

ACTIVITY
GUIDE

COMPREHENSIVE
SEXUALITY
EDUCATION

for 10-14 year olds

CONTENTS

3	Acknowledgements
3	Acronyms
5	Introduction
6	What is this guide?
6	Who is it for?
7	How can it be used?
8	Guidance for facilitators
8	Teaching methods
11	Community engagement
12	Key Messages and Activities
13	Further reading

1. Citizenship, Rights and Responsibilities..... 14

Respect and Human Rights	16
Children's rights	18
Child rights and sexual and reproductive health	20
Bodily integrity is my right.....	26

2. Gender and Sexuality 28

Understanding gender norms	30
Understanding power and discrimination	34

3. Diversity 36

Stereotypes, Prejudice and Discrimination	37
Sexuality and diversity	39
Understanding identity	42

4. Violence 46

What is bullying?	47
Types of violence and their effects.....	50
Sexual and gender-based violence.....	53

5. Relationships and Pleasure 56

Positive and negative relationships	58
Expressing feelings and assertiveness	64
Being part of a family	69
Refusal and negotiation skills	72
Decisions and consequences	76

6. Sexual and Reproductive Health and HIV 80

Understanding puberty	82
Every body is different.....	86
Understanding reproduction and STI	90
HIV basics	95
Treatment for HIV	99
Preventing pregnancy	102
Teenage pregnancy and becoming a parent: Life planning.....	108
Understanding comprehensive abortion care....	114
Risk behaviours and risk reduction	116

ACKNOWLEDGEMENTS

This guide was developed by Arushi Singh, an International Development Consultant. We would like to acknowledge the efforts of all those who were involved in developing this activity guide. The development of this guide was led by Juliette Faide Nsensele and Angela Tatua of IPPF Africa Regional Office. The consultant who developed and finalised the guide was Arushi Singh. Valuable inputs were obtained from Youth Officers and young peer educators at a Regional ToT on CSE for 10-14 year olds where the draft guide was used and discussed. Specifically, these were:

Mme Dagba Kangni Brigitte, Benin

Mandiang Abdou, Senegal

Arushi Singh, India

Helena Hamukoto, Namibia

Koffi Sangbana Ouagbeni, Togo

Yemeh Koroma, Sierra Leone

Benjamin Mbiye, DRC

Maria Amelia, Mozambique

Philile Faith Malindizisa, Eswatini

Ishmael Kwasi Selassie, Ghana

Ngo Sohe Jeanne Christelle, Cameroon

Corazon Ayoma, Kenya

James Tumusiime, Uganda

ACRONYMS

AIDS	Acquired immunodeficiency syndrome	IUD	Intra-uterine device
CSE	Comprehensive sexuality education	LAM	Lactational amenorrhea method
ECP	Emergency contraceptive pill	LGBTIQ	Lesbian, gay, bisexual, trans*, intersex, queer / questioning
GBV	Gender based violence	MAs	Member Associations
GUSO	Get Up, Speak Out for Youth Rights!	SGBV	Sexual and gender-based violence
HIV	Human immunodeficiency virus	SRHR	Sexual and reproductive health and rights
HPV	Human papilloma virus	STI	Sexually transmitted infection
IPPF	International Planned Parenthood Federation		



INTRODUCTION

Young people, including very young adolescents, need information, values and skills to understand their own sexuality and sexual and reproductive health and rights, as well as make informed decisions, and act upon them, in relation to their own bodies and sexuality. This can be done through access to comprehensive sexuality education (CSE). While there is no single definition of CSE, it can be understood as a holistic, developmental and age appropriate, culturally and contextually relevant and scientifically accurate learning process grounded in a vision of human rights, gender equality, sex positivity and citizenship that is aimed at:

- Increasing an understanding of human rights, sexual and reproductive rights, and gender equality amongst children and young people, so that they are able to uphold their own rights as well as those of others
- Increasing health literacy and the capacity of children and young people to understand health information, and process it, to make their own decisions about their health and access sexual and reproductive health services
- Enhancing children's and young people's capacity to engage in equal, happy, healthy, fulfilling and consensual relationships and experiences

CSE can be provided in-school as well as out-of-school, by teachers or peers; it is a human rights based and gender transformative approach, promoting citizenship, an understanding of the evolving capacities of individuals¹, and sex positive (i.e. working on achieving ideal experiences, rather than only preventing negative ones).

An effective CSE programme works on developing the skills and confidence of CSE educators to comfortably talk about sex and sexuality without hesitation. Therefore, intensive training and values clarification, job aids, and other tools need to be provided to those providing CSE to young people. An important aspect to bear in mind is the kind of language used – both for training the CSE educators, and within the CSE curriculum. It should be as clear as possible, without reinforcing fear, shame or taboo, or using binaries like normal or abnormal, natural or unnatural, sinful or dirty, good or bad. CSE educators' language should be non-judgemental, non-discriminatory, and encouraging towards adolescents.

Since this guide is for 10-14 year olds, for an effective CSE programme, it is important to bear in mind that different adolescents have different experiences and life circumstances. You could have a range of learners, from those with no experience in relation to sex, those with positive experiences to those who might be survivors of sexual and gender-based violence, or others who may have had an unwanted pregnancy/unsafe abortion or an STI or be living with HIV. Therefore, along with being careful of language and attitude towards diversity, a referral network with relevant services should also be built into the CSE programme.

You can find more and detailed information on all these areas in the 'further reading' list provided below.

¹ Evolving capacity is about individual development and autonomy; it refers to the way that each child or adolescent gradually develops the ability to take full responsibility for her or his own actions and decisions. This happens at a different pace for each individual.

FURTHER READING:

IPPF (2010) **IPPF Framework for Comprehensive Sexuality Education (CSE)**, London

IPPF (2017) **DELIVER+ENABLE Toolkit: Scaling-up comprehensive sexuality education (CSE)**, London

IPPF (2016) **Putting Sexuality back into Comprehensive Sexuality Education: making the case for a rights-based, sex-positive approach**, London

IPPF (2007) **Included Involved Inspired: A Framework for Youth Peer Education Programmes**, London

IPPF (2016) **Young at Heart – How to be Youth-Centred in the 21st Century: An Introduction**, London

IPPF (2011) **EXCLAIM! Young people's guide to Sexual Rights: An IPPF Declaration**, London

IPPF (2012) **Keys to youth friendly services – Evolving capacity**, London

IPPF (2016) **Fulfill! Guidance document for the implementation of young people's sexual rights**, London

UNESCO (2018) **International technical guidance on sexuality education: an evidence-informed approach (Revised edition)**, Paris



WHAT IS THIS GUIDE?

Through the current strategic framework, IPPF is committed to empowering 500 million young people to exercise their sexual and reproductive rights. Currently, IPPF is implementing a five-year program known as “Get Up, Speak Out for Youth Rights!” (GUSO). The long-term objective of the GUSO program is for all young people, especially girls and young women, to be empowered to realize their SRHR in societies that are positive towards their sexuality. The project seeks to empower and increase utilization of quality SRHR information and education for all young people, including young adolescents (10-14 years), and build the capacity of the IPPF Member Associations (MAs) to deliver quality CSE programmes through age appropriate channels.

Access to CSE tends to be a challenge for very young adolescents as most CSE programmes do not adequately meet the needs of this age group. Very young adolescents are at the beginning of puberty and experiencing vigorous changes including physical, social and cognitive changes. Early delivery of CSE to this group of young people plays a vital role in helping them develop the right behaviour and skills. In majority of the MAs, the CSE programmes, including their respective curricula, tend to focus on the older adolescent, leaving this group of young

people unreached. In cases where CSE is delivered to this group, the information provided is not age appropriate and the delivery approach does not facilitate knowledge transfer and skills development. As such, there was a felt need for an age-appropriate, integrated CSE activity guide that would enable MAs to effectively deliver CSE to this group of young people.

This guide has been developed after a review of key literature on providing CSE to very young adolescents, especially IPPF's own CSE related publications (refer to Further Reading box above). There was also a survey of IPPF MA staff and volunteers who are engaged in providing CSE, including to very young adolescents. The activities in this guide have been adapted from several sources which are provided in the reference list.

WHO IS IT FOR?

This guide is meant for IPPF MA staff and volunteers who are engaged in or planning to provide CSE to 10-14 year olds. This includes sex educators, peer leaders, and SRH counsellors among others. This guide is meant to be read in addition to the other IPPF publications on CSE (refer to Further Reading box above) to ensure a comprehensive understanding of what CSE is, how to design an effective CSE programme, and how to ensure that young people's sexual rights are upheld while providing CSE.



HOW CAN IT BE USED?

There is a section on guidance for facilitators which helps prepare for delivering comprehensive sexuality education and outlines the skills and attitudes needed for effective delivery of CSE. It also provides some ideas on community engagement.

The section on key messages brings together some points under the main sub-headings for a CSE programme that 10-14 year olds must be made aware of. These are primarily for the facilitator to understand the values and perspectives that IPPF wants to instil in adolescents.

Finally, the section on activities provides several activities, each of which cover particular learning objectives. They can all be done within 45 minutes which fits with most class timings for school-based education, and provides a good amount of time for an out-of-school situation. The session can also stretch longer if more in-depth conversation is held on the various issues. This depends on the facilitator and the amount of time available. All of the activities can also be put together to constitute a 2-3 day workshop. The requisite hand-outs are also provided along with each activity. Facilitators should highlight the key messages where indicated.

GUIDANCE FOR FACILITATORS

This section provides guidance for the adults and peer educators who will lead and facilitate CSE activities. It indicates the values and principles that the facilitator should adopt and tips on leading participatory learning methods for 10-14 year olds, as well as how they should engage with the wider community around the adolescents, i.e. parents, family members, community leaders, teachers, etc.

TEACHING METHODS

Sexuality education requires a different approach to teaching than those used traditionally for other subjects. Effective sexuality education is not just about what you teach but how you teach it. Facilitating sessions on CSE can be challenging but also fun!

Experiential learning, or learning based on an individual having an experience and then processing it in order to gain something useful (i.e. new knowledge, attitudes or skills), is an effective method for delivering CSE. In the case of these CSE sessions, the 'experience' that adolescents gain will be the activity you do with them such as a brainstorm, role-play or game. To be able to process the experience, participants will need time to reflect on and share their reactions to it, and the facilitator will need to help them analyse these by asking about what they noticed during the experience, what issues came up, why, or how. Finally, the facilitator needs to help the participants apply this analysis to their own lives. The 'experiences' or activities you undertake with 10-14 year olds will be more effective and enjoyable if they are game-based.

