

ADOLESCENT REPRODUCTIVE HEALTH

TRAINING MANUAL



Secretariat of the Pacific Community



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Finally, our appreciation also goes to Dr Rufina Latu, the Adolescent Reproductive Health Adviser who despite an extremely busy schedule still found time to lead the development of this manual.

It is my sincere hope, that this manual will become a very useful companion and a simple 'ready reference' for our young people, health workers and others who seek to educate themselves or their friends about Adolescent Reproductive Health.

Dr Jimmie Rodgers
Senior Deputy Director General

FOREWORD

This resource manual was developed to assist educators and service providers in delivering accurate and culturally relevant information on reproductive health to adolescents. It forms part of a comprehensive Adolescent Reproductive Health (ARH) project funded by the UNFPA and implemented by the Secretariat of the Pacific Community (SPC) in nine Pacific Island countries – Federated States of Micronesia; Fiji; Kiribati; Marshall Islands; Samoa; Solomon Islands; Tonga; Tuvalu and Vanuatu.

The project aims to safeguard the reproductive health of adolescents in the region by providing relevant and appropriate information, education and services. Research in the region shows that both services and information/educational resources in adolescent reproductive health are scarce and limited. The manual was developed in recognition of the growing need to increase access to reproductive health information for adolescents.

Having clear, accurate and adequate knowledge will empower young people to make responsible and wise decisions in matters relating to sexuality and reproductive health. We have a responsibility to protect them from reproductive health problems such as teenage pregnancy and sexually transmitted infections (STIs). These are preventable if adolescents have access to information, education, counselling and services.

Most young people receive little or no sexuality education. Much of the information they receive is obtained from their peers and increasingly through TV, magazines and other media, and is often misleading and inaccurate. Many parents are uneasy talking to their children about sexuality. They themselves often lack the correct information to feel comfortable talking about these topics. Reproductive health can be a sensitive and difficult subject to discuss. Traditional beliefs, cultural taboos and religious values often prevent open discussion about the subject.

It is with great hope that the wide use of this resource manual will help to make information and knowledge more easily accessible to our young people.

A key feature of this ARH manual is the participatory manner in which it was developed. Mr Peter Chown, a psychologist and educator, was contracted as consultant to work with SPC and the participating countries in the development of the manual over a four-month period. Consultations on the relevant issues to be included in the manual were made

with the country ARH coordinators, health workers and young people themselves. Hence, selection of topics in the manual is also a reflection of consultations with different groups.

Workshops, meetings and focus group discussions were held with key stakeholders, including young people, to identify topics and methodology for the manual. The manual was then field tested in the nine countries to ensure its cultural and educational relevance. The resulting product is one that can be used by service providers, teachers, health workers, counsellors and youth workers involved in educating young people.

The manual covers a comprehensive range of ARH topics, including growth and development, adolescent sexuality, teenage pregnancy, STIs, HIV/AIDS, drug and alcohol use and sexual abuse. It also contains a variety of activities to teach young people important life skills, such as decision-making, communication and risk assessment, for protecting their reproductive health and ensuring safe and healthy relationships.

It is our hope that this manual, and the accompanying resources developed with it, will provide an opportunity for communities to work together to educate and protect the reproductive health of our young people.

Young people are our most valuable resource. They may represent 30% of the population, but they are 100% of the future.

We are indebted to Mr Peter Chown and all the people involved in developing this important resource for young people. We are also indebted to UNFPA for funding the ARH project under which this manual became a reality.



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INTRODUCTION

This resource manual is a guide for educators conducting reproductive health education with adolescent boys and girls aged 12–24 years.

The purpose of the manual is to provide adolescents with accurate information about reproductive health, in order to:

- increase their understanding of the changes associated with adolescence and their reproductive health
- provide adolescents with knowledge and skills for preventing unplanned pregnancies, and sexually transmitted infections (STIs), including HIV/AIDS
- teach life skills for making responsible decisions about relationships, for identifying risks and consequences of sexual behaviour and for resisting pressure to engage in unwanted or unprotected sexual activity
- provide a resource for educators in implementing ARH programs and activities.

The Need for Adolescent Reproductive Health (ARH)

Adolescents are a particularly vulnerable population because of their age, lack of knowledge, skills and access to appropriate services. We now have the largest population of adolescents in history, with nearly half the world's population under the age of 25. The incidence of ARH problems is growing worldwide. Some reproductive health problems are more prevalent in adolescents than in any other age group:

- Each year 15 million girls aged 15–19 years have babies – more than 10% of all births worldwide are to adolescents
- Between 2 and 4.4 million adolescents in developing countries have abortions each year – most are unsafe and illegal
- Each year more than 1 out of 20 adolescents gets a curable STI
- Nearly 70% of all new STIs occur in young people 15 – 24 years old
- More than half of all new HIV infections occur in young people under 25
- Sexual abuse of young people is increasing worldwide

ARH problems are also growing in the Pacific. Research shows an increase in unplanned teenage pregnancies, STIs, and sexual violence among adolescents. There has also been a marked increase in social problems among adolescents which increase the risk of ARH problems. These include alcohol and drug use, casual and commercial sex, sexual abuse and increased numbers of street children. See reference (1) at the end of this introduction.

Making ARH Education Effective

There is now considerable evidence that ARH education is effective in:

- delaying the onset of sexual activity
- protecting against unplanned pregnancy and STIs
- influencing adolescents to adopt safer sexual practices and use contraceptive methods

However, research has shown that in order for ARH education to be effective, it must be comprehensive. See reference (2) at the end of this introduction. Information alone is not sufficient to promote behavior change. ARH education must address attitudes and behaviour, and teach new skills. In order to be effective ARH education must:

- Provide clear and accurate information on:
 - reproductive anatomy and development
 - the risks of unprotected sexual activity
- Teach life skills (such as communication; planning ahead; decision-making) for:
 - dealing with peer and social pressure to engage in unsafe sexual activity
 - identifying risks and protecting themselves from RH problems
- Provide participants with opportunities to practice and apply these skills
- Personalise the risks – that is, young people learn to recognise that these risks apply to them and how they personally may be at risk
- Address the influence of the media, peers and culture on sexual behaviour and decision making
- Provide information about methods of protection from reproductive health problems – including contraception and safer sex practices
- Use a variety of educational methods such as participatory education, role playing, problem solving and discussion of realistic situations
- Reinforce values and norms that support abstinence or safer sexual practices
- Discuss the availability of ARH services and resources

Who is this Manual for?

The manual is for use by educators of different backgrounds working with young people. This includes youth workers, health care providers, community workers, health educators, teachers, counsellors and peer educators. It can be used in a variety of settings – community groups; health services; schools; church groups.

Key Principles Underlying this Manual

1. *A Holistic Approach*

While the focus of the manual is on reproductive health, in order to work effectively with adolescents, it is important to take a holistic approach. We need to understand adolescent developmental issues and see ARH within the broader social, cultural and environmental context.

Educating young people about reproductive health is primarily about educating them as a person first and foremost. By assisting them to grow as a whole person, we can foster their psychosocial, moral and spiritual development, and provide them with the skills for dealing with challenges of growing up and having a responsible and safe approach to sexual behaviour.

2. *Understanding Adolescence*

- Adolescence is the period of transition between childhood and adulthood. It starts with the onset of puberty. It is a period of rapid developmental changes – physical, psychological, social and behavioural – leading to the development of a mature, individual personality
- The definition and duration of adolescence varies in different cultures. This manual focuses on the age group 12–24 years
- Adolescents have different concerns and needs according to their age and stage of development. Young peoples' reproductive health needs vary according to:
 - different cultural backgrounds
 - different education levels

- different ages and sexual experience
- different sexual orientations – heterosexual, homosexual, bisexual
- marital status (married / unmarried)
- During adolescence the young person faces a number of developmental tasks in their growth towards maturity and independence. The major tasks are:
 - Accepting the biological and developmental changes of puberty
 - Forming a secure and positive individual identity
 - Becoming independent from parents and other adults
 - Developing a sexual identity
 - Finding a vocation and achieving economic independence
- It is useful to see adolescence in terms of three stages:
 - Early Adolescence (12–14 years)
 - Starts with the onset of puberty – involves rapid physical changes
 - Major tasks – coming to terms with bodily changes
 - Main concerns – delayed onset of puberty; anxieties about body image and changes; comparison with peers
 - Central question – “Am I normal?”
 - Middle Adolescence (15–17 years)
 - Increasing importance of sexuality and sexual identity
 - Risk-taking and experimentation
 - Major tasks – establishment of individual identity; balancing demands of family and peers
 - Main concerns – acceptance by peer group; more family conflicts as young person begins to assert own identity and independence; strong need for privacy
 - Central question – “Who am I?”
 - Late Adolescence (18+ years)
 - More independent sense of self
 - Clearer sexual, moral and vocational identity
 - Major tasks – developing a positive, stable adult identity; identifying educational and vocational goals
 - Main concerns – assuming responsibility for their future lives; achieving economic independence; developing intimate relationships
 - Central question – “What is my place in the world?”

3. Sexual Development

- Adolescence is the period when sexual identity develops. Boys and girls begin to experience sexual feelings and they become naturally curious about sexuality
- Sexual drives can be very strong as the body develops into sexual maturity and young people become capable of reproducing
- Adolescence is also a time of experimentation and risk-taking as young people test out their developing identity and independence
- Young people need information and skills to protect themselves from these risks

4. The Role of Culture and Values

- Sexuality and reproductive health behaviour are strongly shaped by cultural practices, traditional beliefs, family background religious values
- When conducting ARH education it is important to assist young people to identify and discuss the influence of cultural attitudes and beliefs on their sexual behaviour and attitudes towards relationships
- Cultural values and beliefs may act as barriers to young people adopting safe

sexual and reproductive health practices (for example, if the use of condoms is discouraged within a community)

- At the same time, the young person’s culture can provide a strong source of support and identity, and reinforce values that help to protect them against reproductive health problems
- Research into adolescent sexual and reproductive health in the Pacific has identified a number of key cultural issues that need to be addressed. See reference (3) at the end of this introduction:
 - male attitudes towards women and lack of responsibility for sexual behaviour
 - gender roles which prevent young women, in particular, from taking control of their reproductive health, and which give more of the decision-making power to men
 - attitudes towards adolescent pregnancy – in some countries, cultural norms support early pregnancy, in others it is stigmatised

5. Gender Awareness

- Gender refers to the different roles taken by males and females, as determined by the particular society and culture in which they live
- Gender affects expectations the society has regarding the reproductive health behaviour of young people
- Boys and girls receive different messages about reproductive health behaviour because of their gender – such as their responsibility for contraception and unplanned pregnancy
- It is important to address gender issues when conducting ARH education
 - especially to emphasize that reproductive health is a shared responsibility between young men and women
- It is also important to encourage male responsibility and involvement for reproductive health. Often, young men do not consider reproductive health issues until they have an RH problem, such as an STI

6. Understanding Sexual Diversity

ARH educators need to recognise that young people may be unsure about their sexual identity, and that some young people identify themselves as homosexual (gay), bisexual, or lesbian. Research shows that gay and lesbian young people often:

- feel isolated and lack support
- experience harassment and violence
- lack access to correct information on sexual health
- have higher rates of depression and suicide.

Consequently, gay and lesbian young people may be at higher risk of reproductive health and other psychosocial problems. It is important to consider the needs of gay and lesbian young people when providing information and education on ARH.

7. A Life Skills Approach

This manual focuses on teaching young people life skills as the key to protecting their reproductive health. Research shows that ARH education is more effective when young people are taught life skills to help them make safe and healthy choices, and to develop healthy relationships.

Life skills are personal and social skills that enable a young person to cope with the everyday of problems of life and to respond positively to challenges to their reproductive health.

The World Health Organization (WHO) says that, in order to protect their reproductive health, young people need the skills to:

- make sound decisions about relationships and sexuality and stand up for those decisions
- resist pressures for unwanted sex or substance use
- recognise a situation that might turn risky or violent, and be able to plan ahead
- know how to negotiate protected sex and other forms of safer sex when ready for sexual relationships
- know how and where to ask for help and support

WHO identified the following main life skills that adolescents need to develop:

- decision making
- problem solving
- creative and critical thinking
- communication and relationship skills
- self-awareness
- coping with emotions
- coping with stress

Educating adolescents in life skills involves:

- raising awareness about their attitudes and values to enable them to take more responsibility for their reproductive health by making healthy choices
- teaching new skills and behaviours to protect them from reproductive health problems

Activities such as role playing are used to teach skills such as saying no and assertive communication. Practising skills, rather than relying solely on giving information, is a key element of the life skills approach.

Many of the activities in this manual allow participants to identify risk behaviours and risky situations to which young people are often exposed. Teaching people life skills helps them to develop protective behaviours for reducing these risks.

How to Use This Manual

1. Format of the Manual

This manual consists of 14 sessions on different ARH topics. Each session takes approximately 2 hours to complete. Each session follows on from the other and builds on the previous session. However, the sessions can be reorganised and adapted to suit the needs of individual groups.

The manual can be used to conduct a 14-session program in weekly meetings or more frequently. It can also be used to conduct one-off education sessions on specific topics – e.g. on HIV/AIDs; Preventing Pregnancy; or Risky Behaviour.

The activities of the manual can also be adapted to conduct training sessions with community workers, educators, service providers, parents and peer educators.

Each session follows the same format, consisting of:

- **Key Life Skills** – the life skills that will be covered in that session
- **Learning Objectives** – what the participants will have gained by the end of the session in terms of increased knowledge, improved skills and changed attitudes
- **Group Energiser** – each session starts with a game or icebreaker to help energise the group and provide a fun way for them to get know each other. Energisers should be used at different times during the session to keep the group motivated

- **Materials Needed** – these are the materials needed to help you conduct the session such as paper, pens, flipchart, handouts and contraceptives.

Note: The activities have been designed so that they can be conducted without the materials if the facilitator cannot obtain the required materials

- **Topic** – this identifies each of the sub-topics that is covered within that particular session
- **Time Needed** – indicates how much time is required to cover the activities in each sub-topic.

Note: The time allocated for each topic is a guide only. You may wish to spend more or less time on a particular activity according to the needs of the group you are working with.

- **Activity** – this describes the particular learning activities in each sub-topic and the steps involved in conducting the activity. You may wish to include other learning activities that you are familiar with. Each activity includes discussion issues and questions
- **Key Messages** – these are short statements of the key messages that participants should take with them from the activities of the session
- **Key Information** – these are summaries of the main information covered in each topic. This is intended as a resource for the educator to assist in conducting the session and answering questions

2. Planning Your Education Program

Before commencing your program, it is important to plan ahead and ensure that all practical arrangements are made for the education session. For example:

- find out who will be in the group:
 - the ages of participants
 - how many boys / girls
 - overall number of participants

Note: The activities in the manual work best in small group situations. Where possible it is best to conduct your session with less than 20 participants.

- organise a suitable meeting place to conduct the session – the room should be large enough to hold the number of people and should have some privacy
- organise the materials and resources needed for each session
- find out if there are specific issues that need to be covered in that particular community
 - e.g. teen pregnancies or drug or alcohol use
- organise for guest speakers to come and talk on a particular topic where available
 - for example, a nurse or doctor could present some information on contraception or STIs
- if possible, provide some refreshments for the participants
- find out what services and ARH resources are available in the community for young people

3. Preparing Your Session

Prepare each education session in advance:

- assess the needs of the group and plan suitable activities – adapt the program to suit the needs of your group. Some activities may be more suitable for a younger age group; while others may be more suited to older adolescents
- be clear about the learning objectives of each session and what you want to achieve in the session

- read the **Activities** and **Key Information** for your topic prior to the session, so that you are prepared for conducting the activities and answering questions

4. **Roles and Responsibilities of the Educator**

Adolescent reproductive health is a sensitive and difficult topic. Educators working with young people need to:

- have a good understanding of adolescent development
- have a good knowledge of reproductive health
- be comfortable discussing issues of sexuality and reproductive health
- be able to communicate well with young people

Your role as an educator is to create a safe learning environment for young people where they feel free to discuss issues of reproductive health and sexuality. To do this, you need to be aware of your own values and attitudes about reproductive health and sexuality. It is important to adopt a non-judgemental approach to discussing these issues and providing information to the group.

The educator has the following responsibilities:

- promote an atmosphere of honesty and trust in the group
- respect participants' opinions and listen to them
- encourage open discussion and acceptance of different opinions
- ensure that activities run on time
- ensure that the information you give out is accurate – if you don't know the answer to a particular question, say so, and attempt to find out the correct information
- be a role model for participants – model appropriate values and behaviour, such as being non-judgemental, listening and respecting others' opinions

Teaching Strategies

The activities in this manual are based on the use of participatory education methods. Participatory methods encourage the active involvement of group members in learning by sharing information and experiences, and practising new skills. The activities in the manual are mainly experiential. That is, they involve the participants in doing various tasks and activities. In this way, they learn by doing, rather than simply getting a lecture from the educator.

Example: If you are discussing how to use condoms, you can tell the participants how to use a condom correctly. However, they will learn more effectively if they have an opportunity to practise using a condom – by rolling it onto a penis model.

1. **Participatory Education Methods**

According to education theory we retain:

- 20% of what we hear
- 40% of what we see
- 80% of what we discover for ourselves

Participatory methods are based on the following learning principles:

- participants sharing and learning from their own personal experience
- active involvement of the learner
- practical application – the opportunity to see how the information applies to their life
- practice and reinforcement – providing opportunities to practise and apply new skills

Some participatory education methods used in this manual are:

- group work
- role-plays
- brainstorming
- case studies
- games
- quizzes
- debates

2. **Different Learning Styles**

People learn through a variety of different ways. The manual provides activities for the three main ways that people learn – seeing, hearing, and doing. Most people learn through one sense more than another. However, at times we all learn through a combination of all three ways. Use a variety of teaching techniques and activities to cover participants' different learning styles. Examples are:

1. Visual (Seeing)

- posters, charts, diagrams
- visual displays
- booklets, handouts
- films

2. Auditory (Hearing)

- question and answer sessions
- lectures and stories
- audio tapes
- discussion in pairs or groups

3. Doing (Kinaesthetic)

- team activities
- hands-on experience
- role plays
- games

3. **Guidelines for Group Education**

Group education allows participants to exchange ideas, develop new skills, learn how to work together and cooperate. However, young people are often shy and nervous about participating in a group, and may be embarrassed to talk about sensitive topics.

The following ideas will help stimulate group discussion and active participation:

- reassure participants that any discussion in the group will be kept confidential
- give your full attention to the group and listen carefully to what is being said
- ask participants to respect and listen to each other
- encourage participants who are quiet to express their opinions
- when presenting factual information – such as the functions of the reproductive organs – use visual aids (such as the flipchart or diagrams) to illustrate what you are saying
- use a variety of teaching methods such as discussion, presentations, role-plays, quizzes and debates
- use games to relax participants and help them get to know each other
- encourage participants to ask questions about any topic
- divide the large group into smaller groups for different activities – give them a topic to discuss or set them a task

4. **Communication Skills**

The most effective way for the educator to encourage group participation and discussion is through the use of communication skills. Effective communication includes what we say both verbally and non-verbally, and how we listen.

Communication is a two-way process. The educator must pay attention both to what he/she is communicating to the group and to the messages that group members are communicating. The following are some verbal and non-verbal communication skills that will help the group to run smoothly.

Verbal Skills

- **Active listening involves:**

- listening to the words and the feelings that a person is communicating
- not interrupting the person when they are speaking
- checking that you have understood the meaning of what the person has said by restating it in your own words
- asking for more information (e.g. "Can you say more about that?" or "Can you give me an example?")
- asking the participants to summarise a topic in their own words to check if they have understood it

- **Asking questions**

- use open-ended questions to get more information and encourage discussion such as:
"What do you think about...?"; "Why do you think young people do that?";
"How could she change that situation.....?"

- **Summarising**

- from time to time, and at the end of a discussion, summarise the main points that the speaker is making, or that the group has discussed

Non-Verbal Skills

Your non-verbal communication shows the participants that you are supportive and listening to them

- **Body language**

- show attentive body language
- face speakers when they are talking
- have a relaxed and open body posture
- offer good eye contact, but do not stare
- react to what participants are saying by nodding, smiling and showing interest

- **Pay attention to participants' non-verbal communication**

- notice their body posture; tone of voice and facial expression
- notice participants who are quiet or uncomfortable and gently encourage their participation by asking them questions or asking them to assist you with a task

5. **Using Participatory Methods**

Role Plays

Role plays are a very effective teaching strategy for exploring problem situations and developing skills. In role plays participants act out real-life situations that young people often face. It is often easier for people to express their own ideas and feelings through playing the role of another person's character.

You can use role plays to demonstrate and practise new behaviours such as communication skills, assertiveness and refusal skills.

Role plays allow participants to practise situations before they face them in real life – for example, a role play may look at how to say no to sex or talk to a partner about using a condom. It also allows them to experience the social pressures that young people may face to engage in unsafe behaviours and sexual practices, and to practise new behaviours for resisting those pressures.

Steps for Role Plays

In order for role playing to be effective, it is important to go through the following steps:

Step 1 – Preparation

- Identify the situation to be used for the role play. A number of scenarios are given in the manual which can be used as the basis for a role play. As the group becomes familiar with role playing, participants can also make up their own scenarios with the educator. It helps to give participants a copy of the scenario if available
- Identify the characters in the role play and decide who will play them – you can ask for volunteers to conduct the role play in front of the whole group or you can divide into smaller groups, with different people playing the characters in each group
- If participants have never tried role-playing before, it may take them a while to lose their shyness and play someone else's character – games can help to warm participants up before a role-play

Step 2 – Devising the Role Play

- Provide the participants with some time to discuss and prepare their role play. If a group is going to perform a role play in front of the whole group, it is good to give them time to briefly rehearse
- Prepare the stage – use chairs or other props to help make the role play as realistic as possible
- Before starting the role play, set some ground rules with the group:
 - the audience should not interrupt the role play, call out, or make fun of the role players
 - ask those not playing roles to act as observers and give feedback after the play

Step 3 – Acting the Role Play

- Ask the participants to perform the role play
- Keep it brief – usually 3–5 minutes should be enough
- Make sure that participants use the character's name and not their own
- If role plays are happening in different groups at the same time, walk around the room observing the groups, making sure that the role plays are running smoothly

Step 4 – Feedback and Discussion

- After the role play is finished, ask the audience for feedback on their reactions to what they saw happening in the role play and their reactions to the different characters being portrayed. Asking specific questions helps to stimulate discussion in the group:

- What did you learn from this role play?
- How were the role plays similar or not similar to real life?
- What were the feelings and attitudes expressed by each character (use the name of the character – Michael; Jane etc.)?
- What were the main problems each character faced?
- What decisions did each character have to make?
- What options were there for the characters?
- What were the consequences of their behaviour / decisions?
- What could the characters do differently next time?
- Relate the discussion back to the specific topic being covered. Ask the participants to think about how they might deal with this situation if they faced it themselves in real life

Step 5 – Debriefing

- It is important to ‘de-role’ or debrief the role players after the role play is finished – this means that the participants leave their role behind and return to being themselves
- Give the role players positive feedback about what they did
- The best way to debrief participants is to ask them questions about the character that they played (when doing this, it is good to address them by their real name)
- Some questions to help them de-role are:
 - What did you learn about the character you were playing?
 - What kind of person was he / she?
 - Why did your character say the things / act the way they did?
 - What would you do differently from your character in this situation?

Step 6 – Re-enactment

- Sometimes it is useful to repeat the role play after the group discussion. This time, however, the characters use the skills that you have been practising or talking about in order to deal with the problem better or communicate more effectively
- You can ask for different participants to play the characters in the re-enactment

Brainstorming

Brainstorming is a technique which allows you to get participants’ ideas and thoughts about a particular issue, topic, or question in a short period of time. Brainstorming encourages participation and gives everyone in the group a chance to voice their opinion or ideas.

The educator starts by asking a question or posing a problem – e.g. “What are the reasons why people do not like to use condoms?”

- ask participants to think of as many words, feelings and ideas on the chosen topic as possible
- tell the group that everyone’s opinions are valuable
- write down all the ideas on the board or a large piece of paper
- accept and record all responses without commenting on the ideas – the goal is to get as many responses as possible
- it is important to write down everyone’s ideas – don’t judge or criticise
- conduct the brainstorm quickly
- once all the ideas are written down, you can then discuss them in the group (or break into smaller groups)

Why Use Brainstorming?

- It helps participants to express ideas they might normally withhold, because there is no fear of judgement from the educator or anyone else
- It enables you to get an idea of the group’s level of knowledge on a particular topic
- The ideas are put down in writing and can be used as a basis for discussion later
- When approaching a difficult topic, such as sex, which usually makes people nervous and shy, brainstorming may be helpful in loosening up a group

Case Studies

Case studies describe a situation that the group has to discuss, or a problem they have to solve. The case must be simple, realistic and useful if it is to make the participants want to discuss it.

Case studies can be very simple stories which ask the group to think of strategies they might use to deal with a particular problem. For example, the story of *Michael and Jane* is used in Session Four of the manual to help the group explore the challenges young people face in making decisions about sexuality. It poses the problem of what decisions Michael and Jane have to make about their relationship and sexual behaviour.

Case studies are most useful when they pose a problem or challenge that young people commonly face in growing up, relationships and reproductive health. The group then has to work through and discuss ways of resolving this problem. You can make up your own case studies that reflect the particular needs of the group you are working with. For example, a particular reproductive health problem may be a major issue in the community you are working with (e.g. teenage pregnancy or drug use). You could devise a case study that talks about this issue.

Your case study should contain a number of key questions or tasks that the group has to discuss in order to find solutions to the problems contained in the case study.

Games and

Games and are a good way for participants to get to know each other while having fun. Start each session with an icebreaker activity. You can also play a game at any time during the session – especially if you feel the group’s energy or concentration beginning to fade.

Games and help to:

- raise the energy and concentration level of participants
- build group cohesion
- motivate the group for the next activity

Some useful games are given below. Encourage participants to lead the group in any local games that they know.

Continuums

Continuums are a fun and active way for participants in a new group to get to know each other. Ask group members to all stand up. Tell them that you want them to arrange themselves in a straight line (“continuum”) across the room in order of the month of their birthday (that is, anyone born in January will be at one end of the line, and anyone born in December will be at the other). Tell them that they will need to talk to each other to work this out. After they have done this, tell them that you want them to arrange themselves in line according to some other categories:

- their age (from youngest to oldest)
- the distance they live from this meeting room (from closest to farthest away)
- their height (from shortest to tallest)

You or the group members can add other categories. When finished, ask people to sit down again and discuss what they found about other people in the group

Find “Someone Who”

This is an opportunity to find out something about the others in the group. Ask participants to stand up and begin to mix together. Tell them to introduce themselves by name to each other. Then ask them to find someone who:

- is the same height as them. After they have found someone, ask them to then find someone else who (call out the categories one by one):
 - is the same age as them
 - is the same age as them
 - is the same age as them
 - is older or younger than them
 - has the same colour eyes as them
 - has a brother or sister
 - loves school
 - hates school
 - likes playing sport
 - knows how to cook

You can make up other categories if you wish. After about 10 minutes ask the participants to sit down again and discuss what they found out about other people in the group

Adjective Name Game

Go around the circle and ask each person to state their first name (or the name they like to be called) plus a positive adjective which starts with the same sound or letter as their name. Ask for positive choices – e.g. “I’m Marvellous Mary”.

Fruit Salad

The group sits in chairs in a circle. Start with one person in the circle and tell them that they are now a ‘Banana’; the next person, ‘Mango’; the next ‘Pineapple’; and so on around the group until each person has the name of one of these three fruits. Include yourself, as you will start the game by standing in the middle of the circle without a chair. Tell the group that whoever is in the circle calls out the name of one of the fruits. All people who are that particular fruit must stand and find another chair. They cannot sit in the chairs on either side of them. There will always be one person left standing. That person calls out the name of another fruit and again all people who are that fruit must find another chair. The person in the middle can also call out ‘Fruit Salad’. When this happens, everyone in the group must stand up and find a new chair. This is a high energy game that is a lot of fun. Ask participants to be careful not to hurt each other when rushing to find a new chair!

Knots

Form groups of 5–6 people and ask each group to stand in a circle. All put in one hand to the centre of the circle. Take hold of another person’s hand, but not the hand of the people beside

them. Repeat, putting in the other hand and taking a different person’s hand. This will form a knot of hands. The group must try to untangle itself without letting go of hands at any stage.

Wink and Touch

Wink and touch requires a fast pace to keep it entertaining. Divide the group in two. One group sits in a small circle facing inwards with their back against their chairs. There needs to be one empty seat in this circle. The others stand one behind each chair, at least a step back and with their hands by their sides. The person who is standing behind the empty chair is the ‘winker’. Their job is to wink at someone who is sitting. The person who is winked at has to run to the empty seat, but if the person standing behind them touches them on the shoulder first they must stay where they are. If the winker succeeds in getting someone on their empty chair, the new person with the empty chair becomes the winker. They then have to wink at someone else and try to get them into the empty chair. Swap the circles over halfway through the game.

Life Boat

The participants are told they are on a ship, which is sinking. They have to get into life boats, but their capacity is limited. Depending on the size of the group, the facilitator calls out that life boats are only for 2, 3 or 5 people, for example. Then in 5 seconds, participants have to form groups of 2, 3 or 5. Groups which are bigger or smaller than the announced numbers have drowned and have to drop out. The educator then announces new numbers so that regrouping is necessary until there is only one group left. This exercise is a quick energiser to allow people to move around quickly, interact with each other and make quick decisions.

