIV 8, HIV 9, HIV 10, HIV 11, HIV 12, HIV 13 (13 participants)
 - Special Forces HIV 1, Special Forces HIV 2 (2 participants)
6. Ask the participants to clear a large space in the middle of the room for the drama. Read the drama below **slowly**. Stop and make sure everything is okay between each step. Ask the questions where indicated.

DRAMA: HOW HIV WORKS IN THE BODY

1. This is **Kudakwashe**. Kudakwashe loves partying with friends and is enjoying life to the fullest.
2. Kudakwashe has Lookouts in his blood that are on the watch for any invaders that make him/her sick, like bacteria or viruses. **Lookouts 1-6** come and stand around Kudakwashe.
3. Kudakwashe has unprotected sex and HIV enter his/her body. **HIV 1** enters the scene.
4. The **Lookouts** see the **HIV** and send a message to their command center to create special forces fighters who only know how to fight and kill HIV. However, they have to wait many days for the first special forces to arrive.
5. The **HIV** in Kudakwashe's body attaches itself to a **Lookout**. HIV attach yourself to one Lookout by holding their arm and keep holding it. Only one HIV per Lookout. HIV disables the Lookout, enters it and hides inside.

Ask:

- How many Lookouts are affected? (Answer: One)
- How many are not affected? (Answer: Five)

6. **HIV 1** turns the Lookout into an HIV making factory and starts making more HIV. **HIV 2-4** enter Kudakwashe's blood and attach themselves to any Lookouts that have not been affected. Only one HIV per Lookout.

Note to Facilitator: If necessary, repeat that the HIVs should attach themselves by holding onto the arm of a Lookout and keeping hold. Make sure that only one HIV is attached to each Lookout.

Ask:

- How many Lookouts are affected now? (Answer: Four)
- How many are not affected now? (Answer: Two)

7. The first **Lookout** that was disabled by HIV 1 dies (one Lookout dies) and releases more HIV into Kudakwashe's blood. **HIV 5-8** enter the scene.

8. **HIV 5-8** attach themselves to any free Lookouts and hide inside.

Ask:

- How many Lookouts are affected now? (Answer: All)
- How many HIV are not attached? (Answer: Two)

9. The **three Lookouts** that were taken over by **HIV 2-4** now die.

Ask the HIV attached to Lookouts to stand behind their Lookouts while still holding their arms. Tell them this is to show that they are hidden inside the Lookout.

10. The Special Forces HIV Fighters are finally ready and they arrive! Enter **Special Forces HIV Fighters 1 & 2**. They kill any **HIV** that are **not** attached to and hidden inside a Lookout.

Ask:

- How many HIV die? (Answer: Two).

11. Kudakwashe's body makes more Lookouts. **Lookouts 7-9** come into the scene.

12. But the Lookouts taken over by HIV are still making more HIV. **HIV 9-13** come on the scene. **HIV 9-13** attach themselves to any free **Lookouts** (only one per Lookout).

Ask:

- How many Lookouts are free of HIV now? (Answer: None).

13. Now TB comes into Kudakwashe's body. Enter **TB 1**.

14. The **Lookouts** are few and they are not free and they don't notice the TB, so they don't send a message to the command center to tell it to make Special Forces TB Fighters.

15. No Special Forces TB fighters are made, so TB increases in Kudakwashe's body. Tell all the remaining participants (if any) to be TB bacteria and enter the scene.

16. Kudakwashe becomes sicker and sicker until s/he dies.

7. At the end of the drama, ask the participants:

- How did HIV attack the immune system?
- What was different about what HIV did in the body compared to TB? (Answer: the biggest difference is that HIV attaches itself to and hides inside the Lookouts (or CD4 cells) where the Special Forces HIV Fighters, or antibodies, cannot find it and kill it. Eventually it kills the Lookout, so over time there are fewer and fewer Lookouts.
- In the immune system, the Lookouts are called CD4 cells. What is the role of CD4 cells? (Answer: They keep watch or look out for any invaders, such as viruses or bacteria. When they see an invader, they

immediately send a message to the immune system command center, which orders special fighters to be produced who know how to kill only those invaders).

- In the immune system, the Special Forces Fighters are called antibodies. What is the role of antibodies? (Answer: They are cells that are specially developed by the immune system to fight specific viruses or bacteria. They only fight the virus or bacteria that they are made to fight). Explain that they remain in the immune system and if the virus or bacteria returns, they are ready to fight it off).

8. Explain that in our drama there were only a few HIV, a few Lookouts or CD4 cells, and a few Special Fighters or antibodies. In the actual immune system, there are many millions of them and more are constantly being produced.

The reason that HIV is able to destroy the immune system over time, is that it can hide inside the CD4 cells while at the same time turning the cell it is hiding in into a HIV-making factory and then killing it. Over many years, there are fewer and fewer CD4 cells until the immune system doesn't work properly and cannot protect the person from diseases anymore.

9. Invite general comments and questions and discuss them. Make sure that participants' concerns have been addressed and that they understand the immune system and how it works.
10. Tell participants that **in** their workbooks there is more information about how HIV attacks the body that they can read when they have time.
11. Ask the participants to recap the main points of the activity. Add any of the following that they do not mention:
 - HIV invades and hides in CD4 cells; it uses them to make more HIV, and then destroys them.**
 - The more HIV there is in the body, the fewer CD4 cells there are to fight off illnesses.**
 - A weak immune system makes it easier for other infections to make the person sick and more difficult for them to get well again.**
 - A person can live with HIV for a long time and look and feel healthy.**
 - The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS.**

LINKING SENTENCE

If HIV is left untreated, it slowly destroys the immune system of the person. When this happens, the person is unable to fight off common infections and illnesses and they become very sick and eventually die. Now treatment is available that can prevent this from happening. However, before someone who has HIV can get the treatment to save their life, they have to know that they have HIV. In the next activity, we will discuss getting tested for HIV.

FACILITATOR INFORMATION ON IMMUNITY TO HIV

A small proportion of people (less than 1 per cent) have partial or perhaps complete natural resistance to HIV. These people have a genetic mutation, called Delta32, that prevents a protein called CCR5 (for C-C chemokine receptor type 5) from rising to the surface of their CD4 cells. When CCR5 is on the surface of the cell, certain types of HIV can attach itself to the cell, enter and infect it. When CCR5 is not on the surface of the cell, the cell's "door" is closed and those types of HIV cannot enter it.

However, since no one can know whether or not they are immune (unless they have unprotected sex with many HIV positive people and do not get infected), to protect themselves, everyone must use condoms correctly every time they have sex.

PARTICIPANT INFORMATION: FROM HIV TO AIDS

CD4 or T-cells are part of the immune system. They are like the body's lookouts because their job is to keep watch and identify any germs, like bacteria or viruses that cause diseases when they invade the body. A healthy person has a high CD4 count. So at the time a person becomes infected with HIV, they have a high CD4 count, but as HIV starts to attack and destroy their immune system, their CD4 count slowly goes down.

Soon after they first get HIV, some people may feel like they have the flu, but it goes away. Many people are HIV-positive for as long as 5-10 years or more without knowing that something is wrong.

When HIV enters a person's body, it attaches itself to the CD4 or T-cells and enters them. It turns each T-cell into an HIV making factory, producing thousands of new HIV cells. These new HIV are released into the person's body and attach themselves to more T-cells and the T-cell eventually dies. At this stage, the number of viruses in the person's body goes up very, very fast.

When the CD4 cells notice that HIV is in the body, it sends a signal to the immune system to start making antibodies to HIV. Antibodies are the cells that the immune system produces to fight off specific infections. So HIV antibodies only attack and kill HIV.

The HIV test detects the antibodies to HIV. For up to 12 weeks after becoming infected with HIV, the blood test for HIV will not show that the person is HIV positive. The reason is that during this time, there may not be enough antibodies in the blood yet for the test to detect them. Even so, the person can still spread the virus through unprotected sexual activity.

As the virus also continues to destroy the CD4 cells, the immune system also continues to produce millions more CD4 cells. However, this doesn't really help because HIV enters those cells and causes them to make and release more HIV and then to die. Although the person does not feel or look ill yet, the immune system is slowly getting weaker and losing its ability to fight off infections.

Overtime, there are more and more viruses in the body and fewer and fewer CD4 cells. When there are many HIV in the body and the few CD4 cells, the person is said to have a high viral load and low CD4 count. When there are not enough CD4 cells to fight infections, sicknesses, like tuberculosis (TB) and pneumonia, can easily attack the body.

So when the CD4 count is low, the person starts to get sick and is diagnosed with AIDS. The longer the person stays without knowing that they are HIV positive, the more likely it is that they will develop AIDS. When someone doesn't know they have HIV, a health care worker cannot monitor their health and give them antiretroviral medicine (ARVs) when they need them. Without antiretroviral medicine, it is likely that the person will eventually die from AIDS.



ACTIVITY 9.5: TO KNOW OR NOT TO KNOW YOUR HIV STATUS

Purpose: To review what participants know about HIV testing services; to explore the advantages and disadvantages of knowing one’s status, leading to the conclusion that the advantages are greater than the disadvantages.

Time: 60 minutes

Objectives: By the end of the activity, participants will be able to:

- Describe what a person needs to do to know their HIV status, including why they need to be tested a second time after three months;
- Explain convincingly why it is better to know your HIV status if you are negative and if you are positive;
- State whether they would be willing to get tested for HIV and why or why not.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation:

- Find out where HIV testing is provided in your community and country.
- Take 4 pieces of flipchart paper and copy the four charts below onto them:

1. If you are HIV-negative and you know it, how will you feel? What will you do? What will happen?			2. If you are HIV-negative but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen	Feel	Do	Happen
3. If you are HIV-positive and you know it, how will you feel? What will you do? What will happen?			4. If you are HIV-positive but you don't know it, how will you feel? What will you do? What will happen?		
Feel	Do	Happen	Feel	Do	Happen

- Before starting the activity, post the four sheets of flipchart paper you prepared on different walls of the room, in order from 1 to 4. They should not be very close to each other.

Steps

1. Tell participants that this activity is about HIV testing. To review what participants already know about HIV testing and to add to and correct their knowledge, ask participants the following questions.
 - How can a person know if they are HIV-positive or not?
 - What is the HIV test? What does it measure? (Answer: It measures the presence of antibodies to HIV, not the virus itself).
 - Why does a person who tests negative need to go back for a second test? What is the window period?
 - Where can you get tested for HIV in this community?
 - What happens when you go to get tested for HIV?
 - Why do people get tested for HIV?
2. Divide the participants into four groups. Give each group a marker and direct each group to go and stand by the sheet of paper with the number of their group on it. When they are ready, give them the following instructions for the activity:
 - Read what is written at the top of their sheet – for example: ‘If you are **negative** and you **know** it, how will you feel? What will you do? What will happen?’ Then write all the answers you can think of. If you can’t think of anything, do not write anything.
 - After two minutes, I will tell you to move to the next sheet. Then Group 1 will go to sheet 2, group 2 to sheet 3, group 3 will go to sheet 4 and group 4 will go to sheet 1. When you get to a new sheet, read what is written there first and only add anything that is missing.
 - Each time, I call time, move to the next sheet.

- Make sure you read what is written at the top **carefully!**

Ask if they have any questions. After responding to questions, tell them to begin.

3. After two minutes, tell them to move to the next sheet. Do this three times until each group has gone to each sheet.
4. Ask them to bring the sheets to the front of the room and then sit down. Put up the sheets next to each other on the wall at the front of the room, in order from 1-4.
5. Start with sheet 1, 'If you are **negative** and you **know** it, how will you feel? What will you do? What will happen?' Ask a participant from Group 1 to read how they will feel. Then ask another to read what they will do. Then ask another to read what will happen.

For all of the sheets, if there is anything that is **not correct, question it**. For example, if they write that if you are positive but do not know it, you can 'live your normal life.' You can ask: How long will you live a 'normal life'? What will happen when HIV has destroyed your immune system? Or if they write that if they know they are positive they will 'get sick and die,' ask the others if this is true. Then, if necessary, ask: How can someone who knows they are positive stay healthy and alive? If they write something that they **may or may not do** or that **may or may not happen**, for example, 'commit suicide', ask: 'Will everyone do that?' or 'Are you sure that will happen?'

Use the information below to guide you during the discussion.

Group 1: If you are **HIV-negative** and you **know** it,

- How will you feel? Happy, relieved; feel sure, no wonder or worry about my status; want to stay negative, want to protect my self
- What will you do? Use condoms to stay negative, practice outer course or abstain from sexual activities; can have baby without worrying
- What will happen? Nothing, if you continue to protect yourself

Group 2: If you are **HIV-negative** but you **don't know** it:

- How will you feel? Worried, uncertain (for no reason); unsure or worried if you want to get pregnant
- What will you do? May use condoms; may take risks, depends on the person
- What will happen? Could get infected if you don't protect yourself

Group 3: If you are **HIV-positive** and you **know** it:

- How will you feel? Feel sad, depressed; worried about passing HIV to partners or your children; fear of being rejected by partner's family or others
- What will you do? Get health care; take medicines when you need them; join a support group, find support; protect your partners, use condoms; tell your partners; protect your baby from HIV if you are pregnant
- What will happen? You can stay healthy if you take ARVs; live; may experience stigma and discrimination; may be rejected

Group 4: If you are **HIV-positive** but you **don't know** it:

- How will you feel? Worry; feel uncertain
- What will you do? Infect others; may pass HIV to your baby; won't get health care and medicine to stay healthy and alive
- What will happen? Eventually will get sick or get AIDS, could die from AIDS

6. Ask participants from Group 2 to read the responses to the three questions on Sheet 2. Then tell participants to look at sheets 1 and 2. Ask them to raise their hand if they think it is better to know their status if they are negative. Then ask: Why do you think it is better? (Answers: There are no benefits to **not knowing** your status if you are negative; you won't worry; you will want to protect yourself; and you can have children without worrying).

Discuss as needed until everyone agrees that it is better to know. Using a red marker, circle 'Know' several times.

7. Ask participants from Group 3 to read the responses to the three questions on Sheet 3. Then have participants from Group 4 read the responses on Sheet 4.
8. Tell participants to look at sheets 3 and 4. Then tell them to raise their hands if you think it is better to know your status if you are positive. Ask them: Why do you think it is better to know? (Possible answers: It is better

to know because, even though there are some downsides, the benefits are greater than the difficulties, especially, being able to get medicine and stay healthy and alive).

Note to Facilitator: If some participants still think it is better NOT to know your status if you are positive, ask those who think it is better not to know, the following questions:

- Why do you think it is better not to know your status?
- What are the most serious consequences of **not knowing that you** are HIV-positive? (Getting sick and dying since you can't get medicine for HIV if you don't know your status; infecting your partners and your children).
- Is getting sick and dying better than knowing you are positive and getting treatment so you can live?
- If you don't know your status, does that **change** your status? (Answer: No).
- So, it doesn't change the fact... eventually, you will know when you get sick, right?
- What do you know about the medicines that can treat HIV? (If necessary, emphasize that the medicines allow most HIV-positive people to stay healthy for a very long time.
- Let's answer the question again, how many of you think it is better not to know your status if you are positive?

Discuss until **all or nearly all** participants think that it is better to know if you are positive. Depending on their reasons for thinking it is better not to know, you may need to come up with other questions to challenge their thinking.

9. When all or nearly all participants agree that it is better to know if you are HIV positive, use a red marker to circle 'Know' several times. Then point to the two sheets on which you have circled 'Know' and say: So overall, we all agree (or nearly all agree, depending on your group) that it is better to know your HIV status.
10. Generate a discussion by asking participants the following questions:
 - If a person has had sex, even with a condom, should they get tested for HIV?
 - How often should they get tested? (Answers: It is recommended that all adolescents and young people should be tested at least once. If they take risks, like having unprotected sex, they should get tested at least once a year. If they take many risks, they should be tested every 3-6 months).
 - Why might a couple in a serious relationship get tested? Why would they want to know their status? (Answers: If they want to get pregnant or they are pregnant; to have children safely; before getting married; to decide if they will get married; before having sex without a condom).
 - Is it better for a couple to get tested together or separately? Why? (Answers: It is better for them to get tested together: so they know each other's status; so if one or both is positive, they can get counselling together).
 - Why should all pregnant women get tested for HIV? (Answer: so that they can take medicine to protect the baby from HIV if they are positive).
11. Ask participants to summarize the main things that they learned from the activity. Add any of the following key messages that they do not mention:
 - It is better to know your HIV status than not to know it.**
 - The advantages of knowing that you are positive or negative are greater than the disadvantages.**
 - All young people should get tested at least once. If they have risk behaviours, they need to be tested more often.**
 - All women should get tested before or during pregnancy; if they are HIV-positive, they can get care to decrease the risk of passing HIV to their baby.**
 - You can get tested for HIV test at [Note to Facilitator: add the appropriate information for your community and country.]**

LINKING SENTENCE

Getting tested for HIV is important because knowing whether you are negative or positive can help you to protect your health and the health of your partner. If you have an STI or HIV, you will need to tell your previous sex partners so that they can get tested too. If you have an STI or HIV that cannot be cured, you also need to tell any new partners before you have sex with them. In the next activity, we will discuss how you can do that.

FACILITATOR INFORMATION: HIV TESTING

How can a person know if they have HIV or not? The only way for a person to know for sure if they have HIV or not is for them to get tested for the virus. A person can have HIV and still feel perfectly healthy. One cannot rely on symptoms to tell if you are infected. The symptoms of HIV are similar to many other illnesses and many people have no symptoms at all for many years.

What is an HIV test? The HIV test is a blood test that looks for antibodies to HIV in the blood. When HIV enters the body, the body starts to make antibodies right away to fight the virus. The test can usually find these antibodies in the blood 2 to 8 weeks later, but it may take as long as three months for the body to make enough of them to show up in a test. In very rare cases, it can take up to 6 months. For this reason, if the HIV test is done during the first 3 months after possible exposure to HIV and is negative, a second test needs to be done more than 3 months after the possible exposure to HIV.

What is the window period? The window period is the time between infection and when the body has produced enough antibodies for the test to find them. During this time, if a person with HIV gets tested, the results may not be accurate. They may get what is called a 'false negative' result. A false negative result means the test is negative, but the person actually has HIV and is positive. To avoid false negative results, it is recommended that a person get tested three months after they may have been exposed to HIV.

Where can you get tested for HIV? HIV testing services are usually available at centres called Voluntary Counselling and Testing Centres, which are also known as VCT. HIV testing services may also be available at clinics and hospitals.

What happens when you go for an HIV test? When a person goes to get tested, they first see a trained counsellor in private. The counsellor explains the process for doing the test and what the results mean. The test results are always strictly confidential, which means that the counsellor must not reveal the test results to anyone except the person who was tested. HIV tests are voluntary, which means that it is the person's choice to get tested. No one can force them. If they agree to be tested, a blood sample will be taken.

The results will usually be given within half an hour or less. When the results are given, the counsellor talks to them about their results. If the test is positive, a second test will be done to confirm the results and the counsellor will allow the person to express how they feel, help them to cope with the news and to make immediate plans, discuss how they can avoid passing the infection to others, and refer them about services so they can stay healthy, get more information and talk to others living with HIV, as needed. If the result is negative, the counsellor will help the person develop a plan to stay negative.

Why do people get tested for HIV? People get tested to find out their HIV status. People may want to know their HIV status:

- Before having sexual intercourse with a new partner;
- Before marriage;
- Before stopping to use condoms with a partner;
- Before getting pregnant;
- Because they put themselves at risk by having sex without a condom;
- Because they are worried about their status and want to know for sure;
- Because they think their partner may have had other partners and put them at risk;
- Because they are pregnant and want to be able to protect the baby if they are HIV positive;
- Because they don't feel well or the doctor suggested it or because they, their partner or baby have signs of AIDS;
- To be able to get care and treatment and protect their partners if they are positive;
- Because they have to provide HIV test results for an official reason. Nowadays it is uncommon to be asked for an HIV test for employment or a visa nowadays. Note that in most countries, it is illegal to be asked for an HIV test for employment.

ACTIVITY 9.6: TELLING OUR PARTNERS

Purpose: To discuss issues that people living with HIV face when they decide whether or not to disclose their status to someone; to discuss each person's responsibility to protect their own health; to understand the importance of informing partners if a person has been diagnosed with an STI; and to develop the skills to do this.

Objectives: By the end of the activity, participants will be able to:

- List at least three reasons a person living with HIV may not disclose their status to a sexual partner.
- Explain why it is each person's responsibility to protect their own health from STIs and HIV and how they can do so.
- Describe when disclosure of one's HIV status is important in a relationship.
- Explain why it is the responsibility of a person with an STI to tell their past partners and, if the STI is not curable, the future partners about it before they have sex with them.
- Demonstrate how they would tell a past partner that they have an STI in a role play.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Familiarise yourself with the reasons that a person living with HIV would not want to tell another person that they have HIV.

Steps

1. Tell the participants that this session is about deciding when we should tell our partners that we have an STI or HIV, who is responsible for protecting our own health, and practicing how to tell someone.
2. Ask the participants:
 - If you have an STI and HIV, when do you think you SHOULD or MUST tell your partner about it?

Take a few answers but do not dwell on this question at length at this point.

3. Tell the participants that we will look at this question from two perspectives. Let's first put ourselves in the shoes of a young person living with HIV who is thinking about having a sexual relationship with someone.
 - If you are a young person living with HIV, what are some possible cons or negative sides of telling a potential partner about your status? Why would you decide NOT to tell? (Answers: Fear of rejection or loss of relationship; person may leave you, so why tell them; may be discriminated against because of it; can be beaten, violence; loss of opportunity to have sex; fear that the person may tell others; don't know how to tell; feel embarrassed; relationship is not serious; person didn't ask about one's status).
 - If you are a young person living with HIV, what are some possible pros or positive sides of telling a potential partner about your status?
Possible answers: Being honest and open feels good (not hiding who you are); find out if the person really wants to be with you, really likes or loves you; thinking it is better to tell now and know how the person is before starting a sexual relationship (becoming more intimate).
 - Given this list of positive and negative sides of telling the partner, do you think a young person living with HIV will tell their potential partner that they are living with HIV?

Note to facilitator: Emphasize that they may or may not. (Do not dwell on this question).

- What responsibility does the person living with HIV have when deciding to have sex? (Answer: To use a condom to protect their own and the other person's health).
- If a person living with HIV gets into a serious relationship, when should they tell the other person about their status?

Note that there is no right or wrong answer to this question. It depends on the person and how they feel. Some people prefer to tell right away because they don't want to get more serious with someone they like if the person will reject them. Others prefer to wait because they think that the person may accept them if they have stronger feelings already or they prefer not to tell anyone they aren't very close to and believe

they can trust. The person living with HIV needs to think carefully about why, when, where and how.

4. Tell the participants that we will now look at the question from the perspective of a young person who is deciding whether or not to have sex with someone. The young person does not know if their potential partner has an STI or HIV or not. What should they do if they want to stay healthy?

Depending on what the young people say, probe using the following questions:

- Should the young person ask the other person if they have ever had an STI or have HIV? (Answer: Yes).
- Can a young person be sure that the other person will tell them if they have an STI or HIV? (Answer: No).

Ask:

- Who is responsible for protecting their health? (Answer: They are).
- If it is YOU, who is responsible for protecting your health?

If necessary: Emphasize that every person is responsible for protecting their own health. If you put your health in someone else's hands, they may or may not protect you.

5. Remind participants that when we talked about STIs, one of the things we said that a person who gets an STI has to do is to tell anyone with whom they had unprotected sexual intercourse that they may be infected. Ask them:
 - Why is it important to tell your past partners? (Answer: They need to get tested to know if they are also infected and get treated; your partner needs to get treated so you do not get re-infected; they have a right to know about the infection because it can affect them – STIs have long-term consequences on health and women often have no symptoms and don't know about the infection, so it is important that a partner let them know that they might be infected).

Emphasize that in the case of an STI that we may have given a partner, we have a **responsibility** to tell that partner. It is our partners' **right** to know so that they can get tested and treated if they have the STI.

6. Divide participants into groups of three or four and give them paper to write on.
7. Ask them to turn to their workbooks.

WORKSHEET: HARD TALK

Read the following scenario and follow the instructions below.

Scenario: You have been diagnosed with herpes, an STI that cannot be cured. The doctor told you to tell your past and current partners about it. She said that if you have any new partners, you will need to tell them before you have sex and you will have to use a condom. You have fallen in love someone that you have been seeing for some time and you want to have sex with them. You know you need to tell them about the infection.

Instructions:

1. Discuss how you would tell a sexual partner that you have herpes.
2. Prepare a role play to show this. The role play must involve all members of your group (characters may include a doctor or nurse or STI test counsellor, one of more former and/or current sex partners, your new love, friends or others). The role play should be no more than five minutes long.
3. You have 15 minutes to prepare.

8. Have the groups perform their role plays at the front of the room. Other participants should observe and listen without interruption. Do as many as you have time to do.
9. At the end of the role plays discuss by asking the following questions:
 - How easy or difficult is it to tell a partner you have an STI as shown in the role plays?
 - Do you think that a man would react differently to this news than a woman? Why or why not?
 - What assumptions do you think the person receiving the news may make? Are they accurate?

- How do you think you would react, if you were told this by someone you are in love with? Why?
- How would you want someone you are in love with to react if you told them you had an STI or HIV?

Note to Facilitator: Make sure that it comes out in this discussion that not everyone says ‘no’ to sex with a person who has an STI that cannot be cured or HIV. It is important to use protection, though.