Participatory training learning approaches are a two-way partnership between you and the young participants. While the facilitator sets the tone for the group, the approaches encourage full participation from all participants to shape the learning experience. Adolescents of different genders discover their own strengths, develop problem-solving skills and together play a more effective role in relating to their surroundings. Aim to create a friendly and respectful atmosphere. Things you can do to help with this include:

- smile and greet individuals as they arrive
- thank everybody for their contributions
- observe the group and notice who participates

- encourage participants to join in
- invite different participants to speak or different persons to give feedback if you have put them into small groups
- show respect for all participants' ideas
- invite adolescents to put forward different opinions
- make sure no one is left out
- make sure no one is ridiculed
- avoid making judgmental comments about anybody's answers
- acknowledge that it takes courage to participate
- organise the seating so everyone can feel part of the group (e.g. in a circle)

You can also invite the young participants to decide on what a safe space looks like for them. They can actively participate in what they think respect looks like in this space, perhaps they agree that whatever is shared in this group remains confidential – the young participants can take it in turns to write their ideas on flipchart paper and hang it up to revisit in other sessions as a reminder. This can increase their level of commitment to the rules as they have actively participated in creating them.

Note: Due to the experiential and active nature of the sessions it is useful to work in a flexible space to accommodate movement of participants.

The aim is to set an atmosphere in which adolescents with different attitudes can **share different views**. They should not feel that they all need to agree with each other. The important thing for the facilitator is to open the discussions, encourage questions, summarise the different views expressed, and ask participants to think about possible effects of a range of actions. It is not the facilitator's job to recommend a certain opinion. However, **providing correct and evidence-based information** is a different matter. Where there is a question of facts versus myths, then that is not the same as an opinion. The facilitator should be able to explain facts, which requires sufficient preparation before any session to ensure you have a clear understanding of the facts related to the topics you will cover. Reflect on your own values and how

comfortable you feel about sex, sexuality, and sexual relationships – these are going to affect how you communicate with participants. So be aware of your own values and comfort zones, and while you don't need to have the same values as the participants or even the writers of this activity guide, you need to respect different values and attitudes as long as they are not harmful to others or dangerous.

The facilitator or youth leader must also **model a respectful approach to gender and diversity** and have value-free language, e.g. avoid using the male pronoun (he/his/him) to indicate a general reference and instead use gender-neutral terms (anyone, their, those). Consider words such as chairperson instead of chairman, police officer instead of policeman, etc. Be alert to language that assumes that men are exclusively in positions of power and out in the community, while women are subordinate and stay in the home. When adolescents use biased or sexist language or make gender stereotypic assumptions, gently call their attention to the assumption, question whether that is always true for all girls/boys or women/men and then move on. Avoid shaming the participant while encouraging a shift in peer norms related to gender role assumptions.

Reflective listening is an important skill for the facilitator. When participants share a story or idea, try to respond in a way that shows you understood their contribution. This is better than making an evaluative comment (such as 'good point'). Your reflective comment should be a summary (e.g. 'You have pointed out that we have very little information on this issue'). If you are not sure what the point is that they are making, you can summarise what you think they are saying and check it back with the speaker (e.g. 'It sounds like you are suggesting that we do not have any information at all – is that what you are saying?').

If participants are not observing rules, make a direct request. This might sound like:

"Can we have one person speak at a time please? It is important that we get to hear each other."

"Let's make sure we find a way to disagree whilst still respecting the other person."

"Let's not make negative race/gender/age-based comments. We should provide respect when referring to others."

It is very important that the **facilitator preserves privacy** when discussing sensitive issues. Please do not use real names of people if giving an example of a sensitive story. No one should be required to tell their story or to disclose personal matters. This means that you are creating a safe space for participants where they feel comfortable to actively participate. To reinforce this **safe space**, agree with participants how you will work together. They should feel involved, listened to, comfortable, and safe from ridicule, especially when they take risks with sharing new ideas. You may need to remind adolescents about the importance of privacy and/or anonymity, and ensuring that private information shared during the sessions must not be disclosed or discussed outside the session, or used to ridicule individuals.

Delivering CSE can be challenging due to several socio-cultural norms and taboos around sex and sexuality. This is where facilitators have a role to play in **challenging social beliefs that are harmful** and enabling participants to develop critical thinking skills. To make the delivery of CSE easier and more effective, facilitators would need to develop a **learner-centred** approach. This means that you need to involve the participants and help them internalise and integrate the information through participatory learning methods. So, the emphasis shifts to the learners and what they learn by building on their existing knowledge and using interactive teaching methods. This includes encouraging the learners, giving them continuous feedback, and allowing trial and error during a practical application of learning. Instead of being an authoritative 'teacher', the role is more of an enabler for critical thinking among the learners. Participants should feel that they have the right to talk and contribute to their peers' learning.

Facilitators must familiarise themselves well with the contents of the session plans and the reference notes to ensure that they are able to **deliver the sessions in a professional manner**. The sessions focus on gender, sexuality and rights and facilitators are expected to model behaviour that is gender sensitive, non-judgemental, empathetic and taking cognisance of learners' rights. Facilitators are also encouraged to find out more on the subjects through reliable online sources (i.e. sources that espouse the values and principles laid out in this guide), journal articles or grey literature from organisations working on sexual and reproductive health and rights. Adopting a relaxed atmosphere within the room while discussing CSE,

and ensuring that learners feel comfortable to ask questions, is key to successful implementation.

You may feel uncomfortable when leading the conversation on some topics. If this is so, you can work on **increasing your confidence** to talk about these topics before the session. You can do this by preparing with another facilitator and talking about the topics together first, or by telling friends and family members what your session will be about, and getting some practice by talking with them.

Be enthusiastic! Maintain a positive approach to the normal, healthy process of growing up and encourage participants to have fun while learning.

Remember!

- It is important to revise the knowledge that you are sharing before each session. Look over the activity instructions and fact sheets and make sure that you understand them.
- Always be prepared as this will help you overcome any shyness too.
- Don't hesitate to ask for help. If certain aspects of an activity are unclear to you, feel free to reach out to a resource person to provide support. This could be a health provider who offers youth-friendly services, a program manager from a local civil society organisation with experience working on adolescent and youth sexual and reproductive health, or any other resource person who has a rights-based and positive approach to adolescents' and young people's sexual and reproductive rights.
- During a session, do not be afraid to say you do not know something, and offer to check it out and get back to the group.

FURTHER READING:

International Sexuality and HIV Curriculum Working Group (2009) **It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education**, Population Council

Cheetham, N (2015) **Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa**, UNESCO

Schroeder, E, E Goldfarb & N Gelperin (2015) **Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum – Teacher's Guide**, Advocates for Youth

IPPF (2016) **How to educate about abortion: A guide for peer educators, teachers and trainers**, London

IPPF (2016) **Putting Sexuality back into Comprehensive Sexuality Education: Tips for delivering sex-positive workshops for young people**, London

ONLINE RESOURCES:

<https://lovemattersafrica.com>

<http://www.scarleteen.com>

<https://amaze.org>

<https://www.youthdoit.org/themes/sexual-and-reproductive-healthand-rights-are-human-rights>

<https://www.menstrupedia.com/quickguide>

Video: Tips on how to educate about abortion | IPPF

COMMUNITY ENGAGEMENT

Working with younger adolescents might mean there is a greater need for parents, guardians and other community members to be involved / aware of what is being taught since they have a bigger say in adolescents' lives at that age. In any case, engaging with the community and ensuring cooperation and support from parents and families has been a key success factor for sexuality education programmes. Parents will often have concerns about providing 'sex' education to their children – these can be effectively addressed by providing parallel parental education programmes, familiarising them with the CSE content, and giving them the skills to deal with difficult questions from their children. Some steps in community engagement are:

- Find out what the main concerns are of parents and families of adolescents in the community you are targeting, with regard to accessing sexuality education
- Help them understand that their values around sexuality are important to your programme

and demonstrate how these match with your programme's values, i.e. respect, kindness, tolerance, dignity, etc.

- Be honest and open when addressing parents' or community members' concerns with regard to the CSE programme and curriculum
- Share your curriculum with key community leaders and parents before starting the CSE sessions. Do this in a practical and interactive way, i.e. running a few sessions with them, or sharing your key messages and discussing how they relate to local values and principles, rather than just handing a printed copy of the activity guide to them to review.
- Identify CSE champions from among your target community, i.e. people who are favourable towards young people' access to CSE and are willing to talk about its benefits or influence parents and families to let their 10-14 year olds participate in CSE activities.
- Seek support from resource people who are involved in managing or supporting your CSE programme.

FURTHER READING:

IPPF (2009) **From evidence to action: Advocating for comprehensive sexuality education**, London

IPPF (2016) **Everyone's right to know: delivering comprehensive sexuality education for all young people**, London

DSW (2011) **How to Reach Young Adolescents: A toolkit for educating 10-14 year olds on sexual and reproductive health**

Institute for Reproductive Health (2010) Reaching Very Young Adolescents (VYAs): Advancing Program, Research and Evaluation Practices

International HIV/AIDS Alliance (2016)

Uganda: Working with young adolescents (10-14 years old) on sexual and reproductive health and rights and HIV

GREAT Project (2013) Community Action Cycle Implementation Guide for improved gender norms, GBV and SRH outcomes for adolescents, Institute for Reproductive Health



KEY MESSAGES AND ACTIVITIES

The key messages and activities in this section are divided into seven elements of CSE as defined in the **IPPF Framework for CSE**, i.e.

1. Sexual rights and sexual citizenship;
2. Gender and Sexuality;
3. Diversity;
4. Violence;
5. Relationships;
6. Pleasure;
7. Sexual and reproductive health and HIV.

Note that Relationships and Pleasure have been combined into one sub-section. It is advisable to do as many of the activities as possible with the same set of participants. This could be over a span of 2-3 days or broken up over a longer timescale. Follow the order in which the activities have been written for a good flow of information.

The key messages preceding the activities have been taken from the **IPPF guide on scaling up CSE, called DELIVER+ENABLE**. These are meant for the facilitator to become familiar with and properly understand before leading the activities. It is important that the facilitator has more comprehensive knowledge of the topics before they undertake the activities as participants may have different levels of understanding and can ask questions that may not be covered in the activity. The key message to be delivered to the 10-14 year old participants are highlighted within each activity.

The activities have been adapted from several different sources (as listed in the Further Reading box opposite). Facilitators should familiarise themselves with each activity before running it. Adaptations can also be made to the sessions based on country context. Facilitators are also encouraged to refer to the sources listed below for further activities if they feel that participants need more.



FURTHER READING:

International Sexuality and HIV Curriculum Working Group (2009) **It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education**, Population Council

YouthLEAD (2014) NewGen Asia: A Leadership Training Course for Young People from Key Populations at Higher Risk of HIV in the Asia-Pacific Region

UNESCO (2018) **CONNECT WITH RESPECT: Preventing gender-based violence in schools. Classroom Programme for Students in Early Secondary School (ages 11-14)**

Cahill, H. & Beadle, S. (2016) **Creating Connections: Sexual and reproductive health and gender rights education for adolescents and parents**, Melbourne: Youth Research Centre

Advocates for Youth (2015) **Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum**

Asia-Pacific UNiTE Campaign (2014) **The Change-Makers: A Young Activist's Toolkit for Ending Violence against Women and Girls**

Save the Children International (2009) **Choices: Empowering boys and girls to change gender norms: A curriculum for 10 to 14 year olds in Nepal**

Population Council (2013) **Life Skills and Health Curriculum for the Adolescent Girls Empowerment Program (AGEP)**

Zambia Community HIV Prevention Project (Z-CHPP) (2017) **Stepping Stones: A Training Manual for Sexual and Reproductive Health and Relationship Communication Skills and Empowerment**, Pact Singh, A. & A. Buwalda (2017) Education and Activity Kit for teachers and youth group leaders, The Hague: CORDAID

IPPF (2016) **How to educate about abortion: A guide for peer educators, teachers and trainers**, London

OHCHR (2004) **ABC: Teaching Human Rights - Practical activities for primary and secondary schools**, New York & Geneva: United Nations

UNFPA East and Southern Africa Regional office (2018) **Regional Comprehensive Sexuality Education Resource Package for Out of School Young People**, Johannesburg: UNFPA

1. CITIZENSHIP, RIGHTS AND RESPONSIBILITIES

Human rights are freedoms that belong to every person from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. Human rights can never be taken away and are based on shared values like dignity, fairness, equality, respect, independence. They are defined and protected by law.