Assassin

One of the participants is secretly told by the educator that he or she is an assassin. The participants form a circle with the assassin amongst them. The assassin secretly winks with one eye at a person he/she wants to kill and if that person sees the wink, they fall to the ground in the middle of the circle. The others continue to look and try to identify the murderer. If somebody accuses someone else falsely, he/she is out of the game. If someone correctly identifies the assassin, they then become the assassin, and the game then restarts with everyone back in the circle.

Simon Says.....

All stand in a circle. The educator calls out: “Simon says,e.g. touch your nose with your left hand; or hold up your two hands; or stand on one leg”; etc. Demonstrate the action at the same time. Everyone is asked to follow the orders as demonstrated. But if the educator does not mention “Simon”, and some participants follow the orders anyway, those participants are out of the game. The game goes on until only a few participants are left and the educator cannot trick them any longer.

Clapping

The participants stand in a circle, counting out loudly, beginning with “1” and going around the circle, each person saying the next number. However, every time they come to a number which can be divided by 3 (such as 12), or contains a 3 (such as 13), the person whose turn it is must clap instead of saying the number. The person following them must continue with the next number. If someone does not clap on the right number, start counting from 1 again. This exercise demands concentration and is useful at the beginning of serious group work in problem solving.

Blind Walk

Participants are asked to pair up with a partner. Within each pair, one person must close their eyes and keep them closed. The other person has to take their hand and lead them safely around the room. The leader must communicate to the 'blind' person about any obstacles coming up – e.g. a step; a doorway; a wall. The leader can also take them outside if it is safe. After about 3 minutes, reverse the roles. The leader has to be very careful to look after their partner and make sure they are safe at all times. After the second person has had their turn, stop and return to the group. Ask people to discuss how they felt, both as blind people and leaders. This is a good exercise for talking about trust – what helps people to trust someone? How can we encourage people to trust us?

Thumb Wrestle

Organise the group into pairs, sitting or standing. Partners join right hands in a monkey grip, with thumbs held up. Using thumbs now bow to each other, then tap thumb tips together three times to start the wrestle. The winner is the one who pins the other's thumb down for 3 seconds. Have a best of three or five competition. Repeat with the other hand.

Group sit

Stand in a circle, with all participants turned facing to the left. Participants should be standing close together, almost touching, with knees and feet together. Hold on the waist of the person in front. On the count of three everybody slowly sits on to the knee of the person behind them. Care needs to be taken to avoid the circle collapsing, by stressing the following:

- Keep a circle or oval shape – no sharp corners
- Everybody should sit down at the same time
- Everybody should stand at the same time

Groups of more than 10 can do this activity.

Variation:

- repeat facing the opposite direction
- attempt walking while in the "group-sit", by moving right leg, then left leg and so on.

Clumps

Ask participants to walk freely around the room. Call out a number – e.g. 2, 3, or 4. Participants have to form groups of that number. Repeat using other numbers. Those who are left over after groups are formed are not eliminated, and join into the activity on the next call. This can be used as a fun way of breaking a large group into small groups.

Anyone Who.....

The group sits in chairs in a circle. One person stands in the middle without a chair. This person calls out, "Anyone who....." All the people who fit that category must get up and change places, but not in the chair on either side of them. The person left in the middle begins again.

Examples:

Anyone who..... is wearing blue jeans

.....has black hair

.....is wearing red

.....likes ice cream

.....cleaned their teeth this morning

Zoom

Participants stand in a circle. The circle represents a race track and the car is speeding from person to person. One person starts the car off by turning to the person on their right and saying "Zoom". They in turn say "Zoom" to the person on their right and so on around the circle. Try gradually to increase the speed of the car travelling around the circle. After the car has travelled around the circle a couple of times, tell them that they can change the direction of the car by turning in the other direction and saying "Crash". The car then travels in the new direction with each person again saying "Zoom". This game works best if participants keep the car moving at a fast speed.

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- (3) Chung, M 2000. Research findings on adolescent sexuality and men's attitudes to family planning in Pacific island countries. Report prepared for Secretariat of the Pacific Community. March, 2000.

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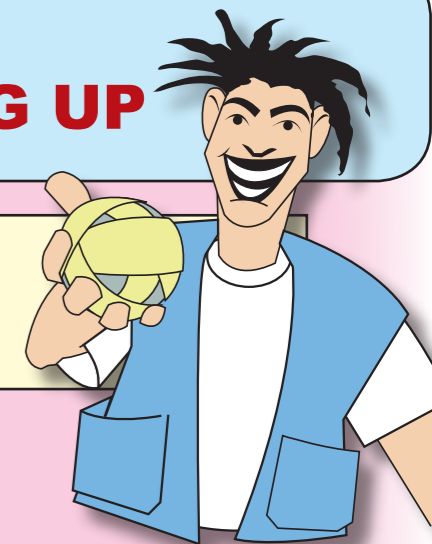
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Session 1: GROWING UP



Key Life Skills

- *Self-awareness*
- *Acceptance of one's body*

Learning Objectives

- To assist group members to get to know each other and feel comfortable in the group
- To identify expectations and goals for the education sessions
- To understand the many changes associated with puberty and adolescence
- To help participants understand that the changes of adolescence are normal, and that each person changes at a different rate

Materials Needed

Flipchart, butcher's paper, marker pens/pencils, sticky tape, cardboard box, blank paper

TOPIC ONE: INTRODUCTIONS

Time Needed: 45 minutes

Activity 1: Introductions

1. Introduce yourself and welcome everyone to the group
2. Explain that the group is going to spend a little time getting to know each other
3. Below are some different games and activities that you can use to help the group get to know each other:

Name Game

1. Sitting or standing in a circle, each person first says their name
2. Then start the game by calling a person's name and tossing a ball to them. That person then calls someone else's name and throws the ball to them. Continue until everyone has been called. Each person receives the ball only once per round
3. Then go back to the beginning. Ask everyone to remember who they got the ball from and who they threw it to. Say the person's name first, then throw the ball to them. Continue around the group.
4. Play the game a number of times, keeping the same order
5. Then add another ball, and then another. Much excitement will ensue, so establishing the order first is important
6. You can make balls from newspaper and tape. Ask everyone to throw underarm and gently!

About Me

1. Ask the participants to stand up and find a partner. Each person introduces themselves to the partner and, in turn, shares the following information:
 - where they live
 - their favourite food
 - their favourite song
 - their favourite hobby
 - their favourite movie or TV show
 - their favourite sports star
2. In a mixed sex group, you can ask boys and girls to pair up with each other
3. After about 10 minutes, ask the participants to sit down again and discuss what they found out about other people in the group

See the section **Introduction – Games and Icebreakers (P.17)** for ideas about other activities for the group to get to know each other. For example, try:

- “Continuums”
- “Find Someone Who”

Activity 2: What This Program is About

1. Give a brief overview of the education sessions and your goals for the program
2. Explain that the purpose of this program is to:
 - help them understand the changes that they are going through in adolescence
 - provide them with accurate information about sexuality and reproductive health
 - help them to understand the risks and consequences of sexual behaviour
 - help them to learn new skills for making good decisions and protecting their health
3. Ask the group to **Brainstorm** a list of what they hope to gain or learn from the education sessions. Give examples if the group is having difficulties – e.g. “to learn about my body”; “to understand what sex is”; etc
4. Write their ideas on butcher’s paper (or whiteboard if available). Read each item out loud and ask:
 - Was anything left out?
 - Would anyone like to add something?
5. Explain how the group’s goals will be covered by the topics in the education sessions planned

Activity 3: Group Ground Rules

1. Explain that you are going to be working together as a group. Because some of the topics you will cover are very sensitive, it is good to have some ground rules or agreements for working well together in the group.
2. Ask the group to **Brainstorm** some rules that they would like to have so that they feel safe to talk openly in the group.
3. Some ideas for group rules are:
 - Listening** – letting one person speak at a time
 - Confidentiality** – everything that happens in the group is kept private. Information can be shared outside the group but not stories or names
 - Respect each other** – don’t make fun of or put down others; appreciate and respect different opinions or views

Passing – everyone has the right to “pass” on answering questions or participating in activities that make them feel uncomfortable

All questions are okay – it’s okay to ask any question, no matter how silly it may seem

4. It is good to write up the rules that the group agrees on and display them in the room. Feel free to add any important rules that the group may have left out.

TOPIC TWO: YOUR BODY AND ITS CHANGES

Time Needed: 1 hour

Activity 1:

1. Divide the participants into two small groups. Give them some butcher’s paper and pens/pencils
2. Ask one group to draw an outline of a girl’s body on the butcher’s paper. Ask the other group to draw a boy’s body on a different paper
3. Ask them to mark on the drawings the different body changes that they know occur during adolescence
4. When the groups are finished, stick the drawings up on the wall and ask each group to share the changes they have identified
5. Use the **flipchart** to expand on what the groups have identified and explain the different physical changes that occur during adolescence in boys and girls. Discuss also the emotional, social and physical changes that occur during adolescence – see **Key Information**
6. Explain that these changes occur as a result of chemicals (called hormones) which get released in the body after a person reaches puberty
7. Give definitions of “puberty” and “adolescence” – see Key Information
8. Encourage the group to ask any questions they may have about body changes

Alternate Activity:

1. Ask participants to brainstorm all the changes they know that happen to the body at the time of puberty – first for girls; then for boys
2. Write these changes up on butcher’s paper or a board if available
3. You could list the changes under different headings:
 - Physical
 - Emotional
 - Social (e.g. relationships with peers; parents; etc)
4. Use the **flipchart** to expand on what the groups have identified and explain the different physical changes that occur during adolescence in boys and girls. Discuss also the emotional, social and sexual changes that occur during adolescence — see **Key Information**
5. Give definitions and information about “puberty” and “adolescence” – see **Key Information**

Discussion Points

- What ages are considered adolescence in your community?
- What age is considered adult?
- At what age do you think young people in your community become sexually active?

Key Information: Adolescence

- Adolescence is a normal phase of the life cycle when a child matures into an adult. It starts with the onset of puberty. It is a period of rapid growth and development involving many physical, psychological and social changes leading to the development of an independent, adult personality.

Key Information: Puberty

- Puberty is the time when a child's body begins changing to an adult's body.
- Puberty begins at different ages in different individuals — it starts as early as 8 years of age for some and as late as 15 years of age for others.
- Girls usually reach puberty earlier than boys.
- Sexual feelings begin at puberty and sexual urges may grow stronger.

Physical Changes during Puberty

- At puberty, the body grows and changes very quickly. This is caused by the release of chemicals (known as 'hormones') in the body.
- Hormones cause the sexual and reproductive organs of the body to mature – boys begin producing sperm and girls begin to menstruate.
- The reproductive functions of the body also start to mature. After reaching puberty, a girl can become pregnant while a boy can father a baby.
- In boys, testosterone hormone is responsible for hair growth on the pubis and face, voice deepening, growth of penis and testes, and production of semen.
- In girls, oestrogen hormone is responsible for development of breasts, pubic hair, rounding of hips and menstruation.

Emotional and Psychological Changes

- Boys and girls often feel worried and embarrassed about body changes such as growth of hair, pimples and growing taller
- It is common to feel awkward, shy and confused during this period
- Changes in mood may occur without reason – feeling high or low
- Sexual thoughts and feelings increase
- Many young people feel confused about their sexual feelings – they may feel attracted to members of the opposite sex, or the same sex
- Guilty feelings and confusion may occur because of sexual feelings
- Girls may become very sensitive and emotional just before menstruation
- There may be changes in personality – young people want greater independence

Social Changes

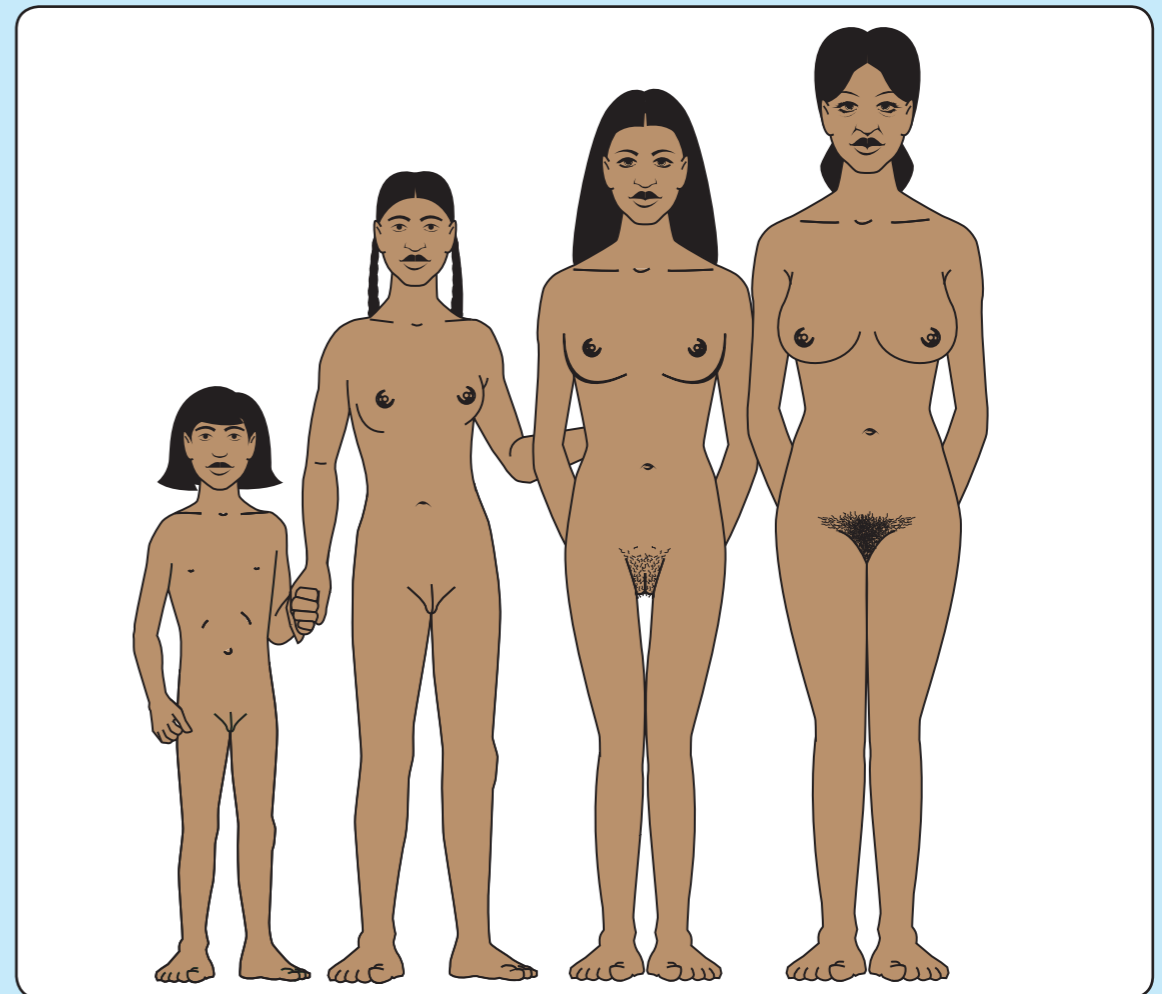
- Peer group becomes more important and young people are more easily influenced by their friends
- Young people start to seek independence from their parents and may challenge their parents' values and beliefs
- Young people usually seek information about sexuality and body changes from their friends – however, this information is often incorrect
- Adolescents must find a balance between peer pressure and listening to the advice of parents

Moral and Spiritual Changes

- The ability to tell right from wrong begins to develop
- Adolescents start to form their own values and moral beliefs
- Older adolescents are more able to take responsibility for the consequences of their actions and make independent decisions
- A sense of belonging and meaning in life becomes important during adolescence

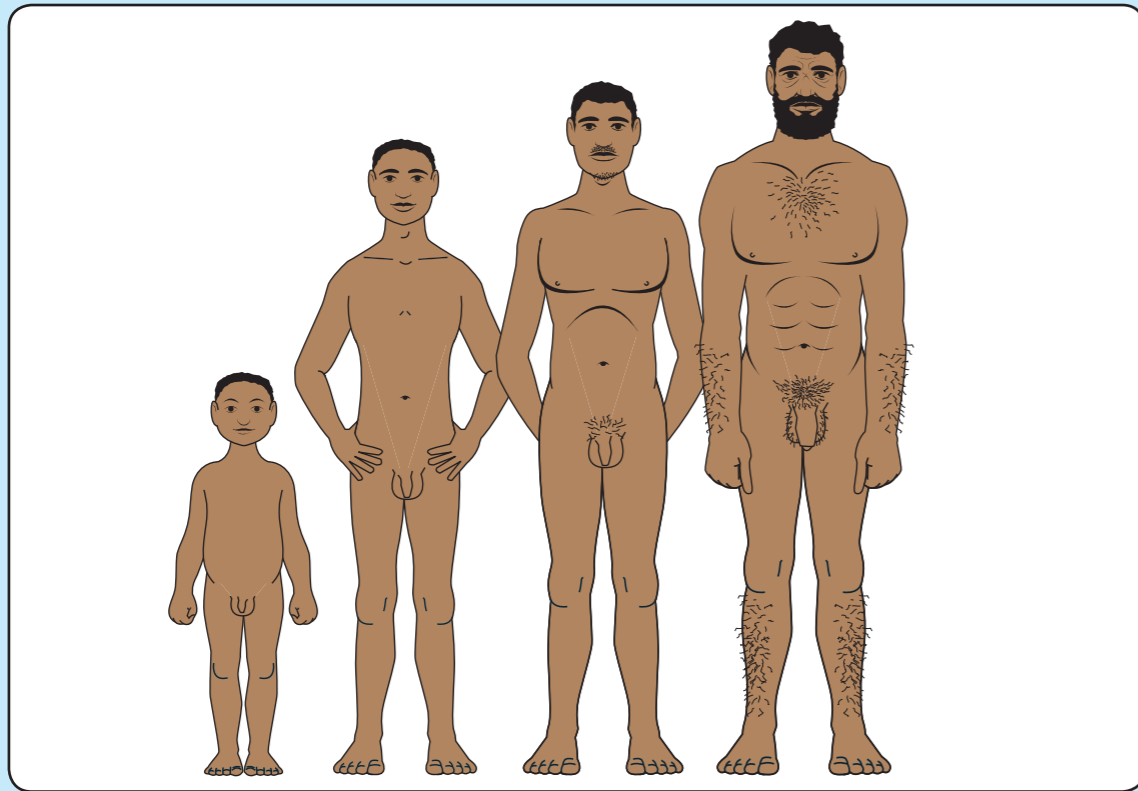
PHYSICAL CHANGES – GIRLS

- Increase in height — rapid growth of long bones
- Skin and hair gets oily and some people get pimples
- Perspiration increases and body odour changes
- Hair starts to grow under the armpit; pubic hair appears
- Breasts develop and grow to various sizes
- Waistline narrows
- The hips widen – some girls put on weight
- Uterus and ovaries grow bigger
- Menstrual periods begin



PHYSICAL CHANGES – BOYS

- Increase in height and weight
- Skin and hair gets oily and some people get pimples
- Voice gets deeper
- Facial hair appears
- Underarm and chest hair appears; pubic hair appears
- Muscles develop and shoulders broaden
- Perspiration increases and body odour changes
- Testicles and penis grow bigger
- Sperm is produced and ejaculation may occur in wet dreams
- Breasts may change shape and get bigger – this will settle down as they get older



Activity 2: Common Concerns about Puberty

1. Introduce the exercise by saying when young people reach puberty, their bodies change very rapidly. They may feel scared or embarrassed about what is happening to them. However, it is normal for our bodies to grow and change in different ways from other people.
2. **Brainstorm:**
What are some of the concerns and worries that young people have about their bodies during puberty? (e.g. growing faster or slower than friends; hair growing on the body; acne or pimples; menstruation)
3. Write up the answers on a whiteboard or flipchart
4. Discuss how these concerns affect young people, and correct any wrong information or mistaken beliefs about these changes

Key Messages

- The changes your body is going through at this time are normal and natural
- The changes at puberty occur at different rates for both boys and girls. Do not worry if your body is changing slower or faster than other teenagers
- Each person can be proud of the special qualities of his/her body
- Boys and girls are capable of reproduction after they reach puberty
- If you are worried or unsure about your body, see a doctor or health care provider

TOPIC THREE: QUESTION BOX

Time Needed: 15 minutes

Activity 1:

1. Place a small cardboard box in the room. Also leave some paper and pencils nearby
2. Tell the participants that at any time they can write down a question they have and put it in the Question Box – they do not have to put their names on it
3. Tell them that when there are several questions in the box, you will answer them at different times during the program
4. Alternatively, at the end of each session you can ask everyone to write one anonymous question and place it in the box

Session 2: SEXUAL CHANGES AND REPRODUCTIVE HEALTH



Key Life Skills

- Body awareness
- Reproductive self-care

Learning Objectives

- To understand that sexual development is an important part of growing up
- To increase knowledge of the sexual and reproductive organs and how they work
- To understand that nocturnal emissions (“wet dreams”) are a normal part of growth and development in boys
- To understand that menstruation is a normal part of development in girls and to provide correct information about menstruation
- To understand that masturbation is normal and safe for both boys and girls

Group Energiser

Start the session with a game or icebreaker activity

(“**Fruit Salad**” is a fun way to start the session - See **Games** and **Icebreakers** (P.17)).

Materials Needed

Flipchart, butcher’s paper, marker pens or pencils, handouts on male and female reproductive systems (P.36 and P.37)

TOPIC ONE: MALE AND FEMALE REPRODUCTIVE ORGANS

Time Needed: 1 hour

Introduction

- Introduce this activity by reminding the group that in the last session they looked at the different changes adolescents go through during puberty. At puberty adolescents also experience many sexual changes. These include the growth and development of the reproductive organs, and an increase in sexual feelings and desire
- Reproductive organs start maturing during puberty. Girls begin to ovulate and menstruate and boys begin to produce sperm and ejaculate
- Human beings are biologically capable of having children after reaching puberty. So it is important to understand how the male and female reproductive organs work in order to prevent pregnancy

Activity 1: Male Reproductive System

1. Divide the group into smaller groups of 3 or 4. Give each group a copy of the worksheet *Male Reproductive System* (P. 36)
2. Ask the groups to label the different parts of the reproductive system, by matching the names on the worksheet to the corresponding body parts. ****Note: Instead of breaking into small groups, you can use the flipchart to conduct this activity with the whole group.**
3. After they have finished labelling the parts, use the **flipchart** to correctly identify the male reproductive organs. Ask the groups what other names they know for the different sexual parts (for example for penis, testicles, etc)
4. Talk about both **internal and external reproductive organs**. Explain the functions of the organs and how the male reproductive system works – see **Key Information**
5. Encourage the group to ask any questions they have

Brainstorm:

- What is a ‘wet dream’?
- Explain that boys may have wet dreams after they reach puberty:
 - the production of sperm and semen is a normal part of boys’ development at puberty
 - when boys get sexual feelings their penis may get erect
 - the penis sometimes releases semen while the boy is sleeping, or if he has dreams about sex
 - this is called a ‘wet dream’ or nocturnal emission
- Some boys have wet dreams and some do not – both are normal. See **Key Information**

Activity 2: Female Reproductive System

1. After the group has completed the male parts, do the same activity for the *Female Reproductive System* — see flipchart (P. 37) and **Key Information**

Reproductive Self-Care

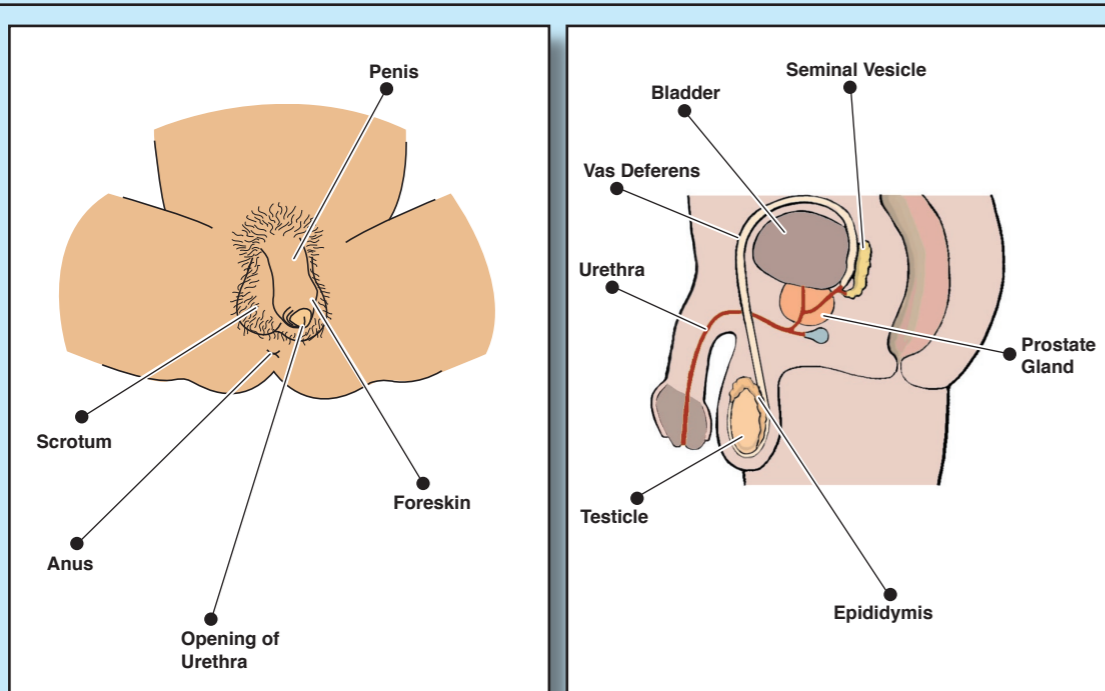
- Discuss with the group the importance of learning how to look after their bodies and care for their reproductive health
- In particular, girls need to be aware of the risks of cancer of the cervix and early sexual activity
- Girls need to take care of body hygiene during menstruation. They need to know correct techniques for vulva cleaning after using the toilet. (See flipchart and **Key Information** for hints on self-care)

Key Information: Male Reproductive Organs

The reproductive organs (or ‘genitals’) are the parts of your body that are involved in sex and the process of reproduction. Reproductive organs consist of external and internal parts.

External Genitals

Penis: The male sex organ through which urine and semen pass. When a man is sexually aroused, his penis becomes stiff (erection) and ejaculation of semen may occur. The tip is full of nerve endings and is therefore very sensitive. The penis increases in size after puberty. Penises are of different shapes, sizes and colours. The size of the penis has nothing to do with sexual pleasure.



Foreskin or prepuce: Fold of skin which covers the head of the penis. The foreskin is sometimes removed for cultural, religious or medical reasons. This is called circumcision.

Opening of urethra: Open end of the tube which connects the bladder to the outside. It is the opening through which urine and semen passes.

Scrotum: The external sack of skin behind the penis that holds both testicles. It helps keep the testicles at the correct temperature, which is below that of the rest of the body.

Internal Organs

Testicle (or testes): The two male reproductive glands located in the scrotum. They produce sperm and the male sex hormone testosterone. This hormone causes the changes of puberty. The testes are very delicate, so boys should wear well-fitting underwear, especially during sports.

Epididymis: A long coiled tube where sperm are stored and become fully developed

Vas deferens: The long thin tube through which sperm travel from the testes along the epididymis to the seminal vesicles and the prostate gland.

Seminal vesicles: Two vesicles that produce and store semen. Semen is the milky-coloured liquid which mixes with sperm. It comes out of the head of the penis when a male ejaculates.

Prostate gland: It produces semen and stores semen and sperm. It acts like a pump to push seminal fluid out of the penis when a male ejaculates.

Urethra: Tube which connects the bladder to the outside. It carries urine from the bladder out of the body. In males it also carries semen out of the body. A valve at the base of the bladder prevents urine and semen from leaving the body at the same time.

Bladder: Shaped like a sac, it stores urine from the kidneys until it is released during urination.

Wet Dreams

Why do boys have wet dreams?

- A wet dream or nocturnal emission is when a boy releases semen from his penis while sleeping. Sometimes in his sleep a boy may dream about sex. On waking he may find that he

has ejaculated in his sleep.