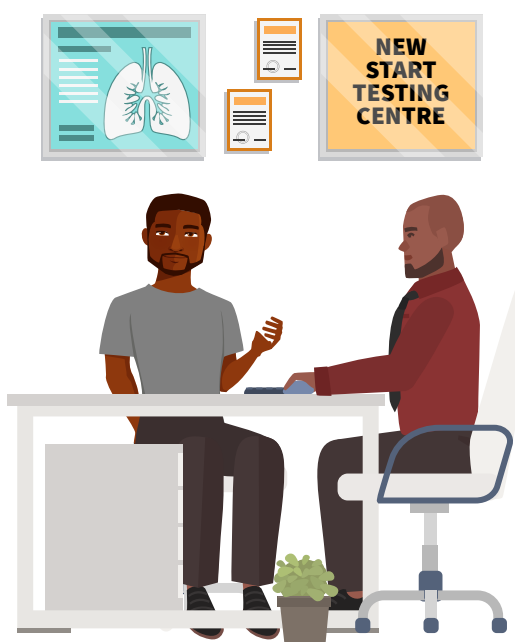
Emphasize again, if necessary, that it is everyone’s responsibility to protect their own sexual health. If you rely on anyone else, you may be putting your health at risk.

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

- ❑ **If your partner has an STI or HIV, they may or may not tell you. It is your responsibility to protect yourself from unwanted consequences of your sexual behaviour by using condoms correctly every time you have sex.**
- ❑ **A person living with HIV can face many consequences when they disclose their status, such as rejection, violence, bullying, their status being further disclosed or made public. Because of these consequences, they may be reluctant to disclose their HIV status to potential sex partners.**
- ❑ **Only the person with HIV can decide why, when, where and how to tell their partners. However, to protect their own health and that of their partner, they should use condoms when they have sex.**
- ❑ **When a person living with HIV is in a long-term or serious relationship, they should tell their partner about it.**
- ❑ **If you have an STI, you need to tell your past and present sex partners about it so that they can get treated and you won’t get re-infected.**
- ❑ **Not everyone refuses sex with someone who has an STI that cannot be cured or HIV.**

LINKING SENTENCE

It is difficult to tell someone that we have an STI or HIV even when we know it is important. When it is necessary, we need to find the courage to do it. Someone who loves you won’t leave you just because you have an infection, but you need to be sure to use protection. If you have HIV, you can reduce the likelihood of transmitting HIV to others by getting treatment. In the next activity, we will learn more about treatment for HIV.



ACTIVITY 9.7: TREATMENT FOR HIV

Purpose: To understand basic facts about ART, its goals, benefits, and adherence.

Objectives: By the end of the activity, participants will be able to:

- Explain what ARVs are and how they work;
- Give at least two reasons that it is important for everyone with HIV to take ARVs.
- Describe what adherence means;
- Explain why adherence to medications, including ART, is important.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: None

Steps

1. Tell participants that this activity is about the treatment for HIV. Ask them:
 - What does ARV stand for? (Antiretroviral)
 - What are ARVs? (ARVs are the drugs used to treat HIV).
 - What is ART? (ART is antiretroviral therapy. It is the combination of drugs the doctor prescribes to fight HIV).

Write the acronyms and their meanings on flipchart paper as they respond.

2. Tell them that you will read a statement. Those who think it is true will raise their hands and explain why, and then those who think it is false will raise their hands and explain why. Then you will discuss which answer is correct as a group.
3. Read the first statement and ask those who think it is true to raise their hands. Ask them why they think it is true. Then ask those who think it is false to raise their hands and to say why they think it is false. Encourage them to discuss and share information. Tell them what the correct answer is if necessary, and add the information provided below if it does not come out in the discussion.

1. ARVs kill the virus in the blood.	False. All HIV drugs work by preventing HIV from infecting new cells. When HIV cannot infect new cells, it cannot make copies of itself. So the amount of HIV goes down. This allows the immune system to stay strong or to become strong again.
2. ART can cure HIV.	False. ART is a very effective treatment, but it cannot get rid of HIV completely. Some HIV remains in the body. There is no cure for HIV
3. Viral load is the number of viruses in the blood of a person with HIV.	True. Viral load is measured to see how far HIV has progressed or how well the ART is working in reducing the amount of HIV in the blood.
4. The goal of ART is to reduce the amount of HIV in the body's fluids to the point where the viral load test cannot find them anymore.	True. When the virus can no longer be found by the test, the person is said to have an undetectable viral load . This is called viral suppression and it is the goal of ART.
5. Everyone who is HIV-positive should be given ART.	True. The World Health Organization says that as soon as a person tests positive, they should start treatment.
6. If your viral load is undetectable, it means that HIV is no longer in the body.	False. An undetectable viral load means that test cannot find the virus. However, HIV can still be in the body. It hides in the cells.

7. It is OK to miss ARV pills some-times.	False. It is important not to miss any ARV pills. When a pill is missed, the virus has the chance to change itself so that the medicine won't work anymore. This is call resistance .
8. Adherence means taking the medicine exactly as the doctor tells you to.	True. Adherence is very important when taking any medication.
9. If a person has side effects from ART, they should stop taking the medication.	False. If a person has side effects from any drug, they should see their doctor. They should stop taking it only if the doctor tells them that it is okay to stop.
10. Taking ART helps to prevent the spread of HIV to another person.	True. The transmission of HIV to another person is most likely when a person has a lot of virus in their body fluids. Because ART greatly reduces the amount of virus in the body fluids, it makes it less likely that the person will transmit the virus to others. However, the person should still use condoms every time they have sex.
11. A person taking ART has to take it every day for the rest of their lives.	True. ART is a lifelong daily medicine for people living with HIV.
12. ART can be taken at any time of the day, as long as you take it once a day.	False. ART has to be taken at the same time of day, every day. This keeps the amount of the drugs in the person's body even so that HIV does not have the chance to become resistant to the drug.
13. A person living with HIV who is taking ART can live a long and healthy life.	True. By taking ART, most people living with HIV will live a healthy and long life.

4. When you have finished, ask the participants if they have any comments or questions and respond to them.
5. Then tell the participants that you want to recap a few points. Ask them the following questions. Make sure the listed points are mentioned.
 - Why is treatment important for people living with HIV?
 - It reduces their viral load and protects their immune system.
 - It allows them to live a long and healthy life.
 - It makes it less likely that they will transmit the virus to their sexual partners.
 - It makes it less likely that a pregnant or breastfeeding woman who is positive will transmit the virus to her baby.
 - What does a person need to do to take ART in the way the doctor told them to (called adherence)?
 - They need to take their pills exactly as they were told to take them, every day for the rest of their lives.
 - It means eating and drinking the right things with the pills, as instructed by their health workers.
 - They also need to take medications to treat other illnesses such as TB.
 - They need to be motivated and committed to their treatment and to their health.
 - They need to be knowledgeable about their treatment.
 - They need to be supported by family, friends, and their doctor to overcome any difficulties they have.
 - Why is treatment adherence so important?
 - If a person skips pills or starts and stops taking ART, it gives the HIV that is still in the body a chance to change itself and adapt to the medicine.
 - Once HIV has adapted to the medicine, the medicine will no longer work. This is called treatment resistance. (You can note that this is not only true for HIV, it is also true for other diseases, like TB and gonorrhoea).
 - If the person does not follow the instructions about taking the pill, like whether to take the pill on a full or empty stomach, they will have more side effects. Side effects may discourage them from continuing to take the medication.
 - Why can adherence be difficult? What can get in the way?
 - People can forget to take their pills. They need to make it a habit.
 - When something disrupts their daily routine, like travel, they may leave their medicine at home or forget to take it.
 - They get drunk and forget to take it.
 - They feel better and stop taking it, not understanding that it is a lifelong treatment.
 - They may have side effects that make them want to stop treatment.
 - The clinic may run out of their medication so that they can't get it.

➤ The clinic is far and transport expensive.

6. Ask the participants what they learned from the activity. Add any of the following that they do not mention:

- ART prevents HIV from making copies of itself, which greatly reduces the amount of HIV in the body fluids (the viral load).**
- When there are few HIV in the blood, HIV can no longer effectively attack the immune system. It also makes it less likely that the person will transmit HIV to others.**
- ART is not a cure for HIV.**
- ART has to be taken every day for life.**
- A person who tests positive for HIV should begin ART immediately.**
- It is very important to take ART exactly as the doctor says.**
- If a person has side effects from ART, they should see their doctor. They should not stop taking the medications unless told to by a doctor.**

LINKING SENTENCE

Getting treatment if you are HIV-positive will allow you to stay healthy, to pursue your plans and dreams, and to live a long life. Nonetheless, learning that you have HIV can take time to adjust to. In the next activity, we will read two stories about young people living positively with HIV.

FACTILITATOR INFORMATION: ANTIRETROVIRAL TREATMENT

Antiretroviral drugs (ARVs) are the drugs used to treat HIV. Because HIV is a retrovirus, drugs used against HIV are called antiretroviral.

Antiretroviral Therapy (ART) is the combination of drugs prescribed by the doctor to treat HIV. It may also include support to take the drugs correctly. HIV is always treated by taking multiple drugs at the same time, which is called combination therapy. All of the drugs may be in one pill to make it easier for the person to take it.

How ARVs work: There are different types of ARVs that work in different ways, but all of them help to stop HIV from making copies of itself (replicating) within the immune system. If HIV cannot replicate, it is unable to damage the immune system and the person's immune system becomes strong again. This allows the person to remain healthy or to regain their health.

The goals and benefits of ART: The goal of ART is to reduce the amount of HIV in the blood as low as possible and to increase the number of CD4 cells in the blood as much as possible. Viral load and CD4 counts are two terms used to describe the health status of a person with HIV. Viral load is the amount of HIV in a person's blood. On ART, the viral load can be reduced to the point where HIV can no longer be detected in the blood by the HIV test. When there is very little HIV in the blood it is called viral suppression. When there is little HIV in the blood, it cannot attack and damage the person's immune system, so their CD4 count will go up and they will be healthy. The more CD4 cells a person has, the healthier he or she is. When a person's viral load is very low, they are also much less likely to transmit HIV to their sexual partners.

When to start ART: The World Health Organization now recommends that everyone with HIV should be taking ART. So as soon as a person tests positive for HIV, they should begin treatment. However, some countries may not be implementing this yet. A person living with HIV who is not taking ARVs should talk to an HIV specialist about getting treatment.

Adherence: Adherence means taking the drugs exactly as the doctor or health care worker told them to take them. It also means taking them every day for the rest of one's life. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed, for example, on a full or empty stomach and eating and drinking the right things with the pills. It also means taking medications prescribed to treat other illnesses such as TB.

Adherence requires that the person living with HIV is motivated and committed to their treatment and health over the long term. Adherence is improved when people are knowledgeable about their treatment and when their family, friends, and health care workers support them and help them overcome any challenges.

Some barriers to treatment adherence include:

- Experiencing side effects to ART drugs;
- Stopping taking ART because they feel better;
- Not understanding of the importance of adherence;
- Forgetting to take their medication due to alcohol consumption or for other reasons, like disruptions of daily routines, travel;
- Fear of stigma, discrimination, and rejection especially by partners and family, leading to not disclosing their HIV status and then fearing being found out if they are seen having or taking the medication;
- Not enough food to support ART (Many ARVs require the person to take them on a full stomach. If they do not, they experience severe pain);
- Believing that they can be healed after being prayed for and therefore thinking they don't need to take the treatment.

Things that make adherence easier include:

- Getting into a regular routine of taking the ARVs;
- Using clocks and alarms to remind them to take their medication;
- Knowledge of and belief in the effectiveness of ART;
- Having told others of their HIV status;
- Having access to social support;
- Having access to nutritional support;
- Using treatment supporters who provide those living with HIV with on-going adherence counselling and make referrals for further support;
- Having ART services close by;
- Being motivated by their improved health.

Positive Living: Positive living refers to the attitude and actions taken by people living with HIV to enhance their lives and increase their health. Key components of positive living are:

- Having a positive attitude about oneself and one's life;
- Taking ART as prescribed by their doctor or health care team;
- Eating a healthy, balanced diet;
- Having good personal hygiene and a clean working and living environment;
- Carefully preparing and storing food;
- Preventing or avoiding new infections (STI, HIV, TB);
- Exercising regularly.
- Not drinking and smoking.

FACTILITATOR INFORMATION: PRE- AND POST-EXPOSURE PROPHYLAXIS

Post-exposure prophylaxis or PEP is the use of antiretroviral by a person who may have recently been exposed to HIV to prevent that person from becoming HIV positive. The person needs to take ARVs right after they may have been exposed (for example, during a rape or IF a condom breaks).

Pre-exposure prophylaxis or Prep is the use of antiretroviral by a person who does not HIV but who is at high risk of getting HIV to prevent that from happening. The person needs to take antiretroviral every day. Therefore, it is only for high risk groups, like the negative partner in a discordant couple, and key populations like sex workers and gay men.

ACTIVITY 9.8: POSITIVELY ALIVE!

Purpose: To enable participants to understand why there is hope for those who are HIV-positive as well as what is difficult about living with HIV; and to discuss discrimination and how people living with HIV want to be treated.

Objectives: By the end of the activity, participants will be able to:

- Describe what can make it difficult to live with HIV;
- Explain why people living with HIV can have hope for their futures;
- List at least three things a person living with HIV can do to live positively;
- Discuss how a person living with HIV should be treated and why, including how to show them care and give them support.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find out where someone who is HIV positive can go for support and treatment in the area where you are delivering the training.

Steps

1. Tell participants that this activity is called 'Positively Alive.' It is about living with HIV. They are going to read two stories about young people living with HIV. Have different participants read each paragraph of the story.
2. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.

WORKSHEET: POSITIVELY ALIVE!

Instructions: Read Patience's story and answer the questions.

After graduating from secondary school, Patience went to the university to study business. She did well in her classes and she also loved to have fun and never missed a party. Of course, she had heard about HIV, but she didn't worry about it much. She was young and beautiful and middle class – how could she get HIV? After university, she got a job as an accountant. She earned a good salary and was happy to stay in Harare. She enjoyed shopping for the latest fashions -- and she went to all the parties and had lots of boyfriends. There was a lot of drinking and many wild nights.

Then, in 2007, she started feeling ill. She lost weight and got black spots all over her body. She went to several doctors and they all told her to have an HIV test. But she said no. HIV was something older people in the village got. Not her! She was a young, pretty college graduate with her whole future ahead of her! In the back of her mind, she realizes now, she knew it could be HIV, but she was afraid of the stigma. 'The only thing I knew was that if I had AIDS, people would reject me and then I would die,' Patience explains. 'Finally, I was so sick, I couldn't work and I had to go home to my parents. My mother took me to another doctor and he again told me to get tested for HIV. Then he said, "If you have HIV, you can get treatment and get healthy again."' That changed everything. She agreed to have the test: she was HIV positive.

She started treatment and soon felt physically better. Even so, knowing that she had HIV was difficult: she had an incurable illness that she got from having sex! She stayed on living with her parents, feeling ashamed and depressed and dirty from the inside out. She felt so lonely but she just couldn't tell any of her friends. She felt like she wanted to die and started drinking. A few months later, she took a whole bottle of pills and tried to finish the job that HIV had started. When she woke up in the hospital, she was close to death. 'Suddenly, I realized that I actually wanted to live,' she says. With the help of her doctor, she got her health back once again.

One day she saw an advert for a job working for a programme that cared for people living with HIV. She applied and got the job. At work, she met other HIV-positive people, who had accepted their status and decided to live fully and positively. She says, 'I thought, "If they can do it, so can I." And, you know, I found that people who face death, live differently. We are always aware of the value of life. We love every moment.' One day, someone sent a young guy who had just tested positive to talk to her and soon they fell in love.

. 'It's difficult to tell people, especially someone you are interested in, that you are HIV-positive,' she says. 'With Michael, it was easy, because we already knew each other's status. It's a wonderful feeling to be in love -- and he's just so gorgeous! And who knows, maybe we'll even decide to have a child one day.'

1. Why did Patience refuse to get an HIV test at first?
2. Why did she agree to get tested in the end?
3. What difficulties did she experience after finding out that she was HIV- positive?
4. How was her health before she got tested and started treatment? How was it afterwards?
5. What good things have happened to her? What gives her hope?
6. Do Patience and Michael have the right to have children? Explain your answer.
7. If she and Michael decide to have a baby, what should they do to have a healthy baby?

Note to Facilitator: One of the reasons that Patience refused to get tested for HIV was because she was afraid of the stigma of having HIV. If participants do not know what stigma is, tell them: Stigma is when something about a person causes them to be viewed badly by themselves and/or others.

Patience and Michael have the right to have children. Everyone has the right to have children and all people with HIV have the right to live a full life.

If she and Michael decide to have a baby, they should talk to a doctor at a clinic for HIV and AIDS about how to get pregnant safely. Patience should continue taking her antiretroviral and be monitored by a doctor so that her baby will be less likely to have HIV.

3. Now ask participants to turn to 'My Name is Sunday' story in their workbooks. Have one participant read each paragraph of the story.
4. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.

WORKSHEET: MY NAME IS SUNDAY...

Instructions: Read Sunday's story and answer the questions.

My name is Sunday. I am fifteen years old. I was born with HIV. I live with my mother - she also has HIV. My father is late. When I found out I was HIV positive, I did not even feel bad about this because it is part of life. I think I was twelve years old. My mom told me because I had asked why I was taking medication. And she told me the reason why, which is that I am HIV-positive. Since then I have been taking my medication.

Some young girls with HIV don't feel good because even at school, some of their friends tease them. My friends do not tease me. Even our school teaches the pupils that if they tease someone about their HIV status, they will be expelled from school. My friends and I do everything together. They never say things like, 'Leave her out' or 'We do not want to play with Sunday at break time'. They know that I am HIV-positive. I am a peer educator in my community and I was in the newspaper. Shortly after that, we were chased out of our home with my mother. My father's brother did not like the attention that I was getting. He thinks that being in the newspaper and disclosing my HIV status to the community is embarrassing and shameful. We had no money – even for my medication. I have Mrs Dube to thank. She is the headmistress at my school. She found a place for us to stay. She also fundraised some money for us and we have been able to pay our rent and buy groceries.

1. How did Sunday get HIV?
2. What discrimination or difficulties has she experienced because of being HIV-positive?
3. What support does she get from others?
4. How does she feel about being HIV-positive? Why does she have that attitude?

5. Ask participants the following questions:

- If someone is living with HIV, does it mean that they got it from sex? How else could someone have got HIV? (Answers: Some people are born with HIV; they get it from their mother; some get it from dirty or used needles or other activities where blood is exchanged).
- What challenges do young people with HIV experience in love relationships? (Answers: They need to tell their partners that they have HIV before they have sex; they may get rejected; people may judge them and their partners if they know; they always have to use a condom). If they do not mention sex, ask: What about in sex?
- We read about Sunday's experience with her uncle. What is another example of discrimination that a person with HIV might experience? (Answers: Some people reject them (a loved one leaves them, their friends leave them); they may be teased, gossiped about, insulted, called names; some people may be afraid of them – not want to touch them; they may lose their job).
- What rights to people living with HIV have? (Answer: The same rights as everyone else).
- What responsibilities do they have? (Answer: The same responsibilities as everyone else; the responsibility to respect the rights of others; to take care of themselves; to take their medicine as prescribed).
- How should people living with HIV be treated? Why?
Probing questions: If you had HIV, how would you want to be treated?
(Answers: They should be treated like all other people – with respect, kindness and care; as an equal; with love; as usual; fairly. They should be treated as capable people with potential; with a future ahead of them).
- Is there any reason **at all** to discriminate against someone who has HIV? (Answer: No).

Note to Facilitator: If anyone says anything that indicates that they are stigmatising people with HIV, discriminating against people with HIV or in any way treating them differently, make sure to question it. You can ask them why they said what they did. Ask the others if they agree and correct any misunderstandings.

- What can a person with HIV who feels depressed or sad do to feel better again? Probing questions: What helped Patience? What helps Sunday? (Answers: Tell some people about their HIV status (so they are not alone); meet other people who have HIV for support and understanding; accept their status; getting treatment (medicine or ARVs); get support, join a support group).
 - Where can people with HIV get support and help around here?
 - HIV and AIDS used to mean death and dying. Why can someone with HIV have hope today? (Answers: They can live a long and good life if they get treatment (take ARVs)).
6. Ask the participants to summarize what they learned from the activity and what the main messages were. Add any of the following that don't come up.
- People living with HIV have the same rights and responsibilities as everyone else, including the right to have relationships, to marry and to have children and the right not to be discriminated against.**
 - Living with HIV is not easy, but a person with HIV can live a long, full and happy life.**
 - Living positively includes getting medical care and taking ARVs correctly; always practising safer sex (using condoms); learning about HIV; reducing stress; eating well; staying fit; and getting support when needed.**
 - People living with HIV can have children that do not have HIV.**
 - You shouldn't discriminate against people with HIV and AIDS – treat them fairly, like you treat everyone else.**

LINKING SENTENCE

As we have seen, people living with HIV can face challenges and difficulties, but they also can live full, happy and long lives. One of the most difficult parts of living with HIV is the stigma and discrimination that those who are positive often face. In the next activity, we will consider stigma and discrimination in more depth.

ACTIVITY 9.9: UNDERSTANDING AND CHALLENGING STIGMA, PART 1

Adapted from Understanding and Challenging HIV Stigma, International HIV/AIDS Alliance, Academy for Educational Development and ICRW

Purpose: To personalize the experience of being stigmatized; and to define stigma, self-stigma and discrimination; and to examine how different groups are stigmatized and the causes and effects of being stigmatized; and to think about what they can personally do to prevent or fight stigma.

Objectives: By the end of the activity, participants will be able to:

- Explain what stigma, self-stigma and discrimination are and the link between stigma and discrimination;
- Describe what it feels like to be stigmatized;

Time: 30 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: None

Note to Facilitator: It is important to do both parts of this activity.

Steps

1. Tell participants that you want them to get serious now for a little while. Ask participants to find some space alone, at a distance from other participants. If possible, use outside space. Then tell them that you want them to spend a few minutes alone thinking about a time in their life when they felt isolated or rejected for being seen as different from others. Explain that this does not need to be about HIV. It could be feeling isolated or rejected for being seen as different in any way. Ask them to think about:
 - What happened;
 - How it felt; and
 - The impact it had on them.
2. After about **4-5 minutes** (make sure you give them enough time), call the participants back together. Have them arrange chairs in a close circle. Begin the discussion by asking:
 - How was the exercise?
 - What kind of feelings came up?

Invite participants to share their stories in the large group. Give them time and don't rush – they do not have to share, but those who feel comfortable will share.

3. After four or five participants have shared or when no one else seems to want to share, ask participants to stand and show their support for each other by holding hands or putting arms around shoulders. Thank those who shared and remind them that some of us are still feeling the pain of being rejected and that we should think about how we treat each other.
4. Then post a piece of flipchart paper and ask them to call out all of the **feelings and emotions** that these experiences made them feel and write them down. **Note to facilitator:** It is essential to focus on and list the common feelings of being rejected and isolated.
5. Tell them that they have just described what it feels like to be stigmatized. Note that all people who are stigmatized feel like this – it doesn't matter what the stigma is.
6. Ask participants the following questions:
 - What does stigma mean?
Probing questions: What are some examples? What are some local words that describe it? How would you define it?

Note to facilitator: If your participants are Christian, you can use the story of Jesus being stigmatized by the marks on his hands when he was hung on the cross.

Use their responses to come up with a group definition of stigma that is similar to the following:

Stigma is when something about a person causes them to be viewed badly by themselves and/or others. It is a spoilt identity.

List any local words they came up with to describe stigma.

- How do people treat those that they stigmatise? (Answers: Avoid them, shun them, reject them, call them names, send them away, and isolate them and so on).
- What is self-stigma?

Use their ideas to come up with a group definition of stigma that is similar to the following:

Self-stigma is when a person feels self-hatred, shame, and/or blames themselves for something about themselves that they think is undesirable. It is when we judge ourselves and feel bad about ourselves for who we are.

- What do we do when we stigmatize ourselves? (Some answers: do things that harm us (drinking, taking drugs, suicide), neglect ourselves, isolate ourselves, and hide who we are, lie about ourselves).
- Stigma leads to discrimination. What is discrimination?

Use their ideas to come up with a definition similar to the following:

Discrimination is when you treat a person or a group differently because of a characteristic, trait or quality that they have. It is acting out the stigma you feel; putting your negative attitudes or thoughts into action.

- What are some examples of discrimination against girls and women?
 - What are some examples of discrimination against people living with HIV?
7. Ask the participants to summarize what they learned from the first part of this activity. Add any of the following that don't come up.
- Being stigmatized for being different is very painful and harmful. When people experience stigma, they feel isolated and rejected.**
 - Stigma is when something about a person causes them to be viewed badly by themselves and/or others. Self-stigma is when we feel self-hatred, shame, and/or blame ourselves for something about ourselves that we think is undesirable.**
 - When people feel stigmatized, they may hide who they are; neglect themselves; isolate themselves; and do things that harm them such as, drinking, taking drugs, attempting or committing suicide.**
 - Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have.**
 - Stigma causes people to discriminate against others.**

ACTIVITY 9.9: UNDERSTANDING AND CHALLENGING STIGMA, PART 2

Purpose: To examine how different groups are stigmatized and the causes and effects of being stigmatized; and to think about what they can personally do about stigma.