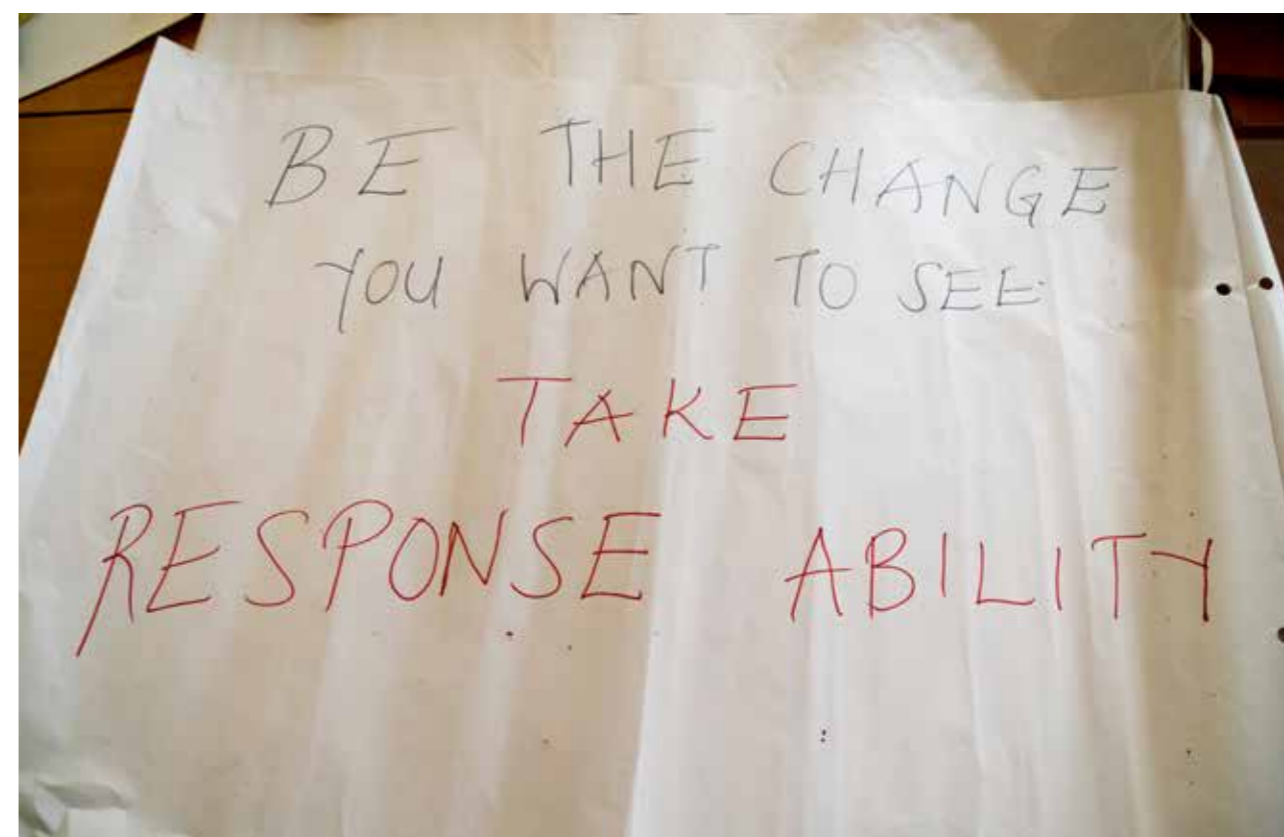
Sexual and reproductive rights are fundamental human rights and sexual citizenship is about diverse people taking responsibility of their own sexual life.

SEXUAL AND REPRODUCTIVE RIGHTS

- Human rights are fundamental privileges that belong to every person simply because they are a human being. They are based on the belief that every human being is born equal in dignity and rights.
- All human rights are equally important, and they cannot be taken away under any circumstance.
- Human rights come from on international agreements (agreements that are made between two or more countries).
- Sexual and reproductive rights are human rights. These include, among others, the right to choose friends, spouses, sex partners based on preferences, choice and consent; the right to say yes or no to sex; the right to express sexuality, including the right to seek pleasure; the right to enjoy bodily autonomy, free from sexual violence or exploitation; and the right to obtain full and accurate information, education and services.
- The IPPF Declaration on Sexual Rights says that young people have: the right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender; the right to participation for all persons, regardless of sex, sexuality or gender; right to life, liberty, security of the person and bodily integrity; right to privacy; right to personal autonomy and recognition before the law; right to freedom of thought, opinion and expression; right to association; right to health and to the benefits of scientific progress; right to education and information; right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children.
- Some societies may not recognize your or someone else's rights. The social norms about sex and sexuality may or may not coincide with the laws, or with international agreements.
- It is important to be active and speak out against discrimination and show your solidarity with those whose rights are being violated, e.g. adolescent girls who are married off resulting in stopping their education; someone who touches your private parts without your consent; adolescent girls denied services because they are not expected to be having sex. Similarly, it is important to be active and speak out when you see situations where someone's rights are being violated because of gender, e.g. girls and women are prevented from accessing services without their husband/parents. The more people speak out together, the easier it is to change these harmful situations.
- Learn skills to: refuse touch if you don't want it; assent to procedures affecting your health; identify someone you can talk to in case your rights are being violated; and exercise your right to decide about your sexual and reproductive life

CITIZENSHIP

- Good citizens are transparent, accountable for their actions, compassionate, respectful, responsible and active players in their communities.
- Fairness is important in a democratic society. We uphold the principles of fairness when we promote gender equality or the rights of indigenous peoples and migrants. We advance fairness when we remove barriers that people face because of gender, age, race, ethnicity, religion, culture or disability.
- Reproductive justice is important in a democratic society. Reproductive justice is the complete physical, mental, spiritual, political, social and economic wellbeing of women and girls, based on the full achievement and protection of women's human rights.
- Young people can play an active role as educators or advocates, as well as in the design, implementation, monitoring and evaluation of programmes and projects affecting their lives and the well-being of their communities.
- Learn skills to: uphold your rights and the rights of others; investigate issues in the local, school and wider community; analyse issues and participate in action aimed at achieving a sustainable future by raising a voice and taking leadership.



RESPECT AND HUMAN RIGHTS

45 MINUTES

LEARNING OBJECTIVES

- Understand similarities and differences and the need to respect each other despite these
- Understand the concept of human rights and the Universal Declaration on Human Rights

MATERIALS REQUIRED

- Post-it notes or small pieces of paper that can be stuck onto a flipchart; flipchart paper

GAME AND DISCUSSION

15 MINUTES

Ask the participants to sit in a circle. Explain to participants that this game will be about similarities and differences – everyone with similar attributes will have to get up and change their seat.

Ask one participant volunteer to stand in the middle of the circle and makes a statement that describes them. For example: “Is wearing a belt” or “Has a sister”. Everyone who shares that attribute must change places, including the participant in the middle. Whoever is left without a seat becomes the person in the middle and names the next attribute.

Participants will quickly see that they can be similar and different in many ways. After a few rounds have been played and participants are having fun, ask them

to start choosing a more intangible attribute, such as: “People who are kind”. The game usually breaks down at this point because it becomes more difficult to identify such attributes at a glance.

Discuss with participants how people usually recognize such behavioural attributes. Ask them whether they can always know for sure by looking at a person whether they are kind or generous or honest or hard-working, etc.

Use their responses to emphasise the key message that we all have some similarities and some differences and this is ok. It is good to live in a society where there are many different kinds of people who also share some characteristics or attributes.

SELF-REFLECTION AND DISCUSSION

30 MINUTES

Ask participants to think of a good quality in themselves. Ask them to write each quality on a separate post-it note and stick them up on a single flipchart at the front of the room. Take a minute to group the post-it notes and pick the ones that have been repeated most. Ask volunteers to explain why they think this is an important quality to have, and go through a few.

Then lead a discussion on these questions:

- Do you respect in others the quality you like about yourself?
- Do you respect good qualities in others that you do not have?
- Do all human beings deserve respect? Why?
- How do you show respect for others?

Next ask participants to take a minute and think of a time when they felt hurt because someone did not respect them.

- How did disrespect feel?
- Why do people sometimes act disrespectfully to others?
- What is dignity? Is your dignity hurt when others do not respect you?
- What can you do when others do not respect you?

Finally, ask:

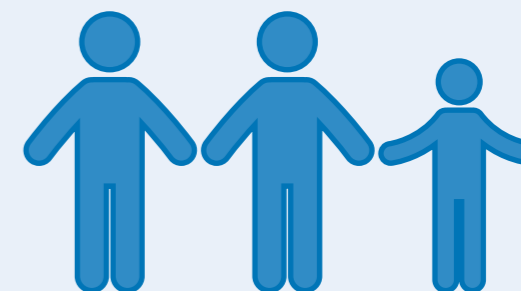
- What does it mean if we say that all human beings deserve respect?
- Ask for examples of how life in their community could be more peaceful if people showed greater respect for each other.
- Ask participants to think of one way they could show respect for someone.



Close the discussion by re-emphasising the key messages that:

Universal Declaration of Human Rights

All human beings deserve respect and to ensure this, countries around the world came together many years ago (in 1948) to agree on the Universal Declaration of Human Rights. This is a list of rights for all people in the world.



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



We all have the same rights, freedoms and responsibilities just because we are human beings.



We have a responsibility to respect and protect the rights of others.

NO ONE CAN TAKE AWAY OUR HUMAN RIGHTS

CHILDREN'S RIGHTS

45 MINUTES

LEARNING OBJECTIVES

- Understand the need for children's rights and the Convention on the Rights of the Child

MATERIALS REQUIRED

- Card paper (10 per small group) or other drawing paper; old magazines; markers / coloured pens; scissors; large flipchart papers; sticky tape

GROUP WORK AND DISCUSSION

25 MINUTES

WANTS AND NEEDS

Divide participants into small groups and ask each group to create ten cards that illustrate things that children need to be happy. They can cut pictures from old magazines or draw these things. Help them label the cards. Each group explains and posts its cards under the heading "Needs".