- Wet dreams are the natural way for the body to release the build-up of sperm in the testes and sexual urges in men. Sperm build-up occurs as more and more sperm is being continuously produced by the testes.
- A boy's first wet dream is equivalent to a girl's first menstruation. It indicates the maturity of the reproductive organs and that the boy can make a girl pregnant if they have sexual intercourse
- Not all boys have wet dreams

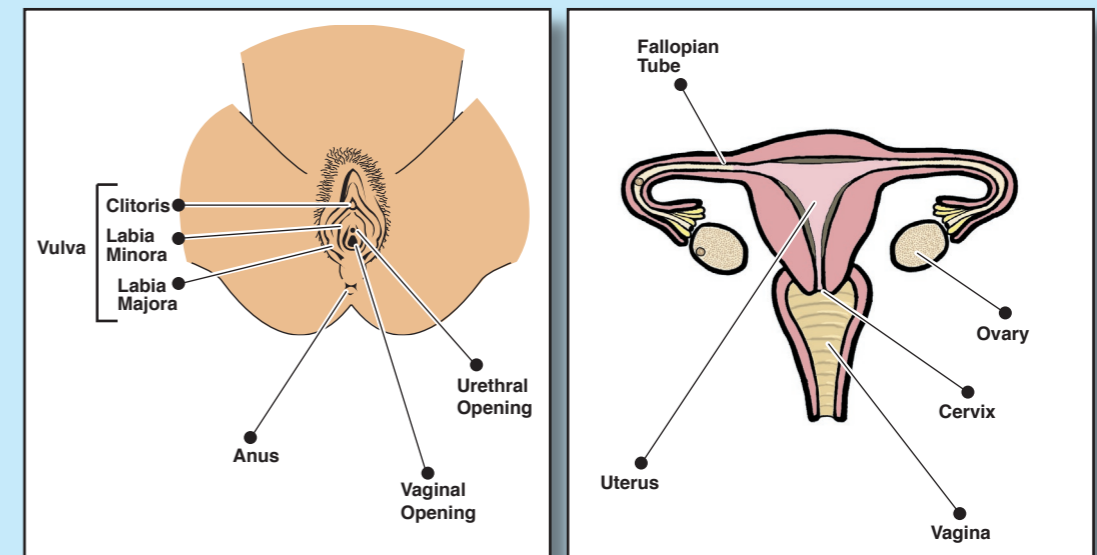
Key Information: Female Reproductive Organs

External Genitals

Vulva: The external female genitals. It consists of two pairs of fleshy folds (labia), the hymen, the opening of the vagina, the urethra and the clitoris.

Labia majora: The outer parts of the vulva (like fleshy lips) which protect the opening of the vagina and the urethra.

Labia minora: The thinner lips surrounding the vaginal opening.



Clitoris: The female counterpart of the penis, this small, sexually sensitive organ is located in the centre at the top of the inner lips above the urethral opening.

Urethral opening: The urethral opening is a tiny hole where the urine comes out; it lies midway between the clitoris and the vaginal opening

Hymen: The membrane that partly covers the opening of the vagina. Often breaks spontaneously before puberty.

Vaginal opening: The entrance to the vagina, through which babies are born and menstrual blood flows.

Internal Organs

Vagina: A passageway from the uterus to the outside of the body. This is where sperm is deposited during sexual intercourse, where babies travel during birth, and where menstrual blood passes from the uterus to outside.

Cervix: The lower opening of the uterus at the top of the vagina. During childbirth the cervix stretches to allow the baby to come out.

Uterus (womb): The uterus is about the size of a small fist. It is the place where a foetus/ baby grows and develops during pregnancy.

Fallopian tubes: The two hollow tubes at either side of the uterus. They provide a passageway for the eggs (ova) from the ovaries to the uterus. They are the place where a sperm may fertilise an egg. If fertilisation occurs, pregnancy begins.

Ovaries: The two ovaries are the main female reproductive organs. Thousands of eggs are stored in the ovaries from before birth. These eggs begin to mature at puberty. They produce the female hormones called oestrogen and progesterone which cause the changes of puberty.

Ova: These are the mature female sex cells (or 'eggs'). After puberty, usually one egg matures and is released once a month. This called ovulation and happens about 14 days before a girl's period. If this egg is fertilised by a sperm, pregnancy occurs.

Urethra: The hollow tube which connects the bladder to the outside, through which urine passes.

Bladder: Shaped like a sac, it stores urine from the kidneys until it is released during urination.

VIRGINITY

What does it mean to be a virgin?

- A virgin is someone who has not had sexual intercourse
- Girls have a thin piece of skin covering the opening of the vagina – this called the *hymen*
- The hymen usually breaks the first time a female has sexual intercourse. So there may be a bit of bleeding from the vagina when a female has sex for the first time
- *However even if the hymen is broken or if there is no bleeding – this does not mean that the girl is not a virgin*
- The hymen can also break because of strong exercise, physical activity or from using tampons
- Some girls may lose their virginity as a result of sexual assault or rape

TOPIC TWO: WHAT IS MENSTRUATION?

Time Needed: 40 minutes

Introduction

• Introduce the topic by saying:

"If you were to put a baby on a concrete floor, would you just leave it on the naked floor or put a cushion or mattress there before putting the baby on it?"

Yes! You would definitely put it on something soft.

Similarly, inside the body, when a baby is made, the female body also ensures that there are enough cushions to keep the baby in comfort, that there is warmth and that the baby gets good food.

How do you think the body provides that cushion? It makes its own by using blood and some of the body tissues.

Let us see how the body does this."

• Beginning of menstruation

- When a girl reaches puberty, the body and mind begin to prepare for the formation and storage of a baby. That is the sole purpose of the reproductive system
- At this time girls begin to menstruate
- There are many myths and cultural beliefs about menstruation
- It is important for both boys and girls to know about menstruation because the menstrual cycle is a normal part of reproductive development

• Give a brief definition of menstruation (see **Key Information**). Explain that menstruation is often called "periods" in English

- Ask the group what words young people use for menstruation

Activity 1: The Menstrual Cycle

1. **Brainstorm:** Ask the group to identify all the things they know or have heard about menstruation – from their friends, parents, relatives or teachers or cultural beliefs – for example:

- *girls should not bathe or shower when they are menstruating*
- *girls should use only warm water to shower or bathe*
- *girls should not wash their hair*
- *girls should not prepare food or cook*
- *girls should not do heavy work or engage in sports*

Write these up on the board or large sheet of paper

2. Tell the group that many of these beliefs are **not true**. Identify the incorrect ideas and give correct information about menstruation– see **Key Information**
3. Use the flipchart to explain the menstrual cycle

Activity 2: Personal Care during Menstruation

1. **Brainstorm:** What things do girls need to do to take care of their bodies during menstruation?
2. Discuss the importance of personal care and hygiene during menstruation. See **Key Information** for ideas about personal care and relieving menstrual pain

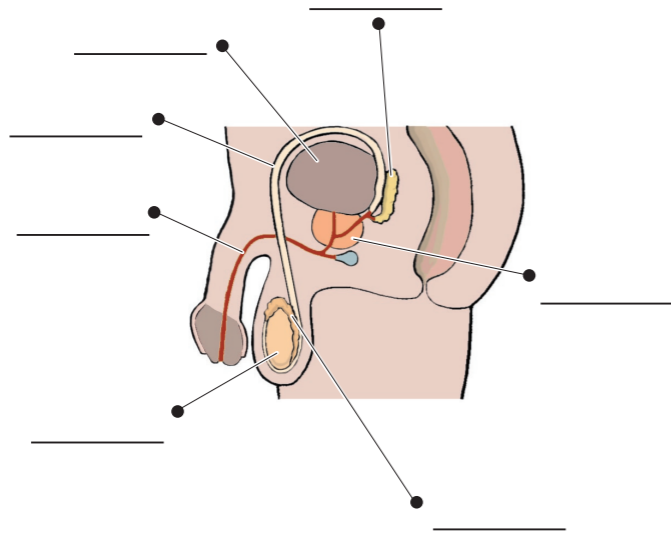
Discussion Points

- Menstruation does not mean being "sick" or "unclean." When you are menstruating, you can do all the things you normally do – such as school, sports, working in the garden
- Encourage the group to ask any questions they have about menstruation
- Encourage the girls to share any worries or fears they may have about menstruation

Key Messages:

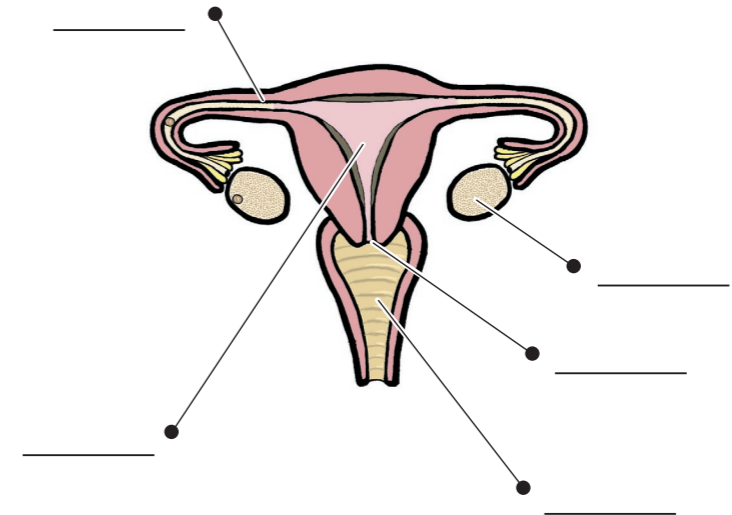
- Menstruation is a normal process of growing up and becoming a mature woman
- After her first menstruation a girl may become pregnant if she has sexual intercourse
- It is important to practice good hygiene during menstruation in order to keep your body healthy
- A girl's periods are often very irregular in the first few years after puberty
- See a health worker if you are unsure or worried about changes in your body

MALE REPRODUCTIVE SYSTEM

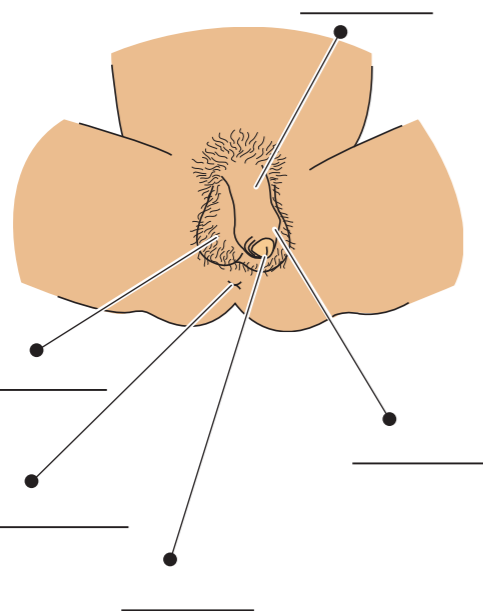


- a) Bladder
- b) Vas Deferens
- c) Urethra
- d) Testicle
- e) Seminal Vesicle
- f) Prostate Gland
- g) Epididymis

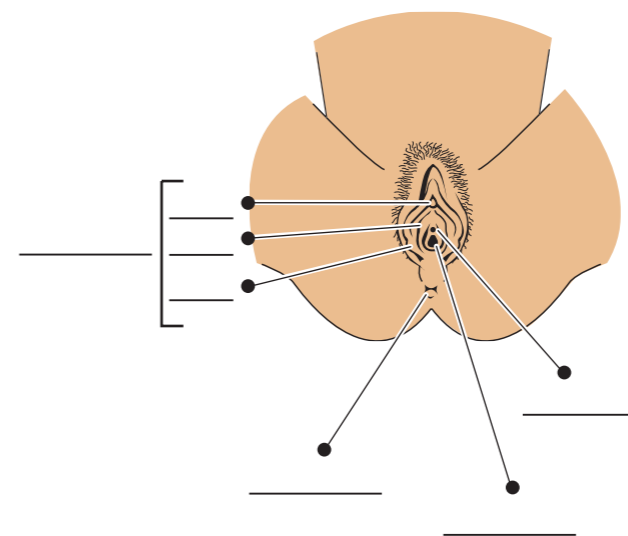
FEMALE REPRODUCTIVE SYSTEM



- a) Fallopian Tube
- b) Uterus
- c) Cervix
- d) Vagina
- e) Ovary



- a) Penis
- b) Foreskin
- c) Opening of Urethra
- d) Anus
- e) Scrotum



- a) Vulva
- b) Clitoris
- c) Labia minora
- d) Labia majora
- e) Anus
- f) Vaginal opening
- g) Urethral opening

Key Information: Menstruation

Menstruation, or periods, marks the beginning of puberty in girls. Menstruation is when the lining of the uterus breaks down and flows out of the vagina in the form of blood. When a girl begins to menstruate it means that she is capable of getting pregnant and having a baby. Young girls' periods may be irregular at first, but eventually they will occur once a month. During menstruation a girl may have pain in the tummy. This is called period pain.

- Once a month, an egg is released from one of the ovaries and travels towards the girl's uterus. This is called ovulation
- At this time, the uterus gets ready by making a soft lining, or cushion, for a baby to grow — by using blood and some of the body tissues
- If the egg does not meet with a boy's sperm cell, the uterus sheds this lining
- The girl's body has to get rid of the product from the lining. This comes out of the girl's body through the vagina as a dribble of blood that lasts a few days (3 – 7 days)
- This is called having a period, menstruation, menses
- When a girl begins to menstruate it means that she is capable of getting pregnant and having a baby

Key Information: The Menstrual Cycle

- The menstrual cycle usually lasts 28 days from the start of one period to the start of the next — but it can vary between 21 and 35 days
- The first day of the menstrual cycle is counted as Day 1 of the cycle
- Menstrual bleeding lasts from 2 – 8 days, with the average being 4 – 6 days.
- Ovulation occurs 14 days before the onset of the next cycle

Stages of the Menstrual Cycle

Menstrual Phase: Days 1–6

- Menstrual bleeding occurs—this may last 2–8 days
- Menstruation starts as a result of a lower level of the female hormone progesterone – this occurs when an egg (ovum) is not fertilised by a sperm
- At this time the brain sends a message to the ovaries for some eggs to start growing in their little sacs (follicles)

Regenerative Phase: Days 6–12

- Eggs begin to grow in the ovaries
- As the follicles grow they produce the female hormone oestrogen
- Oestrogen sends a message to the brain for the lining of uterus to thicken and build a nest in preparation for receiving a fertilised egg
- As oestrogen increases, a girl may notice wetness around her vagina
- This is mucus produced by the cervix. It is clearer, wetter and more slippery than usual. It can be noticed for about 2–3, days reaching maximum levels one day before ovulation and during the day of ovulation

Ovulation: Days 12–16

- One egg is released from the ovary around mid-cycle – this called ovulation.
- As a rule, ovulation occurs 14 days before the onset of the next cycle. Therefore the day a woman ovulates depends on the length of her cycle. She will ovulate earlier if she has a shorter cycle and later if she has longer cycles. For example, if she has a 28-day cycle she ovulates on Day 14; if she has a 32-day cycle she ovulates on Day 18.

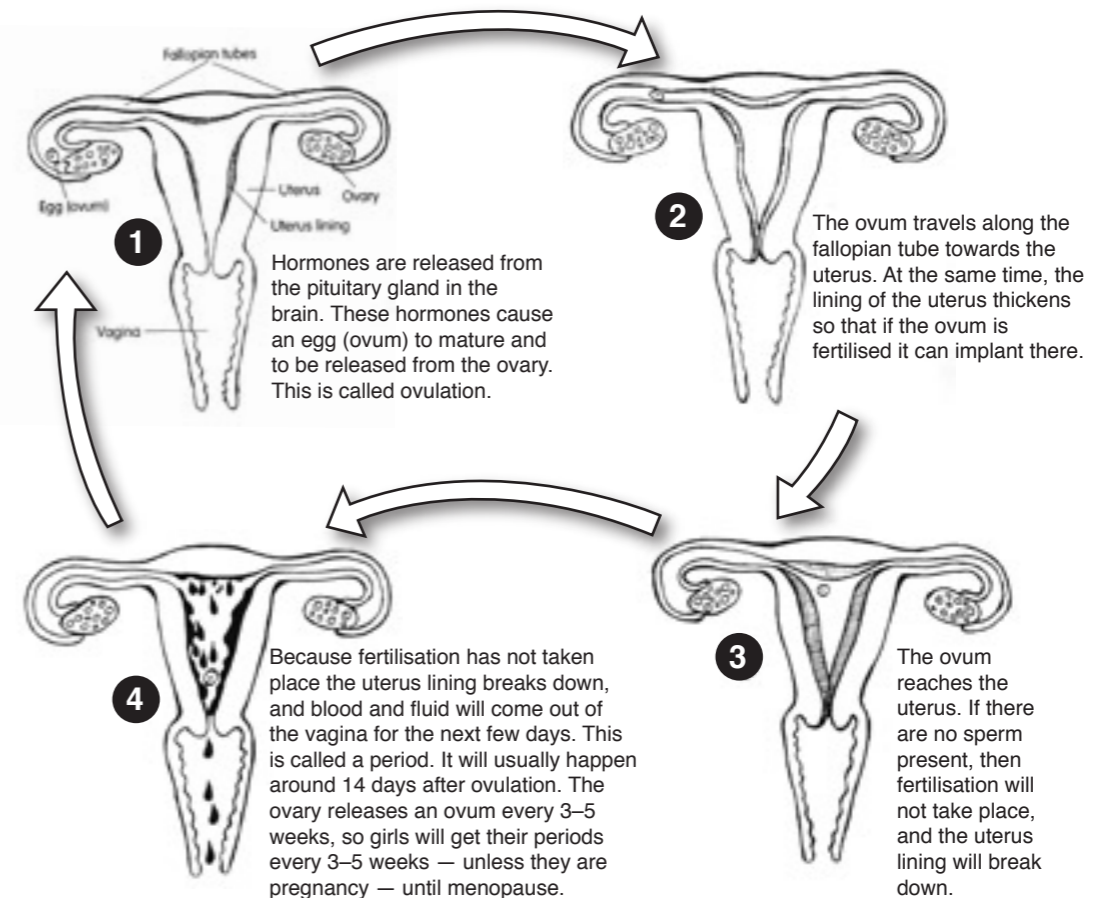
- Some women may also have a little pain in the lower tummy which lasts several hours up to a day – this is a normal sign of ovulation.
- Immediately following ovulation, the body temperature rises slightly (up to 0.5 degrees celsius) but this is hardly noticeable by the individual. This is due to the effect of progesterone on the body.
- The egg lives for only 24 hours. This means fertilisation can only happen during this short 24 hour period.
- If the egg meets a man's sperm, fertilisation takes place in the fallopian tube. The fertilised egg will travel to the uterus and begin to implant itself in the wall of the uterus (implantation). Pregnancy begins.
- If the egg does not meet any sperm, fertilisation does not take place. The egg dies after 24 hours.

Secretory Phase (Post-Ovulation): Days 17–25

- Following ovulation, the ruptured follicle (called the corpus luteum) produces another hormone called progesterone. This hormone helps to prepare the lining (endometrium) of the uterus to receive a new baby, in the event that the egg is fertilised and pregnancy occurs. It causes thickening of the endometrium and increased secretions in anticipation of pregnancy.
- Progesterone also thickens cervical mucus. As a result women notice that vaginal discharge becomes thicker and sticky starting around 1-2 days following ovulation.

Pre-Menstrual Phase: Days 26–28

- The corpus luteum has a specific lifespan and lives for only 10–12 days if fertilisation



does not take place. When it dies, the levels of both progesterone and oestrogen fall rapidly. As a result, the lining of the uterus begins to break away and shed off.

- The shedding of endometrium is what we see as menstrual bleeding. This is the beginning of yet another new cycle.
- The first day of endometrial shedding starts as spotting and light bleeding. Thereafter menstrual loss peaks on Days 2 and 3 for most women. It becomes lighter on Day 4 and finally clears on Day 5.
- The normal blood loss in one period is approximately 20–70 millilitres.
- A few days before menstruation begins, some women may experience mood swings, tiredness and weight gain – this is known as pre-menstrual syndrome or PMS.
- If pregnancy occurs, menstruation does not occur. It will resume usually 2–4 months after the baby is born.

QUESTIONS ABOUT MENSTRUATION

Why are the cycle and period irregular at times?

When a girl starts to menstruate, the periods tend to be irregular for some. Sometimes there might be ovulation without a period and sometimes there might be periods without ovulation. This is because the organs of reproduction are still maturing. A regular menstrual cycle should be established by the age of 19. It is good to keep a calendar of menses for six months — counting from Day 1 of one cycle to Day 1 of the next cycle. If the variation is too great, it might be helpful to talk to a doctor or nurse.

What is the fertile period?

- This is the period when a woman is most likely to get pregnant. If you have a regular pattern of menstruation you can predict your fertile period. This should not be used as a contraceptive method as the length of a cycle may vary. The time between menstrual cycles is different for different women.
- The time that a woman is most likely to get pregnant is during ovulation. Ovulation occurs around the 14th day before the onset of the next period. This is based on a 28-day cycle. If a woman has a 30-day cycle she ovulates on Day 16.
- Working out the fertile days is based on the lifespans of both eggs and sperms. Eggs live for 24 hours while sperm live for up to 5 days.
- Many adolescents have irregular menstrual cycles and it is therefore difficult to identify the date of ovulation. This in turn makes it difficult to work out the fertile period.

Can a girl tell when she is ovulating?

If you observe your body carefully you may notice these signs.

- The vagina may be wetter than usual with a clear watery mucus which starts 2–3 days before ovulation and ends on the day following ovulation.
- Some women may feel pain or cramping on the low abdomen or on the lower back. This lasts only for a few hours, or one day at the most.
- If a thermometer is used on a daily basis and the readings are plotted, a rise of 0.3–0.5 degrees celsius will occur the day after ovulation takes place.
- Women can understand their cycles better if they mark these changes on the calendar. You can then work out the actual date of your next period.

What is PMS?

PMS is short for premenstrual syndrome. It is characterised by discomforts that some women have a few days before periods commence:

- The breast may feel bigger, heavier and lumpier
- You may feel irritable, depressed and touchy and cry easily
- You may have some headache and backache

- You may have trouble sleeping
- Pimples may appear
- You may feel like you've put on weight

What causes pain during menstruation?

- Menstruation in most cases is free of pain or discomfort, but for some women menstruation can be painful
- The pain is due to the muscles of the uterus squeezing the endometrial lining out
- The degree of discomfort can vary from minor cramps to severe pain
- If you have severe cramps or pain, it is best to talk to a doctor or health worker

Key Information: Personal Care during Menstruation

To relieve pain and cramps:

- take simple pain killers like Panadol, Tylenol or Panadeine (two tablets and repeat after 4–6 hours)
- place a hot water bottle on the abdomen or where the cramps are (heat will help relax the muscle and reduce spasms)
- take a warm bath
- drink hot drinks
- take a walk
- rub or massage the abdomen

See a doctor or health worker if your pain becomes too great

Is it safe for a girl to use a tampon during menstruation?

- It is best that young girls start using pads when they start having their periods.
- When they are older and have more confidence in taking care of themselves during periods, then they can learn to use tampons if they choose to.
- Tampons are worn internally inside the vagina. Often girls find a little pain when they first use them. They get used to it after a few months.
- Girls should ensure that they read the instructions carefully before they start using tampons. Instructions are usually enclosed in the product package.

Checklist for personal care during menstruation

- Be prepared — keep a diary in order to predict your period dates and to avoid staining your clothes unexpectedly.
- Use protection that works best for you — sanitary pads, napkins or tampons. Make sure you have enough, because you need to change your pad at least three times a day.
- Use paper to wrap your pad or tampon before throwing it in the garbage. Do not flush pads into toilets.
- Exercise will improve your circulation and may help relieve period pain, tension, constipation and even feeling depressed.
- It is all right to shower or bathe and wash your hair when you are menstruating. Menstrual blood has a little odour. Take a shower or bath at least twice a day when you are menstruating.

TOPIC THREE: MASTURBATION MYTHS

Time Needed: 20 minutes

Activity 1

1. Ask the group “**What is masturbation?**”
2. Write down their responses on the board or butcher’s paper
3. Explain that masturbation is the gentle touching, rubbing or playing with your own genitals to get sexual pleasure
4. **Brainstorm:**
 - What names do people use for masturbation?
 - Ask the group to identify all the things they know or have heard about masturbation
 - from their friends, parents, religion or cultural beliefs. Examples are:
 - only boys masturbate
 - masturbation causes pimples and other skin problems
 - masturbation affects your adult sex life
5. Tell the group that many of these beliefs are not true — there is a lot of wrong information and misunderstanding about masturbation
6. Explain to them that masturbation is natural and common for both boys and girls. It is not harmful to your health and it is a safe way to release sexual energy – you cannot get pregnant or catch an STI by masturbating. See **Key Information**
7. Encourage the group to ask any questions they have about masturbation

Key Messages:

- *Masturbation is a normal and safe sexual activity for both boys and girls*
- *Masturbation does not have any harmful physical or mental effects*
- *Masturbation is one way a person can enjoy and express their sexuality without risking pregnancy, or STIs or HIV*
- *Some boys and girls never masturbate*

Key Information: Masturbation

What is masturbation?

Masturbation is when a person gives themselves self-pleasure by gently rubbing their genitals to the point of orgasm or ejaculation without sexual intercourse. It is a normal part of growing and is done by both boys and girls. People can masturbate by themselves or with another person. It is also normal not to masturbate.

Myths and Facts about Masturbation

- Masturbation is a natural and safe way to release sexual energy – you cannot get pregnant or catch STIs or HIV by masturbating.
- Masturbation produces the same effect on the body as sexual intercourse. Therefore it does not have any negative effects on physical or mental health.
- In some religions or cultures masturbation is considered as sinful. A sense of guilt about masturbation may result from the feeling that a person has done something wrong. However, young people should not feel guilty about masturbating.
- Masturbation does not affect a person’s ability to have future sexual relationships.

SESSION 3: SEXUALITY, SELF-ESTEEM AND VALUES



Key Life Skills

- *Self-esteem*
- *Positive self-talk*
- *Values clarification*

Learning Objectives

- To understand that positive self-esteem is important for making healthy decisions about our sexuality
- To help participants identify their values about sexuality and sexual behaviours
- To understand how values affect our behaviour, choices and decisions
- To understand that during adolescence each person develops a sexual identity and sexual feelings

Group Energiser

- Start the session with a game or icebreaker activity (“**Knots**” is a good way to build cooperation in the group (See **Games** and **Icebreakers (P.17)**)).