Objectives: By the end of the activity, participants will be able to:

- Explain how different groups of young people are stigmatized;
- Identify at least two sources of stigma against young people living with HIV;
- Describe why stigmatizing and discriminating against groups of people is wrong;
- Discuss what they can do about stigma.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Pick four of the groups below that you think your participants will be able to relate to. Put four flipcharts on the walls, each with a different heading, starting with 'Things people say about young people who...'

- drink alcohol or use drugs
- get pregnant
- have HIV
- live on the street
- drop out of school

Note to the Facilitator: This part of the activity can be heavy, but it is very important. Step 5, where they discuss how it feels to be called these names, is crucial. Try to build an atmosphere of seriousness – even though people may laugh with embarrassment at the names.

Steps

1. Split the participants into four groups and assign each group one of the four groups that you selected and put on the flipchart papers (i.e. young people who drink alcohol or use drugs; young people who are pregnant, young people who are living with HIV; young people who live on the street; young people who drop out of school). Then tell participants to move to their flipcharts on the wall (for example, those who are assigned to 'use drugs' go to the flipchart headed 'Things people say about young people who use drugs').
2. Ask the groups to write down all the things people say about that group of young people, including names and phrases in local languages. Tell them that when you clap your hands, they must move clockwise to the next flipchart. After about two minutes, clap your hands. Don't rush.
3. Continue the same way, clapping your hands every two minutes. When each group has gone to each flipchart, ask them to come back to the circle, bringing the flipcharts with them and sit down.
4. Ask a member of each group to stand in the centre and say, "I am a young person who... (for example, uses drugs) and this is what you say about me..." reading out all the names. When they have finished, leave the flipchart in the circle and have the next group read their paper. Continue without comments until all the flipcharts have been read.
5. Then ask the participants:
 - How do you feel about this exercise?
Probing question: What do you think about these names?
 - How would you feel if you were called these names? Ask those who were assigned this label to react to the names.
 - How do these names affect young people in these situations?
Note to Facilitator: If it doesn't come up, note that when people who are stigmatized have problems, they may be reluctant or unable to get help.
 - Is the stigma different for young men and young women? Why is that? **Note to Facilitator:** Reinforce that unequal gender roles can make stigma worse for young men or worse for young women.
6. Ask participants to close their eyes for a few minutes. Tell them to think of a group they have stigmatized. Give them at least 30 seconds. Then ask them to think about the following questions:
 - Why do you feel the need to judge them?
 - What difference does it make to you, who they are or what they do?

Ask them to open their eyes and discuss their answers to the questions above.

7. Now tell them to consider the case of young people living with HIV in particular. Ask: Where do these attitudes come from? Why do people have them?

Based on their comments ask more questions and encourage discussion of the following sources of stigma:

- Ignorance;
- Fear;
- Making moral judgments about people;
- Making assumptions about people;
- Thinking I am different or immune, that it won't happen to me.

8. Note the following:

- There is a strong link between being language and stigma. The way people are labelled can separate and exclude them from society. For example, if someone is labelled as HIV-positive or as gay. Or when you call a group "those people", as if they were not part of your society.
- People can have multiple stigmas, for example, if you are a young person living with HIV and gay, you may be judged for several reasons.

9. Ask the participants:

- What do you think about stigmatizing people? Is it something that we want in our society?
- Is it ever right to stigmatize and discriminate against other people?
- What human rights do stigma and discrimination violate?
- Can you respect the human rights of those who are different from you?

10. Go around the circle and ask each participant to respond to the question: "What can you do personally to decrease the stigma of living with HIV?"

11. Give positive feedback on their ideas. Note that we all need to examine and change our own attitudes and language when we talk about groups of people who are commonly discriminated against. We need to challenge others to do the same. Emphasize that **everyone has the right to dignity and respect**.

12. Ask the participants what the main things that they learned from this activity. Add any of the following key messages that they do not mention:

- Stigma and discrimination are violations of human rights.**
- There is no need to judge and stigmatize people who are different from you.**
- The stigma attached to people living with HIV comes from many sources, such as ignorance; fear; making moral judgments about people; making assumptions about people; and feeling immune.**
- We can take action to change stigma (such as changing our attitudes, feeling empathy and compassion for others, changing the way we talk about groups of people, challenging others who express stigmatizing and judgmental attitudes towards groups of people, standing up for those who are stigmatized and for ourselves when we experience stigma, and challenging discrimination.**

FACILITATOR INFORMATION: STIGMA AND DISCRIMINATION

Use the following information as needed during the activity.

Definition: Stigma is when something about a person causes them to be viewed badly by themselves and/or others. Stigma is a spoiled identity. To stigmatize is to see someone as inferior or unworthy because of an attribute they have.

Types of stigma:

Self-stigma – self-hatred, shame, blame. People judge themselves so they feel bad about themselves and isolate themselves. People who live with HIV (PLHIV) often practise self-stigma– they feel ashamed and blame themselves. They may isolate themselves from their families and communities.

Felt stigma – perceptions or feelings towards PLHIV or other stigmatized groups.

Discrimination – acting out the stigma you feel; negative attitudes or thoughts put into action.

Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have or that you think they have.

Stigma is a process that:

- Points out or labels differences – “He is different from us – he coughs a lot.”
- Attributes differences to negative behaviour – “His sickness is caused by his sinful and promiscuous behaviour.”
- Separates ‘us’ and ‘them’ - brings shunning, isolation, rejection.
- Creates loss of status and discrimination (loss of respect, isolation).

Other important dimensions

- Often people do not understand the word stigma in English. Difficult to find a word in other languages that is equivalent so you may need to use a phrase.
- Stigma can differ in intensity. It is sometimes blatant and sometimes subtle.
- Stigma affects stereotyped and scapegoated groups - people who are assumed to be HIV-positive, women, sex workers, and gay people.
- Other diseases, such as TB, are stigmatized because of HIV.
- Motives for stigma may change according to the setting.
- Stigma disrupts social relations.
- People may hide their stigmatizing attitudes.
- Stigma leads to discrimination and the violation of human rights.

ACTIVITY 9.10: CONVERSATION CIRCLE & COMMITMENT

Purpose: To reflect on the unit and what they learned; to use what they learned by making a commitment related to what they learned about STIs and HIV.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on STIs and HIV. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learnt from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to open their exercise books answer the questions in the worksheet.

WORKSHEET: WHAT I LEARNED ABOUT STIs AND HIV AND AIDS

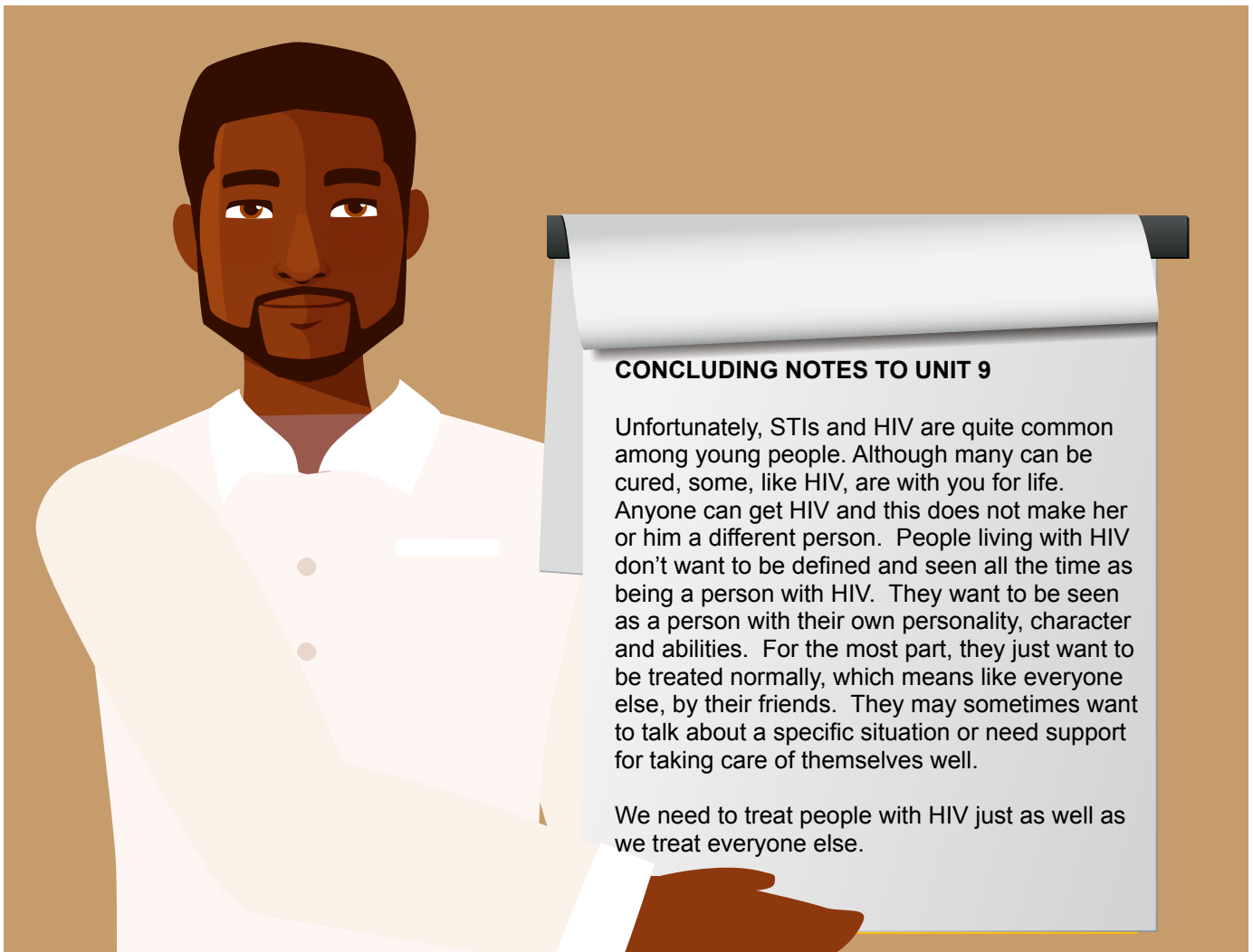
Based on the information discussed and what you learned in this unit, answer the following questions:

1. Do you have a better understanding about STIs and HIV than you did before this unit?
2. What did you find particularly interesting/informative?

Do you think that you are now able to take measures to effectively protect yourself from contracting STIs, including HIV?

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about something that they will do to protect themselves related to STIs and HIV.



CONCLUDING NOTES TO UNIT 9

Unfortunately, STIs and HIV are quite common among young people. Although many can be cured, some, like HIV, are with you for life. Anyone can get HIV and this does not make her or him a different person. People living with HIV don't want to be defined and seen all the time as being a person with HIV. They want to be seen as a person with their own personality, character and abilities. For the most part, they just want to be treated normally, which means like everyone else, by their friends. They may sometimes want to talk about a specific situation or need support for taking care of themselves well.

We need to treat people with HIV just as well as we treat everyone else.



UNIT 10: PREVENTION AND RISK REDUCTION

PURPOSE AND OBJECTIVES

This unit aims to help participants understand how they can prevent and reduce their risk of STIs and HIV. Participants learn about the risks posed by multiple, concurrent sexual partnerships; having relationships with older partners, especially when the young person receives benefits in exchange for sex; and drinking. It looks in-depth at outer course as a safer sex behaviour and reviews how to use male and female condoms correctly. It encourages participants to consider all the things that they can do to reduce their risk, while helping them to understand the difference between prevention and risk reduction. The unit helps to build the participants' skills and comfort with talking about and negotiating what they want to do to protect themselves and reduce their risk.

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

- ➔ Discuss the risks and consequences of having multiple concurrent sexual partnerships and older partners, exchanging sex for benefits from sexual partners, and drinking.
- ➔ Explain how multiple concurrent partners increase the spread of HIV.
- ➔ Explain how to correctly use outer course;
- ➔ Demonstrate how to use condoms correctly;
- ➔ Effectively counter arguments against using condoms;
- ➔ Understand and be able to explain the difference between prevention and risk reduction and give examples of each.
- ➔ Demonstrate the ability to communicate with a partner about not having sex, using condoms and getting tested together.

ACTIVITIES

Warm up – What Would You Do?	20 minutes
Multiple Partnerships	40 minutes
The MCP Network	45 minutes
Older Partners, What's the Risk?	90 minutes
What Difference Does a Drink Make?	60 minutes
Overcoming Barriers to Condom Use	75 minutes
Reducing the Risk	45 minutes
Asking for What You Want and Need	60 minutes
Conversation Circle and Commitment	20 minutes

7 hours and 35 minutes

ACTIVITY 10.1: WARM UP – WHAT WOULD YOU DO?

Purpose: To get participant to start thinking about changing their behaviour to avoid illness and to discuss why people aren't changing their behaviour to protect themselves from HIV.

Objectives: By the end of the activity, participants will be able to:

- Explain how they changed their behaviour when they learned how a serious new disease is transmitted and why;
- Discuss why so many people still don't use condoms consistently to protect themselves from HIV and whether they think it makes sense or not.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: Look at your participants to see how many of them are wearing glasses (including sunglasses) and how many have hats. Decide if you want to use hats or glasses as the protector in step 3. If few people wear glasses, then use hats. If no one is wearing a hat, use glasses.

Steps

1. Tell participants that this game is called 'What would you do?' Tell them to pretend that they do not know each other. They should introduce themselves to each other and interact. They also must try to protect their health and avoid getting sick. Tell them that you will give them some additional information during the course of the activity. Ask if they have any questions.
2. Tell them to start meeting each other. Give them a minute or two to interact. Then announce that a **serious new illness** has been discovered. Scientists believe that it is passed from person to person **when they shake hands**. Tell them to continue introducing themselves and talking. Observe how they act.
3. After another minute or two, announce that there was a mistake and they now understand that the new illness isn't passed from person to person when they shake hands but **when they look at each other**. Research has found that glasses, including sunglasses (or hats, if more participants have hats than glasses), will protect you from the disease. Tell them to continue introducing themselves and talking. Observe how they act.
4. After another minute or two, announce that you are very sorry but the previous information was not quite right. The new illness isn't passed from person to person when they just look at each other but **when they look at someone wearing the colour red**. Glasses still provide protection. Tell them to continue introducing themselves and talking. Observe how they act.
5. **Optional (if there is enough time, do this step):** After another minute or two, announce that once again there was a mistake. The new illness isn't passed from person to person when they look at someone wearing the colour red, but **when they are in the same room as the opposite sex**. Tell them to continue introducing themselves and talking. Observe how they act.
6. Tell the participants to sit down and discuss the activity, by asking the following questions:
 - What did you do when you heard that there was a new disease that was passed through shaking hands? Why did you do that?
 - What did you do when you heard that the disease was actually passed by looking at each other and that glasses will protect you? Why did you do that?
 - And what about when you heard that it was actually from looking at someone wearing red?
 - Could you know before looking at them if a person was wearing red?
 - So what did you need to do?
 - **Optional (If you did step 5):** What happened when you were told that the disease was actually passed from being in the same room as the opposite sex?
 - So, with each announcement you tried to change your behaviour. Why?
 - So when you hear that a disease is passed through sex, but condoms give protection, what will you do? Why?
 - Why do you think many people still do not use condoms every time they have sex?
 - Does it make sense to you?

ACTIVITY 10.2: MULTIPLE PARTNERSHIPS

Adapted from Promoting Partner Reduction, FHI 360

Purpose: Discuss the types of relationships young people have; define sequential and concurrent sexual partnerships; and understand that concurrent partnerships are those most likely to spread HIV.

Objectives: By the end of the activity, participants will be able to:

- List and describe the different types of multiple sexual partnerships;
- Explain why a person who has multiple concurrent partnerships is more likely to spread HIV if she or he becomes infected.

Time: 40 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Note to Facilitator: In this activity and those that follow, **do not moralize** (i.e. **do not preach** about what is right or try to impose your own sexual morals on the participants) and **do not** tell them that one type of relationship is better than another. It is essential to **allow participants to come to their own conclusions** about which relationships and behaviours are right and wrong for them and how they can protect themselves. Do not tell them that monogamy is better than other sexual behaviours or that it is safe. Being monogamous does not protect you. Remember that many monogamous people have been infected by their non-monogamous partners. According to scientific evidence, the best way to protect yourself is not to have sex. Since this is not a viable lifetime solution for most people, using condoms correctly every time you have sex is the safest approach for those having sex.

Steps

1. To get started, ask them the following questions:

- Let's quickly review. What are the things that could affect your plans and keep you from achieving your goals?

Probing question: What can get in your way?

Write their list on flipchart paper. The list may include: pregnancy, violence, child marriage, forced marriage, alcohol, drug addiction, committing a crime, poverty, and peer pressure, among others.

- What are some things that young people do that result in their having those problems? (Point to the list)

Again make a list of the behaviours that they mention.

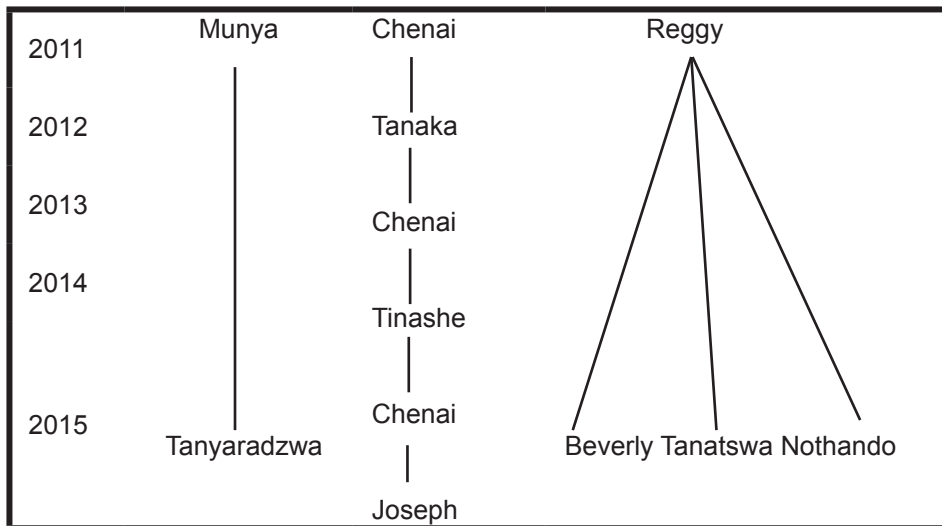
2. Picking up on what they say, tell them that this activity is focused on one of those behaviours that can cause problems – having sexual intercourse.

3. Tell participants that you are going to describe the sexual relationships of three imaginary people between 2011 and 2015. Read the following stories. As you read each story, draw the relevant part of the Partner Chart shown below on flipchart paper.

Munya: Munya had one sex partner, Tanyaradwa, from 2011 to 2015.

Chenai: Chenai had three sex partners. First, Chenai was in a sexual relationship with Tanaka in 2011. Their relationship ended in 2011. Then in 2013, she got into a sexual relationship with Tinashe. They later broke up in 2013. In 2015, Chenai started a new relationship with Joseph.

Reggy: Reggy had three sex partners throughout this time. Between 2011 and 2015, Reggy was having sex with Beverly, Tanatswa and Nothando.



6. Tell the participants that these three people had different patterns of sexual relationships, each of which has a name. Ask them:
- What is the name for the kind of sexual relationship that Munya had? (Answer: **Monogamy**).
 - When a person has more than one sexual relationship, but ends one sexual relationship before starting another, it is called **sequential partnerships**. The partners never overlap. Which person had sequential partnerships? (Answer: Chenai).
 - Why? (Answer: Because she had a sexual relationship with only Tanaka for a period, then with only Tinashe and then with only Joseph for a period. Her partners did not overlap).
 - When a person has two or more sexual relationships that overlap in time, it is called **multiple concurrent partnerships**. Which person had concurrent partnerships? (Answer: Reggy)
 - Why? (Answer: Because he had sexual relationships with Beverly, Tanatswa and Nothando during the same time, going back and forth between them).
 - Concurrent partnerships are sometimes called “double dipping” or having a “spare tire.” What are these types of relationships called in your community?

Write the following definitions on flipchart paper:

- **Sequential partnerships:** Sexual partnerships that occur in a series and do not overlap in time.
- **Multiple concurrent partnerships:** Sexual partnerships that overlap in time.

7. Then ask the following questions:
- Which of these three people is the least likely to become infected with HIV or an STI if none of them were were infected before 2011? Why?
(Answer: Munya, because he had the fewest partners. Note however that we don't know how many partners Miremba had or when she had them).
 - A common way for people to think about their HIV and STI risk is to think about the number of partners they have. Reggy and Chenai both had three partners. Which one is more likely to spread HIV? (Answer: Reggy).
 - Why does having multiple concurrent partners make it more likely that HIV will spread?

Pick up on their responses and explain the following, if necessary only:

- Remember the drama we did on how HIV attacks the body? When a person first gets infected with HIV, their body has no defences against the virus (no HIV antibodies). As we saw, HIV turns the CD4 cells into HIV-making factories. So, the amount of the virus in their body fluids becomes very high, very quickly.
- When a person has a lot of HIV in their body fluids, they are more likely to infect their sexual partners.
- So someone who has more than one sexual partner when they are first infected with HIV is more likely to infect their other partners.
- After some time, when the body starts making HIV antibodies, the amount of HIV in their body fluids will go down. Then they are less infectious.
- Because of the time between relationships in a person with sequential partnerships, they are less likely to spread HIV if they become infected than someone with multiple concurrent partners who becomes infected with HIV.

8. Ask participants the following questions:
- What are some of the reasons that young men have multiple partners?
 - What about young women? Do they have the same reasons as young men do or different rea-

- sons? What is an example?
- Is it more or less acceptable for young women to have concurrent partners than young men? Why? **Note to Facilitator:** Note if there is a double standard – e.g., that men can have many partners but women shouldn't. Ask them: How can we challenge this double standard?
9. Ask participants to summarize the main points of the activity. Add any of the following that they do not mention:
- ❑ **Your sexual behaviour can have negative consequences (or impacts) on your future.**
 - ❑ **People have different types of sexual relationships. Some people have only one sexual partner in their lifetime, others have more than one sexual relationship and some have multiple relationships at the same time.**
 - ❑ **Concurrent partnerships are the most likely to spread HIV through a community if condoms are not used correctly and consistently.**

LINKING SENTENCE

Limiting the number of sexual partners you have is one of the best ways to protect yourself and others. For people who have more than one sexual partner, those who have sequential partnerships are less likely to get and to spread HIV and STIs than those who have concurrent partners. You will see this for yourself in the next activity.

FACILITATOR INFORMATION: TYPES OF PARTNERSHIPS AND HIV TRANSMISSION

When someone first contracts HIV, they are highly infectious. Their viral load, which is the amount of the virus in their body fluids, is high during the first months after infection. HIV is more likely to be transmitted with each act of unprotected sex during this acute stage of infection than in the following months and years when their viral loads will be much lower. For this reason, if someone in concurrent partnerships acquires HIV, they are likely to spread it -- because they will probably have sex with more than one person during this period of high infectiousness (which also coincides with the time when the person doesn't know that they have been infected and HIV tests don't pick it up). Concurrent sexual partnerships create large on-going sexual networks that can spread HIV quickly through a community and beyond. Sexual networks include whomever you are having sex with, your partners' partners, their past partners and so on.

In contrast, HIV transmission occurs differently in sequential partnerships. For example, if someone has two sequential sex partners during an extended period of time, and they are infected by their second partner; they cannot infect their first partner because they are no longer having sex with that person. If they are infected by their first partner, of course, they can infect their second partner. However, they may be past the initial period of high infectiousness by that time. As a result, having sequential partners instead of concurrent partners can markedly reduce HIV transmission in a community. Still, having more than one partner, regardless of the pattern, increases one's risk of acquiring HIV.

For an individual (as opposed to a community), regardless of the type of relationship they have, if they are having sex, the best way for them to protect themselves is to use condoms correctly every time they have sex. One should also be faithful to one sexual partner.

ACTIVITY 10.3: THE MCP HANDSHAKE

Adapted from Promoting Partner Reduction, FHI 360

Purpose: To demonstrate the way that HIV and STIs move through a sexual network created by different types of partnerships; and to show how condoms reduce the spread of HIV and STIs.

Objectives: By the end of the activity, participants will be able to:

- Describe how multiple partnerships cause HIV to spread through a community.
- Explain why using condoms and having fewer sexual partners are important ways to reduce the risk of becoming infected with an STI or HIV.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Approach a mature participant before the activity begins, and ask that participant if he or she is willing to pretend to be HIV-positive throughout the activity. If there are an odd number of participants, join the circle to make it an even number and you (not the participant) should pretend to be HIV-positive.
- Before starting the activity, draw the chart below on flipchart paper.

How HIV spreads with different types of relationships				
Type and number of partners	Monogamy, 1 partner	Sequential, 2 partners	Sequential, 3 partners	Concurrent, 2 partners
Total number of Infections				

Note to Facilitator: If you have fewer than 10 participants, you will not be able to demonstrate having 3 sequential partners, so leave it off the chart.