Next announce that the Government has found that it can only provide some of the items on the list, so the group must eliminate ten items from the list of needs. Encourage participants to discuss and agree on which cards are to be eliminated. Remove the cards selected

and post them under the heading "Wants".

Then announce that still further cuts are required and the group must eliminate another ten items and follow the same procedure.

Finally discuss this activity:

- What items were eliminated first? Why?
- What is the difference between wants and needs?
- Do wants and needs differ for different people?
- What would happen if the group had to go on eliminating needs?

GROUP WORK AND DISCUSSION

20 MINUTES

PERSONAL VALUES

Divide participants into small groups and tell each group to draw a large outline of a child (or outline one of them) and give the child a fictional name. They should then decide on the mental, physical, spiritual and character qualities they want this ideal child to have (e.g. good health, sense of humour, kindness) and write these qualities inside the outline. They might also make symbols on or around the child to represent these ideal qualities (e.g. books to represent education).

Outside the child, the group should list the human and material resources the child will need to achieve these qualities (e.g. if the child is to be healthy, it will need food and health care). Each group will then "introduce" its new member of the community and explains its choices for the child.



key message

Wrap up the exercise with the **key message** that as you grow and have more experiences, your needs develop and change. To become yourself, you need to identify your own personal values – those things that are important to you, that you think are right and wrong for yourself. And you need to live by your values. Knowing what our human rights are can give us a sense of our dignity and worth as human beings. For everyone to enjoy their rights, we must all respect the rights of others.



key message

Conclude by giving the **key message** that children's rights are based on what all children need to live a healthy, happy life and grow up to be responsible citizens. Remind participants about the Universal Declaration of Human Rights that applies to all human beings. Explain that the Convention on the Rights of the Child (1989) was an effort to make sure that all children have these rights. It guarantees to children the things they need to grow up healthy, safe and happy and to become good citizens in their community.

CHILD RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

45 MINUTES

LEARNING OBJECTIVES

- Understand the link between rights and sexual and reproductive health
- Understand that stigma and discrimination is unacceptable, and rights of all must be respected

MATERIALS REQUIRED

- Copies of 'Survey on Rights' for all participants

Some of the rights included in The International Convention on the Rights of the Child are:

- Right to life and survival
- Right to liberty and security of the person
- Equal rights with regard to health
- Right to impart and receive information
- Right to education
- Equal rights to private and family life
- Right to non-discrimination on the grounds of sex, other status, such as age, disability

Ask participants how some of the rights in the 'Survey on Rights' relates to these rights.

INDIVIDUAL EXERCISE AND DISCUSSION

25 MINUTES

CHILDREN'S SRHR

Explain that this session will focus on sexual and reproductive health and the rights of children. Remind participants about the Convention on the Rights of the Child that protects the rights and interests of children. We are going to explore some of the basic rights of children and how they relate to sexual and reproductive health.

Give each participant a copy of the 'Survey on Rights' and ask them to complete the exercise on their own, without discussion. They need to choose six rights that they do not want to lose, explain why they don't want to lose these, and what would happen in their life if they lost those six rights. Give them 5-7 minutes for this.

Then ask the participants to discuss with the person sitting next to them what they chose, why, and the impact of losing those rights. Give them another 5 minutes for this discussion.

Then discuss with the whole group:

- How did it feel doing this exercise?
- Was it difficult to identify the six rights?
- What issues did the exercise bring up, i.e. what problems did you face?
- What rights are common to everyone?
- Why are these rights important?



Re-emphasise the key message



Rights and freedoms are necessary for everyone to have a happy satisfying and fulfilling life.



This exercise was meant to highlight how difficult it is to separate one right from another.



Rights are 'universal', which means that they apply to EVERY human being; 'indivisible', which means that you cannot say we can have one right but not the other – all rights are equal; and 'interdependent'



Which means that all rights depend on each other – if one is removed it will affect all the others.

Survey on rights

Choose six rights from the following list that you do not want to lose. Explain why you don't want to lose these, and what would happen in your life if you lost those six rights.

THE RIGHT TO...

- 1)... give my permission before people do things to me
- 2)... meet a friend in a café
- 3)... go to bed when I want to
- 4)... read whatever I want, when I want, provided it is lawful
- 5)... have quality education
- 6)... attend remedial classes
- 7)... have a boyfriend/girlfriend
- 8)... have a private life
- 9)... use public transport
- 10)... enjoy playing
- 11)... do my own shopping
- 12)... choose my own clothes
- 13)... be listened to
- 14)... learn about contraception
- 15)... get justice when I experience discrimination
- 16)... make my own decisions about where and when to go for a health service
- 17)... express my opinion and have it valued
- 18)... be on my own when I want
- 19)... say YES and NO when I want to
- 20)... make decisions regarding my own welfare
- 21)... be loved by my family

WHY I DON'T WANT TO LOSE THIS RIGHT...

WHAT WOULD HAPPEN IF I LOST IT...

INDIVIDUAL REFLECTION AND DISCUSSION

20 MINUTES

FEELING STIGMATIZED

Now ask participants to take a minute and think about a time when they felt that people were making fun of them or isolating them for being seen as different from others. Give a few examples, such as being made fun of because you came from a poor family or being made fun of in school because you were smaller than others or bad at sports. Ask them to think about what happened, how it felt and what impact it had on them.

Then ask them to share with their friend in the room – allow participants to move around if required to find their friends. Give the pairs 3-4 minutes to share their stories with each other.

Invite some participants to share in the large group the kinds of feelings that they felt when they were being 'stigmatised'. Explain that stigma is a process where society creates a "spoiled identity" for an individual or a group of individuals. We identify a difference in a person or group, for example a disability, or body

shape, or the kind of family someone comes from, or a behaviour they engage in, and then mark that difference as something negative. We make that difference into something bad, socially undesirable and a sign of disgrace. This then leads to and justifies discrimination, or unfair treatment to those who are stigmatized.

Some examples of feelings of being stigmatised can be: Angry. Ashamed. Misunderstood. Depressed. Rejected. Pitying myself and feeling unhappy. Resentful. Doubting myself. Useless. Failure. Hated. Despised. Like an outsider.

Once some participants have shared their feelings, ask:

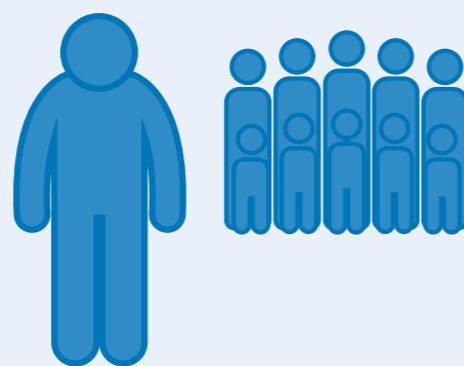
- What did you learn from the exercise about stigma?
- What feelings are associated with stigma?
- What are some examples of the kinds of people who face stigma in our society? (some of these could be people living with HIV, men and women who do not fit with our 'expectations' of gender, etc.)



key message

Finally explain with the key message that this exercise helps us get an inside understanding of how it feels to be stigmatized. The feelings of being stigmatized are very painful and can last a long time.

Stigma destroys people's self-esteem. People begin to doubt and hate themselves. They feel very alone at a time when they really need the support and company of other people. Everybody has felt excluded / ignored or treated like a minority at different times in their lives. And it is okay to feel like that because you are not alone. We have all experienced this sense of social exclusion. However, it is important to treat people equally and ensure that they can all enjoy the rights we spoke about earlier, including people living with HIV and any other groups that the participants named.



BODILY INTEGRITY IS MY RIGHT

45 MINUTES

LEARNING OBJECTIVES

- Understand the right to privacy and bodily integrity and how it applies to everyone

MATERIALS REQUIRED

- 2 large drawing papers / flipcharts if possible
- A blindfold
- Some newspapers rolled up as a tube
- A set of keys

GAME AND DISCUSSION

12 MINUTES

PRIVACY AND BODILY INTEGRITY

Explain to participants that this session is going to focus on the right to privacy and bodily integrity. Tell them that you will demonstrate this through some volunteers. Ask for at least 7 volunteers (more if there is space). Ask 6 of them to stand in two lines facing each other (3 on one side, 3 on the other) – they are the ‘brushes’ in a car wash. Ask for the 7th volunteer to go through the ‘car wash’. As they walk through, everyone pats or touches them gently. Once they reach the end, they join a line and another participant goes through the wash. Ask the volunteers how it felt:

- Was it a nice feeling?

- Did people pat them carefully?
- Ask the ‘patters’, ‘How did you know if the volunteer was happy with your pat?’

Tell participants that when we feel discomfort, ‘yucky’ or not interested in the pat or touch, it shows us that our bodily integrity is being violated. It is important to pay attention to how we feel about other people making contact with our body. It may be that when our mother touches us on our face, we like it, but when someone else touches us in the same way, we don’t like it. This is the difference between ‘safe’ and ‘unsafe’ or ‘unwanted’ touch and we all have the right to not have ‘unsafe’ contact with anyone.

GROUP WORK

15 MINUTES

Ask participants to work in same sex groups, i.e. girls on one side of the room, and boys on another side of the room. Give them a large sheet of paper each, if possible, otherwise, ask them to draw on a page out of their notebooks. They should draw the outline of a person on the sheet (female persons by the girl’s group, male person by the boy’s group). After the outline, tell them to draw the physical signs of feeling unsafe (e.g. heart beating fast, wobbly knees, butterflies in the tummy, heavy feeling, hunched shoulders, etc.), and write out the kinds of thoughts that go through the head when feeling unsafe. Explain

that feeling unsafe could happen to anyone at any time, e.g. when an aunty wants to give you a big hug and a kiss, or when someone calls out across the street at girls walking by, or rubs up against you on a bus.

Ask the two groups to share their drawings and how it feels when you feel unsafe – either with someone or in a particular place. Emphasise that it is important to listen to these feelings and react accordingly, i.e. ask the person to stop, leave the place, call out to someone trusted or for help, go and tell an adult you trust, etc. Remind participants about their right to privacy and right to protection from harm.

GAME AND DISCUSSION

18 MINUTES

RIGHT TO PRIVACY, CONFIDENTIALITY AND BODILY INTEGRITY

Explain that the next game will help us to think about how hard it can be to protect ourselves if we are blind to our rights. Ask for some volunteers to come to the front of the room – at least 6 – or more if there is space.

Ask the group to stand in a circle and for one of them to stand in the middle. This person will be the ‘Guard’. Blindfold this player and give them a ‘sword’ (made by rolling several sheets of newspaper into a tube). Place a set of keys at their feet. Once the player is blindfolded, select another player from the circle to be the Thief. Their role is to sneak up and steal the keys from the Guard, and then run back to their position in the circle without being hit by the Guard’s sword. The Guard cannot see and must listen carefully and swing

their sword to protect the keys. Play a few rounds of the game, swapping the players each time.

Repeat the game briefly without the blindfold on the ‘Guard’.