Materials Needed

Flipchart, butcher’s paper, marker pens or pencils and “Star” handout (P. 46)

TOPIC ONE: BUILDING SELF-ESTEEM

Time Needed: 1 hour

Activity 1: Self-Esteem

1. Give everyone a copy of the “**Star**” handout (P.46). Alternatively, give out blank sheets of paper and pencils, and draw the star on the board or on butcher’s paper
2. Ask participants to write their names in the centre of the star
3. Then ask them to fill in the statements about themselves in the corners of the Star
4. Fill in the star for yourself and use this as an example for the group
5. Help those who are having difficulty doing the activity
6. When they have finished, ask some participants to share what they have written about themselves
7. Conduct a discussion with the group about self-esteem

Discussion Points

- Ask the group “*What is self-esteem?*”
- Explain that self-esteem is how you feel about yourself. It is made up of the thoughts and beliefs you have about yourself. These may be positive or negative thoughts:

Negative

“I’m hopeless”
“I’ll never be good at anything”
“I’m ugly”
“Nobody will like me”

Positive

“I’m a good person”
“I do the best I can”
“I like my body”
“I’m a good friend”

- If you have negative thoughts about yourself, you are more likely to feel bad about yourself
- If your thoughts are positive then you will have more positive self-esteem
- The way you think about yourself influences the way you feel and behave
- Positive self-esteem is important in helping to make good decisions about yourself and sexual behaviour. Someone with low self-esteem is more likely to take risks and not care so much about what happens to them or their bodies. They find it harder to say no and to refuse pressure to have sex, take drugs or engage in dangerous activities
- Adolescence can be a difficult time because young people are often unsure of themselves and their self-esteem changes as they grow and mature

Activity 2: Building Self-Esteem

Brainstorm

- What are some things that help people to have high self-esteem?
Give examples:
 - when our parents/teachers/friends say good things about us
 - when we do well at school, sports or other activities
 - when we are accepted by our peers
- What are some things that cause low self-esteem?
Give examples:
 - when our parents/teachers/friends say negative things about us
 - when we do badly at school, sports or other activities
 - when we are rejected by our peers
- Discuss ways of building self-esteem

Changing Self-Talk

- One way to build self-esteem is by changing your inner, negative thoughts about yourself (your “self-talk”) into more positive thoughts
- This takes practice because sometimes this negative self-talk is like an old habit – it takes time to change it
- You can do this by changing a negative thought about yourself into a more positive one
- Give an example of changing negative self-talk:
 - “***I’m no good at anything***” – negative self-talk
 - Change to “***I’m good at some things***” – positive self-talk
- Ask the participants to practise changing some of their own negative self-talk
- Give other ideas for building self-esteem – see **Key Information**

Key Information: Self-Esteem

- When your self-esteem is low you tend to put yourself down and think negative thoughts about yourself:
 - “I’m no good at anything”
 - “Nobody likes me”
- This then becomes a cycle of negative behaviour and self-doubt:
 - you lose confidence
 - you stop trying to achieve new things
 - you believe you are not a good person
- Tips for building self-esteem:
 - try a new hobby or activity – sports, painting, dancing, etc
 - practise changing negative thoughts about yourself to positive ones
 - talk to someone you trust if you are feeling bad about yourself
 - get involved in social activities and make new friends

TOPIC TWO: SEXUALITY

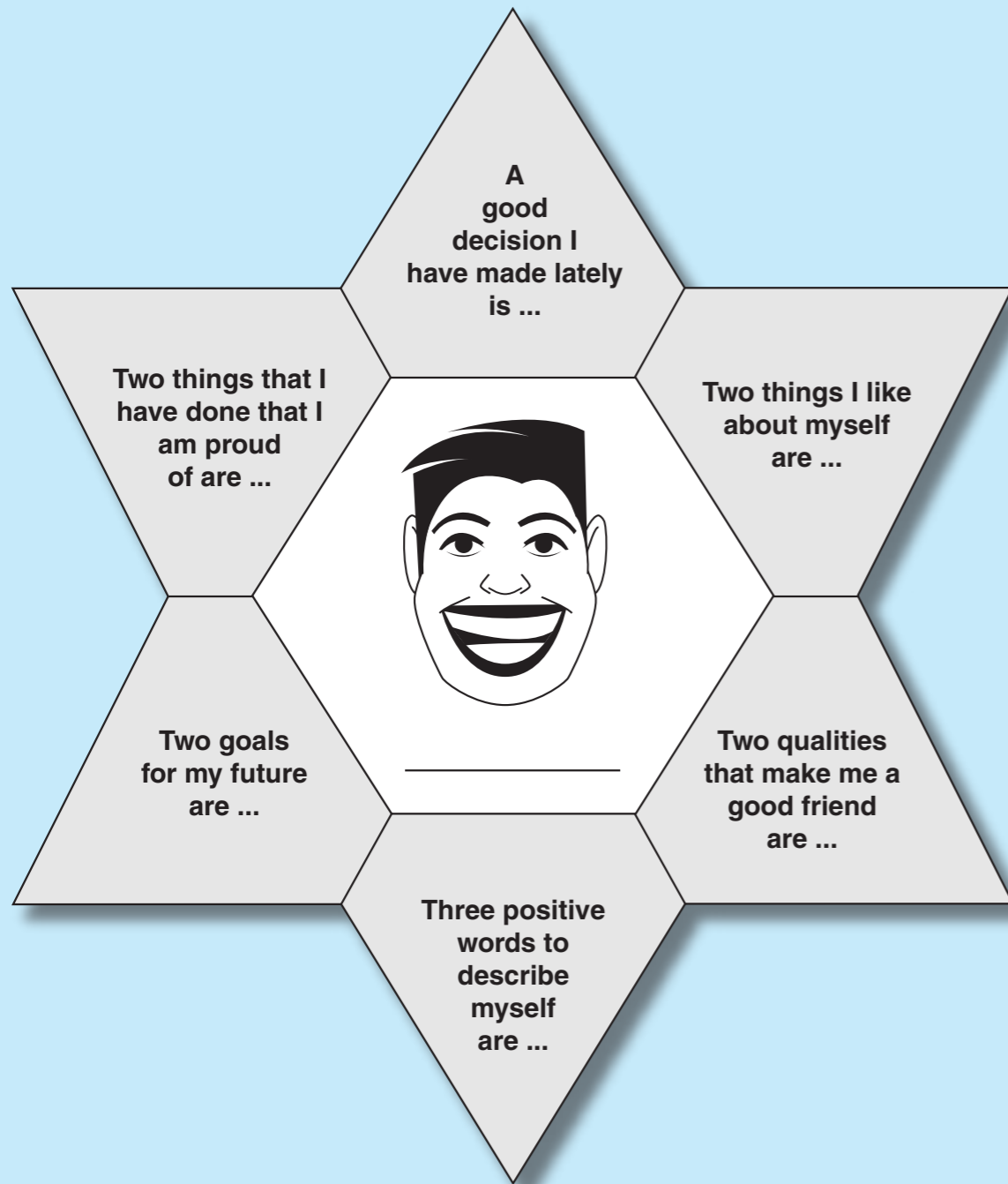
Time Needed: 30 minutes

Activity 1

1. Write the word “**Sexuality**” on the board or butcher’s paper
2. Ask the participants to brainstorm all the things they think of when they see this word – write up their responses
3. Give a definition of sexuality – see **Key Information**
4. Point out that sexuality refers not only to our sexual feelings. It is part of our personality and affects our relationships with other people
5. It is important to understand our sexuality, so that we can make good decisions about sexual behaviour and take care of our sexual and reproductive health
6. Sexuality also includes our sexual identity. This means the way we express our sexual feelings as men and women.
7. Young people are often unsure about their sexual identity. They may have sexual feelings for someone of the opposite sex, for someone of the same sex, or sometimes for both sexes
8. Sexuality can be expressed in many different ways. See **Key Information : Sexual Identity** for examples of differences in sexual identity. Discuss these different expressions of sexual identity with the group and clarify any questions they have

Self-Esteem Star Exercise

Write your name in the centre of the star and complete the statements



Key Information: Sexual Identity

HETEROSEXUAL	having sexual feelings for a person of the opposite sex
HOMOSEXUAL	having sexual feelings for a person of the same sex
LESBIAN	a woman who has sexual feelings for or attraction to another woman or women
GAY	a more commonly used term to describe a male homosexual
TRANSSEXUAL	a person who has the body of a man but feels inside that he is a woman. Or it can be someone with the body of a woman who feels inside that she is a man. Sometimes transsexuals have operations to change their bodies. Also known as transgender
TRANVESTITE	someone who prefers to wear clothes of the opposite sex, but they are not necessarily gay
BISEXUAL	a person who has sexual feelings for both men and women

TOPIC THREE: SEXUALITY AND VALUES

Time Needed: 30 minutes

Introduction

- Introduce the topic by saying that your personal values:
 - are strong feelings or beliefs about what is good or bad
 - guide how you behave and interact with others
 - influence the decisions you make about friends, relationships, and sexual behaviour
- People learn their values from many different sources:
 - family; culture; religion; teachers; friends; media
- Your values change as you get older and have different experiences and relationships
- The next exercise will help you to think about your values in regard to sexuality and sexual behaviour

Activity 1

1. Set up an imaginary line across the room and mark out three different points on the floor or wall representing the following (it helps to have written signs for each of the positions):

AGREE NOT SURE DISAGREE

2. Tell the group: "I am going to read you a series of statements about sexuality and sexual behaviour. After listening to the statement, decide if you *Agree*, *Disagree*, or are *Unsure* about the statement. Then move to the position which matches what you believe."
3. Explain to them that there are no right or wrong answers, only opinions based on their *values*
4. Read the first statement. Ask the participants how they feel about that particular statement and to place themselves on one of the three points along the line – see **Values Statements**

5. After each statement, ask someone standing at each of the points to share with the group the reasons why they chose to stand there
6. Encourage the group to discuss their opinions and beliefs. Explore opposing values or points of view
7. Repeat the process with the next statement. You may not have time to read all the values statements, so choose some that you think are relevant to the group

Discussion Points

- How easy or difficult was it to decide your position?
- Would your parents have similar or different positions on these values? Why or why not?
- How do our values influence our behaviour and the decisions we make?

Key Messages

- *It is important to learn to accept yourself as you are*
- *There are different forms of sexual identity and sexual expression in society*
- *Understanding your values can help in making decisions about sexuality*
- *Talk to a trusted adult or a health worker if you are feeling really unhappy, confused or worried about your sexuality*

Values Statements

Where do you stand?

- Masturbation is normal for young people
- A girl should be a virgin when she gets married
- A boy should be a virgin when he gets married
- It is all right to have sex before marriage
- Young people should wait until they are an adult to have sex
- A boy needs to have sex to prove that he is a man
- It is okay for boys and girls to drink alcohol
- It is good for a teenager to have a boyfriend or girlfriend
- Contraception (preventing pregnancy) is the female's responsibility
- Boys are only interested in sex
- Young people have the right to know about contraception
- Sex makes a relationship better
- Boys should know more about sex than girls
- Young men are mainly responsible for unwanted pregnancies
- If you have sex with someone it proves that you love them
- It is okay to have sex with someone of the same sex
- A girl who carries condoms with her is looking for sex
- It is normal for young men to have several sexual partners
- It is okay to have a baby as a teenager
- It is important to have lots of children
- Girls who become pregnant should leave school

Key Information: Sexuality

- All people are sexual beings
- Our sexuality includes:
 - our bodies and how our bodies work
 - our gender — male or female
 - our sexual identity — heterosexual, gay, or bisexual
 - our values about sexuality and relationships
- Sexuality is a natural and healthy part of life
- Sexual feelings, fantasies and desires are natural and occur in all stages of life.
- Our sexuality is affected by the norms and values of the society and culture in which we live
- Healthy sexuality involves taking care of reproductive health and having caring relationships
- Each individual has the right to express their sexuality in a positive, non-abusive way, and to make their own decisions about their sexuality
- Sexuality is affected by being male or female and the messages we receive about our gender

Session 4: SEXUALITY AND DECISION-MAKING



Key Life Skills

- Decision-making
- Critical thinking
- Problem-solving

Learning Objectives

1. To develop skills for making responsible and informed decisions about sexual activity
2. To identify the pressures on adolescents to engage in sexual activity and develop skills for delaying sexual activity
3. To identify the benefits of delaying sexual activity

Group Energiser

Start the session with a game or icebreaker activity (See **Games** and **Icebreakers (P.17)**).

Materials Needed

Flipchart, butcher's paper, marker pens, pencils

TOPIC ONE: INFLUENCES ON SEXUALITY

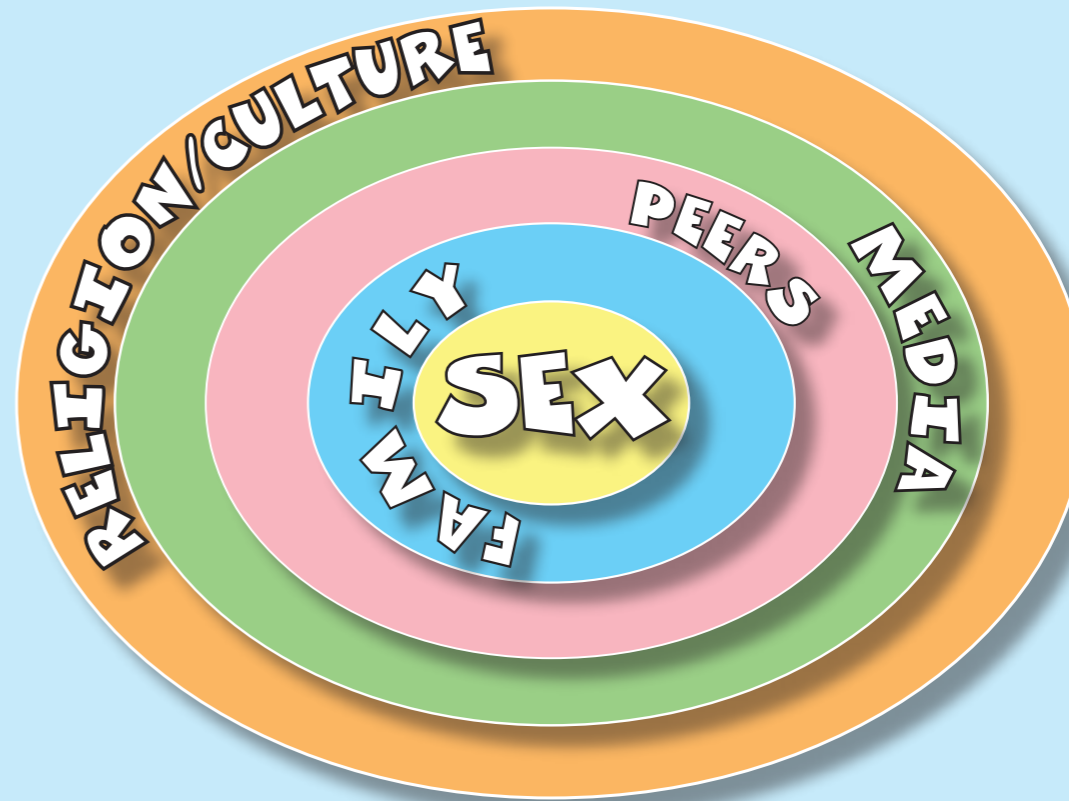
Time Needed: 30 minutes

Activity 1

1. Draw five concentric circles on the board or large piece of butcher's paper
2. In the innermost circle write the word "Sex". In the other circles write the following words: (see "Circles of Influence")
 - parents / family
 - peers
 - media
 - religion
 - culture
3. Taking each circle one at a time, ask the group to identify what messages young people receive about sex and sexuality from each of these sections in the community.
4. Some examples of the different messages might be:
 - *parents / family* – "study and work are more important than having a boyfriend or girlfriend"
 - *peers* – "sex is fun...everyone's doing it"
 - *media* – "smoking makes you attractive to the opposite sex"
 - *religion* – "sex before marriage is a sin"
 - *culture* – "couples should wait until they are married to have sex"
5. Alternatively, you can divide into small groups and ask each group to brainstorm the different messages

6. Ask the group to identify which messages they think have a *positive* influence on young people's behaviour, and which have a *negative* influence. Discuss how these messages have *positive* or *negative* influence on their behaviour
7. Discuss what their culture tells them about sexuality. Focus on the *positive* messages they receive from their culture about sexuality. These can be viewed as strengths that their culture gives them and that can support them to act in healthy ways

CIRCLES OF INFLUENCE



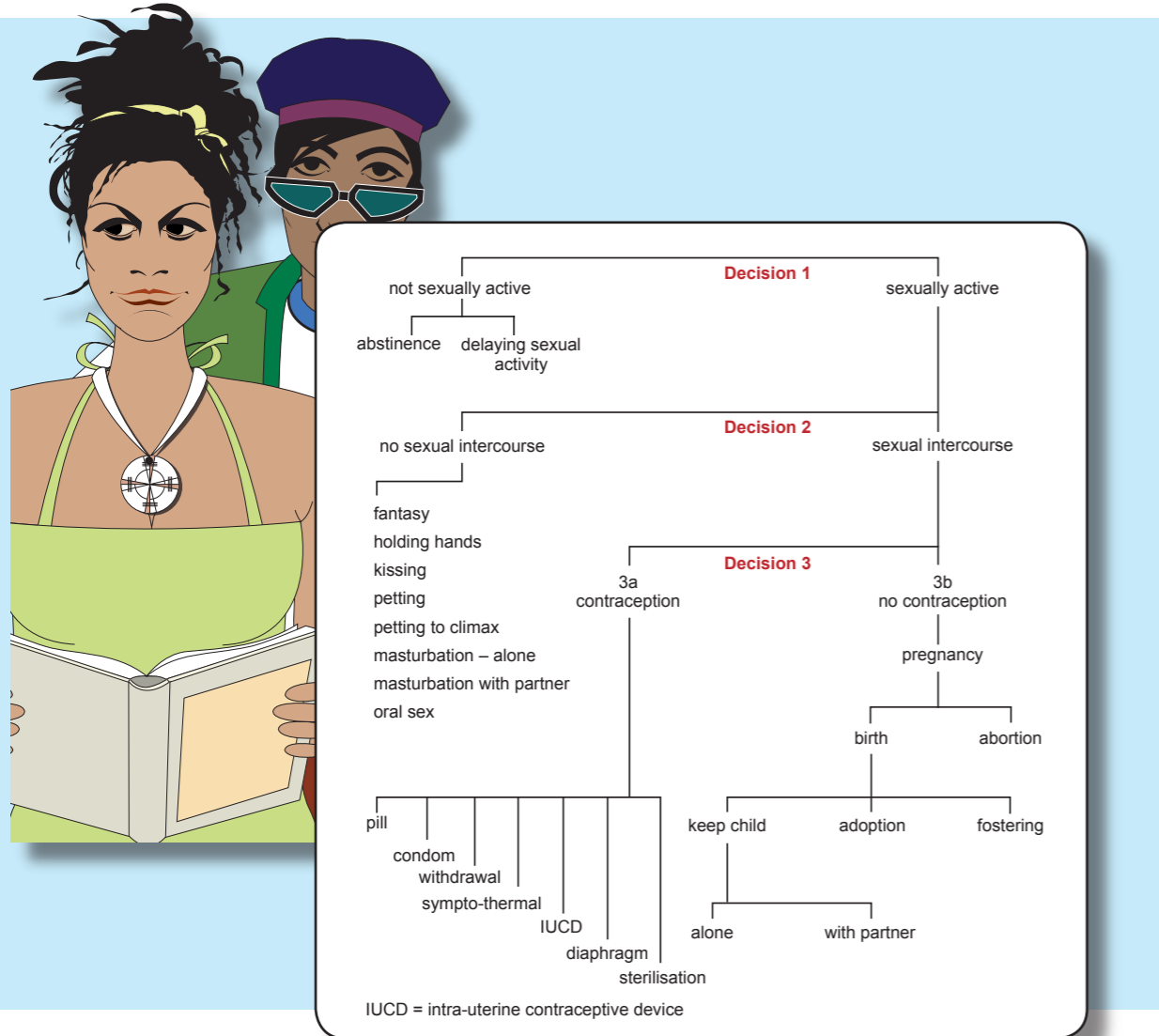
TOPIC TWO: SEXUAL DECISION-MAKING

Time Needed: 1 hour

Activity 1: Decision-Making Tree

1. Introduce the next activity by saying that as you grow up you are faced with many decisions in life – e.g. about your studies, your career, your friends, when to leave home etc
2. This next activity will help you to think about the different choices that young people face in making decisions about sexual behaviour and relationships
3. Start by writing Decision 1. Fill in the chart by asking the group to identify the different decisions a young person might face. In particular, ask them to think about the possible consequences of each decision – see "**Decision-Making Tree**"
 - **Decision 1** – Suppose you have a boy/girl friend and you are beginning to get sexual feelings for each other. What decisions do you face? Are you going to become sexually active?

- **Decision 2** – Can you be sexually active without having sexual intercourse? What are some of the things that people in a relationship can do to show their affection without having sexual intercourse?
 - **Decision 3** – If you are going to have sexual intercourse, what decisions do you need to make (e.g. contraception, condom use)?
4. Continue through the decision-making tree until you have discussed all the different decisions
 5. Note that both partners in a relationship are responsible for making these decisions



Activity 2: 'Yes or No'

1. One of the most difficult decisions young people face is whether to begin sexual activity
2. Read out the story of "Michael and Jane"
3. On the board write two headings:
 - "Reasons for having sex"
 - "Reasons for waiting to have sex"
4. Ask the group to brainstorm all the reasons why Michael and Jane might choose to have sex and list these under the first heading. Then identify and write up the reasons for waiting to have sex (you can add other reasons from the "Yes or No" list)

Discussion Points

- Ask the group to look at the list of reasons and discuss why Michael's reasons might be different from Jane's
- How might Michael and Jane talk to each other about their decision?
- What are the best reasons why young people should delay having sexual intercourse?
- Which of these reasons would they use for themselves in deciding whether or not to have sex?
- Explain to the group what abstinence is and discuss the advantages of abstinence for young people – see **Key Information: Abstinence**

The Story of Michael and Jane

Michael is 17 years old and is in his final year at school. He has been going out with Jane for 8 months. Michael's parents are hard-working and very traditional. They believe that young people should not have sex before marriage. Jane is 16 and still at school. Her older sister became pregnant when she was 15 and Jane's parents were very upset. Jane has just finished some classes on HIV/AIDS and does not want to do anything that will put her at risk of getting HIV. She and Michael have been getting much closer lately and have started talking about having sex. One of Jane's friends has already started having sex and told her that it has made things better between her and her boyfriend. Michael's parents are going out next Saturday night and he has invited Jane over for the evening so that they can be alone together. She really wants to go but is afraid that they may not be able to control themselves.

YES OR NO

Reasons for having sexual intercourse

- Pressure from friends/partner
- To communicate loving feeling in a relationship
- To avoid loneliness
- To get affection
- To receive and give pleasure
- To show independence from parents and other adults
- To hold onto a partner
- To become a parent
- Curiosity about sex
- Because both partners are comfortable with the decision
- To prove your love to the other person
- To be more popular
- To strengthen the relationship
- To feel older and more mature
- Belief that everyone is having sex
- Do not know how to say no

Reasons for delaying sexual intercourse

- To follow religious beliefs or personal or family values
- Not ready for intercourse
- To keep a romantic relationship from changing
- To avoid pregnancy

- To avoid STIs and HIV infection
- To avoid hurting parents
- To avoid hurting reputation
- To avoid feeling guilty
- Not ready to be a parent
- Want to finish school
- To reach future goals
- To find the right partner
- To wait for marriage

TOPIC THREE: DECISION-MAKING SKILLS

Time Needed: 30 minutes

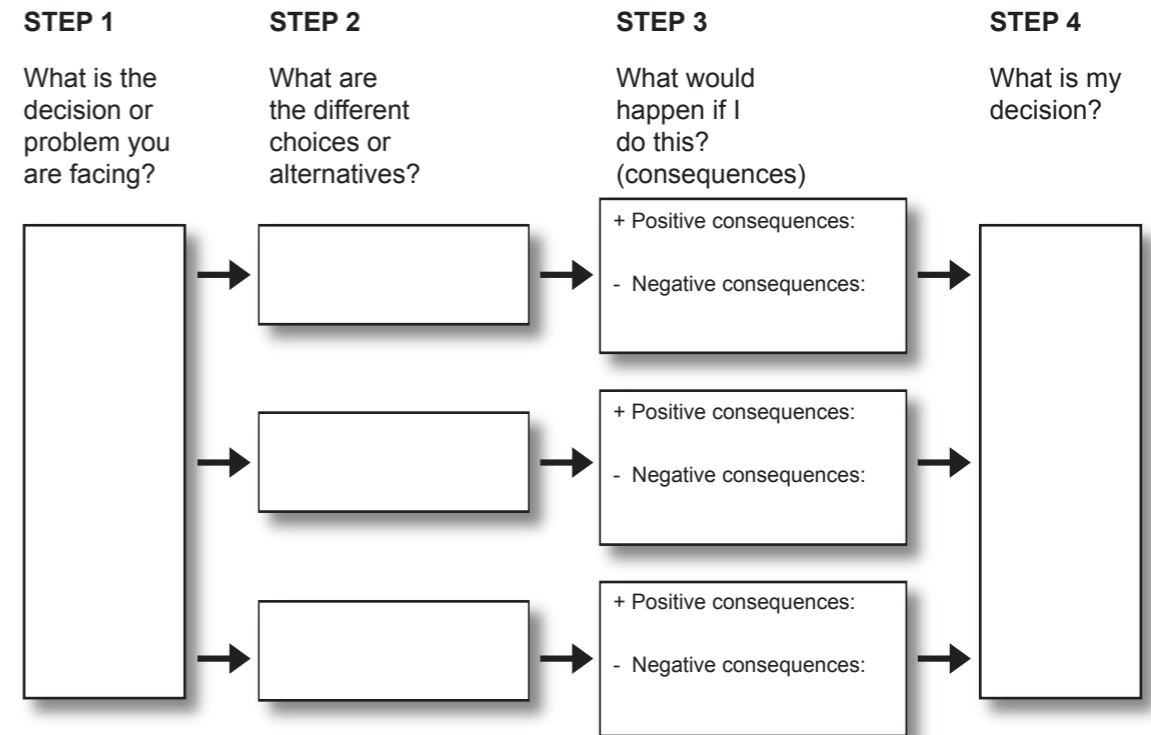
Activity 1: How to Make Decisions

1. Ask the group to identify some of the decisions that Michael and Jane have to make in regard to their relationship? For example:
 - whether to be alone together next Saturday night
 - whether to have sex or to wait
 - if they decide to have sex, whether to use contraception
2. Ask the group to think about any difficult decisions they have had to make in their lives (e.g. to do with school, work, family, friends)
3. What things helped them to make that decision? Write ideas on the board.
4. When making decisions, it helps to think about the different choices or options that are available. It is also important to think about the consequences of each of these options.
5. Present the decision-making model (see **Decision-Making Model**) and work through with the group one of the decisions facing Michael and Jane (e.g. whether to have sex or to wait), using this model
6. Ask the group what decision they think Michael and Jane should make and the reasons for this. Discuss strategies for helping with sexual decision-making – see **Key Information**
7. If there is enough time, divide the group into small groups. Ask each group to select a situation from the *Tough Decisions* list and decide what they would do if they were in that situation, using the decision-making model. Discuss the decisions reached and reasons for them with the whole group

Key Messages

- *The choice to have sex is a very personal decision – no-one can make the decision for you*
- *There are good reasons to delay sexual activity*
- *Abstinence is the safest way of protecting yourself from the risks and consequences of sexual activity*

DECISION-MAKING MODEL



Key Information: Sexual Decision-Making

- *Think about your values in relation to any decision. Ask yourself "Does my decision reflect my beliefs and values?" "What is right for me?"*
- *Think through the possible consequences of your decision and ask yourself: "Am I ready to take responsibility for the consequences of my decision?"*
- *Find out what information you need to help you make correct decisions*
- *Make your sexual decisions ahead of time – don't wait until you are in a difficult situation to try and decide*
- *Think about who else is involved or affected by the decision and discuss it with them if possible*
- *Talk it over with your parents, other trusted adults, or friends*
- *Think about how to resist pressure from others to change your decision*

Key Information: Abstinence

- *Abstinence is choosing to have no sexual intercourse at all*
- *It is the most effective way of preventing pregnancy and STIs*
- *Abstaining from sexual intercourse has no ill-effects on the health of adolescents*
- *Abstinence is a suitable option for young people who have not commenced sexual activity*
- *It is also suitable for those who have already begun sexual activity*
- *Abstinence may include other forms of sexual contact – e.g. kissing, touching, massaging*
- *Abstinence requires a high degree of motivation and self-control*
- *Adolescents may need training in communication skills to gain the support of their partner or friends in delaying sexual activity*

TOUGH DECISIONS

1. Peter has been hanging out with a couple of friends, Max and Leon, because it's not fun to be at home anymore. Both Max and Leon are pressuring him to smoke marijuana and drink. He likes Max and Leon a lot and they are cool to be with. It makes him forget his parents fighting at home, but he wants to finish high school and get a good job. What should Peter do?
2. Ben is 15 years old. His friends are talking a lot about their sexual experiences lately and he is feeling embarrassed because he has never had sex. He has a girlfriend, Jane, whom he has been seeing for the last 8 months. They like going to movies, swapping books and going to the beach. They like each other very much but have gone no further than holding hands. Now Ben is confused about his relationship with Jane and is worried that he might be abnormal. What should he do?
3. Christina is 14 years old. She went out to a nightclub with a group of school friends. She had a few drinks and engaged in heavy kissing with Andrew. Andrew is in her class, and is now putting pressure on her to go further. She is now worried that Andrew will tell all her friends, but she does not want to have sex yet. What should Christina do?
4. Jenny is 15 years old. Her parents sent her from their village to town to finish high school. They have warned her to behave herself and keep out of trouble. At school she became friends with a group of popular girls. They are full of fun, and are afraid of nothing. After school they sometimes smoke marijuana and keep telling Jenny she should try it too. She always thought that smoking was bad. What should she do?
5. Lisa believes that her best friend Anna has been acting strangely lately. She is 14 years old and has just started going out with a 19 year old man. Lisa is worried about her friend, but each time she tries to talk about the subject, Anna tells her to mind her own business. What should Lisa do?
6. Greg and Sarah are both 18 years old. They have been going out for 4 months and have become very close. They are thinking about having sex. Greg has never had sexual intercourse before. He has been brought up to believe he should wait until he gets married, but is afraid Sarah will leave him if he says no. Sarah has had several boyfriends before and really wants to have sex with Greg. What should Greg do?

Session 5: GENDER ROLES AND RESPONSIBILITIES



Key Life Skills

- Gender awareness and equality
- Understanding the effect of gender on sexual behaviour
- Sexual rights and responsibilities

Learning Objectives

- To identify beliefs and expectations about being male or female in a particular culture
- To understand how cultural expectations of gender affect identity, sexual behaviour and relationships
- To promote gender equality and develop greater respect for the opposite sex
- To identify the different pressures about sexual activity that boys and girls face because of their gender
- To understand that boys and girls have equal rights and responsibilities in relation to sexual behaviour and reproductive health

Group Energiser

Start the session with a game or icebreaker activity (See **Games** and **Icebreakers (P.17)**).

Materials Needed

Flipchart, butcher's paper, marker pens, pencils

TOPIC ONE: SEX AND GENDER

Time Needed: 2 hours

Introduction

- In addition to the biological differences of sex, our individual identities are also affected by our gender. Gender refers to the different roles that males and females are expected to take, as determined by the particular society and culture in which they live
- Cultural expectations of each gender influence social and sexual development, sexual behaviour, and decisions that individuals make about their sexuality and relationships.

Activity 1: What is Gender?

1. Ask the group to brainstorm what they think is meant by the term “gender”
2. Give a definition of “gender”. Explain the difference between “sex” (the biological and sexual characteristics we are born with) and “gender” (the social and cultural definitions of male and female roles that people learn as they grow up) – see **Key Information**
3. Make the point that “sex” is something we are born with and generally stays the same while “gender” is learnt, varies between different cultures and changes over time
4. Ask the group to identify some examples of the difference between sex and gender.
Examples are:
 - Breastfeeding is a female-only “sex” role (biologically determined)
 - Cooking is traditionally a female “gender” role (nowadays, it can be both a male and female gender role)

Activity 2: Gender Roles and Expectations

1. Write the following two phrases on the board or butcher’s paper:
 - *In my culture, a woman should.....*
 - *In my culture, a man should.....*
2. Divide the participants into two smaller groups – a boys’ group and a girls’ group
3. Ask each group to identify what their culture tells them about the ways that men and women are expected to behave, in particular:
 - the different roles, responsibilities and behaviours expected of men and women (or boys and girls) in their culture
 - these can be in relation to family, work, relationships, sexual behaviour, education, how they dress and act, and other key areas in life
4. When the groups have finished, ask them to report back their responses. List the responses under each of the statements on the board
5. Compare the responses and conduct a discussion:
 - What differences do they notice between the two lists?
 - Discuss any differences between the responses of the boys’ and girls’ groups
 - Do men and women have the same opportunities in their culture?
 - What are the good things about growing up as a male or female in their culture?
 - What are the bad things about growing up as a male or female in their culture?
6. How do these gender expectations influence the sexual behaviour and reproductive health of boys and girls? These may relate to:
 - sexual activity between boys and girls
 - responsibility for contraceptive use
 - social consequences for unwanted pregnancy
7. Finish with a discussion about whether men and women have equal rights and responsibilities in regard to sexual behaviour and reproductive health. Possible questions are:
 - Are men and women equally responsible for contraception?
 - Who takes responsibility for unwanted pregnancies?