Steps

1. Explain that, in this activity, they will see for themselves how multiple concurrent partnerships can spread HIV or STIs more quickly than lifetime monogamy and sequential partnerships. Tell them that to make it easier you will only talk about HIV, but it works the same way for STIs. Ask the participants to form a circle with an even number of people — preferably between 10 and 20. Any additional participants can observe what happens.
2. Explain the activity as follows:
 - Pair up with someone next to you. For the purpose of this activity only, this person will be considered your first sexual partner.
 - Identify the person (you or the participant you approached beforehand) who is acting as a person living with HIV during the activity.
 - For this exercise only, shaking a person's hand represents having sex with that person. Each shake represents having sex one time.
 - We will demonstrate the three types of partnerships: lifetime monogamy, sequential partnerships and concurrent partnerships.
3. Tell participants that you will now demonstrate the types of partnerships. Tell them:
 - To shake hands 10 times with their partner. Count out loud to 10 as participants shake hands with their partner. Then ask participants: Which type of sexual partnership does this represent? (Answer: Lifetime monogamy)
 - The person on the other side of them is a second partner. Have everyone shake hands five times with their first partner and then five times with the second partner. Count out loud as participants shake hands with each partner. Then ask participants: Which type of sexual partnership does this represent? (Answer: Sequential partnerships).
 - Finally have every person shake hands 10 times, but this time once with the first partner, once with the second, then once with the first, once with the second and so on for a total of 10 handshakes. Count out loud to 10 as participants shake hands. Then ask participants: Which type of sexual partnership does this represent? (Answer: Multiple concurrent partnerships).
4. Display the chart you made before the activity. Tell participants that first they will see how HIV spreads when

people are in monogamous relationships.

- Remind participants who 'has HIV' in this exercise.
- Tell participants that when they are exposed to HIV (e.g., when they shake hands/have sex with someone who has HIV, they **must raise their left hand**. This is very important, so do not forget. The one person with HIV should raise the left hand now.

Have participants shake hands with their first partner 10 times. Count out loud to 10 as participants shake hands with their first partner. Watch for participants to raise their left hands when they become exposed to HIV. If they do not do this, remind them to do it.

Then ask the participants:

- How many people got HIV when each person is in a monogamous relationship? (Answer: HIV is transmitted to only one person).
 - How many people have HIV now? (Answer: 2) Write a two on the chart in the box under 'Monogamy'.
5. Next, tell participants that you are starting over and again there is only one infected person (either you or the participant who is pretending to have HIV). Now they are going to see how HIV spreads when everyone has two sequential partners.
- Make sure the person with HIV has raised the left hand.
 - Remind participants that when they are exposed to HIV, they should raise their left hand.
 - Have participants shake hands five times with their first partner and then five times with their second partner. Count out loud to five as participants shake hands with each partner.

Ask the participants:

- How many people got HIV when everyone had sequential partnerships? (Answer: HIV is transmitted to three people for a total of four infections). Write 4 in the box under 'Sequential, 2 partners.'
- Ask how many more this is than when everyone was monogamous? (Answer: Twice as many)

Note to Facilitator: If you have fewer than 10 participants, you cannot do the next step so you will need to skip it.

6. Now tell participants that they are going to see how HIV spreads when everyone has three sequential partners.
- Ask the person with HIV to raise their left hand.
 - Have participants shake hands with their first partner three times, then three times with their second partner. Count out loud as participants shake hands with each partner.
 - Then have them go to the person across from them in the circle to shake hands with a third person four more times.
7. Have participants come back together in a circle and keep their hands raised if they were exposed to HIV. Ask:
- How many HIV infections resulted when everyone had three sequential partnerships? (Answer: 8 people). Write this number on the chart under 'Sequential, 3 partners'.
 - How many more is this than when everyone had 2 partners? (Answer: Double or twice as many)
 - What do you notice looking at the chart? (Answer: When the number of partners increases from 1 to 2 to 3, the number of people with HIV doubled and then quadrupled (or doubled again)).
 - Thinking about this. What could you tell a friend who says it isn't a big deal to have just one more sexual partner, even over a long period of time?
8. Explain that we are now going to see how HIV spreads through concurrent partnerships. This time each person will have only two partners, but these partners will be concurrent.
- If necessary, remind the participant who is pretending to be HIV-positive to raise the left hand.
 - Remind all of them to raise their left hand when they have been exposed to HIV.
 - Tell participants that they should shake hands once with their first partner, then once with their second partner, then once with their first partner and again once with their second partner and so on until you have reached 10 handshakes (five with each partner). Count out loud to 10 as participants shake hands.

Ask the participants:

- How many HIV infections resulted when everyone had two concurrent partnerships? (Answer: The number will vary depending on the number of participants. It will spread in each direction around the circle from the person who is pretending to have HIV. Each time they shake hands, two more people will be infected, so the maximum number of infections should be 11, for five handshakes. If you have 10 participants or less, all will be infected). Write this number on the chart under 'Concurrent, 2 Partners'.
- How many more is this than when everyone had 2 sequential partners?
- Why was HIV able to spread so much further this time than when everyone was having two se-

quential partnerships? (Answer: Because everyone went back and forth between partners, or had multiple concurrent partnerships).

9. Tell participants that they will pretend to have three sequential partners again, only this time they will use 'condoms' with their third partner. Emphasize that they will use their condom only with their third partner and not with their first or second partner. This means they cannot get infected with their third partner. Remind participants that if they are sexually active, the most effective protection against HIV is using one condom for each sexual act.
 - Have the person with HIV raise the left hand.
 - Have every person shake hands three times with the first partner.
 - Have them shake hands three times with the second partner.
 - Then, while using protection, have them shake hands four times with their third partner. Count out loud to 10 as participants shake hands.
10. Ask the participants:
 - How many people got HIV when everyone used condoms only with their third partner? (Answer: Four).
 - What is the difference between this scenario and when everyone had three sequential partnerships without using condoms with any of them? (Answer: When using condoms with just one partner, there were half as many infections; or with no condoms, there were twice as many infections - 8). Point out however that four people still have HIV.
 - Why would someone use condoms with only one partner? (Answers: Use them only with a new partner; use them only with someone they think is risky; use them only with their 'extra' partners, don't use them with their main partner).
11. Tell them that often when someone has a new partner, he or she plans to use condoms every time they have sex. Ask them:
 - What happens as time passes? Why? (Answer: They may stop using condoms or use them less frequently; they start trusting the person more).

Explain that this is a big issue with concurrent relationships. For example, a young man takes on an additional partner and, as time goes on, stops using condoms with her, putting himself and his original partner at risk. Ask:

- Do you think it is a good idea to stop using condoms with a partner? Why or why not?
- Is this something that happens in your community?
- What should he do to protect himself and his partners? (Answers: using condoms correctly every time he has sex with both partners; keep using condoms every time he has sex with this second partner; have only one partner).

Note to Facilitator: Remember not to tell participants what to do or what the best choice is. Just give them the facts.

12. Ask the group:
 - What role do condoms have in reducing the risk of HIV, particularly within multiple sexual partnerships? (Answer: They are essential for reducing the risk of getting HIV and an STI and for not spreading HIV or an STI to your partners).
 - What else can you do to reduce your risk according to what we saw in this activity? (Answer: Reduce the number of sexual partners you have, whether sequential or concurrent).
 - Who is responsible for reducing YOUR risk of getting an STI or HIV? (Answer: I am. We are each responsible for ourselves).
13. Ask them what they learned from this activity. Add any of the points below that they do not mention.
 - The types of relationships and number of partners we have affect the spread of HIV and STIs in our community.**
 - Having sequential or multiple concurrent partnerships greatly increases the spread of HIV and STIs.**
 - Having multiple concurrent partnerships increases the spread of HIV because:**
 - **It increases your chances of having one or more partners who are HIV-positive or of unknown status.**
 - **It increases your chance of having (unprotected) sex with a newly infected partner, who has a lot of virus in their body fluids, making it more likely you will be infected.**
 - Using condoms greatly reduces the spread of HIV and STIs, but they must be used *consistently and correctly with all partners* to make them highly effective.**
 - Reducing the number of sexual partners, you have is also important for reducing your risk of getting an STI or HIV.**

LINKING SENTENCE

We've been looking at how the different types of relationship patterns can increase the spread of STIs and HIV in a community and increase a person's risk of getting an STI or HIV. Now we will look at some other types of relationships that can be especially risky for young people.



ACTIVITY 10.4: OLDER PARTNERS, WHAT'S THE RISK?

Purpose: To have participants think about the realities of having sexual relationships with older partners and relationships in which sex is exchanged for money or other benefits; to understand that the risks for STIs, HIV and pregnancy is much higher in such relationships and why, and that relationships with their peers are safer.

Time: 90 minutes

Objectives: By the end of the activity, participants will be able to:

- List the advantages and disadvantages of having a sexual relationship with an older partner;
- Describe the effects of the power differential in a relationship with an older partner on the young person;
- Discuss at least four things that often happen in relationships with older partners in real life;
- List some alternative ways for young people to get what they want outside of having a relationship with an older partner.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Label two pieces of flipchart paper with the headings 'Young women' and 'Young men'. Ask the participants to form pairs and to discuss the following questions:
 - Who do young women in your community have sex with and why?
 - Who do young men in your community have sex with and why?

Before they start, ask them for one example and write it on flipchart paper under the appropriate heading. Some examples might be:

- Young people have sex with those they love and are attracted to.
- Some young women have sex with older men because the older men give them gifts or money.
- Some young men have sex with sex workers to gain sexual experience.

Note to Facilitator: If they say "older men" or "older women" ask them, which older men or which older women.

Ask the pairs to think of at least one more answer for young men and one more for young women. Give them three minutes to discuss the question.

2. Bring the group back together and ask each pair to share one answer with the group. List their answers on the flipchart paper starting with 'Young women'. Continue until no one has anything to add. Then do 'Young men'.
3. Ask them to identify all the partners who are older and circle them with a different coloured marker. Then ask if there are any other reasons that girls or boys have relationships with older partners. If there are, add them to the list. (Answers may include: for money for themselves or their families; for school fees; for necessities or luxuries, such as cell phones; with teachers for grades; for gifts; for attention; to feel grown up; to feel attractive and appreciated; to be taken care of; because of pressure from family).

Ask them: What can you observe about the reasons that young people get into relationships with older partners? **Note to Facilitator:** It is likely that many of the reasons will involve some type of benefit to the younger person, such as money, gifts, grades, drinks, etc.

4. Tell them that they will now focus on talking about sexual relationships with older partners. Ask:
 - How would you define older partner? How many years' age difference makes someone older? Probing question if they say ten years or more: If a 15-year-old girl goes out with a 22-year-old man, do you think he is an older partner (or same age)? (Answer: A general rule is 5 years or more). Note that every year older a sexual partner is, the riskier they are for the young person. Also, for young people age differences are more significant.
 - How common is girls dating older guys in your community?

- What about boys? Do they also get into relationships with older women or older men in your community? Is it more or less than girls with older guys? Note that this issue especially affects girls.
5. Put up a new sheet of flipchart paper and make two columns, headed 'Advantages' and 'Disadvantages'. Ask participants: What are the advantages of having a relationship with an older person? Write their responses on the flipchart paper. Then ask them: What are the disadvantages of having a relationship with an older person? Write their responses on the flipchart paper. Answers may include:

Advantages	Disadvantages
• Feel mature	• Likely to have unprotected sex
• Feel special	• Risk of getting pregnant
• Able to assist family	• Risk of getting HIV or an STI
• Gain sexual experience	• Emotional abuse
• Have material things, what you need	• Physical and/or sexual abuse, including rape, and violence
• Have access to transportation	• Feel used, taken advantage of
• Have more money	• Feel like a prostitute
• Hang around with older people	• Feel unloved
• Go to new and different places	• Feel powerless
• Feel sexy and attractive	• Get bad reputation
• Feel wanted or desired	• Parents may disapprove
• Feel love	• Lack of trust
• Get sexual satisfaction	• Know your partner most likely has other partners
• Gain status	• Feel expendable or replaceable
• Parents may approve	• Fear that the older person may end the relationship at any time
	• Lack of control in the relationship, e.g., when, where and how you see each other
	• Demanding partner
	• Partner just wants sex all the time
	• Breaking up a family (being a home wrecker)

Note to Facilitator: There should be more disadvantages than advantages. If not, ask them what other disadvantages there are that they haven't mentioned. Even if not, the disadvantages will have more impact on a young person's life than the advantages over the long-term. Many of the advantages are short-term, whereas the disadvantages are long-term.

6. Ask them:
- What do you observe about the advantages compared to the disadvantages?
Probing question: Do you think the advantages are greater than the disadvantages? Why or why not? What impact would the disadvantages have on you and your life compared to the advantages?
 - What is the power relationship between an older person and a younger person? (Answer: The older person has **power over** the younger person).
 - Why does the younger person have less power in a relationship with an older person? (Answers: because of age and the status of older people, traditional respect for those who are older; because of money; because they are depending on them for benefits; out of fear of losing the relationship by younger person).
 - How does this affect them? (Answers: Have little control or say in the relationship; puts them at risk of pregnancy, STIs and HIV; makes it difficult to refuse sex, including unprotected sex; difficult to insist on condom use; difficult to be assertive; difficult to leave the relationship).
7. Tell them that they are going to hear a couple of young women talk about their relationships with older guys in

their own words. These are true stories. Read Rumbidzai's story out loud. Then ask:

- Is Rumbidzai at risk for STIs and HIV? (Answer: Yes).
- Is she at risk for an unplanned pregnancy? (Answer: Yes).
- Why is she at risk? Make sure the following points come out:
 - She has multiple concurrent partners;
 - She is exchanging sex for gifts and favours, which puts her at a power disadvantage;
 - One of her partners is married, so he definitely has other partners also (this is also likely with her other partners);
 - She is a lot younger than some or most of her partners.
 - Being younger and getting benefits, makes it more likely that she cannot insist on condom use.

If they do not come up with all of these reasons, ask them 'What else?' and ask probing questions like:

- Is there anything else about her relationships that you think increases her risk?
- Why does she have concurrent partners? How does that affect her risk?

- What advice would you give to Rumbidzai? Why?

WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK?

Listen to the story and then answer the questions:

Rumbidzai: I am 15 years old now. I've got different guys that I sleep with, but they are not really my boyfriends. They are only guys who support me. I call them my Ministers. I got a Minister of Love, a Minister of Transport and a Minister of Finance...I have them all at the same time. The Minister of Love gives me love because everyone needs to be loved. The Minister of Finance buys everything for me and the Minister of Transport takes me anywhere I want to go. Among my Ministers, there is a married guy.

- Is Rumbidzai at risk for STIs and HIV?
- Is Rumbidzai at risk for an unplanned pregnancy?
- If yes, why is she at risk? Think of everything that is putting her at risk.
- What advice would you give to Rumbidzai? Why?

8. Now read Nicolet's story out loud:

WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK

Nicolet: When I was a child, we were poor and my father drank all the time. I longed for affection and I wanted a better life for myself. I was thirteen years old when I met my boyfriend and he was eighteen. He put a lot of pressure on me to have sex with him. I was scared, but I was very committed to him. I wasn't informed about the risks and I didn't know he was dating more than one girl at a time.

- Is Nicolet at risk for STIs and HIV?
- Is she at risk for an unplanned pregnancy?
- If yes, why is she at risk? Think of everything that is putting her at risk.
- What advice would you give to Nicolet? Why?

9. Then ask them:

- What is the age difference between Nicolet and her boyfriend? (Answer: 5 years).
- Is Nicolet at risk for STIs and HIV? (Answer: Yes).
- Is she at risk for an unplanned pregnancy? (Answer: Yes).
- Why? Make sure the following points come out:
 - She was uninformed about the risks she was taking;
 - Her boyfriend had multiple concurrent partners;
 - Her boyfriend is a lot older than her or she is a lot younger than her boyfriend.
 - He put pressure on her to have sex with him and she gave in.

If they do not come up with all of these reasons, ask them 'What else?' and ask probing questions as for Rumbidzai's story.

- What advice would you give to Nicolet? Why?

10. Now read the rest of Nicolet's story out loud:

WORKSHEET: OLDER PARTNERS, WHAT'S THE RISK?

Nicolet's story, continued:

In 2007, when I was 17, I found out that I was pregnant. My boyfriend left me then. About three years later, I was working on the farm and I just had a stomach bug. I went to the clinic to see the Sister and she did an HIV test and it was positive. I never expected that I would be infected with HIV since I only slept with one boyfriend. If I could go back to my younger years before I fell pregnant, if I knew what I know today, I wouldn't be infected with HIV and I would make better choices.

Then ask:

- What happened to Nicolet?
- Why didn't she think she would get infected with HIV?
- What do you think are the better choices she would make?

11. Ask participants:

- What are some stories or experiences about younger people with older partners in your community?
- What happened to the young people in the end?
- In your community, how many of the young people who are in relationships with older partners are doing it out of **true necessity**?
- What do you consider **true necessity**? Challenge their response as needed. For example, point out that sleeping with a teacher for grades is not necessary – you could study more instead. Question whether a cell phone or other luxury is a necessity.
- What are some other ways that young people can find what they are looking for (e.g., to feel grown up, to feel attractive, to get money) that do not include having a sexual relationship with older partners? List their responses on flipchart paper.
- At the end of the day, who you get into relationships with is your personal decision. Who is responsible for protecting your health and well-being in your relationships? (Answer: I am, we are).
- Who is responsible for any consequences that you experience? (Answer: I am, we are).

Emphasize that only they can make these decisions in their own lives. They are responsible for what happens to them. Therefore, they need to think carefully and make their choices wisely.

12. Ask them what they learned from this activity. Add any of the points below that they do not mention.

- ❑ **The greater the age difference between partners, the riskier the relationship is for the younger person in terms of getting STIs or HIV and becoming pregnant for girls.**
- ❑ **Partners who are older and who have more money also have more power and they often use that power to get what they want from a young person, including unprotected sex.**
- ❑ **Older partners often promise to take care of young women/men over a long period of time but rarely do.**
- ❑ **The risks and disadvantages of having an older partner can be far greater than any advantages.**
- ❑ **You must make your own decisions about your relationships. You alone are responsible for protecting your own health and for living with the consequences.**

LINKING SENTENCE

Some relationships, like those with partners who are older and who provide us with benefits, like money or gifts in exchange for sex, are very risky for the younger person. Another behaviour that can put us at risk is drinking alcohol and/or taking drugs. In the next activity, we will look at how drinking and taking drugs affects us in general and in terms of our sexual risk taking.

PARTICIPANT INFORMATION ABOUT RELATIONSHIPS WITH OLDER PARTNERS

Getting into a sexual relationship with an older partner – someone five or more years older than you are – comes with a lot of risks. Some things for you to think about are:

- Older partners are very likely to insist on having sex.
- Older partners are much more likely to have had multiple sex partners than men or women your own age. This means that they are part of a larger sexual network.
- Older partners are likely to be married and to have multiple concurrent partners.
- Because of having multiple concurrent sex partners, they are more likely to have HIV or an STI already or to become infected.
- Older partners have more social power than young people. They can use that power over the young person to get what they want, including unprotected sex.
- Older partners have more money and can use it to manipulate the young person into having unprotected sex, which increases the risk of an unintended pregnancy as well as STIs and HIV.

Sexual relationships in which a young person exchanges sex for money or other benefits, like drinks, transportation, cell phones, clothes, and jewellery, also come with risks for the young person. Some things for you to think about are:

- The person giving the benefits has power over the young person receiving them.
- They can use that power to manipulate the person and convince them to have unprotected sex, putting them at risk of an unintended pregnancy, STIs or HIV.
- Most sexual partners who provide benefits to young people are also older partners (see the factors listed above).

ACTIVITY 10.5: WHAT DIFFERENCE DOES A DRINK MAKE?

Purpose: To have participants identify how drinking alcohol and taking drugs increase their risk of getting an STI, HIV or becoming pregnant; to discuss what young people can do to reduce these risks.

Objectives: By the end of the activity, participants will be able to:

- List the risky and embarrassing things that people may do when they are drunk;
- Explain the possible long-term consequences of those risky behaviours, including the consequences to their health;
- Discuss how a person can drink responsibly.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation:

- Find out the legal age for drinking in your country.
- If you will have your participants read the stories in step one, make a copy of them.

Steps

1. To start the activity, read the following two real stories. If your participants have good reading skills, give them the stories to read.

Jonathan is 19 years old. He says: I met this beautiful girl in a bar and we started chatting and drinking together. She was getting drunk and she sat on my lap. I went with her just because I was drunk. After that, we had sex and there was no condom used. It all happened so fast. I only realized what I had done when I was sober but it was already too late. I am scared of HIV, but it is only alcohol. If I am drunk, then I cannot even think of using a condom.

Netsai is 17 years old. She says: Here in Kwekwe, we have a lot of small bars. Every weekend we just go and hang around there and drink. And of course, guys will come and buy alcohol for us and then entertain us. They always expect sex from us because they are spending their money on us. Okay, we feel obligated. We have to go and have sex with them because they are spending their money on us. When we don't want sex, they sometimes get violent with us. One time, a guy got really violent. He was really angry, telling me --- what did I expect after drinking all of his money? He ended up beating me. My face was really messed up. It was blue and my eye was swollen. I use condoms, but it was only with some of them that I did not use a condom. I think that I was too drunk. I really cannot remember.

2. Then ask the participants the following questions:
 - What is Jonathan doing that is putting him at risk? (Answers: getting drunk/drinking alcohol, having unprotected sex, having multiple partners).
 - What is he at risk for? (STIs, HIV, getting a girl pregnant)
 - What is Netsai doing that is putting her at risk? (Answers: getting drunk/drinking alcohol, having sex in exchange for drinks, not using condoms consistently, having multiple sex partners)
 - What is she at risk for? (STIs, HIV, getting pregnant, losing her reputation, violence, rape)
 - Are these situations common in your community? Why or why not? What do others think?
 - What about using drugs? What kinds of drugs are young people using?
3. Tell participants that we can see from Jonathan's story that drinking alcohol makes people more likely to take risks or do things that they wouldn't normally do. It is the same for taking drugs.
4. Write 'What can happen when people drink or take drugs?' on flipchart paper. Have participants brainstorm a list of what can happen when a person drinks or takes drugs. Write their responses on the flipchart paper. Probe by asking: What risks are people more likely to take when they have been drinking? What kinds of things do people do when they have been drinking or taking drugs? What can happen?

Note to Facilitator: Try to get at least some of each of the following types of risks:

- **Physical risks:** Having no fear and doing risky things, accidents, driving drunk and crashing, crossing the road without looking, falling over, ripping clothing, passing out in the street, accepting a ride with a stranger or someone who is drunk, getting beaten up.
- **Sexual risks:** Having unprotected /unsafe sex/not using a condom, making wrong or bad decisions about sex, feeling sexual desire, having sex with someone you wouldn't normally sleep with, having sex in ex-

change for drinks, being raped or forced to have sex, raping someone else.

- **Social risks:** Doing embarrassing things (like peeing in your pants, defecating unexpectedly, sleeping anywhere, or singing and dancing in a drunk way), becoming violent or abusive, fighting with friends or strangers, breaking your relationships, committing crimes, getting in trouble with police or parents, going somewhere with someone you don't know; not studying when you should and failing a test (dropping out of school); losing your values or breaking your own rules.
 - **Financial risks:** Losing a cell phone, school bag, purse or wallet or other valuables, gambling, spending money on alcohol or drugs that should be spent on something more important.
 - **Physical effects:** Nausea and vomiting or throwing up, crying, having a hangover, addiction, alcohol poisoning, drowning in your own vomit, passing out, not remembering what happened; over a long time, liver disease and other health problems; taking an overdose; death.
5. Ask: When someone drinks a lot they can have a “blackout.” Who knows what a blackout is?

Use their responses to come up with a definition similar to the following:

A **blackout** is when someone doesn't remember anything that happened to them – it is like a black spot in their memory. For example, they could have had sex with someone and not remember it at all.

To help them understand, you can share a true story about someone blacking out if you have one. Or you can use **one** of the following true stories:

- * A friend of mine told me that he had been out and had drunk a lot. When he ‘woke up,’ he was in his bed having sex with a woman he didn't know. They didn't use a condom. He told me about it because he was now worried that he might have got HIV.
 - * A friend of mine told me recently that she had been out drinking the night before. She said that she was embarrassed because she thought that she might have had sex with someone but she couldn't remember.
6. Ask: What are some of the other possible long-term consequences of all these things that you have listed? List their responses on flipchart paper.

If they have difficulty ask them about some of the specific behaviours they mentioned, for example: What are the possible long-term consequences of having unprotected sex? Of committing a crime? Of fighting? Of getting a ride from someone who has been drinking? Of arguing with your girlfriend or boyfriend? Of blacking out?

7. Then generate a discussion by asking the group:
- Which of these consequences can have a long-term effect on your life? (Answers: Getting in trouble with the police, getting pregnant or infected with HIV, getting injured, death; failing in school).
 - What are the worst things that can happen from drinking or taking drugs? (Answers: Death, disability, serious injuries, HIV, addiction, alcoholism)
 - These things don't **always** or even **usually** happen, but **sometimes** they do. Do you think they could happen to **you** if you drink or take drugs? What do others think – do you agree or disagree? Allow participants to discuss. If necessary, remind them that things like accidents and car crashes happen when we don't expect them to. They can happen to anyone.
 - What do you think about drinking? What about taking drugs?
 - What do you think about **pressuring** someone to drink or take drugs?

Note to Facilitator: Emphasize that everyone has the right to make their own decisions about what they will or won't do and to have their decision be respected. No one should ever pressure someone else to drink or take drugs.

8. Finally ask them:
- What would you recommend to prevent or avoid the risks of drinking and taking drugs? Write their responses on flipchart paper and allow them to discuss what they think the solutions are. Make sure they discuss peer pressure to drink and how they can handle it.
 - Which of these is the safest option for young people? (Answer: Not drinking or taking drugs at all).
 - Some people are going to drink. Have you ever heard of ‘drinking responsibly’? What does it mean? Pick out any things they have already mentioned in answer to the first question – you can circle them. Add any additional ideas they have on a piece of flipchart paper.