Ask participants what they see as messages in the game. Some possible messages are:

- It can be hard for people to protect themselves effectively when they are blind to their own rights, particularly if others want to steal or violate these rights. It is important therefore for people to be informed about their rights as it is easier to protect your rights when you know about them.
- It is also important for people to know where to seek help if their rights or someone else’s are being violated.



Emphasise the key message



It is important to know your rights, that you have the right to privacy, confidentiality and bodily integrity.



This means that no one should touch you where or a way you don’t want, that your belonging should be respected, if you tell a medical person or teacher something that you don’t want anyone else to know, they should respect your privacy.



However, if you have been abused, adults (guardians, parents, teachers, peer educators, police) may have a duty to inform others who can protect you.



Tell participants that as homework they should think about where they could go or whom they could talk to if their rights were violated.

2. GENDER AND SEXUALITY

Gender is the way the community/society defines males and females and it is linked to the roles, power and responsibility that are given to someone depending on whether they are boys/men and girls/women. Gender varies from society to society and can be changed. While most people are born either male or female, they are taught norms and behaviours on how they should interact with others of the same or opposite sex within households, communities and workplaces. When individuals or groups do not “fit” these gender norms they often face stigma, discriminatory practices or social exclusion – all of which negatively affect health. It is important to be sensitive to different identities that do not necessarily fit these norms.

Gender norms / roles are society's expectations of how you should behave based on what sex you were born with.

GENDER EQUITY AND EQUALITY

- Gender roles are learned, which means they can change over time. They are not innate or ‘natural’. In fact, almost everything that males can do, females can also do. And almost everything that females can do, males can also do.
- Your gender identity does not condition your sexual orientation. Regardless of how you identify, you may like people of the same sex or of the opposite sex.
- In every society, gender norms and gender roles influence people's lives, including their sexual lives, their capacity to exercise their rights and their access to opportunities. In some societies, for example, girls/women cannot access contraceptives without the consent of their parents or husbands, or are expected to get pregnant very young.
- Restrictive gender roles and preconceptions have harmful consequences on different populations. Female genital mutilation and child marriage, among other practices, respond to gender stereotypes that value women less. For example, young women are supposed to be innocent, know nothing about sex and abstain from sex before marriage. If they carry condoms, they may be accused of ‘sleeping around’ and may have a ‘bad’ reputation. Young men, however, can feel forced to be sexually active to be seen as a ‘real’ man, and are often afraid to ask questions about sex as this may show they are inexperienced and affects their ‘masculinity’.
- Greater equality and more flexible gender roles allow all individuals to enjoy the same opportunities and develop to their full capacity as a human being.
- Promote equal relationships in your family; share chores with your brothers and sisters, and make sure you do not treat your family members differently because of their sex or the way they behave.
- Everyone can take an active role in changing harmful gender practices and norms – join campaigns, make your voice heard if you are a young woman, and promote equal treatment for all in your school and community.
- Young men can play an important role in supporting women's sexual and reproductive health and rights and gender equality.
- Learn skills to: make decisions about your life, body and sexuality regardless of your sex or gender identity; demand equal rights regardless of sex or gender identity; promote non-discriminatory practices

SEXUALITY

- Sexuality is a part of you from the moment you are born. Your sexuality develops and changes throughout your life.
- Sexuality refers to the way one expresses themselves as a boy or girl this includes the way we talk, we dress, walk e.t.c
- At different times, most of us will experience various emotions related to sexuality. We may feel excitement, desire, confusion, anguish, happiness or many other feelings. Such emotions may be intense or, at other times, mild.
- People are sexual beings throughout their lives. During some periods in their lives, however, people might experience little or no sexual desire.
- Cultural norms, individual experiences and hormones all influence the way we understand and experience sexuality.
- Sexuality – expressed alone or in a mutually consensual and respectful situation with a partner (of any sex) – can be a source of pleasure and meaning in life. It can enhance happiness, well-being, health and the quality of life. It can also foster intimacy and trust between partners.
- Developing comfort and confidence about sexuality is part of growing up. This comfort is also influenced by individual, familial and social factors and experiences.
- Everyone has sexual feelings. Good sexual health is about being able to understand and enjoy your sexuality, as well as understand issues around sex and how to behave responsibly to prevent unwanted pregnancy or sexually transmitted infections. It is also about having personal choice – you should be able to choose what kind of sexual relationships you want and with whom.
- Gender norms and other forms of prejudices and stereotypes can limit many people's development and opportunities when it comes to sexual expression.
- You can take an active role in fighting against homophobia-, sexism, transphobia and other forms of prejudice and stereotypes.
- Learn skills to: seek help if you are being, or have been, forced into emotional and/or sexual relationships

UNDERSTANDING GENDER NORMS

45 MINUTES



LEARNING OBJECTIVES

- Understand what are gender norms
- Learn the importance of positive gender norms at home and in school
- Understand the impact of social and gender norms



MATERIALS REQUIRED

- Unpacking Gender Norms Handout – one copy for each participant

INDIVIDUAL WORK AND DISCUSSION 15 MINUTES

REMEMBER A TIME...

Ask participants to think back through their childhood to see if they can remember a time when they realised that they were being treated a certain way because of their gender (i.e. because they were a girl or a boy). They might remember being taught that they should act a certain way just because this was believed to be right for a girl as opposed to a boy. As they remember something, they should write it down.

Then ask participants to share one or two memories with the person sitting next to them for a minute. After they have discussed, ask for a few examples for the whole group. Some examples might be:

- Being treated differently from siblings of another sex by parents

- The kinds of toys they were given to play with
- The way they were dressed / the kinds of clothes they were meant to wear
- The images or messages they saw or heard in the media

Explain to participants that ‘gender’ is defined by the societal or cultural expectation or norm of what is expected of females and males. When we are children, people around us will often start to treat us differently depending on whether we are male or female. This is how we learn about the gender norms of our family and society – or the ‘rules’ by which families and societies want us to function. Sometimes we are also told that we must fit in and follow the gender norms of our family and society. These expectations and standards or rules are called ‘gender norms’.

INDIVIDUAL WORK AND DISCUSSION 15 MINUTES

GENDER-BASED EXPECTATIONS

Give participants the Unpacking Gender Norms Handout and ask them to write down some of the different sorts of expectations that are placed on males and females at different ages. Provide just one or two examples as given in the table below:

At around age	Social expectations of boys / men often include	Social expectations of girls / women often include	Social expectations of both often include
5 years	Physical and noisy play	Quiet play	Respect parents
10 years	Don't show sad or tearful emotion	Express tenderness and affection	Work hard at school Respect parents
In adulthood	Provide for family	Care for children Domestic duties Stay at home	Love their children
In the time of your grandparents	Can travel around on their own	Need male protection when travelling	Behave exactly the same way as their parents



Key Message

Finish with the key message that though we may not notice or question these gender-based expectations, there are times when we need to question them, specially when: a) norms and expectations cause harm; b) norms and expectations lead to inequality or to forms of gender-based injustice; c) when norms and expectations close down options for people; and d) when norms and expectations are used to judge and categorise people or to make them feel there is something wrong with them.

INDIVIDUAL WORK AND DISCUSSION
15 MINUTES

UNEQUAL NORMS AND EXPECTATIONS

Ask the group which of the norms and expectations they think might lead to harm or inequality. Some examples could be:

- A harmful gender norm for men: men are expected to be tough and this influences the chance that they might engage in violence.
- A harmful gender norm for women: women are expected to be submissive to men. This might lead to a woman thinking it is okay for men to use violence against her.

- A norm that leads to inequality: the expectations that women will marry early and therefore must leave school.

Ask participants to circle those norms on their chart that they think might cause harm.

Ask them to report back on which norms/expectations they think might lead to inequality and to harm for women or men.



Emphasise the key messages that:

- Gender norms and expectations influence how people live their lives.
- Some gender norms are harmful and can stop people from doing what they believe is right for them.
- Recognising gender norms helps people to question the fairness of the roles and challenge those practices that are unjust and harmful.
- Gender norms and expectations have a strong influence on how people experience life. Sometimes this is positive, other times this is negative and causes harm. It is important that we are aware of gender norms and expectations in our families and schools and work to change them when they are causing harm or inequality.

UNPACKING
GENDER NORMS:
HANDOUT



Directions: write down some of the different sorts of expectations that are placed on men and women at different ages.

At around age	Social expectations of boys / men often include	Social expectations of girls / women often include	Social expectations of both often include
5 years			
10 years			
15 years			
In adulthood			
In the time of your grandparents			

UNDERSTANDING POWER AND DISCRIMINATION

45 MINUTES

LEARNING OBJECTIVES

- Define gender norms and power differences, and how they affect relationships
- Learn about mutual respect, stigma and discrimination and their negative consequences

MATERIALS REQUIRED

- Blank slips of paper

Notes for the facilitator: Power is the capacity of an individual to influence the conduct/behaviour of others. Discrimination is the unfair treatment of one particular person or group of people. Usually the unfair treatment is because of the person's sex, religion, nationality, ethnic group, race, social position or other personal traits.

DISCUSSION

25 MINUTES

RESPECT AND PRIVILEGE

Divide the participants into two groups by designating one half the left side and the other half the right side. You don't need to have a logic for the division, just ensure that each group has a good mix of genders. Tell the participants that those in the left side group are superior in intelligence, beauty and personality and are deserving of more respect and an easier life than those in the right side group. In addition, tell them the participants in the right side group will be asked to do many tasks to make life better for the participants in the left side group. Participants in the right side group may not be able to attend school for as long because they need to be home doing work for the participants in the left side group.

Ask the participants in the right side group these questions (especially encourage responses from boys):

- How do you feel about being told you are less deserving of respect based on the side of the room you are sitting?
- How do you feel about being assigned to a more difficult life?

- Do you feel it is fair to assign respect and life quality based on the side of the room you are sitting?
- What do you think should be done to end discrimination?

Next, ask the boys and girls assigned to the left side group to answer these questions:

- How do you feel about being told you are more deserving of respect based on the side of the room you are sitting?
- How do you feel about being assigned to an easier life?
- Do you feel it is fair to assign respect and life quality based on the side of the room you are sitting?
- How would you feel when you saw right side group children being treated differently than you?

Next, repeat the activity by switching roles, assigning children in the right side group more respect and privilege. Repeat the questions above so that children in both groups can experience and express how inequality feels.



Emphasise the key messages that:

- In our society, there can be many groups with more respect and privilege, e.g. those who do not live with a disease or disability, or those from certain ethnic groups, or even boys and men within the family, and many groups with less respect and a harder life, e.g. those who live with HIV or with a disability, those from certain ethnic groups, many girls and young women.
- Often society gives men more power than women. It supports men having power over women, which can create conditions for violence and oppression. Because women don't have the same amount of power as men, they are vulnerable to being treated badly by those who do have power.

BRAINSTORM & DISCUSSION

20 MINUTES

DISCRIMINATION

Explain that persons or groups with less power in society are more vulnerable to discrimination. Write "discrimination" on the board / flipchart.

Ask the participants to suggest what they think the word means. Take note of the key words mentioned on the board / flipchart.