Activity 3: Pressure to Have Sex

1. Brainstorm:
 - What are the pressures on *girls* to have sex?
 - What are the pressures on *boys* to have sex?
2. Ask the group to identify the different pressures that boys and girls are under to engage in sexual activity. These pressures may come from the opposite sex, from peers, from the media or from other sources
3. Compare the two sets of responses. Are boys and girls under different pressures? What pressures are similar?
4. Following on from the discussion on gender, ask the group if they think any of these

pressures are the result of gender differences – for example:

- boys having sex because they think it proves their manhood
 - girls feeling pressured to have sex by older men
5. What can boys and girls do to help reduce these pressures?

Key Messages

- *Sexual behaviour is influenced by the messages we receive about our gender*
- *Girls should have the same opportunities and rights as boys*
- *Boys and girls are equally responsible for reproductive health and making decisions about sexual behaviour*

Key Information: Gender

Definition

The term gender refers to the different roles of males and females, as determined by the particular society and culture in which they live. Gender affects expectations the society has regarding the sexual behaviour of boys and girls, as well as their responsibility for contraception and unplanned pregnancy. Gender roles are learned and can change over time.

Sex

Sex describes whether we are **male** or **female**

Sex is:

Biological – it is the physical characteristics we are born with

Universal

Sexual characteristics are the same all around the world – men have penises and women have vaginas in every country

You are born with your sex

– it cannot be changed

Gender

Gender describes the way we express our **masculinity** or **femininity**

Gender is:

Socially constructed – it is the roles, responsibilities and behaviours expected of men and women in a given culture or society

Cultural

Elements of gender vary between and within cultures

Gender roles are learned

– they change over time

Session 6: SEXUAL ACTIVITY AND PREGNANCY



Key Life Skills

- Problem-solving
- Decision-making

Learning Objectives

1. To increase participants' knowledge about how pregnancy occurs
2. To identify the behaviours that put a person at risk of unplanned pregnancy
3. To understand the risks and consequences of early pregnancy in adolescents
4. To identify choices and decisions to be made in regard to unwanted pregnancy
5. To identify resources and support services available for adolescents who are pregnant

Group Energiser

Start the session with a game or icebreaker activity.
(See “Games and Icebreakers” (P.17))

Materials Needed:

Flipchart, butcher's paper, marker pens

TOPIC ONE: PREGNANCY – HOW IT HAPPENS

Time Needed: 45 minutes

Introduction

- Introduce the session by reminding the participants about the information covered in the previous sessions on the sexual changes of puberty and the menstrual cycle
- Remind them that after reaching puberty, boys and girls become physically capable of having children
- One of the major reproductive health problems for adolescents is early pregnancy — when young people may not be physically or socially ready to have children

Activity 1: Conception

1. Ask the group what they know or have heard about how pregnancy happens
2. Write their answers on the board or butcher's paper. There may be many myths and misinformation about pregnancy
3. Explain that it is important they know how conception takes place, so they can prevent unwanted pregnancy and make informed choices about their sexual behaviour
4. Use the flipchart and **Key Information** to explain the process of how conception occurs
5. Be sure to cover the following points:

- explain what sexual intercourse is and how fertilisation of the egg happens
 - refer to the menstrual cycle and explain *ovulation* and the *fertile period* – what they are and when they occur
6. Use the table **Pregnancy : Myths and Misconceptions** and ask the group whether they think the statements in this table are true.
 7. Refer back to their ideas about how pregnancy happens. Clarify any other myths or false information about how a girl gets pregnant

Key Information: Pregnancy

What is Fertilisation?

During sexual intercourse, the male's penis is inserted into the woman's vagina.

- When a male and a female have intercourse, as many as 400 million sperm are ejaculated from the penis into the vagina
- The ejaculated sperm swim up through the vagina, into the uterus and through the fallopian tube seeking an egg
- If a mature egg is present, fertilisation of the egg by a sperm can take place. Fertilisation occurs when a sperm penetrates an egg. Although millions of sperm may be present, only one sperm can fertilise the egg
- The fertilised egg moves through the fallopian tube and implants itself in the uterus where the foetus will grow. If the egg is not fertilised, menstruation will occur

What is conception?

- Conception occurs when the fertilised egg implants itself in the lining of the uterus.
- Once the egg implants in the uterus, it develops into an embryo
- When this occurs, a woman is said to be pregnant

How does conception occur?

- An egg is released by the OVARY, about the middle of the menstrual cycle
- The egg gets drawn into the fallopian tube
- Many sperm travel (swim) to the top of the uterus and into the fallopian tubes
- Only one lucky sperm joins with the egg. This is known as FERTILISATION
- The sperm will penetrate the egg head first until it is inside the egg
- The two, which are now one, start dividing to form a ZYGOTE
- While the fertilised egg is subdividing, it moves slowly down to the uterus
- Six or seven days after fertilisation the zygote reaches the uterus and implants itself in the uterine wall
- This zygote further divides to form the EMBRYO

Pregnancy: Myths and Misconceptions

Is it true?

A girl can't fall pregnant if:

1. she has multiple partners
2. she is having sex for the first time
3. she has sex during her period
4. she douches immediately after intercourse
5. the man ejaculates outside the vagina
6. she has sex standing up
7. she has anal intercourse

No!

1. A woman can get pregnant even if she has sexual intercourse only once – the more sexual partners she has, the higher the risk of pregnancy
2. Anytime a woman has sexual intercourse during or near her fertile period, she can get pregnant
3. A woman is not safe from pregnancy if she has sex during her period. Women, especially teenagers, sometimes ovulate earlier than expected. Ovulation can be affected by stress, illness and so on. Remember also that a sperm can survive up to 5 days in the uterus under the right conditions.
4. Douching may actually force sperm further up into the vagina and does not prevent pregnancy.
5. A woman can get pregnant even if a man ejaculates outside the vagina. Women have become pregnant without having vaginal intercourse. Sperm deposited outside the vaginal opening are capable of finding their way in and fertilising the ovum
6. A woman who has vaginal intercourse in any position — sitting, standing or lying down — is at risk of becoming pregnant every time she has sex.
7. Even women who have only anal intercourse may become pregnant if semen comes in contact with the vulva and the sperm find their way into the vagina

TOPIC TWO: EARLY PREGNANCY – RISKS AND CONSEQUENCES

Time Needed: 30 minutes

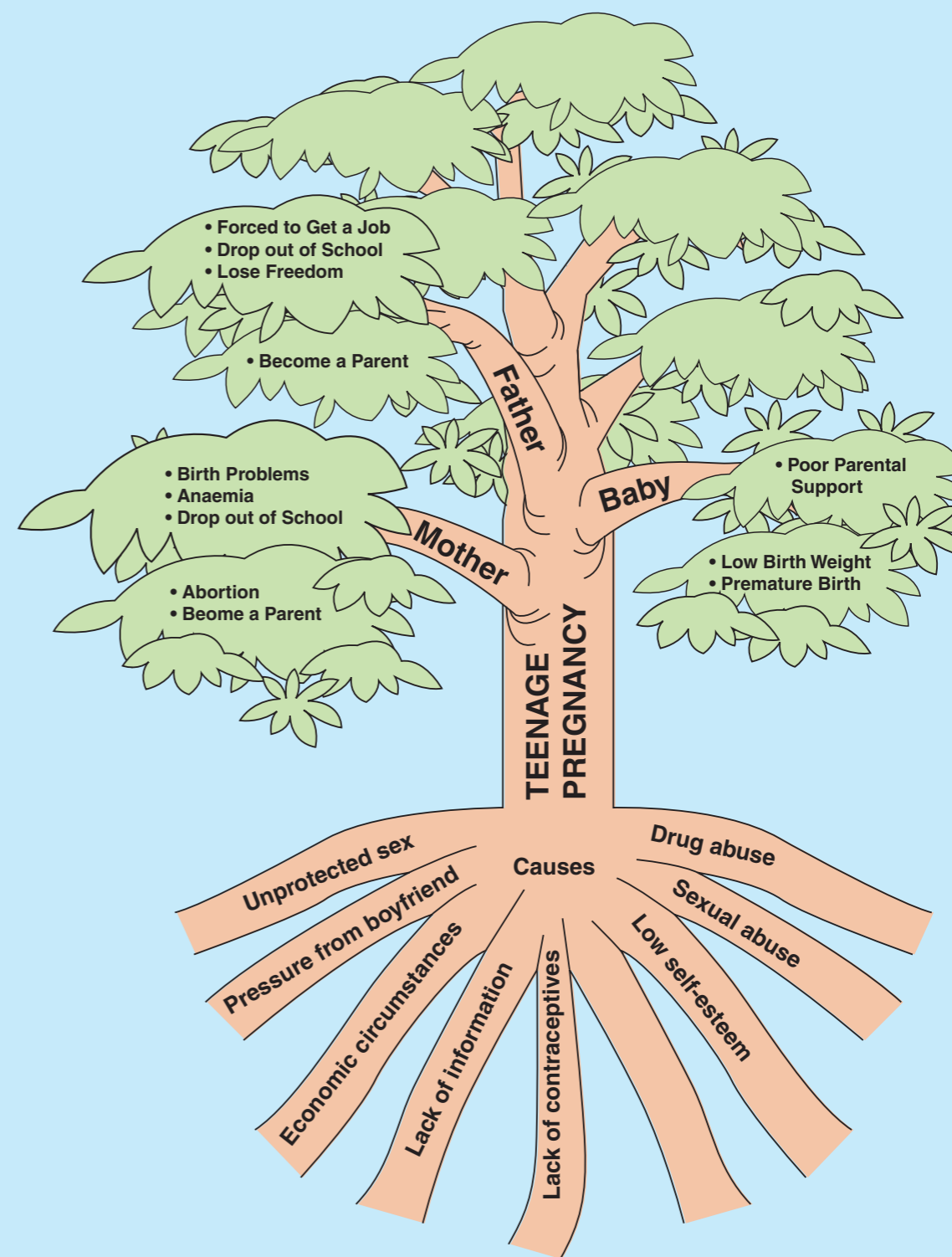
Activity 1: Problem Tree

1. Start by writing the words “Teenage Pregnancy” in the middle of the board or butcher’s paper
2. Ask the group to imagine that on the board where you have written the words is a tree
3. Imagine that the roots of this tree are the **causes** of teenage pregnancy. Growing out from the trunk are the branches – these are the **consequences** of teenage pregnancy
4. Ask them to identify as many of the **causes and consequences** that they can think of. For the **consequences**, draw three branches coming out to represent **mother, father, baby** – ask the group to identify the possible consequences of a teenage pregnancy for each of these people - see *Problem Tree*
5. Ask them to identify **physical, social, educational, economic and emotional consequences** for the different people involved. What factors do they think contributed to the cause of the pregnancy (for example, unprotected sex; falling in love; pressure to have sex)?
6. Provide information about the risks and consequences of teenage pregnancy (See **Key Information**)

Discussion Points

- From what you saw in this exercise, how much does your life change when you become a parent?
- Who do you think is affected more by teenage pregnancy – the girl or the boy?
- What problems does a girl in your community face if she gets pregnant at an early age? What problems does a boy face if he becomes a father?
- What does your culture say about a teenager getting pregnant?

PROBLEM TREE



Key Information:

Risks of Teenage Pregnancy and Early Childbirth

1. Teenage girls especially under 16 — have not reached physical maturity and so may not be physically ready for childbirth.
2. This can lead to many problems for both mother and baby — these risks are present regardless of whether the young woman is married or not:
 - premature birth
 - miscarriages
 - low birth weight of baby
 - difficulties of childbirth for both mother and baby
 - higher maternal death rate
 - anaemia
 - social and psychological consequences for the mother:
 - loss of educational opportunities
 - unemployment
 - isolation
 - social stigma and exclusion from the family

The best time for a woman to have children is from 20 to 35 years of age – this is the time, when the woman is in her best physical, psychological and social state to get pregnant and deliver a healthy child

TOPIC THREE: PREGNANCY CHOICES

Time Needed: 1 hour

Activity 1: What Should I Do?

1. Read out the story of **Mary and Johnnie** to the group
2. Write the heading “**Mary**” on the board and ask the group to describe what she might be feeling and thinking in this situation. List the feelings and thoughts on the board under “Mary”. Responses might include shame, fear, guilt, embarrassment, anger
3. Then do the same under the heading “**Johnnie**”
4. Discuss the different feelings and ask the group to brainstorm what they think Mary and Johnnie should do. Write these ideas up under each heading. Discuss the following:
 - Who should Mary talk to and how can she tell people about her situation?
 - Where can Mary go for help?
 - What should Mary do next?
 - What is Johnnie’s responsibility?
5. Ask the group how Mary would know that she is pregnant. Discuss the signs and symptoms of pregnancy (see **Key Information**). Explain that to find out for certain, Mary needs to have a pregnancy test (at a clinic, doctor or other health care provider)

Activity 2: Pregnancy Options

1. Tell the group that Mary has been to a clinic for a pregnancy test which showed that she is pregnant. Now she has to make some decisions

2. On the board or butcher’s paper, write three headings:
Keeping the Baby, Abortion, Adoption
3. Explain that Mary has these three options about her pregnancy and what each of these options means
Note: Abortion is illegal in Pacific countries. However, doctors have the power to conduct an abortion in some cases for medical reasons.
4. Ask the group to identify the advantages and disadvantages of each option and list these under the different headings
Alternatively, you could divide the group into three smaller groups and ask each group to work on one of the three options, and then report on their discussion to the large group.
5. Conduct a discussion about what they think most young women in their community would choose to do and the reasons why

Discussion Points

- What are the consequences of each of these options?
- Who should be involved in helping Mary to make her decision?
- What should Johnnie’s role be in making this decision?
- Discuss the risks and dangers of abortion – especially illegal abortions (see **Key Information**)
- Where would a young person in your community go for help if she thought she was pregnant?

Key Messages:

- *A girl can become pregnant any time she has sexual intercourse, if she doesn’t use contraception — even the first time*
- *Early unwanted pregnancy has serious physical, social and emotional consequences for adolescent mothers*
- *Unsafe abortion carries serious potential health risks for the mother, including death*
- *A young woman should always see a health worker if she believes that she may be pregnant*

Mary and Johnnie

Mary is a 16 year old girl and has been going out with Johnnie, who is 19, for 3 months. Johnnie has been putting pressure on Mary to have sex with him. Mary is not sure that she is ready for sex, but is really in love with Johnnie. She likes school and wants to go to university after she is finished. Finally one night, after they have been to a party, she gives in and has sex with Johnnie. Later that month her period is late and Mary is worried that she might be pregnant. When she tells Johnnie about it, he becomes angry and says that someone else must be the father. Mary is now very confused and does not know what to do. She feels that she cannot tell her parents because they will be very angry and make her leave school. Her friends have told her to have an abortion. She is afraid that it would be dangerous to have an abortion, but she really wants to finish her schooling.

Problems Resulting from Unsafe Abortion

- The most common problems are:
 - incomplete abortion
 - injury to the reproductive organs
 - infection
 - septic shock
 - severe bleeding
- It is estimated that 80,000 women die each year due to complications from unsafe abortion (World Health Organization). However, the actual number of deaths may be much greater
- Other serious long-term health consequences faced by women who have unsafe abortions include chronic pelvic pain, problems getting and staying pregnant, infertility, tubal blockage, and ectopic pregnancy

Key Information: Signs of Pregnancy

- Menstruation does not occur
- Stomach enlarges
- Breasts may become tender and enlarged
- There may be nausea, vomiting and dizziness in the morning (morning sickness)
- The area around the nipples gets darker/more sensitive
- The girl or woman may feel irritable

Session 7: PREVENTING PREGNANCY



Key Life Skills

- Decision-making
- Problem-solving
- Reproductive self-care

Learning Objectives

1. To identify ways of preventing unwanted pregnancy
2. To become familiar with methods of contraception and how to use them
3. To identify effective methods of contraception for young people, including abstinence
4. To become aware of individual rights and responsibilities in regard to contraception

Group Energiser

Start the session with a game or icebreaker activity. (See “**Games and Icebreakers**” (P.17)) Alternatively you can use the **Pregnancy Quiz** below as a warm-up.

Materials Needed

Flipchart, butcher’s paper, marker pens, pencils

TOPIC ONE: PREGNANCY FACTS

Time Needed: 30 minutes

Introduction

- Introduce the activity by saying that the decision to become sexually active has many consequences. Some of the risks of having intercourse are getting pregnant or contracting an STI or HIV/AIDS
- For young people who are already sexually active, it is VERY important to know how to protect themselves against pregnancy and STIs
- These next two sessions will look at ways you can protect yourself (Give the group some local data about the incidence of adolescent pregnancy in their community.)

Activity 1: Pregnancy Quiz

1. Tell the group that you are going to have a quiz competition about ways of preventing pregnancy
2. Divide the group into teams of about five or six members
3. Tell the teams that you will read out some statements about pregnancy. Ask each team a question in turn. That team has to say whether the statement is “**true**” or “**false**” Then they have to give a reason why they chose that answer. If they give the incorrect answer, or are unable to answer, then one of the other teams gets a chance to answer that question. (See **Pregnancy Quiz**)
4. After each question, give the correct answer and reason why. Give one point

- for each correct answer. Give another point if the team gives the correct reason for their choice of answer. Continue until you have completed the list of statements. The winning team is the one with the most points at the end
- If possible, have some small prizes which the teams can play for (e.g. sweets, pens, notebooks, etc)
 - Check if there are any questions they are unsure about and clarify any other points about getting pregnant – refer back to the information in **Pregnancy — How it Happens** in Session 6
 - Ask the group what other ways they have heard about in their culture for preventing pregnancy – clarify any myths and provide correct information

PREGNANCY QUIZ (True or False?)

A girl cannot get pregnant if.....

- She has not begun menstruating
- She is having menstrual bleeding
- She abstains from having sex
- She has sexual intercourse standing up
- The male uses a condom
- She urinates right after sexual intercourse
- She cleans her vagina (douches) after sexual intercourse
- She uses an effective contraceptive method
- She is under 12 years old and too young to get pregnant
- A male pulls his penis out of the vagina before ejaculating (“withdrawal”)
- She is having sexual intercourse for the first time
- The couple have safe sex and do not have penetrative sex (i.e. penis – vagina intercourse)
- She has sexual intercourse with a man who promises her that she will not get pregnant
- She masturbates by herself

ANSWERS

- False – It is possible that an egg may be released into the uterus before menstruation starts
- False – When girls start menstruating, their cycles are irregular, and eggs can be released into the uterus at different times
- True – Abstinence from sex is the safest method of preventing pregnancy
- False – You can get pregnant if you have sex in any position
- True – In most cases, if a condom is used properly, it will prevent pregnancy
- False – Urine passes through the urethra, so it does not remove any sperm from the vagina
- False – Sperm reach the uterus very quickly and are not removed by vaginal cleansing
- True – In most cases, if an effective method of contraception is used properly, it will prevent pregnancy
- False – Girls can reach puberty and begin ovulating as early as 9 years old
- False – Some sperm can be released even before ejaculation
- False – Any time a girl has sexual intercourse without contraception, she risks becoming pregnant
- True – Safe sex protects against pregnancy – provided the man does not

ejaculate near the vagina (in which case some sperm can make their way into the vagina)

- False – If a man ejaculates sperm into the vagina, he cannot control whether it will cause his partner to become pregnant or not
- True – masturbation is a safe way to experience sexual pleasure by yourself without risk of pregnancy

TOPIC TWO: CONTRACEPTION

Time Needed: 90 minutes

Activity 1: Methods of Contraception

- Ask the group to recall the story of Mary and Johnnie. What could they have done to prevent Mary getting pregnant? List their ideas on the board or butcher’s paper (*Alternatively you can divide the group into smaller groups and ask each group to identify and write down their ideas*)
- Examine the group’s ideas and discuss how effective and realistic these ideas are. Discuss the options that Mary and Johnnie have for preventing pregnancy, including:
 - abstinence
 - using contraception
 - safe sex without sexual intercourse
- Ask the group what they understand by the term “**contraception**”. Explain that contraception is the use of different methods to prevent pregnancy. Many couples use contraceptive methods to plan the spacing and number of children they have. Young people can also use contraception to prevent unwanted pregnancy
- Ask the group to identify all the contraceptive methods they know of and list these on the board
- Present information on the different methods of contraception:
 - how each method works
 - their advantages and disadvantages for young people
 - (see **Contraceptive Methods Chart** and flipchart)
- Provide samples of the different contraceptive methods to show and pass around in the group – e.g. a pack of contraceptive pills, diaphragm, condoms, female condoms, etc.
- Discuss the advantages and disadvantages of abstinence. Explain that abstinence is the choice not to have sex. Abstinence is the surest way to prevent pregnancy (and also STIs)

Note: It may be useful to invite a nurse or health worker who is comfortable talking with young people to present the information about contraceptive methods

Activity 2: Contraceptive Lucky Dip

- Place a range of contraceptives into a bag or box. If available, include the following contraceptives: the pill; male condom; female condom; IUCD; diaphragm; spermicide; injectable contraceptive; emergency contraceptive pill; Norplant. You can also write the names of other methods on pieces of paper – e.g. abstinence; sterilisation; rhythm method
- Pass the kit around the room and ask each person to choose an item or piece of paper from the box. Ask them to tell the group what they know about that particular method

3. Other participants can contribute what they know about each method
4. Provide any other information on the methods and clarify any questions (see **Key Information** and flipchart)

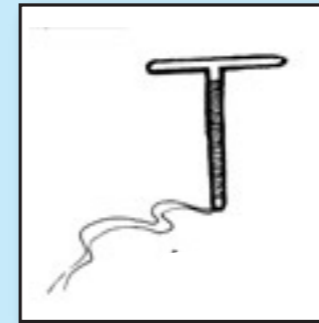
Discussion Points

- Discuss advantages and disadvantages of the different methods – especially for young people
- Where and how to get them in their community and cost
- Effectiveness of the methods
- Who is responsible for making sure that a couple uses contraception?

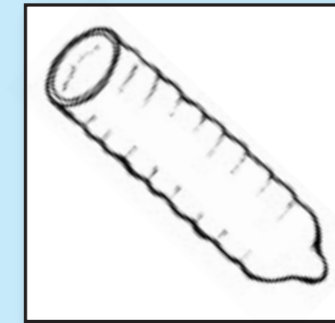
Key Messages

- *Abstinence is the most effective way to prevent pregnancy*
- *The contraceptive pill is a safe and effective method for young women – but does not protect against STIs*
- *Condoms are the safest method for young people who are sexually active – they protect against pregnancy and STIs*
- *Young women's menstrual periods are often irregular, and are not reliable as a means of contraception*
- *See a doctor or health worker for advice about contraception*

CONTRACEPTIVES



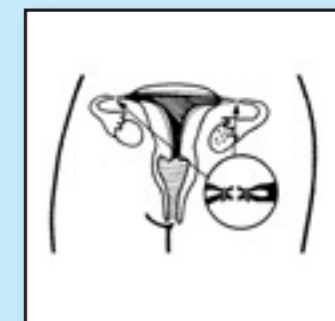
Intra-uterine contraceptive device (IUCD)



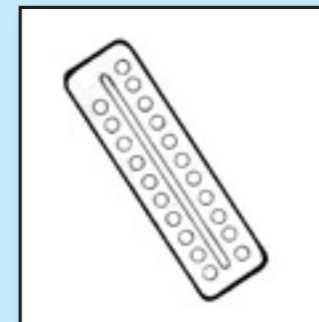
Condoms



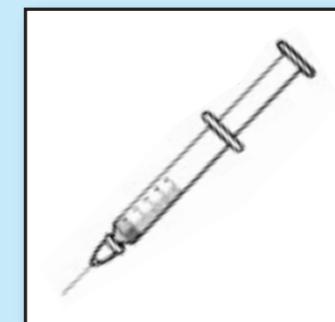
Diaphragm



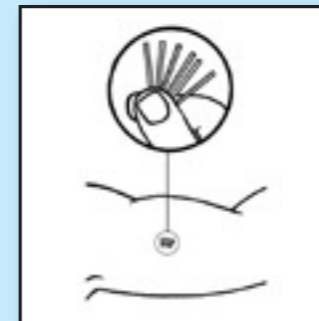
Female sterilisation (tubal ligation)



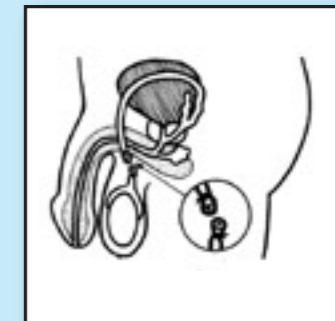
Contraceptive pills



Injectables



Contraceptive implants (Norplants)



Male sterilisation (vasectomy)

CONTRACEPTIVE METHODS

METHOD	WHAT IS IT?	ADVANTAGES	DISADVANTAGES
Abstinence	Choosing not to have sexual intercourse at all	<ul style="list-style-type: none"> • does not cost anything • nil chance of getting pregnant • no risk of catching STIs & HIV 	<ul style="list-style-type: none"> • requires high motivation and self-control • one partner may not want to practise abstinence; the other may want to be abstinent
Condoms	Thin rubber sheath worn over the erect penis during sexual intercourse	<ul style="list-style-type: none"> • easy to use • easy to carry • used only when needed • can buy at chemists • helps protect against STIs including HIV/AIDS • 2-10 % chance of getting pregnant if used correctly 	<ul style="list-style-type: none"> • if used incorrectly can break • they can slip off or break • some people are allergic to rubber
Contraceptive Pill	Pill containing artificial hormones similar to those produced by the woman: <ul style="list-style-type: none"> • stops ovaries from releasing an egg each month • need to be taken daily at the same time 	<ul style="list-style-type: none"> • easy to take, safe and cheap • does not interfere with sexual intercourse • periods usually regular, shorter and less painful • reduced risk of cancer of uterus or ovaries • can be taken up to menopause if healthy • 1-8 % chance of getting pregnant depending on how you follow the instruction 	<ul style="list-style-type: none"> • must be prescribed by a doctor • must be taken daily to be effective • should not be used by women over 35 who smoke • may have side-effects (e.g. weight gain, moodiness, skin changes, irregular bleeding, nausea) • very small chance of blood clots, heart attacks and strokes - more likely in older women who smoke • does not protect against STIs or HIV
Emergency Contraceptive Pill	A contraceptive pill taken after unprotected sex, or if a condom or diaphragm has broken	<ul style="list-style-type: none"> • effective if taken within 72 hours after sexual intercourse • can be used following unprotected intercourse • uncertainty of contraceptive effectiveness such as condoms breaking or forgotten to take pills • girls forced into having sex 	<ul style="list-style-type: none"> • the sooner the pill is taken after sex, the more effective it is • possible side-effects including nausea and vomiting • does not protect against STI or HIV
Spermicide	Chemical in the form of jelly, cream, foam tablets or pessaries that kill the sperm: <ul style="list-style-type: none"> • put into vagina or on condom before intercourse • best used together with condom or diaphragm 	<ul style="list-style-type: none"> • can buy at chemists • easy to use • easy to carry • used only when needed • 10-50 % chance of getting pregnant if used alone • 5% if used with condoms or diaphragm 	<ul style="list-style-type: none"> • may irritate vagina or penis • must be used before sexual intercourse • can be messy • high failure rate unless used with a condom or diaphragm • does not provide protection against STIs or HIV
Intra-uterine contraceptive device (IUCD)	Small plastic and copper device which sits inside the uterus: <ul style="list-style-type: none"> • prevents the fertilised ovum becoming embedded in the lining of the uterus • prevents fertilisation • prevents implantation 	<ul style="list-style-type: none"> • very effective • does not interfere with sexual intercourse • can stay in place for 19 years • more suitable for women who have had children • 1% chance of getting pregnant 	<ul style="list-style-type: none"> • must be fitted by a doctor • side-effects include heavier menstrual bleeding and cramps • does not protect against STIs or HIV

* Continued on next page

Periodic Abstinence (Fertility awareness/rhythm method)	Woman checks own body temperature, cervical mucus, periods	<ul style="list-style-type: none"> • acceptable to most religions • helps you understand how your body works • after learning method, no further visits to health professionals • suitable if a woman is not able to use any other method 	<ul style="list-style-type: none"> • expert instruction needed to learn method • no sexual intercourse during fertile time • must chart temperature and cervical mucus daily • body signs can be difficult to recognise • requires high degree of motivation, self-control and commitment from partners • 2-25%, chance of getting pregnant depending on how carefully you follow the instructions • does not protect against STIs or HIV
Injectables	Hormonal contraceptive given in the form of an injection: <ul style="list-style-type: none"> • stops the release of the ovum each month • thickens cervical mucus 	<ul style="list-style-type: none"> • an injection is given every one month or every 3 months, depending on the type of hormone used • does not interfere with sexual intercourse • usually no periods • does not suppress milk flow after stopping the injections 	<ul style="list-style-type: none"> • must be prescribed by a doctor • irregular periods or no periods • periods and fertility return to normal about 6 months after stopping the injection • do not protect against STIs or HIV
Contraceptive implants (Norplant)	A set of small plastic rod containing hormones that is inserted under the skin of the inner upper arm: <ul style="list-style-type: none"> • stops the egg being released • thickens the mucus at the cervix which stops the sperm from entering the uterus 	<ul style="list-style-type: none"> • up to 5 years protection • effective 72 hours after insertion • no regular supply required • immediate return of fertility on removal 	<ul style="list-style-type: none"> • spot bleeding between periods • may result in irregular bleeding or no menstrual periods • does not protect against STIs or HIV
Female condom	A thin plastic sheath worn by the woman in the vagina: <ul style="list-style-type: none"> • prevent sperms being released into the vagina 	<ul style="list-style-type: none"> • effective in preventing pregnancy when used correctly • protects against STIs and HIV • 21% chance of pregnancy 	<ul style="list-style-type: none"> • must be inserted correctly with each act of sexual intercourse • high risk of incorrect usage - therefore can be less effective than other contraceptives
Diaphragm	A thin rubber cap inserted by the woman into the vagina before sexual intercourse: <ul style="list-style-type: none"> • stops sperm from reaching the uterus 	<ul style="list-style-type: none"> • effective in preventing pregnancy when used correctly • 20% chance of pregnancy 	<ul style="list-style-type: none"> • must be inserted correctly before each act of sexual intercourse • some women find it difficult to put in • must be left in for 6 hours after sex • does not protect against STIs or HIV
Female sterilisation (tubal ligation)	A surgical procedure: <ul style="list-style-type: none"> • fallopian tubes are cut and tied to stop the egg meeting with the sperm 	<ul style="list-style-type: none"> • permanent method • less than 1 % chance of getting pregnant 	<ul style="list-style-type: none"> • not easily reversible • requires an operation • short-term discomfort (e.g. pain, bruising) • very slight risk from anaesthetic • does not protect against STIs or HIV
Male sterilisation (vasectomy)	A surgical procedure: <ul style="list-style-type: none"> • male tubes cut to stop sperm from travelling out of the testes and mixing with semen 	<ul style="list-style-type: none"> • permanent method • more simple than female sterilisation • less than 1% chance of getting pregnant 	<ul style="list-style-type: none"> • not easily reversible • requires an operation • short-term discomfort (e.g. pain, bruising) • does not protect against STIs or HIV

Session 8: SEXUALLY TRANSMITTED INFECTIONS

Key Life Skills

- Sexual health knowledge
- Protective behaviours

Learning Objectives

1. To increase participants' knowledge of sexually transmitted infections (STIs) and awareness of the risks to young people from STIs
2. To understand how STIs are transmitted
3. To recognise the signs and symptoms of STI, and the importance of seeking treatment
4. To know what to do when a person has these symptoms.