Add any of the following ideas that they do not mention to their list and discuss each one, by reading the bold-face words and then asking them: What does that mean?

PARTICIPANT INFORMATION: DRINKING RESPONSIBLY

Not drinking at all is the healthiest choice. However, some people will decide to drink. For those people who do drink, here are some ways to drink responsibly and to reduce the risks that can come with drinking:

- **Know your limits:** If you are going to drink, moderation is the key. Don't get very drunk. If you use, DON'T ABUSE!
- **Drink smarter:** If you choose to drink alcohol, drink water or soft drinks in between or non-alcoholic beer or wine if available. This will keep you hydrated and help you not to drink too much alcohol.
- **Eat before and during drinking:** Food slows down the absorption of alcohol, so the level of alcohol in your blood stays lower and this helps stop the feeling of being out of control.
- **Resist pressure to drink more:** Don't allow others to pressure you to drink when you don't want to, to drink more than you want to or to drink too much.
- **Carry condoms with you:** Whether you drink alcohol or not, a condom is the best way to protect against HIV, STIs and unintended pregnancy.
- **Plan ahead:** If you're off to a party or going into town, plan how you're going to get home later. If you have a cell phone, make sure it is charged so that you can call home if you need to.
- **Look out for friends:** Make sure your friends are safe. Be sure that they get home safely; talk them out of arguments; and make sure they're not getting sick.
- **Don't drink and drive and check that your ride is safe or walk:** If you have been drinking, don't drive. If you have a ride home, make sure the driver has not been drinking. If you are walking home, make sure you have a friend to walk with.

9. Ask them what they learned from this activity. Add any of the points below that they do not mention.

- When people drink alcohol, they may take risks or do things that they normally would not do.**
- These risks and behaviours can have serious, life-changing consequences.**
- Using alcohol and/or drugs is one reason why people have unprotected sex and get STIs and HIV or become pregnant. They also contribute to broken relationships and families.**
- Not drinking is the safest option for young people.**
- No one should pressure another person to drink or take drugs.**
- You have the right to say no to drinking without feeling guilty or bad about yourself.**
- If you do drink, you can take steps to reduce the effect of alcohol on you.**

LINKING SENTENCE

In the last activities we have been talking about some relationships and behaviours that can increase your risk. In the next activities we are going to focus on behaviours that protect you from STIs, HIV and unplanned pregnancy. tradition.

ACTIVITY 10.6: OVERCOMING BARRIERS TO CONDOM USE

Purpose: To review how to use a male condom correctly; to discuss the excuses that some people give for not using condoms; and to develop responses to them.

Objectives: By the end of the activity, participants will be able to:

- Demonstrate how to use a male and female condom correctly;
- Discuss which reasons for not using a condom are good and which are not good and why;
- Give convincing response for using condoms to common arguments for not using condoms.
- Explain what long-term couples should do protect themselves from STIs and HIV.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue, one penis model, a couple of male condoms

Preparation: Label a piece of flipchart paper 'Arguments for Not Using a Condom.' Then write the following arguments below the heading:

1. We've been together for two months now. I trust you. Don't you trust me?
2. I just want to see what it feels like skin to skin. Just once. Please!
3. I am tired of using condoms. I want to feel the sweetness!
4. We're only seeing each other, so it is okay.
5. We were tested together, so we know we are both negative.
6. I'm a virgin, so I'm clean!
7. We're married now. Married people don't use condoms.
8. What's the use of eating a sweet with a wrapper?
9. I'm allergic to latex.
1. I don't get satisfied.
2. The condom is too small! OR It's too big.
3. God says to multiply. Using condoms is wasting babies.

Steps

1. To start the activity, ask participants: People go on and on about condoms, condoms, condoms. Why?

Emphasize that using condoms correctly is the most important protection skill against unintended pregnancy, STIs and HIV. Every young person must know how to do it.

2. Tell them that we already learned in detail how to use both male and female condoms in a previous activity. We will now do a quick review. Ask for a volunteer to demonstrate how to use a male condom correctly. Ask the other participants to observe carefully and note down if the volunteer forgets anything important.
3. Give the volunteer the penis model and the condoms. Ask them to describe what they are doing as they do it.
4. When they have finished, ask the other participants:
 - Did s/he do it correctly?
 - Was there anything that you noticed that they did not do?

Make any corrections that the participants do not pick up on. Refer to the instructions on how to wear a male condom if necessary.

5. Go through steps 3 and 4 for female condoms as well.
6. Ask the participants the following questions:
 - Is having unprotected oral sex safe? (Answer: No, there is a small risk of HIV, but a large risk of STIs if your partner has an STI).
 - What should you do if you want to protect yourself from STIs when giving oral sex? (Answer: Put a condom without spermicide or scent on a man before giving him oral sex – you can use a flavoured condom (different from scented ones) if you like. Put a dental dam (latex square that dentists use), a condom use so that it lies flat, or a piece of plastic wrap over the woman's vulva before giving her oral sex).

7. Tell the group that in this activity we are going to talk about what gets in the way of condom use.

Acknowledge that most sexually active young people know they should use condoms to protect themselves from pregnancy, STIs and HIV, but they don't always do it. Ask them to brainstorm a list of reasons that people do not use condoms. List their responses on flipchart paper under the heading, 'Why people do not use condoms (even though they know they should)'.

8. Go through the list of reasons for not using condoms one by one and ask them: Is this a good reason not to use a condom? Why or why not? Is this something worth possibly getting an STI or HIV for?

If they agree that it is a good reason (for example, the couple wants to get pregnant), put a star next to it. If they agree that it is not a good reason, cross it off the list.

Question them strongly if they say that reasons like 'wanting to enjoy sex' or 'to feel sexual pleasure' are good reasons not to use condoms. Ask questions such as: Can you enjoy sex/feel sexual pleasure with a condom? (Answer: Yes). So why is this a good reason not to use a condom? Is it worth getting an STI for? Getting HIV for? If they say 'They are allergic to condoms' remind them that male and female condoms are not made of the same material, so it is very unlikely they will be allergic to both.

Note to Facilitator: The only really good reason not to use a condom is 'because you want to get pregnant'.

At the end ask them, how many good reasons are there for NOT using condoms?

Emphasize that there is always some risk of STIs and HIV when you do not use a condom and a risk of pregnancy if you are not using condoms and/or another method of contraception.

9. Put up a piece of flipchart paper you prepared with the 'Arguments for not using condoms.' Put up another piece of flipchart paper next to it and label it 'Responses.'

- We've been together for two months now. I trust you. Don't you trust me?
- I just want to see what it feels like skin to skin. Just once. Please!
- I am tired of using condoms. I want to feel the sweetness!
- We're only seeing each other, so it is okay.
- We were tested together, so we know we are both negative.
- I'm a virgin, so I'm clean!
- We're married now. Married people don't use condoms.
- What's the use of eating a sweet with a wrapper?
- I'm allergic to latex.
- I don't get satisfied.
- The condom is too small! OR It's too big.
- God says to multiply. Using condoms is wasting babies.

10. Tell them that you will read each excuse one by one. They should come up with good responses to argue for using condoms. Write the best responses in the second column, next to the argument.

Note to Facilitator: If there is not enough time to do all the statements, choose some difficult ones.

11. Ask participants:
 - Was it easy or difficult to come up with responses?
 - What do you think of a young person who wants to have sex, but doesn't want to use a condom? Why do you think that?
 - Do you have any comments or questions? Discuss them.
12. Tell participants that the riskiest time for many young people to get STIs, HIV or have an unintended pregnancy is when they get into a **more stable or serious relationship**. Then ask them the following questions:
 - Why do you think this is so? (Answers: love, caring, trust each other, feel committed, want a child. If ask to use a condom, it is seen as meaning that the person is unfaithful)
 - **Many people get HIV from their sex partners, husband, wife, girlfriend, boyfriend etc.** The person may already know that they are HIV-positive but not say anything. Should we assume that our stable partners do not have HIV or another STI? (Answer: No).
 - If you do decide for whatever reason, that you are going to have unprotected sex with someone, what should you do first? (Answer: Get tested for HIV and STIs together).

- If you get tested together and you are both negative, does that mean you are safe forever? Why not? Probing question: Should we assume that our stable partners do not have any other partners? (Answer: No, because one or both of you may not be faithful forever).
- What does this mean if you want to avoid HIV and STIs? (Answer: Always use condoms or don't have sex).
- What can help long-term couples to keep using condoms over a long time?
- If you do decide for whatever reason to have a second partner, what should you do? (Answer: Always use a condom with your second partner).

Note that we are not saying it is okay to cheat, but being realistic, some people will cheat. They should not put their main partner at risk because of it. It is their responsibility to protect both themselves and their partner.

13. Ask participants to summarize the main points of the activity. Add any of the following points if not mentioned.

- ❑ **There are no good excuses not to use a condom, except wanting to get pregnant.**
- ❑ **If you want to be SURE to avoid STIs and HIV, use a condom every time you have sex from start to finish to protect yourself. Make your motto: 'No condom, no sex' or 'No hoodie, no honey.'**
- ❑ **It can be difficult for long-term, serious or committed couples to keep using condoms. This is when many young people get infected with HIV.**
- ❑ **If you are going to have sex without a condom, get tested together first.**
- ❑ **Getting tested together is not a guarantee of safety and does not protect you over the long-term, but it does reduce your risk.**

LINKING SENTENCE

If we are to prevent the spread of HIV and AIDS, we must stop having unprotected sex. Unprotected sex is the main way that the HIV and STIs are spreading. Using condoms over the long term in a serious or committed relationship can be challenging so it requires great commitment on the part of both people. Now we are going to look at all the ways that we can protect ourselves and reduce our risk.

PARTICIPANT INFORMATION: WHAT NOT TO DO WHEN USING THE MALE CONDOM

When you use a condom incorrectly, it is more likely to break or fail to work. Some common mistakes people make when using the male condom are:

- Not carrying condoms with them, so that they don't have one when they want to have sex.
- Keeping them in the wrong place (somewhere hot) like in their wallet.
- Using a condom that is too old, that has expired.
- Opening the package with their teeth.
- Not unrolling the condom all the way down to the bottom of the penis.
- Leaving air in the tip and not removing air bubbles.
- Not leaving a space at the tip for the semen.
- Putting it on upside down first and then put it on the right way. If you put it on the wrong way first, some body fluid will be on the outside of the condom. Throw it out and use a new condom.
- Using the wrong kind of lubricants. Do not use any oil-based lubricants - for example petroleum jelly, body lotion, mineral or vegetable oil - because they can cause the latex to break down.
- Putting it on too late – like having 'a little sex first' before putting on a condom.
- Pulling out of the vagina too late. Do not let the penis get soft before pulling out. When the penis starts to get soft, semen could leak out of the condom or the condom could slip off the penis.
- Not holding the condom onto the base of the penis when pulling out. The condom could come off the penis and remain in the vagina and semen can spill out.
- Not using it every time they have sex!

REMEMBER: If the condom is not on, then the penis is not in! No hoodie, no honey!

ACTIVITY 10.7: REDUCING THE RISK

Purpose: To clarify the concept of relative risk reduction –that some behaviours decrease the risk of getting HIV or an STI but do not eliminate it completely; to identify and review what a person can do to protect themselves completely and at what else a person can do that will help reduce their risk of getting HIV, while emphasizing the need to use condoms at the same time.

Objectives: By the end of the activity, participants will be able to:

- Explain the difference between prevention and risk reduction;
- List the ways that STIs and HIV can be prevented;
- List at least five ways that a person can reduce their risk of getting STIs or HIV.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Familiarize yourself well with the information in the Facilitator Information on Risk Reduction before the session so that you can run it smoothly.
- Make three signs on pieces of A4 paper that say: Complete Protection, No risk; Some Protection, Less Risk; and No Protection, High risk. Before beginning the activity, put the signs you made on the wall or board with large spaces between them as shown below.



Steps

1. Tell participants that in this activity we will summarise how they can to protect themselves and how they can reduce their risk. Ask: What is the difference between preventing something and reducing risk of something happening?

Use their responses to come up with answers similar to the ones below and write them on flipchart paper.

- **Preventing** something means you **stop it** from happening.
 - **Reducing risk** means that you make it **less likely** to happen.
2. Ask participants to write a list of all the things they can think of that a person can do to protect him or herself or reduce his or her risk of getting HIV and STIs from sex. After about three minutes, call their attention back to the front. Tell them that you will come back to their lists in a little while.

WORKSHEET: WAYS TO PROTECT YOURSELF OR REDUCE YOUR RISK OF HIV AND STIS FROM SEX

Instructions: How many ways can you think of to protect yourself and reduce your risk of getting HIV and STIs from sex?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Note to Facilitator: Have A4 paper and markers ready to hand out to participants.

3. Explain that the line on the wall or board is a 'protection and risk line'. Point to the line and explain: Your behaviour will protect you from STIs and HIV **or** it will put you at risk of getting STI and HIV. Some behaviours protect you **completely**. Some behaviours give you **some protection** and others will not protect you **at all**. They will put you at high risk.
4. Ask: What can a person do to protect themselves completely from HIV or STIs?
5. Give a participant who answered 'don't have sex' or 'abstain from sex' a piece of A4 paper and a marker and ask them to write their answer in large letters on the paper. Using tape or glue, put it under the 'Complete protection' sign (see example below).

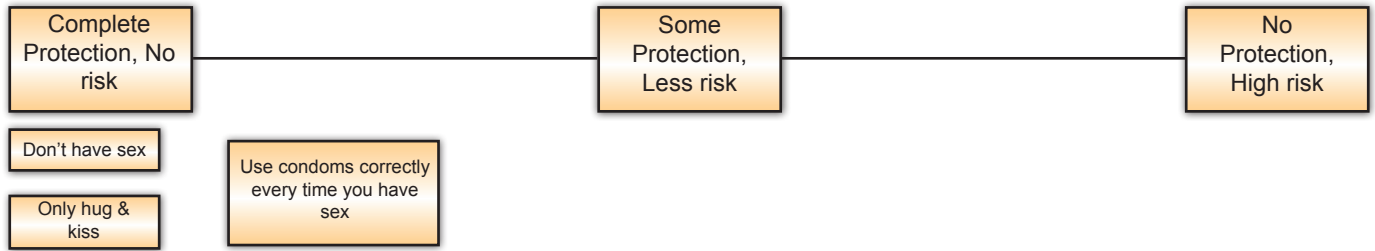
If a participant says 'outer course' or 'other sexual behaviours without having sex or without penetration' or a similar answer like, 'just hug and kiss', or 'get pleasure without having sex'. Give them a piece of paper and a pen and ask them to write it in large letters on the paper. Post it under the 'Complete protection' sign.

If a participant says 'Use condoms correctly every time you have sex,' give them a piece of paper and a pen and ask them to write it in large letters on the paper. Then ask:

- Do condoms give you complete protection? (No, condoms don't give complete protection, but they do give a very high level of protection).
- Where on this line should we put 'Use condoms correctly every time you have sex'? (It should go just to the right of complete protection).

If they think that using condoms correctly every time you have sex gives only some protection, tell them that research has found that condoms when used correctly every time you have sex are about 95% effective. Make sure you stress that condoms are **very effective** in preventing HIV if used correctly every time you have sex.

Your protection and risk line should look like this at this point:



6. Now tell them that you want to talk about other things people can do to protect themselves or reduce their risk of getting HIV and STIs. Ask them to look at the lists they made in their workbook at the beginning of this activity. Ask:

- Who can give me an example from their list?

Note to facilitator: Ask participants to write each behaviour they suggest in large letters on a piece of A4 paper.

For each behaviour, ask participants:

- Where on the line should this go? How much protection will this give a person? A lot, some or none? Then put the behaviour on the line in the right place or have the participants do so.
- Why does this not give complete protection?

Note to facilitator: Use the Facilitator's Information: Ways to Reduce the Risk of Getting HIV and STIs below to make sure their answers are correct and to add any additional information. If any of their information is not correct or they don't know why, give them the correct information and explanation.

7. Continue using the same process until you have discussed all of their ideas. Check the list below and add any of the starred (*) ways to reduce risk that participants did not mention.

Make sure the following ways to get some protection and reduce risk are included:

- Have one partner at a time, and/or be faithful to your current partner (sequential partners) *
- Have fewer partners in your lifetime*
- Have only one partner in your lifetime (lifetime monogamy) *
- Get tested and treated for STIs*
- Get medical male circumcision for men*
- Have only partners close to your own age (less than 5 years older) *
- Don't drink or use drugs. If you do drink, don't get drunk or drink so much that you don't know what you are doing*
- Don't have sex for benefits (money, school fees, drinks, transportation or gifts); don't have a sugar daddy or mommy or a 'blesser'*
- Get tested for HIV together with your partner*

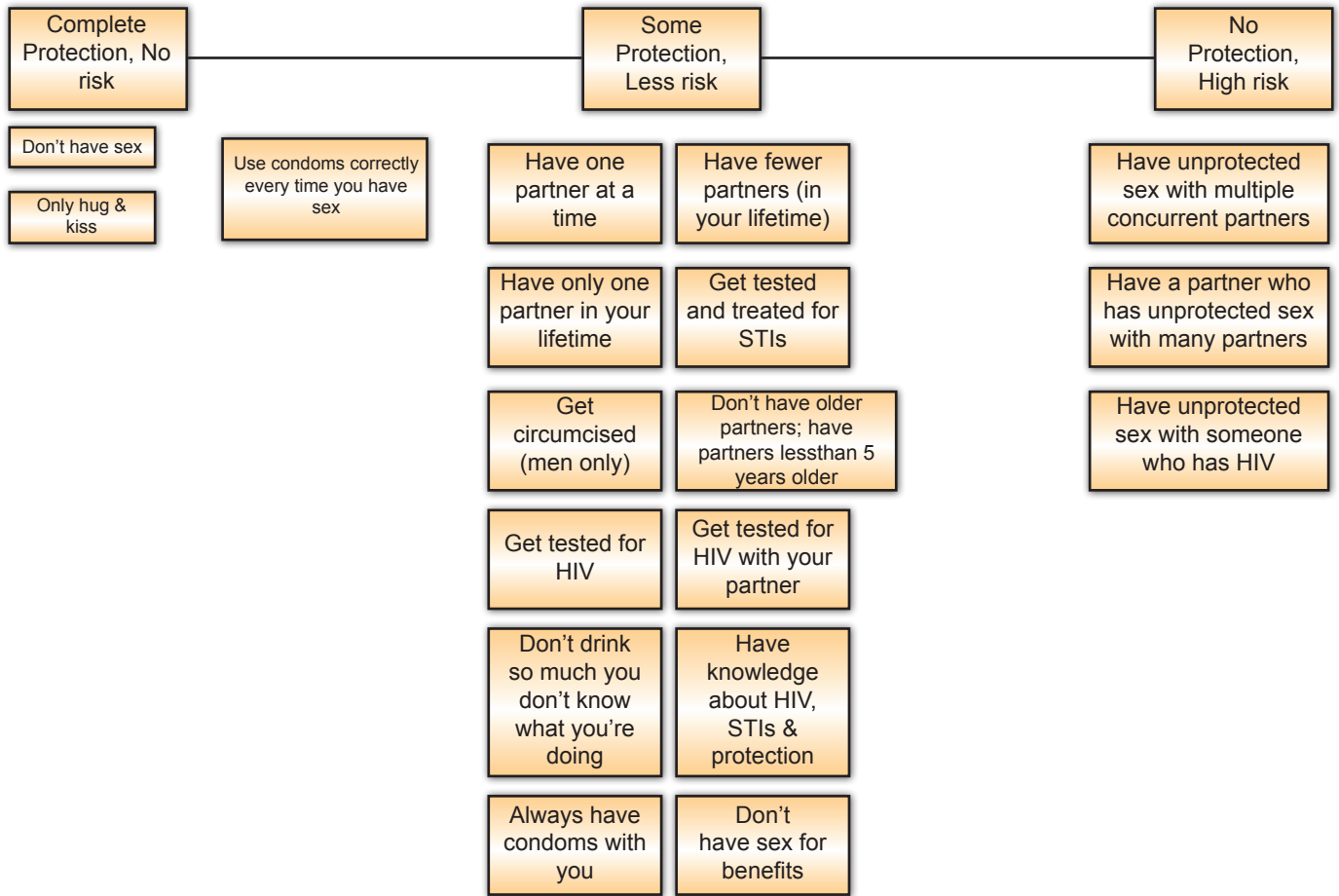
Other ways to get some protection and reduce risk or vulnerability that you can include if participants mention them:

- Wait to have sex until you are older
- Get tested for HIV
- Realize that you are personally at risk
- Communicate clearly and directly that you want to use condoms
- Always carry condoms with you
- Be knowledgeable about HIV and how to protect yourself
- Know your partners well before having sex
- Be selective about your partners

8. Then ask: What behaviours that will put you at high risk of getting HIV and STIs? (Answers: Having unprotected sex with many partners; multiple concurrent partners; having a partner who has unprotected sex with many partners; having unprotected sex with someone who has HIV)

Ask participants to write these in large letters on pieces of paper and put them up under the 'No Protection; High Risk' sign.

Your protection and risk line should look like this at this point:



9. Ask participants to fill in the Protection and Risk Line.

WORKSHEET: THE PROTECTION AND RISK LINE

Instructions: Think of everything a person can do to protect themselves and reduce their risk of getting HIV and STIs. Then decide how much it will reduce the risk of getting HIV – completely, a lot, some, or a little. Then write it in the right place on the line.



Note to Facilitator: Step 10 is essential. Do not skip it even if you are running short of time.

10. Then point to each behaviour (except using condoms), one at a time, and ask:

- If you do this, do you still need to use a condom to protect yourself from STIs and HIV? (Answer: Yes, for all except not having sex, you still need to use a condom).

11. Ask the following questions to conclude:

- Why would someone do some of these behaviours **in addition to** using condoms? (Answers: Condoms are very effective if you use them correctly every time you have sex, but they might burst, so they are not 100% effective; everything you do to reduce your risk and vulnerability will help you avoid getting HIV;

sometimes people don't use condoms – they forget or for other reasons. In this case, these other things will help to reduce the risk of HIV).

- What do you need to do if you also want to protect yourself from pregnancy? (Answer: You don't need to do anything different (e.g., abstain or practise outer course, use condoms correctly and consistently, but if you want extra protection from pregnancy, you can use another method of contraception as well).
- Who is responsible for making sure that you take care of your own health? (Answer: I am or we are).

Emphasize that every person needs to take responsibility for their own health. Only they can decide what they will and will not do.

12. Ask participants to recap the main messages of the activity. Add any from the list below that they do not come up with.

- Preventing something means you stop it from happening; reducing risk means that you make it less likely to happen.**
- Not having sex at all is the only way to protect yourself completely from HIV.**
- You can reduce your risk of getting HIV by: using condoms correctly every time you have sex; having only one partner at a time; having fewer partners in your lifetime; getting tested and treated for STIs; getting circumcised for men; and having only partners close to your own age.**
- There are some other things which may reduce your risk, such as not getting so drunk that you are out of control; waiting to have sex until you are older; getting tested for HIV with your partner.**
- If you do any of these things to reduce your risk, you must still use condoms when you have sex if you do not want to get HIV and STIs.**

LINKING SENTENCE

IWe have seen that to protect yourself completely, there are only a couple of choices – abstinence and using condoms – but that there are many other ways to reduce our risk of STIs, HIV and unintended pregnancy. In order for them to be effective, we have to actually do them. And in order to do them, we have to talk to our partners about them. So now we are going to practise doing that.

FACILITATOR'S INFORMATION: WAYS TO REDUCE THE RISK OF GETTING HIV AND STIS

Use the following information to guide you in responding to what the participants say and to help them understand why a certain practice offers complete, a lot, some or no protection against HIV and STIs, as needed.

Complete protection; no risk of HIV and STIs

- **Don't have sex; abstain from sex**

Information: If you don't have sex, you cannot get HIV from sex.

- **Only do non-penetrative sexual behaviours/practice outer course (no vaginal, anal or oral sex); for example, hugging, kissing and touching each other.**

Why: If you don't have sex, you cannot get HIV from sex. This is one way of abstaining. Note that people have different ideas about what abstinence means.

A lot of protection; reduces risk almost completely

- **Use condoms correctly every time you have sex ***

Why: Condoms are very effective in preventing HIV because they prevent the exchange of semen and female fluids. If used correctly every time you have sex, they are very, very effective (about 95%). They do not give complete protection because they can break. Usually this does not happen if they are used correctly.

Some protection; less risk and less vulnerability

- **Have only one partner at a time. (Don't have concurrent partners). ***

Why: If you have only one partner at a time, you will probably have fewer partners in your lifetime and so you will be connected to fewer sexual networks and less likely to expose yourself to HIV. When you have more than one partner at a time (or your partner does), you increase your own risk of getting HIV and the risk of infecting your other partners. When a person first gets HIV, the amount of virus in their body fluids is very high. When the amount of HIV in their body fluids is high, they are more likely to infect their partners. Having only one partner does not give complete protection because your partner may have the virus already, or he or she may have more than one partner and get infected.