Provide a definition and write it on the board / flipchart:

"Discrimination is unfair treatment of one particular person or group of people. Usually the unfair treatment is because of the person's sex, religion, nationality, ethnicity (culture), race, social position or other personal traits."

Now ask participants to identify a list of the different groups of people who experience discrimination. Get a participant to volunteer to write each of the ideas on

a separate slip of paper. Once you have enough slips filled out (at least 5), distribute one slip of paper each to some volunteer participants.

Draw a line from end of the board / flipchart to another, and explain that one end of the line will represent high levels of discrimination, and the other end represents low levels of discrimination.

Ask the participants with the slips to take turns to place their slip of paper somewhere on the line. As they do this, they should name the person or group written on their slip of paper and then explain why they are choosing to put it on that place along the line. When it is their turn, they may also change the location of other slips of paper, so long as they explain why they are making the move. Encourage discussion among all participants on why those people are being discriminated against and whether that is right (negative discrimination is never right!).



Emphasise the key messages that:

- Some people are treated badly because of their gender, religion, ethnicity (culture), race, sexual orientation, social position, or other personal traits. This negative treatment is called discrimination.
- Discrimination causes harm because it stops people from having equal opportunities and from living in safety.
- Many forms of discrimination, including gender-based discrimination, occur when people or groups with more power make negative use of that power, and either participate in or allow negative treatment of particular groups.

3. DIVERSITY

The concept of diversity encompasses acceptance and respect. It means understanding that everyone is unique and recognizing our individual differences. These differences can include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, HIV status, etc.

Online Resource [Transgender, an easy read guide](#)

SEXUAL DIVERSITY

- Sexual orientation is a person's affection and sexual preference.
 - Gay = a person who is physically and emotionally attracted to someone of the same sex. The word gay can refer to both male and females, but is commonly used to identify males only.
 - Lesbian = a female who is attracted physically and emotionally to other females.
 - Straight = a person who feels attracted physically and emotionally to someone of the other sex.
 - Bisexual = a person who is attracted physically and emotionally to both males and females.
 - Trans* = a person whose gender identity, outward appearance, expression and/or anatomy does not fit into conventional expectations of male or female.
- Everyone has the same rights. No one can discriminate against someone else because they are different.
- Discrimination and bullying because of sexual orientation can lead to unequal access to services and education, suicide, and other negative outcomes. We can all do our part to reduce homophobia and transphobia.
- You can play an active role in advocating for all types of relationships – including between people of the same sex – being legally recognized and respected by all members of society.
- Learn skills to: find support if you are bullied or discriminated against because of your sexual orientation; choose your identity, and decide when and how to engage in sexual relationships; engage in non-violent communication, and develop respectful and consensual relationships

STEREOTYPES, PREJUDICE AND DISCRIMINATION

45 MINUTES



LEARNING OBJECTIVES

- Understand that stereotypes can be false
- Understand the difference between stereotypes, prejudice and opinion
- Recognise what discrimination is

MATERIALS REQUIRED

- One small stone or potato or similar, easy to obtain object per participant
- A box or bag to hold all the stones (or potatoes)

Notes for the facilitator: Power is the capacity of an individual to influence the conduct/behaviour of others. Discrimination is the unfair treatment of one particular person or group of people. Usually the unfair treatment is because of the person's sex, religion, nationality, ethnic group, race, social position or other personal traits.

INDIVIDUAL ACTIVITY AND DISCUSSION

25 MINUTES

BEYOND THE FIRST LOOKS...

Give each participant a small stone or some other ordinary object, such as a potato, and ask them to become "friends" with it – really get to know it. Ask a few to introduce their "friend" to the larger group, and to tell a story about how old it is, whether it is sad or happy, or how it got its shape. They can write essays on the subject, songs or poems of praise. Give them 10-12 minutes to do this. Then put all the items back in a box or bag and mix them up together. Tip

them out and have the students find their "friend" from among the common lot.

Point out the obvious parallel: any group of people seem to be alike at first, but once you get to know them, they are all different, they all have life-histories and they are potentially all friends. This means, however, suspending any stereotypes (like "rocks are cold and hard and indifferent") long enough to get to know them. It means not prejudging them.

DISCUSSION

10 MINUTES

STEREOTYPES, PREJUDICES, AND OPINIONS

Present the following statements to the participants:

- I like doctors because they are always kind.
- I like the fact that some doctors are kind to me.
- Doctors are a kind lot.

Ask participants, which is the stereotype (No. 3), which is the prejudice (No. 1), and which is merely the

statement of opinion (No. 2). Discuss why they think what they think (without first revealing the correct answers) – let the participants express themselves freely for a few minutes before intervening.

Point out how all three statements (as mental frames of reference i.e. how we think or analyse something with our minds) will make it harder to appreciate doctors not only as kind and caring people, but as cross and impatient ones too! Discuss how stereotype, prejudice and opinion predetermine attitudes.

DISCUSSION

10 MINUTES

HUMAN RIGHTS ACROSS GENERATIONS

Ask participants to think about their families, especially about the previous two generations, i.e. that of their parents and their grandparents. All participants may not have parents or grandparents, so emphasise that they should think about their caretakers or the older people in their lives who they know well.

Ask:

- How is your life different from that of your grandparents / people your grandparents age? What are some of the beliefs about people different

from you (i.e. in gender, race, ethnicity, tribe, etc.), that people of your grandparents age hold / held? Are these the same as yours?

- What about your parents' life and their beliefs?
- What has caused these changes? Are they changes in values, culture, technology, exposure to the world, or others kinds of change? Which are beneficial and which are not?
- Have the human rights of family members improved over the last generations? Have the human rights of those different from us (in gender, race, ethnicity, tribe, etc.) improved over the last generations?



Key Message

Close the discussion with the key message that no person is more of a human being than another and no person is less. Essentially, we are all equal, and equally entitled to our human rights. Equal, yes, but not identical – a fact that leads people to draw attention to differences they believe to be important. When lines are established to separate groups and suggest that one group is superior or inferior simply because of race, colour, sex, language, religion, political opinion or national or social origin, this is discrimination.

SEXUALITY AND DIVERSITY

45 MINUTES



LEARNING OBJECTIVES

- Understand personal values on sexuality and reproductive health, and respect diverse values
- Make the link with national laws and regulations

MATERIALS REQUIRED



- Paper and masking tape / scotch tape

BRAINSTORM AND DISCUSSION

17 MINUTES

SEXUALITY

Ask participants to brainstorm what they think sexuality is. Write all the words on the board / flipchart and discuss. Make sure words to describe a range of sexual expressions are included e.g. heterosexual, homosexual, bisexual, transgender or transsexual. Ask participants:

- What kind of things influence the way we express ourselves sexually?

Now, make four columns on the board / or four flipcharts with the following headings:

- Emotional (feelings)
- Social
- Physical
- Spiritual

Go from one heading to the next and ask participants to brainstorm the factors or experiences (both positive and negative) that might shape or affect a person's sexuality or sexual development. These factors should relate to the heading. Examples could be:

- Emotional (feelings, self-esteem, gender, power, status, rape)

- Social (family values, peer groups, culture, tradition, money, work, where they live)
- Physical (body shape and size, race, puberty, disability)
- Spiritual (sense of self, culture and taboos, religion)

Summarise the discussion and explain that:

- Sexuality is shaped by many different things.
- Sexuality is not just how someone has sex and who with. It is about how people feel about themselves, their bodies and their relationships (both sexual and non-sexual) with other people.
- Sexuality is part of who we are, what we think and feel about ourselves and our bodies, and how we act towards others. Sometimes it can be expressed or perceived in negative or destructive ways.
- A person's sexuality is unique and individual to them. It is shaped by many things – by culture and tradition, by their life experiences as a man or woman and by personal beliefs.
- Sexuality develops and changes throughout a person's life. It is part of us from birth to death, for all our life. At its best, it is a joyous and enriching part of who we are.

INDIVIDUAL WORK AND DISCUSSION

13 MINUTES

SEXUAL ORIENTATION WORD ASSOCIATIONS

Now say that we will explore the different ways that people express their sexuality.

Ask each participant to take a page out of their notebook and a pen or pencil. Explain that this exercise is to be done individually at first and then will be discussed in the whole group. Ask participants to draw, in the centre of the paper, a square large enough to contain one word and then to draw six other squares of similar size around the centre square.

Ask participants to write the word “homosexual” in the centre square and then write the first words that come into their heads in the other squares. They can write more or less than six words.

Without any discussion, ask participants to turn over their paper and prepare the page as before – with a central square and six other squares around it. This time they should write the word “heterosexual” in

the centre square and then all the words that come to mind in the other squares.

Ask participants to look on both sides of their paper at the sort of words they have written. Ask if these words tell them about their attitudes or feelings. Ask them to look at the words and then select the word that best describes their reaction to each topic. Ask people to share this word with the group.

Have a whole-group discussion on the attitudes shown by the words participants have chosen. These might include the following:

- where attitudes come from;
- how we learn them;
- the taboo surrounding sexuality in our society;
- how a homosexual person would feel about hearing these attitudes;
- how a heterosexual person would feel about hearing these attitudes.

ROLE PLAY AND DISCUSSION

15 MINUTES

FEAR OF COMING OUT

Tell participants that they will do a role play and then discuss. Ask for some volunteers to play the following role play:

A popular football/cricket/other sport player in your area tells some of his friends outside of school but not in school about his homosexual feelings. He/she decided not to tell it at school after a friend, last year, was known to be lesbian/gay at school and suffered verbal and physical abuse. He/she has, however, decided to ask for help from people he/she trusts.

The participants must choose characters for each member of the group and role play how this scenario would play out. The group must work together to develop a conversation examining the following questions:

- What concerns might this participant have about his/her safety?
- What happens when someone listens and offers support to the participant?
- What school and community support systems are available to this participant?
- What can participants and staff do to make this school a safer place?

Instruct the audience to listen carefully to the role play, and inform them that there will be a discussion based on the questions afterwards.

After the role play, start by asking the group that presented how it felt and what aspects of the scenario were difficult and why. Then use the questions from the scenario to lead a discussion. Have the group identify how they addressed each question and if the question was adequately explored. Have the group brainstorm additional appropriate answers or approaches.



Key Message

End with the **key message** that sexual diversity exists in all societies, but it is often viewed negatively. You need to be aware that there may be people in your community who are gay, lesbian, bisexual, etc. It is important that you model acceptance of sexual diversity and affirm the value of all human beings regardless of their sexual orientation.



UNDERSTANDING IDENTITY

45 MINUTES

LEARNING OBJECTIVES

- Learn how to interact with others without gender bias and respect each other

MATERIALS REQUIRED

- MYTH vs. FACT: Gender Identity and Sexual Orientation
- Flipchart

DISCUSSION

15 MINUTES

Begin the session by explaining that you are going to be talking about identity. Identity has to do with who we are – I am a facilitator; that's part of my identity. But in this session, we are talking about human sexuality, so we are going to be looking at parts of our sexual identity, including our sexual orientation and our gender identity.