Group Energiser

The "**Handshake Game**" outlined below can be used as a group warm-up activity or see "**Games and Icebreakers**" (P.17)

Materials Needed

Flipchart, butcher's paper, marker pens, pencils

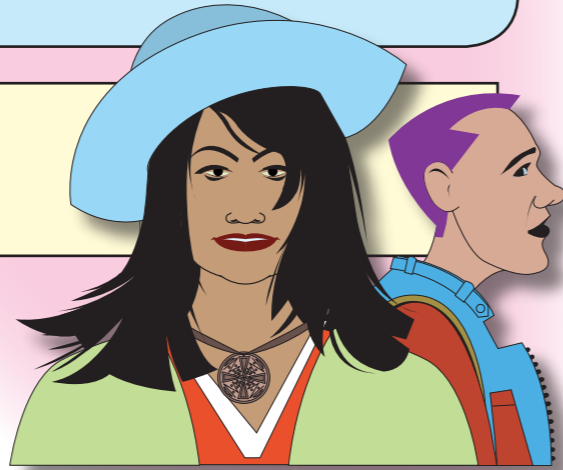
**Note: If you have limited time available, you may wish to include some activities on preventing STIs from Session 10: Protecting Yourself from STIs and HIV/AIDS.*

TOPIC ONE: STIs – WHAT ARE THEY?

Time Needed: 1 hour

Activity 1

1. Begin by asking participants what are some of the common diseases or infections that they know about in their community (for example, colds; flu; measles)
2. Explain that many infections are caused by viruses and bacteria passing from one person to another; and that some diseases are caused by poor hygiene or poor general health
3. Ask the group – "**What is a sexually transmitted infection?**"
Write up their answers. Explain that an STI is any infection that is passed from one person to another through sexual intercourse or other sexual contact with a person who has an STI
4. Ask the group to name any STIs they are familiar with – write these up and add others (e.g. syphilis; herpes; gonorrhoea; chlamydia; hepatitis A and B; HIV/AIDS) – ask them what names young people use for some of these STIs
5. Explain that some of these infections are caused by viruses or bacteria (see **Key Information**)
6. Emphasise that rates of STIs are very high among young people, especially those aged 15–24 years – more than one-third of all STIs occur in adolescents



Activity 2: Handshake Game

1. Begin by saying that you are going to play a game to show how easy it is for people to catch an STI
2. Ask the participants to stand and form a circle
3. Tell them to shake hands with two other people across the circle and then sit down
4. Explain to them that, in this game, shaking hands means having sex!
5. Pick two people in the group (one boy and one girl) and ask them to stand. Tell them that they have just found out from the doctor that each of them has an STI
6. Ask anyone who shook hands with them (that is, 'had sex' with them) to stand. Tell those people that they now are infected with an STI
7. Ask anyone who shook hands with those people to stand – they also now have an STI
8. Continue asking people to stand until most of the group is standing – that is, the whole group may be **infected**

Discussion Points

1. Stress to the group that you **cannot** catch an STI by shaking hands
- STIs are transmitted by having unprotected sex (without using a condom) with a person who is infected with an STI
2. Ask participants how they felt when they were told they had an STI
3. Ask them what this exercise shows about the spread of STIs, especially:
 - the more sexual partners you have, the greater risk of catching an STI
 - anyone can catch an STI if they have unprotected sex
4. Ask the group what they could do to protect themselves from catching an STI, for example:
 - abstain from having sexual intercourse
 - use a condom

TOPIC TWO: STIs – THE FACTS

Time Needed: 1 hour

Activity 1

1. Introduce the activity by saying that there are many false ideas about how you catch STIs and how to treat them
2. Brainstorm: Ask the group to brainstorm everything they have heard about STIs (**especially what people in their culture say about STIs**) under the following headings:
 - i) How you catch STIs
 - ii) Signs and symptoms (how you can tell if you have an STI)
 - iii) Who gets STIs
 - iv) How to treat STIs
3. Write the answers up under the four headings
4. Correct any wrong answers and provide correct information about:
 - Transmission of STIs
 - Signs and symptoms of STIs
 - Sexual activities that are a risk for catching an STI (See **Key Information** and use the flipchart to clarify information about STIs)

5. Emphasise the following points:

Transmission of STIs	Signs and symptoms	Who is at risk	Treatment
<ul style="list-style-type: none"> Unprotected sex (vaginal; anal; oral) is a high risk for infection The more sexual partners one has, the higher the risk 	<ul style="list-style-type: none"> Many STIs have no symptoms at all Common STI symptoms: <ul style="list-style-type: none"> unusual discharge from penis or vagina burning pain or irritation when urinating sores, blisters or rashes near or on the genitals painful intercourse 	<ul style="list-style-type: none"> Anyone, male or female, is at risk of catching an STI if they have unprotected sex with an infected person Adolescent girls are more vulnerable to STIs because their cervixes are immature Victims of sexual violence 	<ul style="list-style-type: none"> Most STIs can be treated and cured by medical treatment The only sure way to tell if a person has an STI is by having an STI test

6. Ask the group where they would go for an STI test or treatment. Give information about where young people can go for an STI test and treatment in their community – e.g. doctors; nurses; community clinics

Activity 2: STI QUIZ

- Divide the group into teams of about five or six members
- Tell the teams that you will read out some statements about STIs. Ask each team a question in turn. That team has to say whether the statement is “**true**” or “**false**”. Then they have to give a reason why they chose that answer. If they give the incorrect answer, or are unable to answer, then one of the other teams gets a chance to answer that question. (See **STI Quiz**)
- After each question, give the correct answer and reasons why. Give one point for each correct answer. Give another point if the team gives the correct reason for their choice of answer. Continue until you have completed the list of statements. The winning team is the one with the most points at the end
- If possible, have some small prizes that the teams can play for (e.g. sweets, pens, notebooks, etc.)
- Correct any wrong answers and provide correct information about STIs. (See **Key Information** and use the flipchart to clarify information about STIs)

Discussion Points

- If STIs are not treated early enough, they can have serious long-term health consequences, including:
 - infertility; ectopic pregnancy
 - death (in the case of HIV/AIDS)
- Some STIs are not curable, including herpes and HIV/AIDS, but can be treated with drugs to reduce symptoms
- Sometimes STI symptoms will go away by themselves, but the STI could still be there
- STIs can be passed from mother to infant during pregnancy
- If a person has an STI, they should tell their partner so that they too can go for treatment

Key Messages

- Anyone can catch an STI if they have unprotected sex
- STIs can cause serious short and long-term health problems
- All STIs can be prevented
- Young women are at greater risk of STIs than men
- If you think you may have an STI, go to a clinic or health care provider for tests and treatment

STI QUIZ (True or False?)

- Anyone can get HIV if they have sex with someone infected with HIV
- Taking the contraceptive pill protects against STIs
- A person can have an STI and not even know it
- You can get STIs from toilet seats
- If you get an STI, you can get rid of it by giving it to someone
- You cannot get an STI if you only have sex with one person
- A discharge from the penis, vagina or anus can be a symptom of an STI
- Males are more likely than females to know they have an STI
- Only homosexuals get HIV/AIDS
- If you have treatment for an STI, your parents will be told
- You can catch an STI the first time that you have sex
- Only prostitutes get STIs
- Once you have had an STI, you cannot get it again

ANSWERS

1. True

It is possible to catch HIV if there is exchange of body fluids, such as blood, semen or vaginal fluid as the HIV virus lives in body fluids

2. False

The contraceptive pill only prevents pregnancy. It does not protect against STIs or HIV/AIDS

3. True

Many STIs show no signs or symptoms in either men or women

4. False

But public toilet seats can sometimes have other germs; it's best to give them a good wipe before use

5. False

STIs don't go away because you have sex with someone else; they just get spread around. Both partners should have treatment at the same time

6. False

It's always possible that one person has had sex with someone else. So always practise safe sex

7. True

A discharge from the penis, vagina or anus may be a symptom of an STI; always have it checked by a health worker or doctor

8. True

This is because a man's penis is on the outside of his body so the signs of most STIs are more easily seen

9. False

The majority of people with HIV/AIDS in the world are heterosexual men. Many women,

adolescents, children and babies have also been infected with HIV

10. False

Medical treatment for STIs should always be confidential

11. True

You can catch an STI any time that you have unprotected sexual intercourse (that is, sex without using a condom)

12. False

Any person who has unprotected sexual intercourse can get an STI

13. False

Every time you have unprotected sexual intercourse you are at risk of catching an STI

Key Information

Sexually Transmitted Infections

- STIs are infections caused by bacteria or viruses (germs). They are passed from one person to another by sexual contact or by sexual intercourse with a person who is infected with an STI
- These bacteria or viruses are carried by body secretions (semen, vaginal fluids, blood from an infected person)
- STIs are not spread through casual contact (such as shaking hands), where there is no exchange of body secretions
- Sexually transmitted diseases are a major cause of ill health and infertility among both males and females
- The presence of an STI increases the person's risk of HIV infection

Some facts about sexually transmitted diseases

- A person can have an STI but not have any symptoms (signs)
- Most STIs can be treated and cured with modern drugs
- Some STIs cannot be cured, including herpes and HIV/AIDS, but can be treated with drugs to reduce symptoms
- STIs can cause damage to the reproductive system
- If a person thinks they have an STI, they should go to a doctor or clinic for treatment. Their partner must also be treated to avoid re-infection
- **STIs sometimes have no visible symptoms**
- **Sometimes symptoms of STIs go away by themselves – but the STI is still there and the person can still infect someone else**
- **All STIs are preventable**

Common symptoms of STIs

- Unusually thick and smelly discharge from the vagina or penis
- Burning pain when urinating
- Sores, rash or redness around the sexual organs, anus or mouth
- Itching or discomfort in or around the sex organs
- Painful swelling in the lymph glands in the groin area
- Pain in the lower abdomen or the lower back
- Pain or discomfort during sexual intercourse

COMMON SEXUALLY TRANSMITTED INFECTIONS (STIs) VIRAL INFECTIONS

Some symptoms can be treated and go away – treatment is different for different infections.
Some viruses can stay in the system and cause symptoms to return.

Infection	Signs and symptoms	Consequences if not treated
Genital Herpes	<ul style="list-style-type: none"> • Itchy and burning around the sex organs • Small sores or blisters on or around the genitals or anus or mouth • Starts 2-30 days after infection • Blisters last 1-3 weeks • Blisters disappear but the person still has the herpes virus • Blisters may recur 	<ul style="list-style-type: none"> • There is no cure for herpes, but there is treatment to reduce the symptoms • Blisters recur in 50% of those with herpes • May be transmitted to a sexual partner or to a baby during birth • May increase the risk of cervical cancer in women
Genital Warts	<ul style="list-style-type: none"> • Caused by the human papilloma virus (HPV) • Small painless lumps on and inside the genitals or anus • Women may have warts inside the vagina and not know it • Often no visible symptoms 	<ul style="list-style-type: none"> • May increase risk of cervical cancer • Warts can be removed but virus cannot be cured and warts may reappear
Hepatitis B	<ul style="list-style-type: none"> • Headache, fever and fatigue are the early symptoms • Late symptoms are dark urine, abdominal pain, jaundice (yellow colour of the skin) • Often no visible symptoms 	<ul style="list-style-type: none"> • Can lead to chronic liver disease • Causes swelling of the liver and some times leads to liver failure and death • No cure • Usually clears up by itself although some people remain carriers of the virus

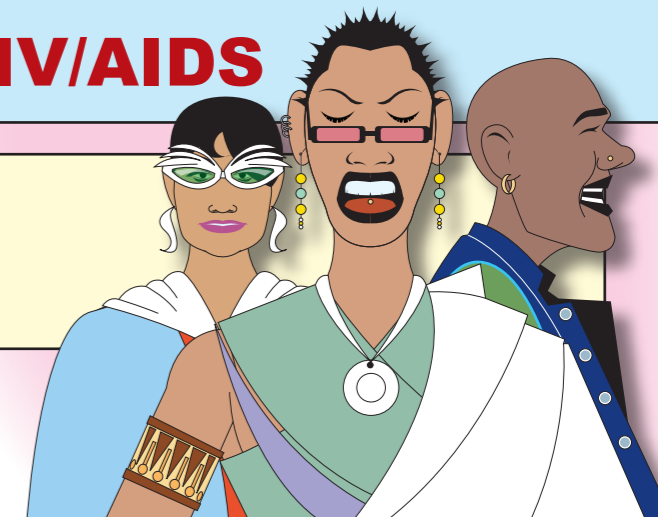
BACTERIA INFECTIONS Can be cured by antibiotics		
Infection	Signs and symptoms	Consequences if not treated
Gonorrhoea	<ul style="list-style-type: none"> • Symptoms begin 2-21 days after infection • Heavy pus like discharge from penis and vagina • Pain or burning sensation during urination and bowel movement • Lower abdominal pain, accompanied by fever, nausea and vomiting • Symptoms may be absent for some time 	<ul style="list-style-type: none"> • Damage to reproductive organs • Infection of the eyes of a baby during birth • In women scarring of fallopian tubes can lead to infertility • In men scarring can lead to infertility and urination difficulty
Chlamydia	<ul style="list-style-type: none"> • Symptoms begin 7-21 days after infection • Usually no symptoms • Sometimes pain when urinating, or discharge from the penis and vagina 	<ul style="list-style-type: none"> • In women scarring of fallopian tubes can lead to infertility and ectopic pregnancy • Baby's eyes and lungs can be affected at birth
Syphilis	<p>1st stage</p> <ul style="list-style-type: none"> • A painless open sore on the genitals, anus, or mouth may appear 2-4 weeks after exposure • Women may not notice symptoms because sores may occur inside the vagina • Sores disappear by themselves in 2-6 weeks — but bacteria remain <p>2nd stage</p> <ul style="list-style-type: none"> • A rash may appear on the palms of the hands, soles of the feet or other parts of the body • Painful swollen joints • Flu-like symptoms 	<ul style="list-style-type: none"> • If untreated may cause damage to any body organs including heart disease, insanity, deformity, blindness and death • Can be passed to the sexual partner • Can be passed from mother to her unborn child

FUNGUS INFECTIONS Curable with antifungus cream		
Thrush (candida)	<ul style="list-style-type: none"> • White coating in moist parts of the body (vagina, throat, under foreskin in uncircumcised men) • Itching and pain at the affected area 	<ul style="list-style-type: none"> • Itching of the genitals can leave windows for other bacteria or viruses to enter the body (such as HIV)

Session 9: HIV/AIDS

Key Life Skills

- Sexual health care
- Protective behaviours
- Responsibility to others



Learning Objectives

1. To clarify myths and provide correct information about how HIV is transmitted
2. To identify the risks of different sexual behaviours for HIV transmission
3. To know how to prevent the transmission of HIV
4. To develop greater understanding of people living with AIDS

Group Energiser

Start the session with a game or icebreaker activity.
(See “Games and Icebreakers” (P.17))

Materials Needed

Flipchart; butcher's paper; marker pens; “HIV risk cards”; blank paper; pens/pencils

***Note: You may wish to include some activities on preventing HIV/AIDS from Session 10: Protecting Yourself from STIs and HIV/AIDS.**

TOPIC ONE: HIV/AIDS – MYTHS AND FACTS

Time Needed: 30 minutes

Activity 1: HIV/AIDS – What is it?

1. Write the terms HIV and AIDS on the board / butcher's paper
2. Ask the group what each of these terms stands for
3. Provide the correct definitions of HIV and AIDS (see **Key Information**).
4. Point out that HIV is a **sexually transmitted infection** and so it is transmitted by unsafe sexual activity in the same way as other STIs (refer to the session on STIs). HIV can also be transmitted by other means that the group will also look at later
5. Tell the group that there are a lot of myths and misinformation about HIV/AIDS
6. **Brainstorm:** What rumours or stories have people heard about HIV/AIDS. They could be rumours about:
 - how you get HIV/AIDS
 - who gets HIV/AIDS
 - how to cure HIV/AIDS
7. Write these rumours up and ask the group to vote on which rumours they think are true and which are false
8. Use the **Key Information** to provide correct information on HIV/AIDS:
 - how they affect the body – signs and symptoms
 - the difference between HIV and AIDS
 - HIV testing and treatment

Point out that anyone can get HIV if they engage in unsafe sexual practices or unsafe behaviours

If available give data on the incidence of HIV/AIDS in their community

TOPIC TWO: HIV TRANSMISSION

Time Needed: 1 hour

Activity 1: Risk of Infection

1. Make up three cards with the words **High Risk**, **Some Risk**, **No Risk** and place these along an imaginary line on the floor with **High Risk** at one end and **No Risk** at the other. Alternatively, you can use an object to mark these three points
2. Tell the group that you are going to read out some different behaviours and activities. You want them to decide whether these behaviours are **High**, **Some** or **No Risk** for transmitting HIV
3. Select behaviours/activities from the list that are suitable for your group (see **HIV Transmission Risks**). Read out an activity and ask them to stand at one of the 3 positions marked on the floor – **High**, **Some** or **No Risk** – according to the level of risk they think there is for that behaviour
4. Provide the correct answer for each risk activity, and reasons why the activity has that level of risk (see **HIV Transmission Risks**)
5. Continue until you have read out all the activities

Discussion Points

- Point out that the three main ways of HIV infection are:
 - unsafe sex
 - HIV-positive blood entering the bloodstream of another person (e.g. through sharing drug needles; an accident)
 - mother to child (in the womb and through breastfeeding)
- Encourage participants to ask any questions they might have about HIV/AIDS

HIV TRANSMISSION RISKS

- VAGINAL INTERCOURSE WITHOUT A CONDOM
- SWIMMING IN A POOL
- ORAL SEX
- FRENCH (DEEP) KISSING
- MUTUAL MASTURBATION
- GETTING A BLOOD TRANSFUSION
- WORKING NEXT TO SOMEONE WHO HAS HIV
- GETTING YOUR EARS PIERCED BY A FRIEND
- SHARING A NEEDLE, SYRINGE OR OTHER EQUIPMENT TO USE DRUGS
- GETTING A NEEDLE FROM THE DOCTOR OR DENTIST
- USING SOMEONE ELSE'S PEN OR PENCIL
- HAVING SEX USING A CONDOM
- GETTING TATTOOED
- HAVING SEX NOT USING A CONDOM
- BEING SNEEZED ON
- HAVING A BLOOD TEST

- SHAKING HANDS WITH SOMEONE WHO HAS HIV
- BEING BITTEN BY SOMEONE WITH HIV
- GIVING BLOOD
- HAVING SEX WITH LOTS OF DIFFERENT PEOPLE
- GETTING YOUR EARS PIERCED AT A CHEMIST
- SOMEONE SPITTING IN YOUR EYE
- SOMEONE BITTING YOU HARD ENOUGH TO DRAW BLOOD
- DRINKING FROM SOMEONE'S CUP
- PLAYING SPORT WITH SOMEONE WHO IS BLEEDING
- ANAL INTERCOURSE WITHOUT A CONDOM

HIV TRANSMISSION RISK – ANSWERS

High risk

- vaginal intercourse without a condom
- sharing a needle, syringe or other equipment to use drugs
- having sex without using a condom
- having sex with lots of different people
- anal intercourse without a condom

Some risk

- oral sex (if there are cuts or sores)
- getting your ears pierced by a friend (if you share equipment)
- getting tattooed (if tattoo equipment is shared)
- playing sport with someone who is bleeding (if you also bleed or have an open cut)

No risk

- french (deep) kissing (HIV has never been transmitted with saliva)
- swimming in a pool
- getting a blood transfusion
- getting a needle from a doctor or dentist
- working next to someone who has HIV
- mutual masturbation
- someone spitting in your eye
- shaking hands with someone who has HIV
- giving blood
- getting your ears pierced at a chemist
- using someone else's pen or pencil
- drinking from someone's cup
- having sex (vaginal/anal) using a condom (provided the condom is used correctly)
- being sneezed on
- having a blood test
- being bitten by someone with HIV (HIV is not transmitted with saliva)
- being bitten by a mosquito

Key Information

HIV / AIDS

H	Human – affecting human beings
I	Immunodeficiency – lack of power in the immune system
V	Virus – a tiny organism that causes infection and disease

A	Acquired – something you catch rather than something you are born with
I	Immune – resistance or protection from disease
D	Deficiency – lack of protective power
S	Syndrome – a variety of symptoms rather than a single disease

What is it?

- HIV is the virus which causes AIDS
- The virus lives in body fluids especially blood, semen and vaginal fluid
- HIV is passed from an infected person to another person through **semen, vaginal fluid and blood**
- A person who becomes infected with HIV is known as HIV positive
- A person infected with HIV may have some symptoms like fever, rashes, sweating and diarrhoea in the first few weeks after infection
- Most people will show no signs of HIV for several years
- HIV destroys the body's defence (immune) system and weakens it
- Once a person has a weakened defence system, their body cannot fight off diseases such as flu, gastroenteritis, tuberculosis or cancers
- This stage of the infection is known as AIDS
- AIDS occurs on average about 10 years after becoming infected with HIV
- People who develop AIDS eventually die from the effects of the diseases that their body is unable to fight off
- There is no cure for HIV/AIDS
- Drug treatments are available that can reduce the effects of HIV and extend the period before a person develops AIDS

Means of HIV Transmission

The three main ways of HIV infection are:

1. Unsafe sex:

- Vaginal intercourse without using a condom (man to woman or woman to man)
- Anal intercourse without using a condom (man to woman; woman to man or man to man)

2. HIV-positive blood enters the bloodstream of another person through:

- Sharing needles during injecting drug use

3. Mother to child:

- An HIV-positive mother passes the disease on to her baby during pregnancy, at childbirth or by breastfeeding

It is also possible to transmit HIV by the following means (though the risk is very low):

- Tattooing or skin piercing
- Medical and dental equipment – where unclean, unsterilised equipment is used
- An accident or bloody fight - where the blood of one person comes in contact with an open wound of another

HIV Testing

- The only way to tell if a person is infected with HIV is by having a blood test – these can be done by a doctor, or at a clinic or hospital
- If the virus is present then this is called HIV positive
- If the test is negative, then HIV is not present
- It can take up to 3 months after infection for HIV to show up in a person's blood – this is called the window period
- If a blood test is done before this time it may be negative even if the virus is present – so the person may have to return for another test after 2–3 months

RULES OF HIV TRANSMISSION

1. The first rule is EXIT (the virus must exit or leave the body of an infected person)
HIV exits the body in blood, semen, pre-cum, vaginal fluids and/or menstrual blood.

2. The second rule is SURVIVE

HIV must survive in the environment in which it has been placed. HIV is very fragile and starts to die if exposed to the air.
HIV survives best in warm air, moist and dark environments — like the anus, vagina and inside a syringe.

3. The third rule is ENTER

HIV must enter the blood supply of another person. HIV can enter the blood supply through cuts, tears or sores.

4. The fourth rule is SUFFICIENT QUANTITY

HIV must be present in sufficient quantity to cause infection. HIV is only present in quantities high enough to cause infection in blood, semen, pre-cum, vaginal fluids and menstrual blood.

Note: All four rules must be met for transmission to take place.

TOPIC THREE: LIVING WITH HIV/AIDS

Time Needed: 30 minutes

Activity 1: People Living with HIV/AIDS

1. People who are infected with HIV or who develop AIDS face many difficulties
2. Give each person four pieces of paper and ask them to write down:
 - Who is the most important person in your life?
 - What is your most important role in life?
 - What gives you the most pleasure in life?
 - What is the one thing you like most about yourself?

3. Ask participants to hold up the pieces of paper. Tell them to select one piece of paper to give up. Collect that piece from each person
4. Now tell them you are going to take another piece of paper, except this time they cannot choose which one
5. Tell them that you are going to take one more piece of paper – again, they cannot choose which one
6. After each person is left with only one piece of paper, ask them:
 - How did it feel giving up a part of their lives?
 - How would it change them?
 - What did it feel like to have something **taken** from them rather than **choosing** to give it up?
7. Explain that people living with HIV/AIDS often feel they have no control over their bodies or their lives. They often lose many important things in life – jobs, relationships, etc. They feel like things have been taken away from them. They may have feelings of isolation, hopelessness, loneliness, anger, fear, shame, insecurity, etc

Discussion Points

- Ask the group to identify what they think are some of the difficulties that people with HIV/AIDS face
 - How do people with HIV/AIDS get treated in their community? Does the community support these people?
 - What do they think should be done to treat people with HIV/AIDS differently?
- (Adapted from: “Christian Family Life Education: A Resource Guide for Facilitators”. S. Miller. USA.)

Key Messages

- *Anyone who has unsafe sex is at risk of being infected with HIV*
- *You can protect yourself from HIV infection by always using condoms and practicing safe sex*
- *You cannot get HIV by casual, day-to-day contact with other people*
- *You cannot tell if a person is infected with HIV by looking at them*

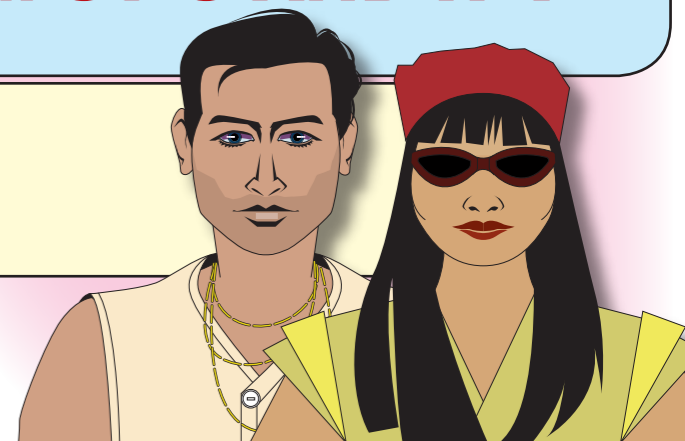
Session 10: PROTECTING YOURSELF FROM STIS AND HIV

Key Life Skills

- *Protective behaviours*
- *Decision-making*
- *Critical thinking*

Learning Objectives

1. To understand and identify safe and unsafe sexual practices
2. To develop skills for protection against STIs (including HIV/AIDS)
3. To know how to use a condom correctly and where to get them
4. To accept that boys and girls are both responsible for condom use



Group Energiser

Start the session with a game or icebreaker activity. (See “*Games and Icebreakers*” (P.17))

Materials Needed

Flipchart, butcher’s paper, marker pens, blank paper, pens, pencils

TOPIC ONE: PREVENTION OF STIs

Time Needed: 30 minutes

Activity 1: Protecting Yourself

1. Ask the group: “How can young people protect themselves from catching an STI?” What do people in your community say about how to prevent STIs?
2. Write up the group’s answers. Correct any wrong information. Tell them that the best ways to reduce the risk of catching STIs are:
 - **Abstinence** – this means not having sexual intercourse. You can still express love and affection for people in many ways, including hugging, kissing, holding hands, spending time together, etc.
 - **Condom use** - If you do have sex, use a condom **every time** you have sexual intercourse
 - **Monogamy** – have sex only with one (non-infected) partner
3. Ask the group what they think the term “**safer sex**” means. Explain that safe sex refers to sexual activities that protect both partners from infections, unwanted pregnancy and abuse. This means preventing the exchange of infected body fluids such as semen, vaginal fluids, or blood. (See **Key Information**)
4. Tell the group that you are going to read out some different sexual activities, and that you want them to vote on whether they think each activity is “**Safe**”, “**Unsafe**” or “**Not Sure**” in terms of preventing STIs. (See **Key Information: Safer Sex Practices** for list of activities)
5. Read out each activity one at a time and after the group has voted, provide information on how safe the activity is and why (See **Key Information**)

Key Information: Safer Sex Practices

“Safer sex is any sexual activity which prevents the transmission of possibly infected body fluids from one person to another. These body fluids are blood, semen and vaginal fluids.” Below is a list of sexual activities. They have been divided into categories according to their safety from infection by STIs/HIV.