Note on being faithful to one partner as a way to protect yourself:

Why: Being faithful to one partner is one approach to having only one partner at a time. If you have only one sexual partner ever it will reduce the sexual networks you are connected to, but it does not give you complete protection. Being faithful will reduce your risk **only if your partner also remains faithful**. If she or he does not, then you will actually be at **high risk**. You can only be certain that you are being faithful; you can never be absolutely sure that your partner is also faithful to you. Often in the beginning of a relationship or marriage, people are faithful. But over time, it becomes more likely that they may have another partner. Someone who is suddenly not faithful anymore will probably not tell their main partner when this happens, especially if they have agreed to be faithful to each other. Research shows that men are much more likely to have other partners so **having one partner or being faithful is less effective protection for women.**⁸ In addition, you and your partner need to know that you are both HIV-negative before you have sex.

- **Have fewer partners (in your lifetime). ***

Why: The fewer partners you have, the fewer sexual networks you are connected to. This reduces your chance of having a partner with HIV and so gives you some protection. It does not give complete protection because your partner(s) may already have HIV or they may have other partners and become infected. If your partner has or has had many partners, you are still at high risk because you will be connected to your partner's sexual network and to the sexual networks of his or her previous and other current partners.

- **Have only one partner (in your lifetime). *** This is essentially the same as having fewer partners and therefore works for the same reasons.

- **Get tested and treated for STIs. ***

Why: Having an STI increases the risk of getting HIV. STIs like herpes, syphilis, or chancroid cause sores. Sores and broken skin give HIV a way to enter the body and the blood more easily. So getting tested and treated for STIs makes it less likely that HIV will enter your body.

⁸ See data below or check for new data on the internet. If there are data for your country listed, you may want to share them with your participants.

- **Get circumcised for men. ***

Why: If a man is circumcised, the chance that he will get HIV is reduced by about 60%. Circumcision gives some protection because there are a lot fewer bacteria on the head of the penis of a man who has been circumcised. This means that his immune cells in that area are available to attack any viruses, such as HIV, that they find. It does not give complete protection because the virus can still enter the man's body. It also does not reduce his partners' risk.

- **Have only partners close to your own age (less than 5 years older). ***

Why: This works best for young people. Younger partners usually have had fewer other partners and so they have smaller sexual networks and are less likely to be infected. Older partners have usually had more sexual partners. Because of this, they are connected to larger sexual networks and more likely to have HIV. Older partners are also more likely to have had unprotected sex before. In addition, because of their age, older partners almost always have more power and control in a relationship with a younger person. The younger person may feel less able to insist on condom use. Having sex only with partners close to your own age does not give you complete protection because a young person can have HIV. They may have been born with it or they may have got it from another sexual partner.

- **Don't drink or use drugs. If you do drink, don't get drunk or drink so much that you don't know what you are doing. ***

Why: When people drink, they often do things that they wouldn't usually do. For example, they may have sex with someone that they don't know well, be unfaithful or have sex without a condom. If they get drunk, these things are more likely. If you get very drunk, you may black out and not even know what you did. Not drinking gives some protection and reduces your vulnerability because it makes it less likely that you will take risks. It does not give complete protection because you can still have sex without a condom when you are sober or have not been drinking.

- **Don't have sex for benefits (such as money, school fees, drinks, transportation or gifts). Don't have a 'blesser', sugar daddy or mommy. ***

Why: Older partners, blesser, sugar daddies and mommies are risky relationships. When a person has sex in exchange for something – money or gifts or drinks – they have less power in the relationship and often feel less able to insist on condom use. In addition, for young people, a partner who has the resources to provide them with benefits is almost always older than them and is a riskier partner for the reason described above. Not having sex for benefits will give some protection because you are avoiding a risky relationship. It does not give complete protection because you can still have sex without a condom with someone who is infected.

- **Get tested for HIV with your partner. ***

Why: Getting tested with your partner lets you know if you or your partner are already infected or not. It gives some protection because it may motivate you (and/or your partner) to continue to use condoms, to be faithful or, at the very least, to use condoms if you have sex outside of that relationship. It does not give you complete protection because you or your partner may have other partners after getting tested and become infected. If you decide not to use condoms because you and your partner got tested together and agreed to be faithful, remember that you cannot be sure if your partner is faithful. It is best to keep using condoms.

- **Wait to have sex until you are older.**

Why: If you are older when you first have sex, you will probably have fewer partners in your lifetime. Having fewer partners gives you some protection from HIV. When you are older when you first have sex, you may also be more likely to know the risks, feel comfortable discussing and insisting on condom use, and be able to protect yourself. It does not protect you completely because when you are older you can still have sex without a condom and put yourself at risk of HIV.

- **Get tested for HIV.**

Why: Getting tested lets you know if you are infected already or not. This information gives some protection because it can motivate you to protect yourself if you are negative or to protect yourself from getting re-infected with a different type of HIV if you are positive. It does not give complete protection because you can still have sex without a condom and get HIV.

- **Realize that you are personally at risk.**

Why: Believing that you are personally at risk of HIV gives some protection because it can motivate you to take action to protect yourself by using condoms correctly every time you have sex or by not having sex. It does not give complete protection because you can still have sex without a condom and get HIV.

- **Communicate clearly and directly that you want to use condoms.**

Why: If you are clear and direct when communicating with partners about using condoms, your partner will know your intentions and you will know his or her reaction. If your partner does not want to use condoms, he or she may have had sex without a condom before – so you should not have sex with him or her. Telling your partner clearly that you want to use condoms does not give you complete protection because your partner may still persuade you to have sex without a condom if you do not insist.

- **Always carry condoms with you.**

Why: Having condoms with you is essential if you are going to use them. It gives some protection because it makes it more likely that you will use them. It does not give complete protection because it is not enough just to have them with - you still may still have sex without a condom. You have to actually use them to be protected!

- **Be knowledgeable about HIV, risks, and how to protect yourself.**

Why: To protect yourself, you need to know about HIV and how to protect yourself. This will make you less vulnerable and give you some protection but it won't protect you completely. Knowledge won't protect you at all if you don't use it and have sex without a condom.

- **Know your partners well before having sex.**

Why: It is always good to know your partners well before you have sex with them. You may have more correct information about their sexual history and you may have an idea of the way that they think and behave and their values. This can give you some protection. It won't protect you completely because many people are not open or do not tell the truth about their sexual behaviours, especially if they think you will not like something they did. So even if you think you know someone well, you may not know the truth about their past or current sexual behaviour.

- **Be selective about your partners.**

Why: Using your judgment about sex partners is always a good idea. However, it won't protect you completely because our judgments about people are often wrong. Some people wrongly believe that someone cannot be infected because they are 'good Christians,' because they are fat or look healthy, or because they love you so much. It is safer to rely on condoms than on your judgment about people.

Note: It is more likely for males to report having multiple sex partners than it is for females. The reason for this is that having multiple sex partners is seen as manly for males and, as such, acceptable, whereas it is typically seen as unsuitable behaviour for females.

ACTIVITY 10.8: ASKING FOR WHAT YOU WANT AND NEED

Purpose: To increase participants' comfort with and skills for asking clearly and directly for what they want in order to protect themselves from STIs, HIV and unintended pregnancy.

Objectives: By the end of the activity, participants will be able to:

- Explain how to communicate directly about how they feel and what they want;
- Demonstrate how to use direct communication to talk to a partner about protection or getting tested in a role play;
- Show increased comfort talking about sex and protection.

Time: 60 minutes

Materials needed: Flipchart paper and marker pens

Preparation: None

Steps

1. Tell participants that this activity is about communication. It is called 'Asking for What You Want and Need.' Explain that one of the most important things that they need to be able to do to protect themselves from STIs, HIV and unintended pregnancy is to talk to potential partners about sex, HIV and protection. So, today we are going to practise doing that.
2. Then ask:
 - What rules do we have in our culture about talking about sex?
Probing question: What makes it more difficult to talk about sex?
 - What rules do we have about asking directly for what you want?
 - How do we feel when we need to talk about sex?
 - Are these things different for girls than for boys?

Note to Facilitator: Make sure the participants raise the following points:

- Sex is something people don't usually talk about in most cultures. So we often feel embarrassed or shy when we talk about it directly.
- In some cultures, girls and woman are taught to listen to men, to do what men say, and that they should not talk openly about things like sex, condoms or HIV, especially to men.
- Do you think it is important to overcome those cultural rules? Why? (Why not?) (Answer: It is very important if you want to protect yourself).

Remind participants: If you cannot **talk** to someone about sex, you are not ready to **have sex** with them!

- What are some things two people should talk about before having sex? (Answers: How you both feel about each other and your relationship; what you each want or need; what both of your limits are (e.g., what you won't do); if you agree to have sex: how you will protect yourself, using condoms, including who will get them, and using another method of contraception with condoms).
3. Read some real examples of young people talking about what happened when they asked their partners to use condoms. Ask for a volunteer to read the first example. Then ask for new volunteers to read each of the following examples:

WORKBOOK INFORMATION: YOUNG PEOPLE'S EXPERIENCES ASKING THEIR PARTNERS TO USE A CONDOM

Read what these real young people had to say about what happened when they asked their partner to use a condom:

- 'I am the one who told him to use a condom. He agreed. He did not say anything. He just took it and used it.' **Runatso**
- 'I told my girlfriend that we have been in love for five months now and we have not done anything. She said, "Okay" and asked me if I will use a condom. I told her that I am also a trainee and that I cannot refuse to use a condom. Then she agreed that we can go ahead.' **Victor**
- 'I wasn't sure if I wanted to have sex with him, so we planned it first. He came to visit me at our house. First we just spoke about our relationship and he asked me if I will have sex with him. I said, "Yes, as long as we can use a condom." I wanted to protect myself from unplanned pregnancies and STIs because I am still young. And he agreed. He always uses condoms.' **Rudo**
- 'I called her on her cell phone and told her to come to my house. And then when she got there, I told her that I want to have sex with her. She asked if I had a condom because we cannot have sex without a condom'. I told her, "Yes, it's alright. I have a condom.'" **George**

4. Then ask:

- Do you think these examples show what normally happens? Why?
- If you tell someone you want to use a condom, how do you think they will respond?
- If someone tells you they want to use a condom, how will you respond? Will you say "yes" or "no"?

Note to Facilitator: If necessary, emphasize that we've talked a lot about how to deal with someone who does not want to use a condom. But, in fact, most young people use condoms when they have sex and that all young people should expect and want to use condoms to protect themselves, if they have sex. So if they tell or ask someone to use a condom, the person is likely to agree.

5. Explain that it is very important that each person speak for him or herself. Ask who remembers what I-statements are from the unit on communication. Get the parts of an I-statement from the participants. (When... I felt... I need or I want... Would you be willing to...?) Note that in this situation, if you are just asking for what you want, you can start your feelings, then state your needs or wants, and finally ask them if they can agree to that.
6. Remind participants that communicating directly means talking honestly about:
- The situation or any problem or issue you have
 - How you feel
 - What you want or need, without apologizing
 - What your limits are

Ask one participant to read the first part of the information about direct communication. Get some other participants to continue reading until you have reached the examples.

Ask if they have any questions about speaking for themselves.

Then ask one participant to read the first example and another to read the second one of Nyasha and Bertie.

PARTICIPANT INFORMATION: DIRECT COMMUNICATION

Communicating directly means talking honestly about:

1. The situation or any problem or issue you have

Words you might use:

- We've been together for five months now, so I was thinking...
- I love you, but...
- I get upset when... or I felt upset when...
- It bothers me when... or It bothered me when...
- I don't like it when... or I didn't like it when...

2. How you feel

Words you might use:

- I am worried about....
- These days you hear so much about HIV. I feel like....
- We've been getting very close lately and I am concerned that....

3. What you want or need without apologizing

Words you might use:

- I want us to....
- I think we need to....
- Can we.....?
- I wish you/we...

4. What your limits are

Words you might use:

- However, I don't want to...
- I am not going to...
- I have decided that I won't...
- I am not ready to...

Speaking for yourself means talking about your own feelings and experiences rather than accusing, threatening or blaming the other person. You can use the basic formula you learned in the unit on communication: **I feel... I need/want... Would you be willing to...?**

Examples of communicating directly:

1. **'I feel like** it is still early in our relationship. **I would like** to know you better before we take that step. Having sex carries risks, so it is important to me to feel secure.... **Would you be willing to** wait until we know each other better?'

2. Nyasha: **I am worried** about HIV – it seems like so many people are getting it these days. It's great kissing and making out with you – but **I think we need** to be very careful about how far we go. Right now, **I don't want** to have sex yet. It feels too risky. What do you think?

Bertie: I know what you mean. Even though I also would like to have sex, I think it is a good idea to wait. We don't want to do something we'll regret.

Nyasha: I am so glad that you understand. That makes me feel better. Thanks.

7. Divide the participants into groups of four with some boys and some girls in each group. Depending on how many participants you have, you may need to have one group of two or three as well.

Assign each group one of the four situations in the worksheet below. Tell them that they should write a script together that uses clear and direct communication in their workbooks. Give them about 15 minutes to write their scripts.

WORKSHEET: CLEAR AND DIRECT COMMUNICATION ABOUT PROTECTION

Instructions: Write a direct and clear script for the following situations:

Situation 1: Batsirai tells Lebo that he does not want to have sex yet and why.	
Batsirai	
Lebo	
Batsirai	
Lebo	

Situation 2: Linda tells Michael that she wants to have sex, but only if they use condoms and why.	
Linda	
Michael	
Linda	
Michael	

Situation 3: Pindile tells Sinkie that he wants them to use another method of contraception in addition to condoms and why.	
Pindile	
Sinkie	
Pindile	
Sinkie	

Situation 4: Tonderai tells Amina that he wants the two of them to get tested for HIV together and why.	
Tonderai	
Amina	
Tonderai	
Amina	

8. After 15 minutes, ask each group to read their scripts. After each script is read, ask the others:
 - How did they do? Was it clear and direct?
 - Did they each speak for themselves and say what they want?
 - Are there any improvements that you would suggest?

9. Then ask:
 - How do you feel now about the idea of talking to a partner about sex and protection?
 - Is it harder to talk with a casual partner or someone you are in love with? Why?
 - Should girls follow cultural norms and gender roles that put them at risk of HIV? Do you think girls and women should be able to talk about these issues with their partners? (Answer: Girls should **not** follow cultural rules and gender roles that put them at risk of HIV or get in the way of girls and women protecting themselves).

- What do you suggest girls and women do to overcome cultural rules that tell them not to talk about things like sex and condoms? (Answer: They need to find the **power within** to refuse to let others have **power over them**).
 - How can boys and men help?
10. Ask the participants what the main things they learned in this activity were. Add any of the following key messages that they do not mention:
- If you are going to protect yourself from HIV, you need to take action to do so.**
 - Communicating about what you want and need is an important part of protecting yourself.**
 - Each person needs to speak for him or herself by using the word 'I' to talk about his or her feelings and what she or he wants or needs.**
 - In most cases, when you ask someone to use a condom, the response will be positive.**

ACTIVITY 10.9: CONVERSATION CIRCLE & COMMITMENT

Purpose: To reflect on the unit and what they learned; to make a commitment to use what they learned by making a commitment to protect themselves and reduce their risk of STIs, HIV and unintended pregnancy.

Objectives: By the end of the activity, participants will be able to:

- Explain what they learned from the unit;
- Describe how they think they will change their behaviour based on what they learned.

Time: 20 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Find the flipchart paper you prepared for the end of the first unit or prepare a new one by writing the three questions in step 1 on a piece of flipchart paper.

Note to Facilitator: Start with steps 1-2 for both high and low literate groups. Then follow the instructions for each group.

Steps

1. Tell participants that this is the end of the unit on prevention and risk reduction. Post the flipchart paper that you prepared where everyone can see it. Divide them into groups of 10-12 and tell each group to sit in a circle. Tell them that each person should share, one at a time, going around the circle. They should answer the following questions:
 - What is the most important thing you learned from this unit?
 - Why is it important to you?
 - How will it influence your behaviour?
2. After about ten minutes, call their attention back to the front and ask each group to report back on their discussion.

For high-literate groups:

3. Ask participants to open their exercise books and answer the questions in the worksheet.

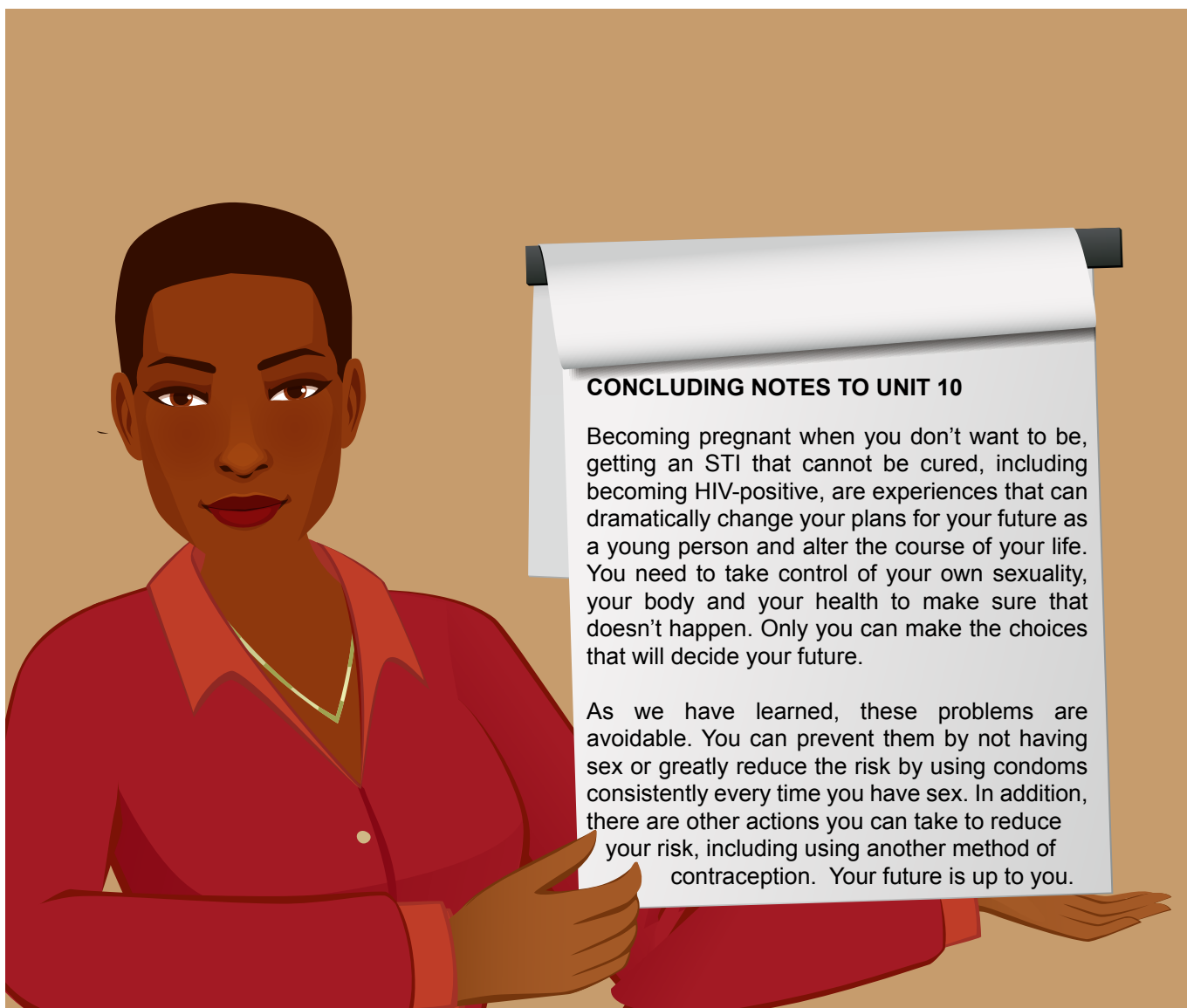
WORKSHEET: WHAT I LEARNED ABOUT PREVENTION AND RISK REDUCTION

Based on the information discussed and what you learned in this unit, answer the following questions:

1. What is the most important thing you learned from this unit?
2. Why is this information important to you?
3. How will it influence your behaviour?
4. Write the commitment that you are going to make to yourself about protecting yourself and reducing your risk of STIs, HIV and/or unintended pregnancy. You will not be asked to share this with the group.

For low-literate groups:

3. Ask participants to close their eyes and make a promise to themselves about protecting themselves and reducing their risk of STIs, HIV and /or unintended pregnancy.



CONCLUDING NOTES TO UNIT 10

Becoming pregnant when you don't want to be, getting an STI that cannot be cured, including becoming HIV-positive, are experiences that can dramatically change your plans for your future as a young person and alter the course of your life. You need to take control of your own sexuality, your body and your health to make sure that doesn't happen. Only you can make the choices that will decide your future.

As we have learned, these problems are avoidable. You can prevent them by not having sex or greatly reduce the risk by using condoms consistently every time you have sex. In addition, there are other actions you can take to reduce your risk, including using another method of contraception. Your future is up to you.



UNIT 11: SEXUAL AND GENDER-BASED VIOLENCE

PURPOSE AND OBJECTIVES

This unit aims to help participants to understand sexual and gender-based violence, including harmful traditional practices that violate human rights and have negative influences on reproductive and sexual health. It enables participants to critically examine child marriage and its consequences on girls and to discuss how it can be stopped. A general activity on harmful practices allows the facilitator to focus on the specific practices in their area. There is also an optional activity specifically on female genital mutilation. The unit also explains the different types of sexual and gender-based violence, challenges participants' thinking about rape, asks them to reconsider societal acceptance of violence, and helps them to think about what to do if they or someone they know experiences violence. The final activity on sexual and gender-based violence is about how to get consent. The unit ends with participants making an overall plan for how they will stay healthy.

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

- ➔ Explain their rights related to marriage.
- ➔ Discuss the problems that result from getting married before the age of 18.
- ➔ List traditional practices in their community that are harmful and why.
- ➔ Explain what they think should be done about a harmful practice.
- ➔ Express their commitment to prevent child and forced marriages and other harmful practices in their own lives, the lives of their (future) children and in their community.
- ➔ Explain the different types of sexual and gender-based violence.
- ➔ Give reasons why rape is never the fault of the victim.
- ➔ Express a commitment to ending violence instead of accepting it.
- ➔ Explain what to do if someone experiences violence.
- ➔ Explain what consent is and demonstrate how to get it.
- ➔ Discuss how they intend to protect their own health.

ACTIVITIES

Warm Up - Lifeboat	10 minutes
Child Marriage	60 minutes
Rethinking Female Genital Mutilation (Optional)	60 minutes
Traditional Practices: Keep, Change, or Stop	75 minutes
Sexual and Gender-based Violence	45 minutes
What Should They Do?	60 minutes
Getting Consent	75minutes
My Commitment to Myself	60 minutes
Concluding Notes	

6 hours and 25 minutes, optional: 1 hour

ACTIVITY 11.1: WARM UP - LIFEBOAT

Purpose: To have fun and move around the room

Time: 10 minutes

Steps

1. Ask participants to stand and form a circle. Explain that
 - They are on a ship, which is sinking. They have to get into lifeboats, but there may not be enough room for everyone.
 - The lifeboats can only carry small groups of people.
 - They have to listen carefully for the number of people who need to group themselves and do so quickly so as not to miss the boat.
 - Anyone left outside a group, or any groups that are more or less than the number called are considered to have 'drowned' and are out of the game.
2. Announce that the first lifeboat is leaving and call out the number that should be in a group, e.g., the lifeboat is taking groups of 3, or 5, or 7. Choose numbers according to the size of the entire group.
3. Give the participants 5 seconds to get into groups. Identify those who are out.
4. Make a new announcement for the next lifeboat and call a new number for participants to form new groups.
5. Continue until participants are relaxed and they have all had fun playing the game.



ACTIVITY 11.2, PART 1: CHILD MARRIAGE

Purpose: To critically examine the issue of child marriage; to understand the consequences of child marriage and girls' rights related to marriage; and to discuss how it can be stopped.

Objectives: By the end of the activity, participants will be able to:

- Explain the consequences of child marriage;
- List the human rights related to marriage and child marriage;
- Describe what they can do to stop child marriage.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Draw the consequences chart in step 5 on a piece of flipchart paper with **no words in the boxes**.