Explain that you are going to provide them with some information and then do a quiz to see how much they understood. Write the following words on the board / flipchart:

- Gender
- Gender identity and expression
- Sexual orientation

Ask participants what they know about gender, i.e. what is it? They may mention that gender refers to whether you are male or female. Explain to them that gender is related to socio-cultural norms and expectations of how you should behave based on the sex you were born with. This means that:

Emphasise that this may not always be how you feel about yourself, despite the body parts and chromosomes. People should be allowed to be and behave the way they feel comfortable, instead of having to conform with social norms. For some people, how they feel on the inside doesn't match their sexual body parts. Maybe they have a penis but do not feel they are male. The name for this is "transgender" or just "trans." Therefore, gender

identity and expression actually refers to how people feel about their own gender and how they show this to the outside world, e.g. in what they wear, how they behave, or how they look.

Now ask participants what they know about sexual orientation. After a few responses, explain that this refers to the gender of the people you are attracted to, physically and romantically. This can include more than one gender.

if you have a penis, testicles and XY chromosomes then people will treat you like a boy and expect you to behave the way boys should behave in your society (e.g. give you cars to play with, want you to wear shorts or pants, and perhaps be noisy and rowdy)

if you have a vulva, ovaries and XX chromosomes, then people will treat you like a girl and expect you to behave the way girls should behave in your society (e.g. give you dolls to play with, want you to wear skirts, and perhaps be quiet and obedient)

QUIZ AND DISCUSSION

20 MINUTES

GENDER AND SEXUAL ORIENTATION

Tell participants that now they have some information, so you will quiz them on this information. Ask them to write in their notebooks the number of the questions and whether it is a 'myth' or a 'fact'. Read out the statements from the quiz sheet on page 42 one by one, giving a few seconds for participants to write their answers.

Once you have completed the statements, use the answer key on page 42 to take participants through to through the answers. Ask for raised hands on whether they answered myth or fact, ask a few participants why they think so, then provide the right answer.

DISCUSSION

5 MINUTES

DIGNITY AND RESPECT

Write the words 'dignity' and 'respect' on the board / flipchart. Explain that treating people with dignity and respect means treating them well and showing appreciation for other people's beliefs, ideas, and how they live (what they eat, how they dress, etc.) even if they are different from us or if we don't agree with their ideas or beliefs.

Ask participants, how can a person show dignity and respect for all people, no matter who they are? Record responses on the board / flipchart. Some responses to include if they are not named by participants are:

- don't insult other people or make fun of them;
- listen to people when they speak;
- value other people's opinions; be considerate of other people's likes and dislikes;
- don't mock or tease people;
- don't talk about people behind their backs;
- be sensitive to other people's feelings;
- don't pressure someone to do something they don't want to do;
- if someone has a practice or custom you don't understand, ask them about it;
- stand up for other people when they are being teased or insulted.



Key Message

Finally, wrap up with the **key message** that you have talked about some really complicated issues in this session. Encourage them to keep thinking about these things as they go through their own lives. The most important thing to keep in mind is that every person has a right to express their gender as it makes most sense to them. No one has the right to make fun of someone else for how they express their gender.

GENDER AND SEXUAL ORIENTATION

1. People can choose their sexual orientation. **MYTH**

Sexual orientation has to do with the gender(s) of the people we're attracted to, physically and romantically. We don't choose our feelings just like we don't choose who we find attractive. What we CAN choose is whether to act on those feelings, as well as what we call ourselves based on those feelings (our identity).

2. People can choose their gender identity. **MYTH**

Just like sexual orientation, a person doesn't choose to feel male, female or a combination of both. What we CAN choose is what we call ourselves, even if it doesn't match our physical body (male, female, transgender, etc.).

3. People can choose their gender expression. **FACT**

A person can choose to let people know their gender in whatever way feels comfortable or right to them. That includes girls who wear dresses and are stereotypically "feminine," and girls who wear jeans and t-shirts and work boots and present as more stereotypically "masculine." There are lots of ways to express ourselves, and that includes how we express our gender. No one has the right to tell us how we do this is right or wrong, it just has to be right to us.

4. You can usually tell a person's sexual orientation just by looking at them. **MYTH**

Some people will stereotype another person based on their gender expression. Based on what they see, they will think they know that person's sexual orientation. For example, they will see a masculine guy and assume he is heterosexual. He may be, but he may not be. And while some people do fulfil stereotypes – that guy may very well be heterosexual – it does not mean, for example, that all masculine guys or all feminine girls are heterosexual. Sexual orientation has to do with who a person is attracted to; gender expression is separate from that.

5. A girl who is really athletic is either a lesbian or transgender. **MYTH**

This is another example of stereotyping. Athleticism is a talent and a skill that a person of any gender can have. Some people who are athletic are heterosexual, some are lesbian or gay, and some are bisexual; similarly, some are female, some are male and some are transgender.

6. A person can look like a boy or a man and feel on the inside like | they are a girl or a woman. **FACT**

Some people find the idea of being transgender easier to understand when what they see matches what they are being told. However, it need not be always so that what you see matches what the person feels like inside.



4. VIOLENCE

Violence is defined as the deliberate utilisation of force or the threat of force against an individual, a social group or community. Violence is often used as a method to control another person and have power over them.

SEXUAL AND GENDER-BASED VIOLENCE

- Violence against women and girls, or against individuals, including males, who do not conform to (follow) dominant gender norms (e.g. people who identify with a gender different from what they were born as), is called gender-based violence.
- Gender-based violence includes sexual, physical, psychological and economic violence. Sexual violence includes rape, harassment and any unwanted touching. Both sexual and gender-based violence (SGBV) can occur in a relationship (e.g. within marriage or dating) or be perpetrated by a stranger. Other ways that SGBV can manifest for young people is a teacher asking you to have sex with them so that you can pass an exam, or an uncle asking you to do sexual things with him in exchange for him paying your school fees.
- Sexual and gender-based violence is a violation of human rights and a public health concern which affects the communities. It can lead to short- or long-term physical and mental health problems.
- It is important to find support and report cases of sexual and gender-based violence. Young people can play an active role in transforming gender roles, social practices and laws that encourage or fail to prevent, report and respond to cases of sexual and gender-based violence such as not reporting rape cases as per the law and opting to settle them with the local administration such as the area chiefs, relatives e.t.c.
- Young people from vulnerable groups such as Young People Living with HIV, Young People living with Disability, LGBTIQ youth often grow up experiencing homophobic or transphobic bullying from classmates, peers and even teachers. This bullying often remains invisible and can cause a lot of psychological or physical suffering that may result in depression, anxiety and even suicide.
- Disagreement can be solved without violence. No type violence should ever been tolerated for any reason.
- Provide support to individuals who decide to report cases of sexual or gender-based violence.
- Create awareness about the different types of violence among members of your family and community.
- Learn skills to seek help if you experience any type of violence.

WHAT IS BULLYING?

45 MINUTES



LEARNING OBJECTIVES

- Learn about bullying and its effects
- Learn about seeking support

MATERIALS REQUIRED



- Flipcharts and markers

BRAINSTORMING

10 MINUTES

BULLYING

Explain that in this session you are going to be discussing the topic of bullying and violence. First let us focus on 'bullying'.

Write the word "bullying" on the board / flipchart and ask the participants whether they've heard this term before. Ask them to imagine a person who had never heard the term "bullying" before. Say, "How would you explain to that person what bullying is?" Some possible responses may include:

- "It's bullying if the other person doesn't like it, feels upset by it, or of its mean."

- "Teasing that isn't ok. When the other person is upset by it even if it isn't mean."
- "Bullying can hurt other people."
- "Bullying is saying mean things to someone or about someone."
- "Bullying is making fun of other people and making them feel bad."
- "Hurting or stealing your things."

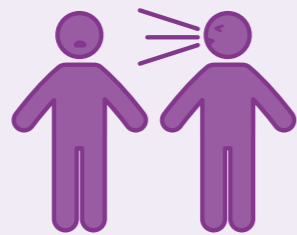
As participants share their responses, write key words on the board / flipchart under the word "bullying." For example, if someone shared the first statement above, write "hurting others" on the board / flipchart.



Key Messages on Bullying

Once enough participants have contributed, read through the list. Ask participants to share any themes they notice from the list. Be sure the following key messages are given:

- Bullying is about hurting people on purpose. It's not something that is done by accident. For example, if someone pushes another person, they meant to do so.
- A person who bullies does it more than once. They do these mean behaviours again and again, sometimes to different people, and sometimes to the same person. Some people stop being bullies and learn to be nice to others.
- Bullying does not always hurt people in person. If they are old enough to have cell phones or to go online, they can send hurtful texts, post mean things about people on social media and more.
- If someone is a bully, they make sure other people are afraid of them. They do this in a few ways. They might be bigger than other kids. They might raise their voice or yell at others. They might have hurt other people in the past and so others know that when the bully makes a threat, they could actually do it.



DISCUSSION

15 MINUTES

EFFECTS OF BULLYING

Explain that you will now discuss the effects of bullying. Ask participants if they can tell some examples of being bullied – stories either about themselves or someone they know. Emphasise that we should not discuss names but only talk about the experience and how that made us / the person who was bullied feel. You can take short notes on a flipchart to list the effects that participants highlight.

Wrap up the discussion by highlighting that, as already shown in the examples, bullying has negative effects

on a person's life. Bullying results in shame, low self-esteem, can affect a person's individual academic performance, and in some cases even cause a person to commit suicide.

Ask participants:

- How do we prevent bullying?
- What does this mean about engaging in this kind of behaviour yourself, i.e. if you call people names, or hit someone, or make them feel unhappy in one of the many ways just discussed?



Emphasise the following key messages:

- Bullying and violence are hurtful, and it's always wrong to hurt someone
- Even if we do not intend to hurt someone with what seems to be harmless teasing, another person can still be hurt

INDIVIDUAL EXERCISE

10 MINUTES

Explain that this next activity will help participants come up with a number of people in their lives who they could go to for help, support or advice.

Ask each participant to take out a notebook / paper and pencil / pen. Ask them to draw around each of their hands. On each finger of one hand, they identify one person who they could approach for some kind of help if faced with bullying or violence. Encourage participants to choose at least one person from their

family and one from another setting (e.g. school, friends, neighbours). On each finger of the other hand they write the name or make a sign to stand for a person that they can or would like to give help or support to.

Ask some participants to quickly share some of the people they identified to give help to. What kind of things would they help with? Have they provided help in the past?



Deliver the following key message:

It is useful to think of some people in our lives who we could ask for help, and also others for whom we can provide support and advice. This can help us to choose the right people in a situation if needed.

Note to facilitator: Share with participants any helpline numbers that may be available for bullying prevention or help, e.g. ChildLine, or other means available to report bullying like school counsellors, social or health workers, etc.

TYPES OF VIOLENCE AND THEIR EFFECTS

LEARNING OBJECTIVES

- Understand the impact of gender norms on relationships, linked to abuse and violence

MATERIALS REQUIRED

- Two large sheets of paper / flipchart paper and some marker pens if possible

DISCUSSION 10 MINUTES

TYPES OF VIOLENCE

Explain to participants that in this session we are going to talk about violence and its different forms. Ask them what they understand by 'violence'. Most answers might relate to physical violence. Explain that there are many types of discrimination and violence, including verbal, physical, and psychological types of violence. Around the world women tend to experience more gender-based discrimination than men.