Safe activities

These activities are safe because there is no exchange of semen, blood or vaginal fluids

- massage
- hugging
- kissing
- body to body rubbing
- body kissing
- mutual masturbation
- any sexual activities that do not involve the sharing of body fluids
- vaginal/anal intercourse with a condom (provided the condom is used correctly)

Less safe activities (with low risk of infection)

These activities are less safe because there is a small risk of exchange of body fluids if one partner has any cuts or open sores

- oral sex (using a rubber barrier or condom would reduce the risk)
- fingering the vagina or anus when there is a cut or sore on the fingers

Unsafe activities

These activities are unsafe because they allow the exchange of semen, blood or vaginal fluids between sexual partners

- anal intercourse without a condom
- vaginal intercourse without a condom
- fisting (placing the hand or fist inside the rectum or vagina). This is likely to cause breaks in the walls of the vagina or rectum
- oral/anal sex (rimming) – this is particularly unsafe for transmission of hepatitis A
- having sex without a condom during a woman’s menstrual period
- having sex without a condom when one person has another STI (e.g. chlamydia, herpes) – this increases the risk of HIV transmission

TOPIC TWO: CONDOMS

Time Needed: 1 hour

Activity 1: Correct Condom Use

Introduction

- For young people who are sexually active, condom use is the most effective way of preventing both STIs and pregnancy.
 - However, condoms are only effective if they are used correctly. The next exercise involves identifying the steps in using a condom correctly
1. Hand out pieces of paper or cards with the different steps written on them, explaining that each one represents one step in the correct use of condoms (See “12 Steps to Condom Use”)

Note: Do not include the numbers on each of the paper or cards.

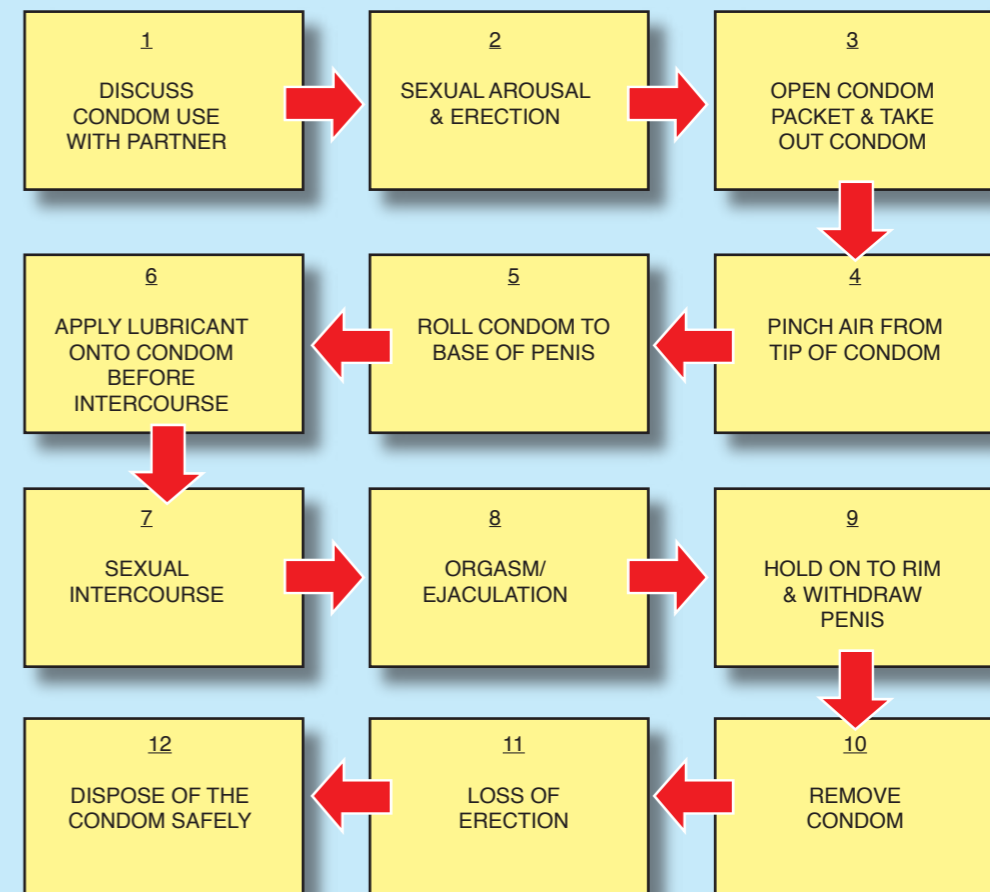
2. Ask the group to place the steps in the correct order – from the beginning of sexual intercourse to the end
3. Encourage the participants to work together in groups, discussing the order of the steps and identifying any problems
4. After they have finished, give them the correct order. Then do a condom demonstration – show the correct steps by putting a condom on a penis model or other suitable object – e.g. cucumber; banana; fingers; etc. (See **Key Information**)

Activity 2: Condom Practice

1. Divide people into groups of four. Give each group a penis model and enough condoms for each person. Each person then practises putting a condom on the model
2. Ask each group to report back and discuss any questions they have about condom use
3. Referring back to the session on contraception, ask the group how a condom works to protect both partners – a condom prevents semen from entering the body of another person, and the body fluids of the other person from entering the body of the person wearing the condom
4. Ask where young people can get condoms in their community:
 - What is the main barrier to getting condoms?
 - How could this be overcome?

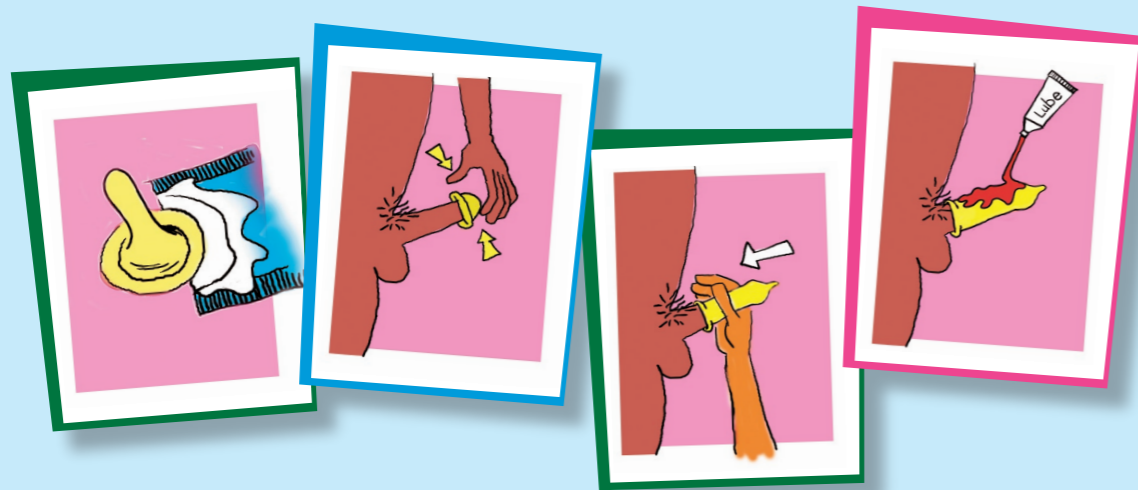
“12 Steps to Condom Use”

• The correct order in the use of condoms is given below:



Key Information: How to Use a Condom

- Condoms are made of thin rubber (latex)
- When used properly, condoms stop HIV, STIs and semen from coming into contact with a sex partner's body
- Condoms are very effective in preventing STIs, HIV and pregnancy



- 1 Tear open the packet and check the condom is not inside out by seeing if you can unroll it
- 2 Pinch air out of tip and roll onto stiff penis
- 3 Use lots of water-based lube on the outside of the condom to keep it nice and slippery
- 4 After ejaculating, hold onto the base of the condom as you pull out (so it doesn't stay behind)
- 5 If at first you don't succeed, try again with a new condom
- 6 Use a new condom every time

TOPIC THREE: TAKING RESPONSIBILITY

Time Needed: 30 minutes

**Note: You may wish to combine one of these activities with the activity "Negotiating Condom Use" from Session 11: Safe Relationships.*

Activity 1: Who's Responsible?

1. Many young people know about condoms and that they can protect themselves by using them. Yet many people do not practise what they know
2. **Brainstorm:** What reasons do people in your culture give for not wanting to use condoms?

3. Write the group's ideas on the board / butcher's paper. Add other reasons that might be common in the culture, such as:
 - they smell bad
 - they don't feel good and cut down on pleasure
 - they're not safe because they tear easily
 - "skin to skin" is best
4. Examine the different reasons and ask the group how true these reasons are. Correct any wrong information
5. Ask the group (or break into small groups) to identify what they could say to someone who gives one of these reasons for not using condoms
6. Discuss the responses they identify and how they can overcome the difficulties of someone not wanting to use condoms

Alternate Activity: Condom Debate

1. Tell the group that they are going to have a debate on whose responsibility it is to get condoms and make sure they are used
2. Divide the group into two teams. One team will argue that condom use is the **boy's responsibility**. The other team will argue that **both the girl and boy are responsible**. The groups must support their arguments with convincing reasons why they give the answers they do. Allow each team 10 minutes to present their arguments
3. Discuss some of the following questions after the debate:
 - Where can young people get condoms?
 - How would a girl feel about going into health centre or a store to buy condoms? Would a boy feel differently?
4. **Brainstorm:** What reasons do people in your culture give for not wanting to use condoms?
5. Write the group's ideas on the board or butcher's paper. Add other reasons that might be common in the culture, such as:
 - they smell bad
 - they don't feel good and cut down on pleasure
 - they're not safe because they tear easily
6. Examine the different reasons and ask the group how true these reasons are. Clarify any wrong information

Key Messages

- Condoms offer dual protection from STIs and pregnancy
- Abstinence is the surest way to prevent STIs
- Boys and girls are both responsible for using condoms and protecting themselves
- Each person has the right to say no to sexual activity if they do not feel safe
- Always practise safer sex – use a condom every time you have sexual intercourse; stick with one partner
- See a doctor or health worker for advice about safer sex and condom use

Session 11: SAFE RELATIONSHIPS



Key Life Skills

- Refusal skills
- Negotiation skills
- Assertive communication skills

Learning Objectives

1. To develop refusal skills for delaying sexual activity and resisting pressure to have sex
2. To develop negotiation skills for adopting safer sexual practices if already sexually active
3. To develop skills for communicating to peers, parents and others about sexual decisions and behaviour
4. To overcome embarrassment in talking about condoms

Group Energiser

Start the session with a game or icebreaker activity.
(See “**Games and Icebreakers**” (P.17))

Materials Needed

Flipchart, butcher’s paper, marker pens and role play worksheets

Introduction

- Saying no to sex can be difficult for many young people. They may feel pressure from their partner or peers, and lack the confidence to stick to their decisions
- In these next activities we will practise skills for dealing with pressure to engage in sexual activity
- These skills will help you to take responsibility for your relationships and protect yourself from STIs and unwanted pregnancy

TOPIC ONE: ASSERTIVE COMMUNICATION

Time Needed: 30 minutes

Activity 1: Saying No

1. In this activity, participants will practise skills of saying no to another person who makes a request of them and then keeps putting pressure on them
2. Divide the group into pairs. One person asks their partner to do something using requests from the **Requests Worksheet (P.93)**. You can either write this list of requests on the board, or photocopy and hand out the worksheet to each pair.
3. The person starts with the first request and keeps making requests from the list trying to pressure the other person into giving them what they want.
4. The other person must say no to each request, using the formula:
“**No, I don’t want to because.....**”

5. After some minutes, you can tell the pairs to swap roles so that they both have a turn at saying no
6. After each person has had a turn, ask them what it was like saying no:
 - What was difficult about it?
 - What did they find helped them to say no?
7. Write up a list of behaviours and ways of communicating that might help a person to say no, for example:
 - start your response with the word NO
 - use strong body language – e.g. eye contact; firm voice
 - suggest alternatives
 - repeat the message as much as needed
8. Communicating in this way is called being assertive. Being assertive means you stick up for what you believe is right, or for a decision you have made. You then communicate this to another person without being aggressive, or being passive and giving in
9. Ask for a volunteer to role play this activity with you in front of the group. You should take the role of the person saying no, while the volunteer makes requests of you from the requests list. Model effective ways of saying no to demonstrate assertive communication.
(See **Key Information**)

Requests Worksheet

1. “Let’s go to the park and have a smoke”
2. “Come on have a drink, everyone else is”
3. “Can you lend me five dollars?”
4. “Let’s go outside so we can be alone”
5. “Can I copy your homework?”
6. “No-one’s looking, let’s take that bike”
7. “Can I borrow your book, I’ve lost mine”
8. “Let’s go to the party, there won’t be any adults there”

Key Information: Elements of Assertive Communication

- Use “I” statements – start your message with the word “I” and express how you are feeling (e.g. “I feel that you are not really listening to me”; or, “I don’t want to do that”)
- Use the word “No” – there is no better substitute
- Give a strong non-verbal message – your body language should also say “no” – firm tone of voice; facial expression; cross your arms
- Repeat your message – if the other person resists or pressures you, it often works to repeat the message.
- Remember that when you say no to someone you are not rejecting the person, you are rejecting the request
- Respect yourself as well as the other person
- Stand up for your rights without putting down the rights of the other person

TOPIC TWO: REFUSAL SKILLS

Time Needed: 45 minutes

Activity 1: Saying No to Sex

1. Sometimes young people find themselves in situations where they are being pressured to have sex. Saying no to a request for sex can be difficult – especially if you like the other person
2. Ask the group what a person can do if they are being pressured by someone else to have sex. Write up their ideas
3. One of the ways of dealing with this pressure is to be assertive and use refusal skills. Present the model for **Refusal Skills**
4. Ask for a volunteer to role-play “**Sally and Marcus**” with you in front of the group. Role-play Part One. Ask the group what difficulties Sally had and what mistakes she made. (see **Part One**)
5. What could she do differently to make sure Marcus gets the message?
6. Then role-play Part Two using assertiveness and refusal skills. Discuss the skills Sally used which helped her to say no. (see **Part Two**)

Key Information: Refusal Skills

Step 1: Say no and make a statement about your intentions

Step 2: Say no and identify the problem or issue

Step 3: Say no and identify the consequences

Step 4: Suggest alternatives

Step 5: Assert yourself

Example:

Pressure Line:

“If you really love me, you’ll have sex with me”

Response:

Step 1:

“No, I want to wait. I love you but I’m not ready for sex”

Step 2:

“No, if you loved me, you would also care about what is right for me”

Step 3:

“No, if we have sex now I could get pregnant or I might catch an STI”

Step 4:

“There are other ways to show our love for each other. Let’s talk about those”

Step 5:

“I care for you but I also care for myself. I want to wait”

SALLY AND MARCUS (Part One)

- Marcus** C’mon! Let me go all the way. I really like you and I know you like me.
Sally Um — I don’t know. I don’t know if I’m ready for it.
Marcus Please — you know I’ll be careful.
Sally Yes, but — I don’t know..... I’ve got to be home soon.
Marcus Come on — your mother doesn’t mind if you’re half an hour late, does she?
Sally I know that but — I still don’t know. I’m not sure if I should. I’m not sure if I’m ready for it.
Marcus What’s wrong? Don’t you trust me?
Sally Yes I do trust you.....but.....
Marcus You don’t like me. Is that it?
Sally You know I like you..... I’m sorry.
Marcus If you loved me as much as I love you, you would say yes
Sally I do love you — I’m just not sure what I want.
Marcus You really want to say “yes”. You just think I’ll think you’re easy if you say “yes”.
Sally No, it’s not that. You’re wrong about that.....
Marcus Well there’s no good reason why you shouldn’t say yes, is there?
Sally I guess not.....
Marcus Well — come on. What are we waiting for?

Comments on Part One

What Sally did wrong:

- *Being indefinite to start with. Not starting by saying no.*
- *Giving excuses instead of a firm refusal.*
- *Feeling guilty.*
- *Answering all the questions (e.g. about being late) instead of keeping saying no.*
- *After saying she liked him, trusted him and knew he would be careful, she felt cornered and gave in. She could have said she loved and trusted him and that’s why she knows he will accept her decision.*
- *Apologising.*

SALLY AND MARCUS (Part Two)

- Marcus** C’mon. Let me go all the way. I really like you and I know you like me.
Sally I know you like me, and I like you but I don’t want to. I don’t feel ready for it.
Marcus Please, you know I’ll be careful.
Sally No, I don’t want to.
Marcus I meant it when I said I loved you.
Sally I’m glad about that. But at the moment I don’t want to have sex with you. I might feel differently later but that’s how I feel now.
Marcus But we’ve been together for 6 months!
Sally There are other ways we can show our love for each other. Let’s talk about those.
Marcus So your answer is no, is it?
Sally Yes, it is.

Comments on Part Two

Sally used refusal skills to let Marcus know that she meant no:

- She definitely refused from the beginning.
- She made no excuses or apologies.
- She responded to statements (e.g. "I meant it when I said I loved you", "I'm glad about that") but she then repeated her refusal
- She did not get angry or irritated or upset.
- She stuck by her decision and did not give in

Activity 2: Pressure Lines

1. **Brainstorm:** What are some of the things that people say and do to pressure someone into sex? Write them on the board and add others (see **Pressure Lines Box**)
2. Divide the group into three smaller groups. Ask each group to choose two of the **pressure lines** and to think of what they could say in response to these lines
3. The groups can then role-play how to respond to these pressure lines – remind the group to use assertive communication skills and the model for **refusal skills**
4. Discuss in the large group how it felt saying no to these requests

PRESSURE LINES

- Everybody else is doing it.
- If you love me, you will have sex with me.
- I don't want to see you any more if you don't want to have sex with me.
- I know you want to do it but you're afraid of what people will say.
- We did it once before, why not now?
- You don't want people to think that you're not a real man/woman, do you?
- Don't you want to try it to see what it's like?
- But I just have to have it!
- You want it as much as I do.
- Come on, have a drink and get in the mood.

TOPIC THREE: TALKING ABOUT CONDOMS

Time Needed: 30 minutes

Activity 1: Negotiating Condom Use

1. Remind the group that in the last session they identified different reasons that people give for not wanting to use condoms. Write some of these on the board and add others (see **Talking about Condoms**)
2. **Brainstorm:** Ask the group to think of responses they could make to some of these statements
3. Ask for a volunteer and do a role play demonstration in front of the group. Pretend that you are a couple discussing condom use. Have the volunteer use some of these lines. Respond to the lines using "I" statements and other assertive communication
For example:
Pressure Line: It won't matter if we don't use a condom just this once
Response: It only takes once to get pregnant. It only takes once to get an STI or HIV
4. Divide the group into pairs and ask them to role play responding to someone who doesn't want to use condoms (use the statements from the box **Talking about Condoms**)

5. Discuss which responses work better than others and why – refer to the information on **Assertive Communication** and **Refusal Skills**

"Talking about Condoms"

1. I haven't got a condom with me
2. If you really loved me you wouldn't ask me to wear a condom
3. It won't matter if we don't use a condom just once
4. I'll go soft if we stop now to put on a condom
5. I can't feel a thing when I wear a condom. It doesn't feel as good.
6. Do I look like I have a disease or something?
7. We don't need a condom because I'll withdraw before I ejaculate
8. Why do you have a condom – were you planning to have sex tonight?
9. I'm on the pill. We don't need to use a condom as well
10. I won't be in the mood if we stop to put a condom on
11. I'm a virgin. I can't have any diseases
12. I can't go to a shop and buy them now!

TOPIC FOUR: TALKING TO PARENTS

Time Needed: 30 minutes

Activity 1: Talking to Parents and Guardians

Introduction

- Being an adolescent can be difficult. You are not a child anymore, but you do not have the freedom an adult has
 - It is also difficult being the parent of a teenager. It may be hard to believe, but your parents were once teenagers! They had many of the same feelings, worries and questions you have about sex and relationships.
1. Ask the group what problems or issues they would like to be able to talk to their parents/guardians about – especially in relation to sexual and reproductive health, relationships and growing up. Write these up on the board
 2. Now ask the group what difficulties they have talking to their parents/guardians about these issues (e.g. shyness; fear of the response; don't know how to communicate, etc)
 3. Divide participants into small groups of 4–5 people. Ask each group to select one of the issues or problems listed on the board, and to make up a role play of a young person talking to their parents / guardians about this issue. Ask the group to select the characters and to show some of the difficulties for both the young person and the parent
 4. Alternatively, the group can use the situation in **Communicating with Parents** for the role play
 5. After they have done the role play in their small groups, ask one of the groups to role play their situation in front of the whole group
 6. Discuss with the group what happened in the role play:
 - What was the communication like between the young person and the parent/guardian?
 - Why do you think the parent acted the way they did?
 - Why did the young person act the way they did?
 - What do you think are the parent's main concerns?

- What were the young person's main concerns?
7. Ask the group how the parent and the young person could communicate better so that each person feels that their concerns are being listened to? List ideas on the board. Add other ideas – see **Tips for Talking to Parents**
 8. Ask for volunteers to role play this situation again in front of the group (or ask them to role play in small groups) – this time demonstrating more effective communication between parent and adolescent

Discussion Points

- Parents often ask their children many questions because they are concerned and care about their children. Parents want their child to grow up to be a responsible adult who is able to make good decisions. However, it is often difficult for parents and teenagers to agree on what is a good decision
- Young people at this age want more freedom and independence, so they may see the parent's actions as interfering and too strict
- Parents are often embarrassed themselves about sexuality and do not know how to talk to their children about these matters
- It can really help sometimes to talk with your parents when you are confused or worried. Use the **Tips for Talking to Parents** to discuss ways you can talk to your parents / guardians

Key Information: Tips for Talking to Parents

- Ask yourself if this problem is something your parents might be willing to talk to you about
- If yes, then prepare what you want to say to them and what questions you'd like to ask
- Pick a quiet time to talk – it's best to find a time when you and your parents are not really busy or tired
- Ask if you can talk to them in private
- Sometimes it can help if you talk it over first with an older person (a sister, brother, aunt or other trusted adult)
- Show that you are willing to listen to their point of view – try to understand your parents' perspective
- Explain your ideas in a calm and non-aggressive way
- Be willing to meet your parents half-way – try to reach a compromise (agreement) that satisfies your needs and theirs

Role Play: Communicating With Parents

- Parent:** Why are you dressed up? Where are you going?
Teenager: (mumbles)out.
Parent: I asked you a question! Where are you going?
Teenager: Going out!
Parent: Out where? With whom? Got nothing better to do! Why don't you spend the time studying? Always going out!
Teenager: (mumbles) Nag, Nag. Nag....
Parent: Are you deaf? Why don't you answer?
Teenager: What?
Parent: Where are you going?
Teenager: Don't know! Maybe see a show or something.
Parent: With whom?
Teenager: With friends!
Parent: What friends?
Teenager: School friends.
Parent: Who? What are their names?
Teenager: The usual — Johnnie, Sam, Jimmie...
Parent: Make sure you don't drink alcohol. Come home by 10.30.
Teenager: C'mon, Ma, I am 16 already. My friends will laugh at me. Today is Saturday. What is wrong with coming home late?

Key Messages

- *Assertive communication helps to protect your reproductive health*
- *Always say no to a sexual partner who refuses to wear a condom*
- *Boys should take responsibility for protecting themselves and their partners from STIs, HIV and pregnancy*
- *Talking to your parents can help with worries or problems about sexuality or relationships*

Session 12: RISKY BEHAVIOUR



Key Life Skills

- Problem-solving skills
- Harm reduction skills
- Planning skills

Learning Objectives

1. To understand how alcohol and drug use affect peoples' behaviour and relationships
2. To identify the risks of alcohol and drug use to young people's sexual health
3. To identify strategies and skills for reducing the harm associated with risk-taking behaviour
4. To develop protective behaviours such as problem-solving skills, identifying risks and planning ahead

Group Energiser

Start the session with a game or icebreaker activity.
(See "**Games and Icebreakers**" (P.17))

Materials Needed

Flipchart, butcher's paper, marker pens and "Risk" worksheet (P.104)

TOPIC ONE: ALCOHOL AND DRUG USE

Time Needed: 1 hour

Activity 1: What is a Drug?

1. Ask the group "What is a drug?" Write up their ideas
2. Give a definition of a drug (see **Definition**)
3. Ask students if they think marijuana, alcohol and kava are drugs – note that marijuana, alcohol and kava are drugs according to this definition
4. Ask the group to name drugs they think are the most commonly used by young people in their community – list these on the board
5. **Brainstorm:** Ask students to identify reasons why young people drink or use drugs. Write the reasons they offer on the board. Make sure the following reasons have been mentioned:
 - experimentation (curiosity)
 - fun and excitement
 - relaxation
 - to be sociable
 - rebel against parents or other authority
 - peer pressure
 - escape problems, relieve anxiety or stress
 - feel mature
 - relieve boredom
 - addiction

Definition

A drug is any chemical substance which, when taken into the body, alters the natural way a person's mind and body works. Drugs can be natural substances or can be made artificially.

(World Health Organization)

Activity 2: Effects of alcohol and drug use

1. Divide the group into smaller groups of four or five
2. Tell them that you want them to identify how drinking alcohol or taking drugs affects different areas of people's lives
3. Write the following headings on the board:
 - the body (including the brain)
 - personality
 - relationships
 - money
 - work
 - Sexual behaviour
4. Ask each of the groups to write down these headings on butcher's paper, and to think of as many effects as they can about how drinking or taking drugs affects these areas of a person's life
5. These effects can be positive or negative. For example:

Positive effects

Alcohol can make a person feel more relaxed and help them socialise

Negative effects

Alcohol can cause a person to behave aggressively or take risks they normally would not take

6. Give the groups fifteen minutes to do this. Then ask the groups to present their findings under each of the different headings. Add any other effects that the groups may not have identified – see **Key Information: Alcohol**
7. Correct any wrong information or myths about alcohol or drug use – e.g. marijuana does not boost your sexual energy – see **Key Information: Marijuana**
8. Ask the group to identify some of the trouble they have seen when young people drink alcohol or take drugs. Examples are:
 - fighting
 - public vomiting
 - males harassing females
 - having unsafe or unplanned sex
 - having an accident

TOPIC TWO: REDUCING RISKS

Time Needed: 1 hour

Activity 1: What's the Risk?

1. Ask the group to identify some of the risks that young people take when they use alcohol or drugs in the areas of relationships and sexual behaviour. For example:
 - it can affect their ability to make good decisions
 - it can be difficult to say no to unwanted sex
 - they may experiment with dangerous activities they might otherwise not try
 - it can lead a person to having unsafe sex
 - it can lead to men being physically and sexually violent towards women
2. Read out each of the "**Risk Statements**". Ask the group to rate each of these activities in terms of whether they are **High, Medium or Low risk**
3. Alternatively, mark three places on the floor as **High, Medium or Low**, and ask the group to stand on one of these spots after each statement is read out, according to how risky they believe each activity is
4. Ask the group to discuss their reasons for selecting the risk status of each activity
5. What factors make some situations more risky than others? For example:
 - some situations may be more risky or dangerous for girls than for boys
 - girls may be more affected by alcohol than boys (because of their lower body weight)
 - mixing alcohol and drugs can greatly increase the risk associated with each drug
 - when a young person is under the influence of alcohol or drugs, they may find it hard to stick to decisions they have made (e.g. the decision not to have sex)
6. Ask the group to suggest ways of reducing the risks in these situations and still have fun – see **Key Information : Safe Partying**

Risk Statements

1. Drinking beer at a party
2. Being a passenger in a car with a driver who has been drinking alcohol
3. Getting drunk at a nightclub
4. Drinking soft drink all night at a party
5. Having sex when you are drunk or on drugs
6. Smoking marijuana with some friends
7. Being the only girl left at a party with male friends when you have all been drinking alcohol
8. Catching a taxi home from a nightclub
9. Smoking marijuana while drinking alcohol
10. Saying no to sex when you have been drinking alcohol
11. Drinking alcohol at the beach
12. Kissing a person of the opposite sex when you have been drinking
13. Walking home from a nightclub at night on your own after you have been drinking alcohol
14. Drinking alcohol very slowly
15. Getting drunk with your boyfriend / girlfriend

Key Messages

- *Mixing alcohol and other drugs is very dangerous*
- *Never drink alcohol and drive*
- *Plan ahead to avoid problems if you are going out*
- *Say no to sex if you or the other person have been drinking alcohol or taking drugs*

Activity 2: Risky Business

1. Divide the participants into small groups
2. Give each group a copy of the **Risk Situations** worksheet. Ask each group to select one situation to work on
3. Ask the groups to:
 - identify the risks young people face in each situation and what might happen to them
 - identify what the person can do to reduce their risks in that situation
 - make a plan to improve the safety of the person the next time they go out
4. Give the groups 15 minutes to do this. After they have finished their discussions, ask each group to present their ideas.