Steps

1. Ask participants to call out the first word that comes to their mind when they hear the word 'marriage.' Go around the room and have each participant say one word. Write these on a piece of flipchart paper. Then ask them what they notice about the words written there.
2. Tell them that this activity is about child marriage. Ask them what the term 'child marriage' means. Use their responses to come up with the following definition of child marriage:

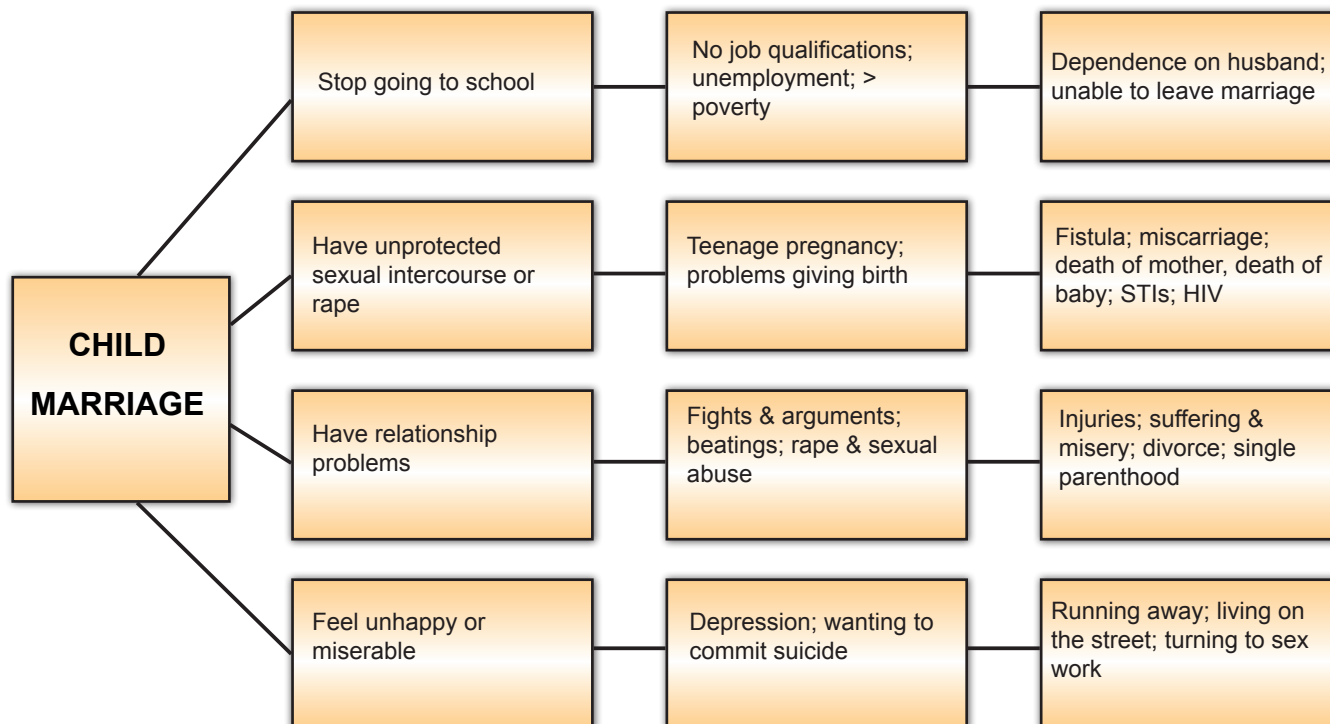
Child marriage is any marriage of a person under the age of 18.

3. Read the first story (Agnes) to the participants. Then generate discussion by asking the following questions:
 - Did Agnes want to get married?
 - Why did she get married if she didn't want to?
 - How does she feel about her marriage? Why?
 - How does she feel about her future? Why?
 - What do you think about her situation?

WORKSHEET: CHILD MARRIAGE

'Three months ago, my parents sat me down and told me I was no longer their responsibility. They wanted me to move out and start a life of my own. When a stranger paid a bride price to my parents, things moved faster than I expected. I had no say in the matter. I didn't choose this life and I'm not happy here. I want to escape but I am afraid my parents wouldn't take me back. Sometimes it is hard to defy our parents because it is disrespectful, but we can't continue to allow them to make choices that are bad for us. It was my wish to finish school and become a nurse but I guess that will never happen because my husband won't allow me to further my studies. Now instead of going to school, I spend the whole day doing chores -- washing dishes, cleaning and cooking.' **Agnes, 17 years old**⁹

⁹ Maseko, Nomsa (2014). *Zambian child bride: 'I was forced to marry a stranger'* BBC News, Chibombo, Zambia. Available at <http://www.bbc.com/news/world-africa-28401068> [accessed 31 August 2015].



- Did Agnes want to get married?
- Why did she get married, if she didn't want to?
- How does she feel about her marriage? Why?
- How does she feel about her future? Why?
- What do you think about her situation?

4. Tell the participants that they will now think about all the consequences of child marriage. Put up the flipchart paper you prepared with the consequences chart on it. Explain that you will start with the **immediate consequences** – the things that happen as a direct result of the girl getting married. Ask them for their ideas and write the ones that are immediate consequences in the boxes linked to the one labelled 'child marriage'. (Answers include: Stop going to school; have unprotected sexual intercourse or rape; have relationship problems; feel unhappy (or miserable)). You can add boxes if needed. Tell them to write the answers in their workbook as you go along.

Note to Facilitator: Do not let them put later consequences into the immediate consequence boxes. If they mention follow-on consequences when you ask them about immediate consequences, ask them: What happens before that?

WORKSHEET: CONSEQUENCES OF CHILD MARRIAGE

Instructions: In the boxes attached to the box labelled 'child marriage' write the immediate consequences of child marriage for the girl. Then, in the boxes linked to those, write the consequences that follow the first ones. You can add boxes.

5. For each immediate consequence, ask them: what are the consequences of this (e.g., stop going to school)? Write all of those consequences in the next set of boxes. If they name one that leads to further consequences (such as lack of job qualifications), after writing it down, ask: And what will happen later because of that? (e.g., unemployment, poverty, dependence on husband).

They may include the consequences listed below (use the ones they give you. Add boxes or put multiple con-

sequences in one box, if needed. You do not need to get all of these answers, but make sure the most significant ones are mentioned):

- Consequences of not going to school: lack of qualifications for work; unemployment; less money for family/ greater poverty; financial dependence on husband; unable to leave marriage.
- Consequences of unprotected sexual intercourse or rape: early pregnancy; STIs and/or HIV; problems when giving birth; fistula (tears between the vagina and the bladder or the rectum; death of the young mother; death of the foetus or baby.
- Consequences of having relationship problems: fights and arguments; beatings; injuries; rape or sexual abuse; divorce; single-parenthood.
- Consequences of feeling unhappy or miserable: depression; wanting to commit suicide; running away; living on the street; turning to sex work to earn money.

6. Then ask the participants the following questions:

- Looking at all of these consequences - what is your opinion of child marriage?
- What are your rights related to marriage? (Answer: You have the right to marry when you are legally old enough; you have the right to choose your partner; no one can force you to marry).
- What does the Zimbabwean Constitution say about child marriage? Build on their responses and tell them that it says that:

“With effect from January 20, 2016, no person, male or female, may enter into marriage, including an un-registered customary law union or any other union including the one arising out of religion or religious rite, before attaining the age of eighteen (18) years.”

- What can we do as a group of young people about child marriage? How can we stop it?
- Would you allow your own child to be married before they are 18 years old? Why or why not?

7. Ask them if they have any questions or other comments and discuss them.

8. Ask participants to summarize the main things that they learned from this activity. Add any of the following key messages that they do not mention.

- Child marriage is any marriage of a person under the age of 18.**
- Child marriage has many serious consequences for the girl, including unfinished education, early pregnancy, health problems such as STIs, HIV, difficulties during birth that result in fistulas, death of the young mother and/or foetus or baby, intimate partner violence, divorce, financial dependence on husband, and poverty.**
- Child marriage is a violation of human rights.**
- Together we can take action to stop child marriage.**

LINKING SENTENCE

We just examined one harmful traditional practice – child marriage and forced marriage. These are not the only traditional practices that can cause harm. In the next activity, we will talk about any other traditional practices that are not good for us. .

ACTIVITY 11.3: TRADITIONAL PRACTICES: KEEP, CHANGE, OR STOP

Adapted from: Keep the best, change the rest: Participatory tools for working with communities on gender and sexuality, International HIV/AIDS Alliance.

Purpose: To identify traditional practices related to relationships, gender, sexuality and reproductive health; to analyse their effects on reproductive health; to analyse whether they are in line with human rights or not; and to discuss whether they should be kept, changed or stopped.

Objectives: By the end of the activity, participants will be able to:

- List the local traditional practices that are harmful;
- Explain why those practices are harmful;
- Identify those practices that should be changed and those which should be stopped.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Prepare three signs with the words 'Keep', 'Change' and 'Stop' in large letters.
- Write the questions in step 3 on flipchart paper.

Note to Facilitator: If you have six groups in step 2, the activity may take longer.

Steps

1. Tell the participants that this activity is about traditional practices related to relationships, sexuality and reproductive health. Ask the participants to name all of the traditional practices concerning their relationships they can think of, then those related to their sexuality, and finally those related to their reproductive health. Make a list on flipchart paper. Stop after 5 minutes or earlier. Depending on the community the participants come from, they may include some or all of the following or more – add any that are practised that they did not mention.
 - Initiation ceremonies
 - Female genital mutilation (FGM)
 - Traditional male circumcision
 - Child marriage
 - Forced marriage
 - Dry sex
 - Virginity testing
 - *Lobola* or bride price
 - Polygamy
 - Cleansing rituals
 - Nutritional taboos
 - Wife inheritance

2. Divide the participants into four groups and assign a **common practice** in the area to each group, especially those that affect young people. If there are many common practices in the area that need to be discussed, divide them into six groups. Do NOT assign groups practices that are not done in the area where they come from!

Note to Facilitator: If you have done or will do the separate activities on child marriage and/or FGM (Activities 11.2 and 11.8), do not include them. If you are not doing the activity on child marriage, then definitely include it as one of the practices they discuss during this activity.

3. Ask each group to discuss the traditional practice assigned to their group. Post the flipchart paper that you prepared with the following questions on it. Tell them that they should answer the following questions:
 - What are the benefits of the practices to individuals, families and the community?
 - What are the negative effects of the practices to individuals, families and the community?
 - How are the benefits and negative effects different for younger and older women and men?

Give them 15 minutes. Circulate among the groups while they work and help them as needed.

4. Bring people back together. Ask each group to share the key points from their discussions. After each group

shares, ask the other groups if they have anything to add and if they agree with what the group said. Add any information from the Facilitator Information below that they do not mention.

5. After all of the presentations have been done, ask:
 - What do you notice about these traditional practices?
Probing questions:
 - Which group of people benefits from them the most?
 - Which group of people is most harmed by them?
 - Do any of these practices violate human rights? Which ones? For each practice they name, ask which rights it violates.
6. Put up the 'Keep', 'Change' and 'Stop' signs you made in three different places in the room where there is space for participants to stand.
7. Tell them they will now vote with their feet about whether they think these practices should be kept, changed or stopped. Read out each of the four practices you discussed, one at a time and ask participants to stand by the sign that reflects their opinion about the practice. Ask people under each sign to explain why they are standing there and generate a discussion.

For those standing under the 'change' sign ask them how they would change the practice. Then ask if anyone wishes to move to another place. Repeat the process for each of the traditional practices the groups discussed.

Note to Facilitator: If you do not have time, ask them to vote by raising their hands for keep, change and stop (you can record the vote). Ask a couple of participants for the reasons behind their answer.

8. Ask the participants to sit down. Ask the following questions to generate further discussion:
 - Can someone summarise the general opinions of this group on these practices?
 - If a practice will hurt an individual or violate their rights, do you think they should be able to decide whether or not they want to do it?
9. Ask the participants to brainstorm a list of what they can do to reduce the practices that they think are harmful or don't agree with. Make a list of their ideas on flipchart paper. Make sure that they mention protecting their own children from those practices. If they do not, ask: What about your children? What do you want for them? Can you protect them?
10. Ask the participants to summarize the main points of the activity. Add any of the following that they don't mention.
 - Some traditional practices are harmful and need to be changed or stopped.**
 - Most of these practices harm girls and women in particular.**
 - Most of the harmful practices violate human rights.**
 - Some ways we can change the practices that we do not agree with are to try to refuse them ourselves and not to allow them to be done to our children.**

LINKING SENTENCE

We have seen that some traditional practices are harmful and violate human rights. Therefore, they need to be changed or stopped. Now we will look at other types of sexual and gender-based violence and what we can do about them.

ACTIVITY 11.4: SEXUAL AND GENDER-BASED VIOLENCE

Purpose: To define the different types of sexual and gender-based violence; to have participants examine their ideas about rape and the circumstances in which it occurs; to learn how to reduce the risk of becoming infected with HIV or becoming pregnant after a rape; and to reconsider their acceptance of violence.

Objectives: By the end of the activity, participants will be able to:

- Name and define different types of sexual and gender-based violence;
- Explain what is and is not rape;
- Discuss what to do after a rape;
- Examine their attitudes towards violence.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: Find out the laws related to violence in your country, including the laws on rape, age of consent for sex, sexual harassment and violence (including forced sex) between intimate partners, including in marriage.

Steps

1. Put up a piece of flipchart paper and write the word VIOLENCE in large letters at the centre. Ask the participants to call out any words that come to mind when they hear the word 'violence.' Write all the words that they say on the flipchart paper around the word 'violence.' Then ask them what they notice about the words.
2. Ask participants to come up with a definition of violence. Help them as necessary to come up with a definition similar to the following one and write it on flipchart paper:

Violence is any act that involves the use of some type of force or power, real or implied, that results in or is likely to result in, physical, sexual or psychological harm or suffering.

After you have a similar definition, explain it as needed. Note that violence is not always physical, it also includes threats of violence, coercion, and denying someone their freedom (for no reason) in public or in private life.

3. Tell participants to match the words with their definitions.

WORKSHEET: TYPES OF VIOLENCE	
Instructions: Write the following terms in the box next to their definition.	
Terms: Stranger rape; Gang rape; Statutory rape; Acquaintance rape; Date rape; Child sexual abuse; Sexual harassment; Intimate partner violence; Gender-based violence	
DEFINITIONS	TERM
1. Sexual contact between an adult and a minor child.	
2. When one person forces someone they know to have sexual intercourse against the person's will.	
3. Forced sexual intercourse that occurs on a date.	
4. Any violence that is motivated by gender issues, such as gender roles, expectations, limitations, including not following them.	
5. Any unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.	
6. Sexual intercourse that is forced by a stranger.	
7. Violence against a person in an intimate relationship (by informal or formal marriage or by dating) by their partner.	

8. Intercourse between an adult and someone under the age of consent (regardless of whether the younger person appeared to give consent to or not).	
9. When a person is forced to have sex with more than one person.	

4. When they have finished, go through the definitions and the answers. For each type of violence, ask the participants to give you an example.

Answers:

1. Child sexual abuse
 2. Acquaintance rape
 3. Date rape
 4. Gender-based violence
 5. Sexual harassment
 6. Stranger rape
 7. Intimate partner violence.
 8. Statutory rape
 9. Gang rape
5. Explain the following key points:
- Sexual abuse happens if a person uses manipulation, cruelty and/or violence to get another person to participate in a sexual act with them.
 - Sexual abuse is most often done by someone the victim knows.
 - Child sexual abuse includes: adults touching children; adults manipulating or coercing children into sexual acts such as touching their genitals; and taking sexual photos of children.
 - Children and adolescents below the age of consent are not mature enough to agree to take part in sexual acts. Any sexual behaviour with them is considered sexual abuse, even if they say that they agree.
 - Not all rapes are committed by men, but most rapes are committed by men against women and girls.
 - A man or woman can be raped by someone of the same sex.
6. Tell the participants that you are going to give them some situations and you want them to tell you if it is rape or not. Read the following situation:

Two young people go out and they have some drinks. He walks her back to the place where she stays. He starts to kiss her. Although she asks him to stop, he forces her to have sex.

Ask: Is this rape? (Most participants will say yes).

Now change the situation. Ask: Is it rape:

- If he had spent a lot of money on her?
- If she was wearing a sexy dress?
- If she had made him sexually excited?
- If she had let him touch her breasts?
- If they had been going out with each other for a long time?
- If she was going to have intercourse with him and then changed her mind?
- If he was so sexually excited, he felt he couldn't stop?
- If she had had sex with him before?
- If she was drunk or high?
- If he is drunk or high?

Get some discussion going about each of these circumstances. Encourage group members to give their honest responses and to avoid saying what they think is the 'right' answer. Make sure that all participants understand that it was rape in every one of those situations. It doesn't matter if she led him on, or if he spent a lot of money on her, or what she was wearing.

Note to Facilitator: If participants suggest that when a girl says 'No', she really means 'Yes', do not accept this. To prevent rape, we need to end this way of thinking. If someone says 'No', we should always take that as 'No.'

Emphasize that when a person is forced to have intercourse or to participate in sexual activity against her or his will, it is always rape or sexual assault, regardless of the circumstances.

7. Ask if there are any questions and discuss them. Then generate a discussion by asking participants the following questions:

- Do you agree or disagree with this statement: Is it important that sexual relationships be voluntary and wanted by both partners, even in marriage? Why or why not?
- Whose fault is it when someone is raped or sexually abused?
Probing question: When a crime happens, is it the fault of the criminal or the victim?

Note to Facilitator: Emphasize, if necessary, that rape is never the fault of the victim. It is always the fault of the perpetrator – the person who raped or abused. All crimes are the fault of the person who commits them, not the fault of the victim. If someone steals something from you, we don't say it is your fault that they stole it. We cannot hold the victim responsible for someone else's criminal choices and actions.

- What does the law say about these types of violence?
- How old do you have to be to consent to sex?
- What are our human rights related to violence? (Answers: The right to dignity, the right to live and to feel safe, the right not to be made a slave, the right not to be harmed or humiliated, the right to bodily integrity).
- What is the risk of STI or HIV infection when a person is raped? (Answer: The risk of STI or HIV infection is higher when a person is raped because violent sex is likely to damage the person's genitals, causing tears that make it easier for HIV to enter the person's body).
- What can a person do to reduce the chance of become infected with HIV if they are forced to have unprotected sex?

Note to Facilitator: Build on their answers and explain as needed that they should go to a clinic or a hospital as soon as possible. They can get treatment called PEP. PEP stands for post-exposure prophylaxis. It is antiretroviral medicine that reduces the chance of the person becoming positive. It is important to start taking them within three days and during one month.

- What can a woman who is raped do to reduce the chance of becoming pregnant? (Answer: She can take emergency contraception. She should take it as soon as possible).

8. Write the following statements on the flipchart: 'Young [insert nationality – e.g. South African, Namibian, Ugandan, Zimbabwean] men learn violence. Young [insert nationality] women learn to accept it.'

Ask the participants to think about the statements without talking. Then tell them to find a partner and discuss how they feel about it.

9. After 2 minutes, bring everyone back together. Generate a discussion by asking:

- What are your reactions to this statement?
- Do you agree with it? Why or why not? What do others think?
- Is violence common in your community?
- Why do you think that is the case?
- Is violence acceptable to you? Why or why not?

10. Ask participants to summarize what they learned during the activity. Add any of the following points if not mentioned.

- **Gender-based violence is any violence that is motivated by gender issues, such as gender roles, expectations, and limitations, including not following gender norms.**
- **Violence against homosexuals or people who do not fit the expected gender norm is also sexual and gender based violence.**
- **Most victims know the person who has sexually abused them.**
- **Rape is when a person is forced to have sexual intercourse or to take part in any penetrative sexual activity against their will. Other forced non-penetrative sex acts are considered sexual assault.**
- **It is important that sexual relationships be voluntary and wanted by both partners, even in marriage.**
- **Violence is a violation of human rights. Everyone has the right to live free from violence.**
- **Violence and rape are never the victim's fault. They are always the fault of the person or persons**

committing the violence or rape. No one deserves to be raped.

- ❑ Rape (or violent sex) increases the likelihood of HIV transmission.
- ❑ A person who has been raped should go to a clinic or hospital as soon as possible, and not more than within 5 days to get PEP (post-exposure prophylaxis) and emergency contraception to decrease their risk of HIV infection and unintended pregnancy as well as antibiotics to prevent some other STIs.
- ❑ We do not have to accept violence.

LINKING SENTENCE

Nothing a person says or does gives another person the right to force them into any sexual act against their will or to use violence against them. Remember that no matter what the circumstances, you have the right to choose when, with whom, and how you want to be sexual. Under no circumstances is rape the victim's fault. Nothing gives someone else permission to sexually abuse or rape you. If you are raped, get help immediately to prevent pregnancy and HIV and do not feel guilty – IT IS NOT YOUR FAULT!!



ACTIVITY 11.5: WHAT SHOULD THEY DO?

Purpose: To help participants identify and examine ways to deal with sexual and gender-based violence; to build empathy and understanding for people who experience violence; and to ensure they know where they can get help.

Objectives: By the end of the activity, participants will be able to:

- Explain what a person who has experienced sexual and gender-based violence can and should do;
- Express their attitudes and emotions towards cases of violence;
- Explain where a person who has experienced sexual and gender-based violence can go to get help in their area.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens

Preparation:

- Find out where in your community people can get help if they experience different types of violence, including rape, sexual harassment, child sexual abuse and intimate partner violence. These might include clinics or other government agencies, like child protection agencies, and NGOs.

Steps

1. Tell participants that in this activity, they are going to think about what a person who experiences violence can do about it. Divide them into four groups and give each group one of the following scenarios as follows:
Group 1: Agnes and her teacher
Group 2: Brenda and her father
Group 3: Gift and Sekai
Group 4: Danai and her husband
2. Read the instructions to the participants and ask if they have any questions. Circulate among the groups while they are working to assist them as needed.

WORKSHEET: WHAT SHOULD THEY DO?

Instructions:

- Read the scenario assigned to your group.
- Imagine that the main person in your scenario has confided in you and asked for advice on what to do.
- Use the decision-making process you learned to **list the options and their possible consequences.**
- Discuss the options and decide what you would advise the person to do.
- Prepare to share your options, the consequences, your decision and the reasons for your decision with the rest of the group.

Agnes and her teacher: Agnes is studying catering at a technical and vocational training institute. One day her business skills teacher asked her to see him after school. When she went to see him, he started asking her personal questions. She was confused about why he called her in. When he started touching her, it became clear that he was expecting her to have sex with him. She pushed him away. Then he reminded her that she needed to pass the up-coming examination to get her certificate. Angry, she grabbed her bag and ran out the door. Now she is worried that she is going to fail. What should Agnes do?

Brenda and her father: Brenda starts crying after her father leaves her room. She feels like she always does when he comes into her room and molests her - she wants to die. He has been doing this since she was only nine. She hates it and feels so dirty and disgusted with herself when he leaves. He often tells her that if she tells anyone, he will kick her out of the house. Brenda has thought about telling her mother, or running away, or even killing herself, but she has always been too scared to do anything. Now she feels like she has to do something. What should Brenda do?

Gift and Sekai: Gift wonders all the way home what he should do. Sekai forced him to have sex with her even though he had told her over and over again that he didn't want to. She said it was his fault for kissing and touching her and getting her so turned on. She said that he must want it too since he had an erection. Now he feels like he doesn't love her anymore. Instead, he feels hurt, used and betrayed. He wonders who will believe that he did not want to have sex with his beautiful girlfriend. What should Gift do?

Danai and her husband: Danai was just 15 when her parents forced her to marry Thomas, who was 35 years old. She didn't know him and didn't want to get married. She wanted to finish school, but no one listened to her: she was married. Now she stays at home, cooking and doing housework all day. When Thomas comes home, she gives him his supper and tries to please him. But so often, like tonight, he is already angry. He starts insulting her and gets more and more angry. When she tries to say something, he hits her. Now he is sleeping in the next room. She is in the bathroom, looking in the mirror. Her right eye is swollen and turning blue. What should Danai do?

3. After 15-20 minutes, when participants are done, invite each group to read their scenario and share their responses. If the group does not explain their reason for choosing the option that they chose, ask them: Why did you choose that option?

After each presentation, ask the other participants for comments and ask them if they agree with the advice the group would give. If not, why not? What do they think is a better option?

4. After all the groups have presented, ask the following questions to stimulate discussion:
 - Very often when a person is abused or experiences violence, they suffer in silence. Why do you think that is?

Probing questions: What are some of the things that they might be afraid of? (Answers: May be blamed for abuse; afraid of stigma; think they are at fault; nowhere to go; dependent on the abuser; afraid of losing support; abuser might harm them more; may not be believed; face rejection; don't know how to tell someone).

Emphasise that the abused person is **never to blame**.

- Is it different for girls and women than for boys and men who experience violence? (Answer: Because of gender roles, it can be even more difficult for boys and men to cope with violence, especially sexual violence, because they are expected to be strong, to always want sex, and not to become victims of sexual abuse or violence).
- Why is it a good idea to speak up and get help in these situations? **Probing questions:** What will happen if we do not? Do we have to accept violence in our lives?

Tell participants that it can be **very difficult** to tell others about what is happening or has happened. However, if it is a situation that is on-going, the person will continue to suffer. They need to take action to get help and get out of the violent situation as soon as they feel able to do so.

- What are some groups or NGOs that you have heard of in this area that can help someone who has experienced abuse or violence?

Add to what the participants say about where to get help for violence based on what you found out when preparing for the activity.

5. Ask participants if they have any questions and discuss them.
6. Ask participants to summarize what they learned from the activity. Add any of the following points that are not mentioned.
 - People who are being abused or who have experienced sexual or gender-based violence do not need to suffer in silence. They should try to tell someone and get help.**
 - The abused person is not to blame for the abuse; the abuser is committing a crime and is responsible for their actions.**
 - It is often not easy to admit what is happening or has happened, but keeping silent allows the situa-**

tion to continue and means that we cannot get help.

- ❑ **Survivors of sexual violence should go to a health care centre right away to get counselling and medicines to reduce the risk of STIs, HIV, and unplanned pregnancy. They should also be referred to a law enforcement officer to seek justice for the crime.**
- ❑ **We do not have to accept violence in our lives or in our communities.**

LINKING SENTENCE

When we or someone we know experiences violence, we need to show compassion and deep care. Only the person who was violated can decide what to do in the situation. However, they can get help and support and medical care if they need it.

There are some actions we can take action to prevent violence. In the next activity, we will learn about getting consent for sexual activities and communicating our expectations clearly.

FACILITATOR INFORMATION: SEXUAL VIOLENCE AGAINST MALES

Both women and men can be sexually abused and raped. Men can be raped by either women or men, but they are most often raped by other men, who force them to have anal sex. Sexual abuse and rape can be especially confusing for boys and men because their bodies may automatically react to sexual touch by getting an erection and they may also orgasm. This does not mean they are enjoying or like the abuse or rape. Because of cultural norms about masculinity, boys and men who experience sexual abuse and/or rape may be even less likely to tell anyone about it or report it than girls and women are.



ACTIVITY 11.6: SEEKING CONSENT

Purpose: To understand consent; and to practise getting consent and communicating our expectations clearly.

Objectives: By the end of the activity, participants will be able to:

- Explain what consent is;
- Discuss why getting consent is important;
- Demonstrate how to get consent in a role play;
- Demonstrate how to communicate their expectations clearly in a role play.

Time: 75 minutes

Materials needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Read one paragraph each of the two sides of the story, first Munashe and then Thandi's.

Munashe 'S SIDE OF THE STORY

When I met Thandi, we liked each other immediately. I was very happy when she agreed to come to the party on Saturday. When Thandi arrived, she looked beautiful and very sexy. She gave me a big smile. We had some drinks and were feeling great. We started dancing and I was really getting turned on especially during the slow dance when she moved her hands over my shoulders and back. It felt so good. She was giving me all the signals. I wanted to go outside to kiss and fool around, so I asked Thandi if she wanted to go outside for some fresh air. When she said 'sure', I knew that we were going to have sex that night.

We headed over to some bushes on the side of the road to be alone where no one could see us. I held her close to me and I could feel her heart beating. I began to touch her breasts and kiss and rub her body. She made a few small noises and pulled away from me a little bit, but I told her everything was just fine. I continued kissing her and she kissed me back. I pulled her down onto her knees and then lay her down on the thick grass. She asked me to wait but I thought 'What for? We don't have all night – somebody might come looking, so let's just do it as quickly as we can.' She kept repeating 'No, don't, please and wait' but I knew it was only because she didn't want me to think that she was a fast girl. That is what girls do - they pretend to put up a fight but give in at the end. So I didn't stop. Even when Thandi started crying, I knew it was all part of 'the act'. I lifted up her skirt and had sex with her.

Thandi's Side of the Story

I really liked Munashe when I met him a few months ago. I felt really glad when he invited me to a party last Saturday. At the party, he was so funny and made me laugh. I knew he liked me from the way he was looking at me. His smile made me feel warm and relaxed. After we danced for a while, Munashe asked me to go outside for some air. I hoped it would be a chance to hold hands and maybe even kiss. I felt tingly inside at the thought of kissing him. So I agreed and we went outside.

We walked a short distance and stopped near some bushes where no one could see us. Munashe and I started kissing and touching each other all over. It felt wonderful. I started feeling hot all over. We dropped down onto our knees and continued kissing and touching each other. I could feel that Munashe's penis was hard and I realized that maybe we should slow down so I asked him to wait. But he didn't listen. He said that everything was okay and I shouldn't worry, but I still thought we should cool off. I asked him to stop again but he ignored me. He put his weight on me so that I was lying down on my back. Then I got scared.

I had been enjoying what we were doing but I knew I didn't want to have sex with him yet. I kept saying no and then started to cry, but that didn't stop him. He pulled his pants down, pushed open my legs with his knees and started having sex with me. I couldn't believe that this was happening to me. I tried to push him off, but I couldn't.

2. Then ask the participants to buzz in groups of three on these questions (write them on flipchart paper):
 - What happened between Munashe and Thandi?
 - What do you think caused it? What went wrong?
 - Was it Munashe's responsibility to ask Thandi if she wanted to have sex?
 - How does this relate to real life?
3. After 10 minutes, ask them to share their responses and list key words or phrases on the flipchart. If it is not clear by the end of their responses that this is a case of rape, ask: Was is this rape? Why? (Answer: Yes, because Munashe forced Thandi to have sex).
4. Ask the group the following questions:

- What does the word 'consent' mean to you? Use their answers to come up with a definition similar to the following:

To consent means to agree to or accept what is planned or done by another; to agree to a course of action.

Explain it as needed.

- What does consent mean in a sexual situation? (Answer: That both people clearly agree to the sexual activities that they do. They also need to understand what they are agreeing to do).
 - How can a person get consent in a sexual situation?
Probing questions: How could Munashe have got consent from Thandi? (Answer: Ask the other person if they agree; i.e. Munashe could have asked Thandi if she agreed to have sex).
 - What kinds of questions could you ask? What exactly could Mpho have said? (Answer: Is it okay if I [kiss] you? Do you want to...?)
 - What should you do if they say 'no' or 'wait'? (Answer: Stop, don't do it, respect the other person's decision).
 - Should you ever think that 'no' means 'yes'? (Answer: No, never. No always means no. You can be charged with rape).
 - What should you do if you aren't sure what the person is communicating to you? (Answer: Ask again, or just don't do it).
 - What mistakes did Munashe make in the story related to consent? (Answers: He assumed that he knew what Thandi wanted so he didn't ask; he only paid attention to her body language when it agreed with what he wanted; he didn't listen to her; he didn't ask her any questions; based on gender stereotypes, he assumed that 'no' from a girl means 'yes'.)
 - Why is it important to get consent? (Answer: To avoid raping someone, to keep the relationship healthy, to show respect).
5. Divide participants into groups and ask them to turn to their workbooks. Have a participant read the instructions and ask them if they have any questions about what they should do. Circulate among the groups as they work to help them as needed.

WORKSHEET: SEEKING CONSENT & COMMUNICATING EXPECTATIONS

Instructions: Imagine that you are Munashe, if you are a boy, or Thandi, if you are a girl. Discuss with your group and agree on how you would communicate in the situation to make sure that you have consent and communicate clearly what you want. Use I-messages where appropriate to explain your feelings and what you want. Your goal is to enjoy being with your partner but not to do anything that you or your partner doesn't want to do. Discuss what you think the two of them should do and try to reach an agreement and then fill in the last block.

Munashe starts the conversation.

MPHO FEELS / SAYS ...

THANDI FEELS / SAYS ...

1. He feels Thandi responding to his kisses and touch. He starts to think about having sex. He says...	2. She says...
3. He responds...	4. She responds...
5. He responds...	6. She responds...
7. He responds...	8. She responds...
They decide... Then Munashe... And Thandi...	

6. When they have finished, ask for one male and one female volunteer to role play their dialogue in front of the rest of the group. They should sit next to each other and can hold hands, but they do not have to touch each other.
7. Tell the other participants to observe how well they are communicating and how they are using their body language. At the end of the role play, ask the observers to comment on their communication. Did they get consent to do anything they did? Probing question: Did they agree on what to do?
8. Use the same process for all of the groups.
9. Then ask if they have any questions or comments and discuss them.
10. Ask participants what they learned from the activity. Add any of the following points that are not mentioned.
 - It is important to get consent in sexual situations because it prevents misunderstandings and rape.**
 - Consent means that both people agree on what they want to do.**
 - Decide what you want to do sexually and do not act confused about it. If you aren't sure, then postpone the activity until you are sure.**
 - It is important to say clearly what you do and do not want to do – do not leave it up to the other person to guess or 'read your mind'.**
 - If you get conflicting or confusing messages, ask direct questions. Don't assume you know what the other person means.**
 - Poor communication or lack of communication causes misunderstandings that can break friendships or relationships.**
 - Not all rapes can be prevented.**

ACTIVITY 11.7: MY COMMITMENT TO MYSELF

Purpose: To select a name for the group that will give them a sense of a group identity and belonging beyond the end of the training; to discuss what they learned and how they have changed; to list all of the risks and all of the protections that they have learned about; to personalise what they have learned by developing a 'protection action plan' for themselves.

Objectives: By the end of the activity, participants will be able to:

- State the name of their training group;
- Explain the most important things that they learned from the course;
- Describe how they have changed during the course;
- Describe their plan for how they will protect themselves based on what they have learned.

Time: 60 minutes

Materials needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Tell the participants that they have reached the end of the course. Explain that they have gone through a lot together and are now a group. Sometime in the future, you may want to call them for special activities. To make it possible to do that, they need to select a group name.
2. Ask them what process they want to use to make a list of possible names. They could all brainstorm together, they could each propose a name, they could split into groups and have each group pick a name, or some other way. Allow them to decide how they want to generate a list.
3. Once they have a list of names, tell them that they will vote on their favourite names. Each person will have one vote.
 - If the list has more than five possible names, tell them that after the first vote, you will keep the top five names and they will vote again, with one name being removed after each vote, until there is only one name remaining.
 - If the list has five or fewer names, tell them that each time they vote, the name with the fewest votes will be taken off the list until only one remains.
4. Now ask them to sit in a circle. Tell them that you are going to go around the circle and each person is going to tell the others the following (write this on a piece of flipchart, where everyone can see it):
 - The two most important things you learned during the course; and
 - How you have changed because of the course.
5. After all of the participants have spoken, congratulate them on what they have learned and how they have grown and changed. Tell them that they will always be part of the [Group Name].
6. Then tell participants that you want them to recap all of the risks and all of the protections that they have learned about during the course. Ask them to brainstorm a list of all of the issues that young people face that can harm them or that can get in the way of achieving their goals. Write everything that they mention on a piece of flipchart paper labelled 'Risks to Young People'.
7. Then have them brainstorm a list of all the ways they have learned to protect themselves from those risks. Write everything that they mention on a piece of flipchart paper labelled 'Ways to Protect Ourselves.'
8. Tell the participants that they are now going to develop a prevention action plan for themselves. They will need to think about what they want to do now to protect themselves and what they will do in the future.
9. Ask them to turn to their workbooks. Read the instructions and ask them if they have any questions. Tell them it is essential to be as realistic and as honest with themselves as possible.

WORKSHEET: WHAT'S THE PLAN, MAN?

Instructions: How will *you* stay safe? Think honestly about your past and current relationship and sexual behaviour and your current situation. Identify your risks and think about your choices to protect yourself. Being as honest as possible with yourself, make your own action plan.

My Prevention Action Plan:

My risks are:

My action plan to protect myself now is to:

If your answer was abstinence or outer course, also answer this: My action plan to protect myself when I decide to have sexual intercourse is to:

My action plan to protect myself when I am in a long-term or committed relationship (like marriage) is to:

Other things I will do to reduce my risks are:

When my partner and I decide to have a baby, we will protect our baby by:

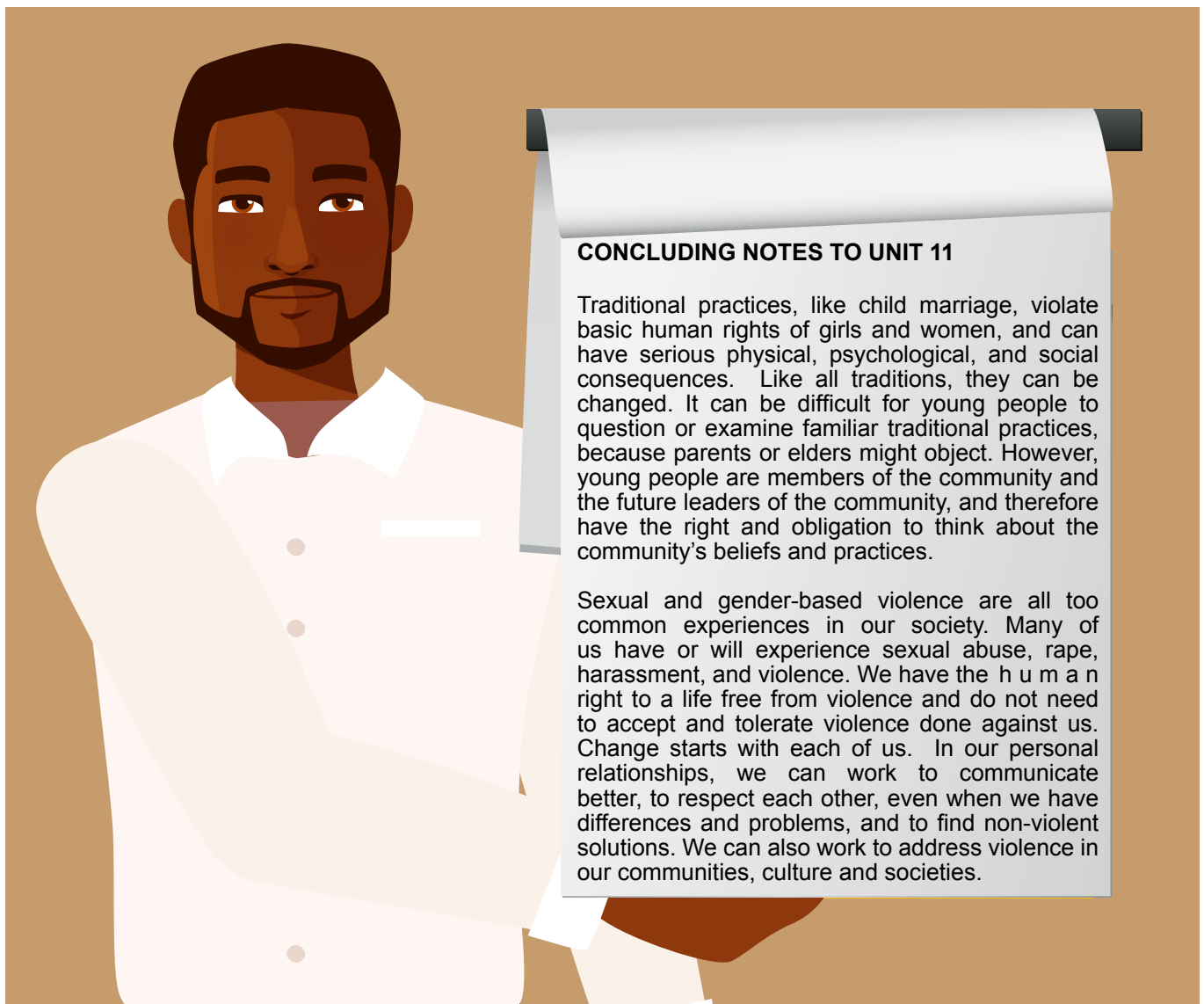
To protect my children when they are growing up, I will:

My responsibilities that I will take seriously are:

10. When they are done, call their attention to the front. Ask the following questions to generate a discussion:
- What difficulties could you have implementing your prevention action plan?
 - What will you do to avoid or cope with those difficulties?
Probing questions: Is there anything you need to learn? Is there anyone who can help you? Can you practice to get more confidence?
 - Is prevention different in a committed relationship than in a new relationship? Why or why not?
Note to Facilitator: Remind participants, if necessary, that the best protection in a new or old relationship is to use condoms every time you have sex.
 - Who wants to share what they will do when they want to get pregnant to protect their baby?
 - Do your parents talk to you about sexuality, relationships, HIV, pregnancy or violence? If so, what do they say?
 - What do you want to do when you are a parent?
Probing questions: Will you talk to your children? What will you tell them?
 - Why do you think it is important to talk to your children?

- Do you have any final questions?
11. Tell participants that they have come to the end of the course. Have everyone stand in a circle and hold hands. Go around the circle and ask each participant to say one word that reflects how they feel about the experience they had together. Tell them that everyone should come up with a new word.
 12. When they have all spoken, thank them for their participation. And share any thoughts or feelings you have about having worked with them.

Note to Facilitator: If you have planned a closing ceremony or have certificates to give to the participants, do it now.



CONCLUDING NOTES TO UNIT 11

Traditional practices, like child marriage, violate basic human rights of girls and women, and can have serious physical, psychological, and social consequences. Like all traditions, they can be changed. It can be difficult for young people to question or examine familiar traditional practices, because parents or elders might object. However, young people are members of the community and the future leaders of the community, and therefore have the right and obligation to think about the community's beliefs and practices.

Sexual and gender-based violence are all too common experiences in our society. Many of us have or will experience sexual abuse, rape, harassment, and violence. We have the human right to a life free from violence and do not need to accept and tolerate violence done against us. Change starts with each of us. In our personal relationships, we can work to communicate better, to respect each other, even when we have differences and problems, and to find non-violent solutions. We can also work to address violence in our communities, culture and societies.

ANNEX 1: OPTIONAL ADVOCACY ACTIVITIES

PURPOSE AND OBJECTIVES

These two optional activities aim to help participants to think about how they can advocate for the rights of young people and for change in their communities.

By the end of these activities, participants should be able to:

- Describe one issue that affects youth that is important to them that they would like to work to change.

ACTIVITIES

Understanding Advocacy	45 minutes
Advocating for Youth Issues	45 minutes

1 hour and 30 minutes

ACTIVITY 1: UNDERSTANDING ADVOCACY

Purpose: To discuss how they can share what they have learned with other young people; to understand what advocacy means; and to identify how young people can get involved in advocacy

Objectives: By the end of the activity, participants will be able to:

- Explain what advocacy is;
- Describe the reasons to advocate on issues important to young people;
- Discuss what issue they want to advocate on and why.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens

Preparation: None

Steps

1. Tell participants that this activity is about how we can use what we have learned to benefit other young people and to work for change in our own communities. To start the conversation, ask them: How can you share what you have learned during this course with others? List all of their ideas on flipchart paper.
2. Then write the word 'ADVOCACY' on a new piece of flipchart paper and ask participants to share what they know or understand by this word.
3. Explain that advocacy has different meanings in different situations, but the meaning that we are going to talk about is 'to influence behaviour and change attitudes by standing up for an issue'.
4. Ask two participants to read the two scenarios aloud to the group:

CASE STUDIES FOR ADVOCACY

A teenage girl went to the local clinic in her village to ask for information about contraception. The nursing sister told her that she was too young to ask for such information; that young girls her age who want contraception are promoting promiscuity. She said that she should just concentrate on her Bible studies. She did not give the girl any information and sent her away

A boy went to the health clinic because he suspected he had an STI. The sister there shouted at him while she treated him and told him that a boy his age has no business having sex. She said, 'It's people like you who are spreading HIV'. When he was leaving she told him very loudly to make sure and use a condom so that he doesn't infect others. The boy was embarrassed because everyone heard what she said.

5. Divide participants into three groups and give each group one of the following questions:
 - What is wrong in both scenarios?
 - In each scenario, what could the boy or girl do?
 - What could others do to help them?
6. Bring them back together and have each group share their responses. Then discuss them with the whole group.
7. Explain the following to the participants:

Advocacy means speaking up about issues that are important, standing up for our own and others rights, and pushing for positive change.

Some ways to do this are:

- Drawing the community's attention to an issue that needs to be changed;
- Increasing people's understanding of the issue;
- Working to change people's attitudes towards the issue to get their support for the change you want.
- Proposing alternatives and solutions, including proposing new policies or laws.

Advocacy involves working with other people and organizations to achieve a change. It sometimes includes influencing decision-makers to support the solution you want.

Before advocating for something, it is important to know the facts about your issue.

8. Ask them: Why would we advocate for a cause or issue that is important to young people? What would we want to achieve?

Note to Facilitator: Use a specific cause if they have difficulty.

Add any of the following responses that they do not mention:

- To improve the lives of young people
- To help other youth, family, community and policy makers to understand the issues facing youth;
- To build support for that cause or issue;
- To influence others to support it by developing programmes;
- To change legislation that affects youth.

9. Ask if they have any questions or comments and discuss them. Tell them that successful advocacy depends on a full understanding of the issue, the different points of view that people have about it, and the strategies that can be used to address the issues. It also requires passion and commitment from those advocating for change.
10. Ask participants to discuss briefly:
 - What is a youth issue that is important to you that you would like to see change?
 - What role can you play as an advocate for that issue in your family and in your community?
11. Ask participants to summarize the main points of the activity. Add any of the following points that are not mentioned.
 - Advocacy is about challenging the way things are to bring about positive change;**
 - Advocacy addresses an issue – not a person.**
 - Young people have to stand up for their own and others' rights.**

LINKING SENTENCE

Standing up for issues you feel strongly about is a real challenge. It is not always easy, as you have to believe in what you're saying yourself and convince people to listen to what you have to say. It is important that you know your facts and are able to put them across convincingly.

You may also face the situation where elders and other adults think that you are behaving badly or are a troublemaker. If you believe strongly in your cause, you will be strong enough to stand up against opposition.

ACTIVITY 2: ADVOCATING FOR YOUTH ISSUES

Purpose: To identify what issues young people can advocate for and discuss ways to do this.

Objectives: By the end of the activity, participants will be able to:

- Explain what issues affecting young people they would like to advocate for;
- Describe how they would advocate on that issue.

Time: 45 minutes

Materials needed: Flipchart paper, marker pens, tape and scissors or glue

Preparation: None

Steps

1. Have participants brainstorm the youth issues that they think they should advocate to change and write these on flipchart paper. If any of the following issues have not been mentioned, ask them if they are relevant and if they should be added to the list:
 - Child marriage
 - Not allowing pregnant girls to return to school after giving birth
 - Providing equal opportunities for both boys and girls at home, in school and in the community
 - Traditional harmful practises, such as FGM, forced marriage, or bride price
 - Sexual and gender-based violence
2. Have participants discuss and try to agree on a list that they accept as issues that young people can and should advocate to change.
3. Ask participants to complete the activity below.

WORKSHEET: PERSONAL ADVOCACY PLAN OF ACTION

Choose one of the youth issues listed on flipchart paper that you feel strongly about and would advocate for.

Write it here:

Answer the following questions

1. What I can do myself:

2. What I can do within my family.

3. What I can do in the community.

4. When participants are finished ask a few to share their plans. Encourage general discussion by asking others for their feedback and comments on those plans.
5. Ask them: Who is responsible for improving our lives and the lives of other young people in our communities?
6. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned.
 - ❑ **Each one of us can advocate for some issue we feel strongly about.**
 - ❑ **No matter how small our efforts, we each have a role to play.**
 - ❑ **Start with where you are – family and friends are easy to reach and, most likely, it will be easier to get them to listen to you.**
 - ❑ **You can also join a group that is working on the issue and contribute to their efforts.**

ANNEX 2: SAMPLE QUESTIONNAIRES

PRE-PROGRAMME QUESTIONNAIRE

Name: _____

Address: _____

1. What do you do? Circle one:
 - a. Employed
 - b. Other (describe): _____
 2. Why did you decide to come to this programme?
 3. What do you understand by 'sexuality education'?
 4. What do you expect to learn during this programme?
 5. What fears, if any, do you have about participating in this programme?
 6. Have you ever participated in a programme on sexuality before?
Circle one.
Yes No
- If yes, where? _____
- When? _____
7. What did you learn during that course?

Note: For low-literate groups, write questions 2-7 on flipchart paper and take collective answers in an open session.

PRE/ POST TEST EVALUATION

Here is a sample of a questionnaire that can be used as both a pre- and post-test evaluation. It can be modified to suit respective groups. Make enough copies to give to the learners before you begin the workshop and again at the end of the workshop. Be sure to discuss the results with the participants so that they can see their own growth or improvement.

INSTRUCTIONS: Circle the letter of the one correct response.

- Which of the following body fluids does not spread HIV?
 - Blood
 - Sweat
 - Semen
 - Vaginal secretions
- Which of the following points about how to use condoms is the least important?
 - Check the expiration date or date of manufacture before opening the condom.
 - Put some lubricant in the inside tip of the condom before putting it on to increase the feeling for the man.
 - Pinch the tip of the condom before rolling it onto the penis.
 - Hold the condom onto the base of the penis before pulling out of the vagina.
- Which one is the most common way that HIV is transmitted?
 - Sharing needles with a person who has HIV
 - An HIV- positive mother breast feeding her baby
 - Unprotected sex with a person who has HIV
 - Donating blood
- Which is the most effective way to protect yourself from sexually transmitted infections?
 - Using herbs
 - Having only one sexual partner
 - Using condoms correctly and consistently
 - Not having sexual intercourse
- Gender role stereotypes:
 - Only harm girls and women
 - Come from biological differences between males and females
 - Limit the potential of all people to live full lives
 - Don't change.
- Using alcohol can lead to:
 - Getting into accidents
 - Blackouts
 - Having unprotected sex
 - All of the above
- Three of the following are things you can do to protect yourself when you use social media. Which one is not very helpful?
 - Consider everything that you post on line to be permanent, like a tattoo.
 - Don't use any social media.
 - Don't send sexy or naked pictures of yourself to anyone
 - Don't meet people you only know from the internet alone.
- Which contraceptive method or methods are most effective to prevent an unintended pregnancy and STIs?
 - Oral contraceptives (the pill) and condoms
 - Condoms alone
 - Spermicide and condoms
 - Emergency contraception
- The most likely time a girl or woman can get pregnant is:
 - Around the fifth day of her period
 - Immediately after her period
 - Just before her period
 - It depends on her menstrual cycle.

10. Which of the following is your human right?
- a. Dignity
 - b. Health
 - c. Equality
 - d. All of the above

DAILY EVALUATION

Day: _____

Today the most important things I learned or realized were:

What were the best activities today? Why?

What were the worst activities today? Why?

I would like to know more about:

Questions I have, are:

POST-PROGRAMME EVALUATION

Please answer the questions below as honestly as possible. You do not have to write your name on the sheet.

1. What is one thing you liked about the programme?
2. What is one thing about the programme that you were not happy with?
3. What new knowledge did you learn during this programme?
4. How are you going to use this knowledge?
5. What new skills did you learn during this programme?
6. How are you going to use these skills?
7. What influence has this programme had on your behaviour?

THANK YOU!!

(Footnotes)

1 See data below or check for new data on the internet. If there are data for your country listed, you may want to share them with your participants.

2 Maseko, Nomsa (2014). *Zambian child bride: 'I was forced to marry a stranger'* BBC News, Chibombo, Zambia. Available at <http://www.bbc.com/news/world-africa-28401068> [accessed 31 August 2015].