Alternatively, you could ask the groups to make up a role play based on the *Risk Situations* and then present some of these to the large group for discussion. The group can practise skills such as assertive communication and refusal skills in the role plays.

5. Finish by conducting a discussion on what skills and strategies young people need to learn so that they can reduce risks, stay safe and still have a good time. For example:
 - problem-solving skills
 - planning ahead
 - not drinking while driving
 - assertive communication

See **Key Information: Safe Partying**.

“Risk Situations”

Lisa

Benny, who is 19, has asked Lisa, who is 16, to go to a nightclub with a group of friends. Lisa tells her parents she is staying over at a friend's place. The group manage to get into the nightclub because they were not asked for ID. Benny buys Lisa drinks and she feels that she should accept because he has paid for her. She stops drinking because she starts to feel sick and dizzy. Benny gets really drunk and when they leave the club at 2.00 a.m. Lisa wonders how she will get home. Another boy she knows offers her a lift in his car. He seems to be more sober than Benny. She wants to accept but is afraid that this may cause a fight between the boys.

Jimmy

Jimmy and his friends are going to his older cousin's birthday party. They know there is going to be lots of alcohol, so they buy two bottles of rum to take with them. At the party Jimmy is having a great time, he has never drunk so much before – beer, rum, wine. Soon he is drunk and starts flirting with some girls he knows from school. He goes to look for his cousin and finds him with some friends smoking marijuana. They tell Jimmy to join them. Jimmy has never smoked marijuana and swore that he would never take drugs. But he is very drunk and decides he may as well try it. His head is spinning now as he walks back to talk to the girls, who are now also drunk. Soon, he is kissing one of them and they walk out the back of the house together.

Lucy

Lucy is 17 and is excited about her best friend's birthday party. She doesn't usually drink but tonight she decides to have some wine. It is very sweet and tastes good. Lucy hasn't eaten and she starts to drink the wine very quickly. At first, she feels relaxed and confident and doesn't realise how much she is drinking. An older boy starts talking to her and bringing her more drinks. After a while, Lucy starts to feel sick and goes outside to get some fresh air. She sits down at the back of the house and before she knows it she has knocked out. Next thing, Lucy wakes up and the boy is touching her all over and trying to pull down her skirt.

Key Information: Alcohol

- Alcohol is a depressant drug that slows down the mind and changes your mood.
- In large amounts, it is toxic and can poison the body, and even cause death.

EFFECTS OF ALCOHOL ON:

Personality

- People feel more relaxed and less inhibited
- People may do things they would not normally do, such as behaving aggressively

Your judgement

- It is difficult to think clearly and make good decisions when you are under the influence of alcohol
- Affects your judgement while driving, leading to increase risk of accidents
- It affects your ability to make safe decisions about sexual behaviour

Sexuality

- Alcohol may lead to a person having sex when they're not ready to and failing to protect yourself from pregnancy or STIs
- Alcohol can lead to impotence – reducing a person's ability to function sexually.

Relationships

- Prolonged use may result in personal and family problems such as violence, poverty and tension. Sometimes this leads to relationship and family breakdown

Appearance

- Drinking can cause you to put on weight. It has no real food value

Work

- Alcohol affects concentration and ability to work, to learn and to remember new skills.
- It can interfere with your school work and your motivation to do things that you like (sports, music, etc.)
- Loss of driver's licence can reduce ability to work

Finances

- Alcohol costs add up over time
- People sometimes spend up to half their income on alcohol

Coordination

- Alcohol use causes many accidents on roads, in industry and in homes.
- Common cause of drowning

Legal issues

- Alcohol is often involved in violence, drink driving and speeding

Health

- Can result in permanent damage to the liver and the brain
- Increases the risk of heart disease
- Can cause memory loss; confusion
- Alcohol is addictive
- In pregnant women, drinking leads to a higher risk of miscarriage, stillbirth and premature births

Key Information: Marijuana

Also called **Cannabis**:

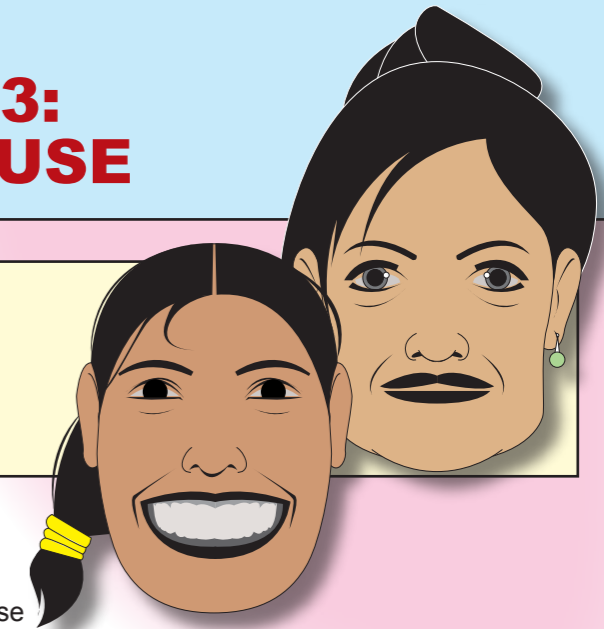
- The main active chemical in marijuana is called THC (tetrahydrocannabinol)
- There are 400 other chemicals in the cannabis plant.
- When marijuana is smoked, THC rapidly enters the bloodstream through the walls of the lungs and is taken to the brain
- In small doses, marijuana is a depressant drug that slows down the mind and changes your mood
- In large amounts, it can cause hallucinations
- THC is stored in the body and the person may be under the effects of marijuana for days, weeks or even months
- Marijuana is addictive

EFFECTS OF MARIJUANA ON:

Personality

- Feelings of relaxation and self-confidence
- Long-term use can result in mood swings, depression, and serious mental illness
- Loss of motivation

Session 13: SEXUAL ABUSE



Key Life Skills

- Problem-solving
- Self-protection
- Seeking help
- Assertive communication

Learning Objective

1. To understand what sexual abuse is and to recognise the situations in which it occurs
2. To identify actions for preventing sexual abuse
3. To understand what to do and where to seek help in cases of abuse

Group Energiser

Start the session with a game or icebreaker activity.
(See “**Games and Icebreakers**” (P.17))

Materials Needed

Flipchart, butcher’s paper, marker pens, pencils

Note: *It is important to be aware that sexual abuse is a very sensitive topic. It is possible that some of the participants may have experienced abuse themselves. Be sensitive to any of the participants who may become upset or distracted. Do not force participants to talk if they do not want to.*

TOPIC ONE: WHAT IS SEXUAL ABUSE?

Time Needed: 45 minutes

Activity 1: Matilda’s Story

1. Read out the story of **Matilda**
2. Ask the group what they think is happening to Matilda in the story.
3. What do they think Matilda should do?
4. What is stopping Matilda from telling anyone?
5. What might happen to Matilda if the situation keeps on going?
6. Explain to the group that what is happening to Matilda is called **sexual abuse**. Define sexual abuse and make the following points (See **Key Information**):
 - sexual abuse is more common than people realise
 - sexual abuse happens to both boys and girls
 - sexual abuse is a crime
 - sexual abuse happens in every society
 - there are many types of sexual abuse
 - very often, sexual abuse is committed by someone who is known and trusted by the victim (e.g. a family member or friend)
 - sexual abuse has serious consequences for the victim
 - no-one has the right to touch you in a way that you don’t want or to force you to have sex

Sexuality

- Reduced sex drive in both male and female
- Reduced fertility in both male and female

Health

- Respiratory diseases such as bronchitis
- May increase birth defects or leukaemia in children exposed to cannabis during pregnancy
- Increased risk of developing cancers in the mouth, throat and lungs.

Appearance

- Cannabis increases appetite and may lead to weight gain

Work

- Can affect your work and school performance

Concentration

- Long-term use reduces oxygen supply to the brain
- Leads to forgetfulness and inability to focus attention
- Affects your ability to make sensible decisions

Coordination

- Cannabis makes a person’s reflexes slower
- Can lead to accidents at work and while driving

Finances

- Frequent use of cannabis causes tolerance to the drug — meaning that you require more of the drug to produce the same effect
- This leads to increased spending on the drug

Legal issues

- Marijuana use is illegal in most countries

Key Information: Safe Partying

If you are going for a night out to a nightclub, party or just with some friends, be prepared and plan ahead:

- Go with friends you trust
- Tell someone responsible where you are going
- The safest way to avoid problems is to not drink alcohol or take drugs at all
- If you drink, limit the amount of alcohol you drink (drink some soft drinks or drink very slowly)
- Alcohol is a drug – never mix alcohol and other drugs
- If you are drinking or taking drugs, do not drive
- Plan a **safe** way to get back home – don’t take a lift from someone who has been drinking or from someone you don’t know
- Say no to sex if you or the other person has been drinking or taking drugs
- If you think sex is a possibility, take a condom with you just in case

Sometimes people can spike your drink with other drugs. So watch what you drink and don’t drink other people’s drinks.

7. Ask the group where Matilda could go to for help
8. Give some information on services available in your community to help young people in this situation

Matilda's Story

Matilda is 14 years old and comes from a very small village in the outer islands. Last year her parents sent her to stay with her auntie and uncle in town, so that she could finish high school. At first she really liked living there. Her auntie is very kind and Matilda likes playing with her cousins. But every day now Matilda feels sad and afraid. She did not know what was happening at first. She wondered why her uncle kept looking at her like that, following her with his eyes. Then one evening, her auntie took her children to visit their sick grandmother in her village. That's when it happened. Her uncle came home early that night. Matilda was in bed getting ready to sleep, when her uncle quietly slipped into the room. She wondered what he was doing when he sat on the bed and began to touch her body. She could tell he had been drinking. She was scared but didn't know what to do. Her uncle lay down beside her and tried to kiss her. "No, uncle, please don't do that", said Matilda. He told her to be quiet and not to move. Matilda felt like screaming out but she was too scared. Then her uncle took his clothes off and lay on top of her so that she could not breathe. Matilda closed her eyes and prayed that it would soon be over. Her uncle then stood up and told her that she should not tell anyone what had happened. He threatened her and said she would get into trouble if she told anyone. Matilda was so scared she couldn't move. Her uncle has visited her room many times since then, always when he has been drinking. Matilda is confused and even blames herself for what has happened. She tells herself that she will make him stop but each time she is too afraid of him. So many times she has wanted to tell her auntie but then she thinks about how kind her auntie has been and how upset she would be if she found out. Anyway, who would believe a 14 year old? All Matilda can think about now is dropping out of school and going home to her parents. How can she end her nightmare?

Key Information: Sexual Abuse

Sexual abuse is:

- when someone forces, threatens or tricks you into having sex when you don't want to
- when someone touches the private parts of your body when you don't want them to
- when someone makes you look at their private parts
- when someone makes you touch the private parts of their body
- when someone touches you in a way that you do not want
- when someone goes further sexually when you say no or stop

Sexual abuse includes:

- child molestation — sexual abuse of a child
- incest — sexual contact or unwanted touching by a member of the family or relative with a child or other family member
- rape — violent sexual assault
- sexual harassment — unwanted sexual advances from someone; verbal or physical harassment of a sexual nature

Facts about sexual abuse

- Child sexual abuse is most often committed by someone who is known or trusted by the victim — a member of the family, relative, or friend of the family
- Abuse is also committed by strangers

- Sexual harassment often occurs in the workplace
- Sexual abuse happens to both boys and girls — though most victims are girls
- A child cannot consent to sexual contact — they are physically, psychologically and developmentally too immature

Consequences of sexual abuse

- Sexual abuse can have serious physical, emotional and psychological consequences for the victim, including:
 - physical injury
 - low self-worth
 - fear of sexual relationships
- With proper support and counselling, victims of abuse can overcome these difficulties

Action Steps: What to do if you are being abused

1. Tell someone you trust such as a parent, auntie, uncle, teacher, or family friend
2. Talk to a health worker, policeman or other person in authority
3. If you are able, say no and tell the person to stop in the strongest possible way — use assertive communication

TOPIC TWO: PROTECTING YOURSELF AGAINST SEXUAL ABUSE

Time Needed: 30 minutes

Activity 1: Setting Limits

1. Explain to the group that young people like Matilda are often confused about whether they have the right to stop someone touching them — especially if it is someone they know
2. Read out the **Uncomfortable Situations** one by one
3. After each situation is read out, ask the group to respond to the situation in one of three ways:
 - If they think that what is being done is wrong, they have to put their hand out and shout "STOP THAT"
 - If they think it is not wrong, then they have to cross their arms and call out "THAT'S OKAY"
 - If they are not sure, then they have to scratch their head and call out "NOT SURE"
4. Everyone calls out their own answer, but ask the participants to try and respond all together
5. After you have read all of the situations, discuss the responses and why people responded as they did

Discussion Points

- Your body is your own — each person has their own sense of personal space and what they feel comfortable with when touching or being touched by another person
- Some people find some kinds of touching okay, while others may not
- For some, hugs and touching from a close relative may be a sign of care and love. Others may feel uncomfortable with this
- You are the owner of your body — no-one has the right to touch your body in a way that you don't want or you are uncomfortable with
- You always have the right to say NO to sex, unwanted touching or any form of harassment (see **Your Rights**)

Uncomfortable Situations

1. One of the boys or girls in your class pinches your bottom
2. Your uncle hugs you at family gatherings
3. A man rubs his body against yours on a crowded bus
4. A neighbour stands near the fence and stares at a girl's breasts while she is sweeping
5. A group of boys / girls whistles at a girl / boy as they walk past
6. An adult friend of the family touches you on the bottom and tries to kiss you when no-one is looking
7. Your neighbour smiles at you
8. A group of young men call out rude names to a young man who is homosexual
9. Your sports teacher helps you to stand up after you fall down
10. Your sports teacher puts his arm around you, saying how sexy you are
11. A teacher constantly stares at one of his students
12. A male friend comments on how nice a female friend's dress is
13. A group of boys tease a girl from their school about the size of her breasts

Your Rights

- You are the owner of your body – no-one has the right to touch your body in a way that you don't want or you are uncomfortable with
- It's never okay to force someone to have sex
- You always have the right to say NO to sex or unwanted touching
- You have the right to stop someone who is abusing, harassing or molesting you
- You have the right to report someone who is abusing, harassing or molesting you
- Certain parts of your body are off limits to some people but not to others. Certain parts are off limits to everybody. You have the right to determine those limits.

Key Messages

- *Sexual abuse of all forms is a crime*
- *It is never okay to force someone to have sex*
- *You always have the right to say no to sex or unwanted touching*
- *When a woman says no, she means no*
- *Talk to an adult or a health worker if you or someone you know is being abused*

TOPIC THREE: PREVENTING SEXUAL ABUSE

Time Needed: 45 minutes

Activity 1: Challenging Sexual Abuse

1. Ask the group if this type of problem happens in their community:
 - what do people think about the person who has been abused?
 - what do they think about the person who is the abuser?
2. Divide the participants into two groups – a boys and a girls group
3. Ask the boys group to brainstorm what men and boys could do to prevent sexual abuse
4. Ask the girls group to brainstorm what women and girls could do to prevent sexual abuse
5. Ask the group to share their ideas with the large group
6. Provide some information about the law and young people's rights regarding sexual abuse in your country
7. Finish by asking the group to brainstorm a list of things that they could do to help someone who is being sexually abused (e.g. Matilda) – see **Key Information**

Session 14: YOUR HEALTH AND YOUR FUTURE

Key Life Skills

- Goal setting
- Reproductive self-care
- Reproductive health rights

Learning Objectives

1. To identify behaviours for reproductive self-care
2. To set goals for your future
3. To understand your reproductive health rights

Group Energiser

Start the session with a game or icebreaker activity.
(See “**Games and Icebreakers**” (P.17))

Materials Needed

Flipchart, butcher’s paper, marker pens, paper, pens and pencils

TOPIC ONE: STAYING HEALTHY

Time Needed: 45 minutes

Activity 1: Healthy Behaviours

1. Write the word “health” on the board or butcher’s paper
2. Ask the group to give a definition for “health” – what does health mean to them?
3. Write up their ideas, then write the World Health Organization definition on the board
- see **Definition of Health**
4. Point out to the group that, according to this definition, health is not only the absence of illness or disease. It is a positive state that we can influence by our behaviours.
5. Explain that in the next activity we will identify behaviours that lead to good health or bad health. Give examples of healthy and unhealthy behaviours:
 - healthy behaviours – eating a balanced diet; getting plenty of rest
 - unhealthy behaviours – smoking; drinking alcohol
6. Write the two headings “**Healthy Behaviours**” and “**Unhealthy Behaviours**” on the board.
7. Ask the group to identify the healthy and unhealthy behaviours that people in their community engage in. Write their answers under each of the headings. Add any other behaviours that are common in the community

Discussion Points

- Which of the healthy behaviours identified do people think are the most important for young people?
- What can young people do to change some of the unhealthy behaviours?
- Give information on specific behaviours for maintaining reproductive health
– e.g. pap tests and breast checks for girls; testicular checks for boys – see **Key Information** and **flipchart**



- These checks are important as they can help to prevent serious health problems such as cancers which are common in men and women

Definition of Health

“Health is not merely the absence of disease. It is a state of complete physical, mental, and social wellbeing.”
(World Health Organization)

Key Information: Pap Tests

- A pap test is an easy way to detect early changes in the cells of the woman’s cervix which may later lead to cancer. It can also identify the presence of wart virus infection
- Cancer of the cervix is common in women and can be prevented if it is detected early
- It is recommended that all women between the ages of 18 and 70 who have ever had sexual intercourse should have a pap test done every 2 years
- A pap test is done by a doctor or nurse who will conduct a vaginal examination to collect some cells from around the cervix for testing
- It is a simple test that takes a few minutes – go to a doctor or hospital for more information

Key Information: Breast Checks

- Breast cancer is one of the most common form of cancers for women
- If any cancer is found early, it will increase the chances of successful treatment
- Women should know what their breasts normally look and feel like
- If they detect any changes, they should see a doctor immediately for a breast check
- These changes may include:
 - a lump, lumpiness or thickening of the breast
 - a change to the nipple – e.g. a change in shape; ulcers; persistent redness
 - a discharge or blood from the nipple
 - any unusual changes in the skin overlying the breast – e.g. changes in colour; unusual redness
 - persistent pain
 - a noticeable change in the shape or size of one breast

Remember – these changes do not necessarily mean that there is a cancer. See a doctor or nurse if you notice any of these changes.

Key Information: Testicular Checks

- Cancer of the testicles is most common in men aged 18–45 years
- If the cancer is found and treated early, there is almost a 100% cure rate
- If it is not treated, the cancer can spread to other parts of the body
- Boys should get to know what their testes (balls) normally feel like
- A simple self-check of the testes about once a month will detect any changes
- You can check the testes after a bath or shower
- Check each ball in turn by gently rolling it between the thumb and two fingers
- One ball is often larger than the other – this is normal
- You will feel a soft tube-like lump behind each ball. This is normal – this is the epididymis that carries sperm out of the testes
- What to look for:
 - lumps or hardness in each ball
 - changes in shape or size (e.g. one ball getting bigger)
 - a heavy or dragging feeling in the balls
 - pain in the lower belly or in the groin

Remember – most changes are not cancer. See a doctor or health worker if you notice any of these changes.

TOPIC TWO: GOALS FOR MY FUTURE

Time Needed: 45 minutes

Activity 1: Goal Setting

1. Write the word “goal” on the board – ask the group what a goal is
2. Define what a goal is – for example:
“A goal is something a person works to achieve”
3. Ask the group for some examples of goals they or other people have achieved, for example:
 - finishing school
 - making the football team
 - saving money
 - learning a new skill
4. Tell the group that setting goals is a way of making dreams come true. Ask them why it is important for young people to have goals for themselves. Cover points such as:
 - goals give direction and purpose in life
 - goals make life more interesting and challenging
 - goals guide the decisions we make about ourselves and our relationships (for example, if your goal is to complete your schooling, then you may decide to delay sex until after you have finished school)
5. Tell the group that they are going to set some goals for themselves. Ask them to set goals in the following areas of their lives:
Health
Study/work
Hobbies/recreation
Family
Friendships
They can also set goals in other areas if they wish. They can write or draw a picture of their goals.
6. Give some guidelines for helping them to be successful in achieving their goals (see **Key Information: Goal Setting**)
7. After they have finished setting their goals, ask group members to share some of their goals and why they would like to achieve that goal
8. Ask the group to support each other by clapping after everyone has shared a goal.
9. Discuss why reproductive health is important in helping young people to achieve their goals, for example:
 - if a girl becomes pregnant it can interfere with her goals of study, sport or work
 - if a young person gets an STI or HIV/AIDS it can disrupt their schooling, work and relationships

Key Information: Goal Setting

- A goal is something that a person works to achieve
- You are more likely to achieve a goal if the goal is:
 - specific – clearly identifying an improvement you want to make in some area of your life
 - realistic and achievable
 - time-limited – that is, you set a specific time within which to achieve your goal
- To achieve a goal, it helps to:
 - have an action plan for how you are going to achieve your goal – that is, identify the steps you need to take to work toward your goal
 - identify the support you need from other people to help you achieve your goal
 - identify the obstacles you might face in achieving your goal and think about how to overcome these obstacles

TOPIC THREE: REPRODUCTIVE HEALTH RIGHTS

Time Needed: 30 minutes

Activity 1: Young People’s Rights

1. Tell the group that you are going to have a discussion about young people’s reproductive health rights
2. Ask the group:
 - What do you think rights are?
 - What is the purpose of rights?
3. Make the following points:
 - All people have human rights
 - Rights help to promote equality between men and women
 - Young people have reproductive health rights
 - Having rights also means that we have responsibilities
4. Write up or read out the set of young people’s reproductive health rights (see **Young People’s Reproductive Health Rights**)
5. Read each right out one by one
 - Ask the group what they think each right means
 - Clarify any points they do not understand
 - Discuss whether they agree or disagree with young people having that right
 - Ask what responsibilities go along with having each of those rights
 - Ask the group if there are any other rights they would like to add

Key Messages

- *You should see a doctor or health worker if you detect any abnormal changes in your body*
- *Reproductive health problems can interfere with achieving your goals*
- *All young people have reproductive health rights and responsibilities*

Young People’s Reproductive Health Rights

All young people of the world, regardless of sex, religion, colour, sexual orientation or mental and physical ability, have the following rights as a sexual being:

- to be themselves, to enjoy sex, to be safe, to choose to marry (or not to marry), and plan a family
- to know about sexuality, contraceptives, STIs and HIV/AIDS
- to stop being physical or sexual with a partner at any point
- to say no to an unwanted touch of any kind
- to make decisions about sexuality, in their own time
- to express their sexuality safely, and protect themselves from pregnancy, STIs, HIV/AIDS, and sexual abuse
- not to be pressured into being physical or sexual
- not to express their sexuality unless they want to
- to have health care which is confidential, affordable, of good quality, and given with due respect

(Adapted from the International Planned Parenthood Federation)

GLOSSARY

Note: Some of the terms below are described in more detail in the *Key Information* given in each session of the manual.

Abortion	A medical procedure to end a pregnancy. It should only be done by a doctor. It is illegal in most Pacific countries.
Abstinence	The decision to delay, or not have sexual intercourse at all. It is the most effective way of preventing pregnancy and STIs.
AIDS	Acquired immune deficiency syndrome, a disease caused by the HIV virus. AIDS is when the body's defence system is so weak that the person cannot fight illness.
Anal intercourse	When a person has sex by putting their penis into another person's anus.
Anus	The hole at the end of the back passage or rectum, through which the body gets rid of solid waste.
Bisexual	Someone who can be sexually attracted to both males and females.
Cervix	The lower section of the uterus that protrudes into the vagina. It has a tiny opening that allows menstrual blood to pass. During birth, the cervix expands to allow the baby out of the uterus.
Clitoris	The small organ at the top of the vulva. It is the most sensitive sexual part of a woman's body because it is full of nerve endings.
Conception	The moment when the woman's egg is fertilised by a man's sperm and she becomes pregnant.
Condom	A thin rubber sheath which is rolled onto a man's erect penis before sex. It stops sperm and infection from passing between sexual partners.
Contraceptive	A device or drugs used to prevent pregnancy (also called birth control).
Discharge	A fluid which comes from the vagina or opening of the penis. Discharges are natural. But if a discharge has a strange smell or colour, or is itchy, it may mean that there is an infection or an STI.
Ejaculate	When a male has an orgasm and semen spurts out of his penis.
Emergency contraceptive	Also called the morning after pill; a contraceptive pill which can be taken up to 72 hours after unprotected sex.
Erection	When a man is sexually excited, blood flows into his penis and makes it become hard and stiff.
Gay	Another term for homosexual.
Genitals	The reproductive organs or parts of the reproductive system that are outside a person's body.
HIV	Human immuno-deficiency virus — the virus that causes AIDS. It can be found in body fluids (blood, semen, vaginal fluid and breast milk) of an infected person
Heterosexual	A person who has sexual feelings for someone of the opposite sex.
Homosexual	A person who is sexually attracted towards members of his/her own sex.
Hormones	Hormones are natural chemicals that affect different parts of your body. They travel around the body in the blood. Sex hormones control growth and sexual development in boys and girls.
Hymen	A thin piece of skin covering part of the opening of the vagina. It can be broken through sport or hard physical work. Sometimes it bleeds when it breaks.
Lesbian	A woman who is sexually attracted to another woman.

Lubrication	A water-based jelly that is put on the outside of the condom to make it slippery and so feel better during sex.
Masturbation	Sexual excitement and pleasure caused by rubbing the sexual parts of one's own body.
Menarche	The technical name given to a girl's first menstrual period – it is a sign that she has reached puberty.
Mutual masturbation	When two people masturbate each other's genitals by hand.
Menstruation	A woman's monthly bleeding. Also known as her periods.
Menstrual cycle	The time between a girl's menstrual period and her next — usually about 28 days.
Oestrogen	Female hormone produced in the ovaries that is responsible for many of the changes that take place during puberty.
Oral sex	Having sex by kissing, sucking, or licking a partner's genitals.
Orgasm	When the body reaches the highest moment of sexual excitement.
Ovaries	Two small glands on either side of the uterus that contain a woman's sex cells (ova). Ovaries also produce the female hormones oestrogen and progesterone.
Ovum	Often called an egg. These are the female sex cells. After puberty, one ovum is released inside a girl's body every month. If a male sperm meets an ovum and fertilises it, the girl will become pregnant.
Penis	The male sexual organ. Also used to pass urine (piss). Most of the time the penis is soft and hangs down. When sexually excited, blood flows into the penis and it becomes erect and hard. This is called an erection.
Pregnancy	The time, about 9 months, during which a woman has a baby developing and growing inside her.
Premenstrual syndrome	A girl or a woman may experience mood swings, headaches, or sore breasts in the week before her period is due. Also called PMS.
Puberty	The time of life when an adolescent's body begins to change from being a girl to being a woman, or from being a boy to being a man. It involves rapid physical, emotional and social changes. These changes are caused by the sex hormones.
Pubic hair	The hair which grows around your genitals after reaching puberty.
Safer sex	Sex that reduces the risk of passing on STIs or having an unplanned pregnancy
Sanitary pad	A pad made of cotton which a woman or girl can wear to absorb the menstrual blood during her period.
Semen	A milky liquid made up of sperm and semen which comes out of the end of the penis during ejaculation. Semen carries 300 to 500 million sperm cells for every ejaculate.
Sexual abuse	When a person forces someone to do something sexual against their will.
Sexual intercourse	When a man and a woman have sex — the man inserts his penis into the woman's vagina
Sperm	These are very small male sex cells which are made in the testicles. Under a microscope they look like tadpoles. When a man ejaculates about 400 million sperm are released. If a sperm meets a female egg (ovum), the girl or woman can become pregnant.
STIs	Sexually transmitted infections. A term used for any infection which you can get by having unprotected or unsafe sexual contact with an infected person.

Testicles	Also called the testes or balls - are two oval shaped organs in the male scrotum. They produce sperm and the male hormone testosterone.
Testosterone	The male hormone produced in the testicles which produces many of the changes of puberty.
Tampon	A hard tube of tightly packed cotton put into the vagina to absorb the blood during a girl's period.
Vagina	Part of the female genitals. The vagina connects a woman's uterus to the outside of her body. When a girl or woman becomes sexually aroused the vagina becomes wet and lubricated.
Vaginal intercourse	When a man has sex with a woman by putting his penis into her vagina.
Vulva	The female external reproductive organs, including the labia, the clitoris the urethral opening and the vaginal opening.
Wet dream	When semen comes out of a boy's penis while he is asleep. It is one of the signs that he has reached puberty.

ADOLESCENT REPRODUCTIVE HEALTH



TRAINING MANUAL