However, some men also experience gender-based discrimination, especially men who do not follow gender norms. We are going to talk and think about gender-based violence.

Remind participants that gender and gender norms are the expectations that society has from people who are born male or female. These are different across different cultures and time periods and are always changing. Ask participants to provide some examples of gender-based violence. You can provide your own examples:

PHYSICAL

A husband hitting his wife for not having dinner ready when he wants it.

VERBAL

Young men calling out mean comments to another man because he seems feminine.

PSYCHOLOGICAL

A boy threatening to damage the reputation of a girlfriend if she does not do as he wants.

SEXUAL

A forcing a girl to have some form of sexual contact with him against her wishes.



Key Messages

End the discussion by explaining the key message that gender-based violence is violence that targets people on the basis of their gender. It can affect anyone including boys. We can work against gender-based violence by learning to identify it in all its forms. Naming it as a wrong action can be a first step in efforts to prevent or respond appropriately to the problem.

GROUP ACTIVITY 15 MINUTES

Explain that now participants are going to talk about the different kinds of violence that male, female and transgender participants can encounter around them. They are then going to identify what emotions the person experiencing the violence might feel. Divide the participants into two groups – one will discuss males and the other will discuss females.

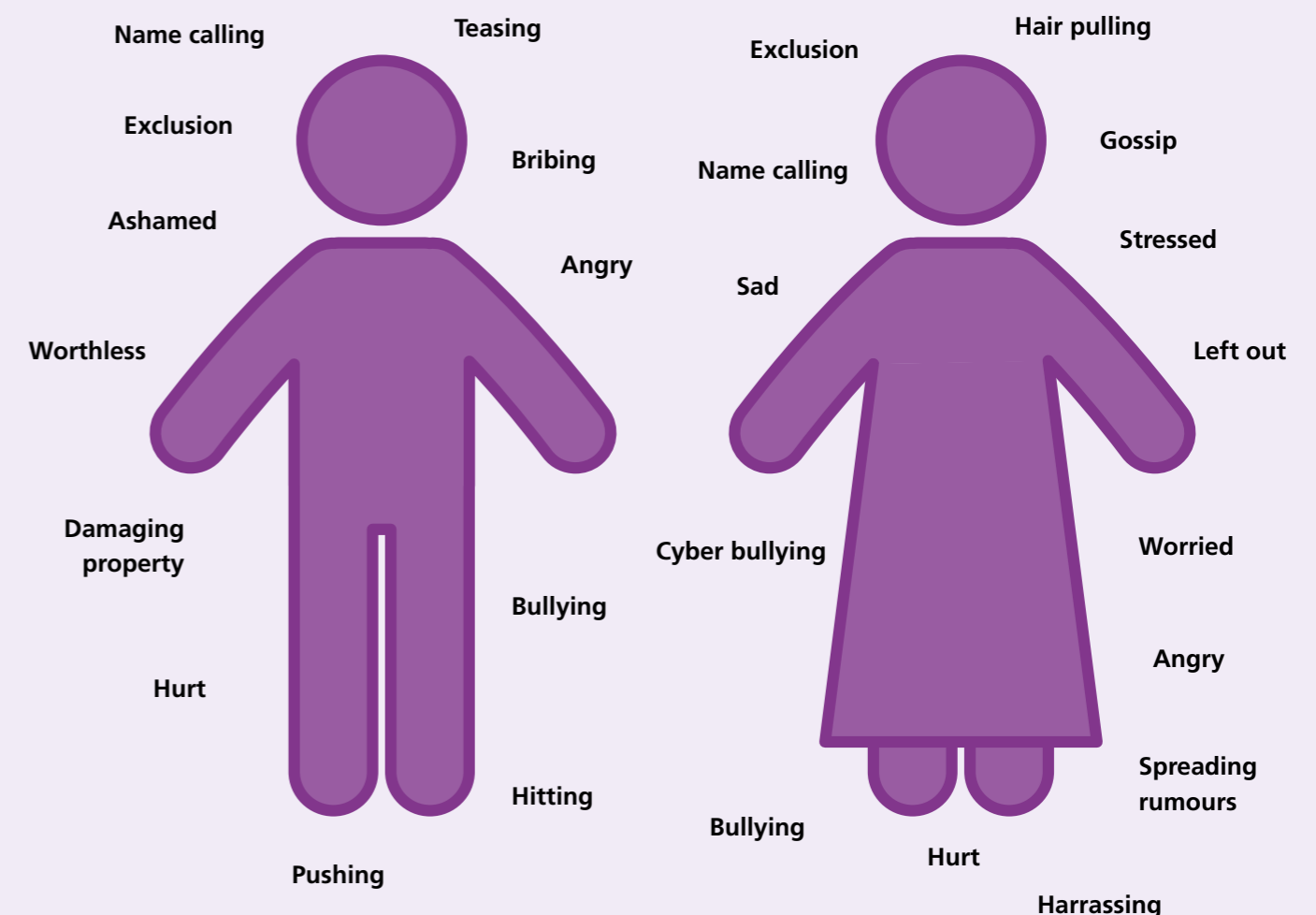
Give each group a sheet of paper. If you cannot arrange a large sheet of paper, then just ask participants to use paper from their notebooks. Ask them to draw the outline of a human body. The group working on males draws a male body and the group working on females draws a female body.

The outlines need to be big enough so that participants can write both inside the body and outside the body. Tell them that:

- in the space outside the body, they should write all of the kinds of violence that can happen. Prompt participants to include examples of physical violence (e.g. hitting, kicking) and verbal and psychological violence (e.g. threats, rumours, name-calling).
- in the space inside the body, write all of the feelings that these kinds of violence might cause for the person who experiences these forms of violence (e.g. hurt, angry).

Give them about 10 minutes for this.

An example of the finished product is given below:



DISCUSSION

20 MINUTES

Once the groups have finished their drawings and lists of violence and feelings, get each group to present.

Then ask the participants:

- What are the most commonly experienced forms of violence?
- Are they the same for females and males?
- What types of violence do males tend to perpetrate against males? Against females?
- What types of violence do females tend to perpetrate against females? Against males? Against transgender people?
- Do you notice any patterns?



Key Messages

Emphasise the **key message** that it is important to understand what the emotional effects of violence are. When we learn the effects of violence, we are able to empathise with the target and are less likely to perpetrate or tolerate violence, or to excuse it as a joke or as teasing. Naming the behaviours as forms of violence or bullying is a first step towards understanding that this type of behaviour is not acceptable. To prevent and respond to violence in our community, we must identify the kinds of violence that are a problem. There are many different forms of violence and some people are more vulnerable to experiencing violence than others.

SEXUAL AND GENDER-BASED VIOLENCE

45 MINUTES



LEARNING OBJECTIVES

- Describe sexual and gender-based violence
- Reflect on reducing sexual and gender-based violence



MATERIALS REQUIRED

- SGBV Myth Buster

INDIVIDUAL WORK

5 MINUTES

Write the following questions on the board / flipchart:

- Where does sexual or gender-based violence happen?
- When does sexual or gender-based violence happen?
- Why does sexual or gender-based violence happen?

Explain to participants that this session is going to focus on sexual and gender-based violence. Give them a brief explanation that sexual and gender-based violence includes making others do sexual things they don't agree to; rape; using sexual language or images to

harass someone; touching someone inappropriately including in their private parts; gender-based violence can be physical, psychological, sexual or economic. Around the world, girls and women tend to experience more gender-based violence than boys and men. However, some boys and men also experience sexual and gender-based violence, especially men who do not conform to gender norms.

Ask participants to write in their notebooks what they think are the answers to the questions on the board / flipchart.

DISCUSSION

35 MINUTES

DISCUSSION ON SGBV

When they have finished, tell them you are now going to discuss some myths about sexual and gender-based violence (SGBV). Explain that you will read out a statement, and the whole group will first discuss why this is myth. After a few minutes of discussion, you will explain the correct answer.

Read out the statements from the SGBV Myth Buster on page 55 sheet and use the answer key to explain the correct answer. Give the group 3-5 minutes to discuss each statement.

REFLECTION

5 MINUTES

Based on the information and facts discussed, ask participants to take a minute to reflect on their answers to the three questions that they wrote in the beginning of the session. Is there anyone who would like to change some of their answers?

Then ask each participant to write in their notebooks about one type of violence that they would most like to see stopped. If this violence did not happen, their world would be a better place. Tell participants that this answer is for themselves to reflect upon.



Key Messages

End with the **key message** that when people think it is okay to use violence to solve problems then it happens more often, and more people get hurt. Even those who just see it happen get more afraid and stressed. It is important to recognize the harms associated with violence and then work together to eliminate violence in our community. End by sharing hotline numbers, focal persons or centres where one who is a victim of SGBV can be assisted.

SEXUAL AND GENDER-BASED VIOLENCE

MYTHS

MYTH BUSTER

FACTS

FALSE

Violence is a private issue and should not be discussed with other people.

TRUE

Many girls and women experiencing violence are unlikely to seek help due to the stigma of violence being a private or shameful problem, limited support systems and/or a lack of awareness of available services.

FALSE

All men use violence at some point in their lives.

TRUE

Although some men use violence, studies show that many more men have never participated in violence against women in any form.

FALSE

Even if there is violence in the relationship, parents should remain together for their children.

TRUE

Children who witness violence within their home often experience significant damage to their social, physical and emotional development. Within the Asia-Pacific region, men who had experienced abuse as a child were more likely to use violence within their relationships as adults.

FALSE

Girls and women are more likely to experience violence at the hands of a stranger.

TRUE

People often think that strangers are the most likely people to sexually abuse and rape women. Although this is true in some cases, the vast majority of victims – 80% to 90% – are abused by people known to them.

FALSE

Violence against women is rare and not likely to affect anyone I know.

TRUE

One in three women worldwide experience physical and/or sexual violence by a partner or sexual violence by a non-partner in their lifetimes. More than 40% of women in South-East Asia reported experiencing sexual violence at some point in their lives.

FALSE

Women cannot be assaulted or raped by their husbands or partners.

TRUE

Out of all the women murdered each year around the world, 40% have been killed by an intimate partner.

FALSE

If a girl is wearing revealing clothing, she must take some responsibility for sexual violence.

TRUE

Violence against women and girls is related to women and girls' lack of power and control, as well as to the social norms that prescribe men and women's roles in society and condone abuse. Gender inequality and discrimination, where girls and women are seen as inferior or worth less than boys and men, are a root cause and consequence of violence against women and girls. Men and boys are less likely to respect women and girls if they are not encouraged to treat them as equals. Women and girls are less likely to realize that they are experiencing violence if they are used to being treated differently because they are female.

5. RELATIONSHIPS AND PLEASURE

Relationships can be of different types, for example, between family, friends, between same sex and opposite sex. A relationship can be categorised as healthy or unhealthy. In a healthy or positive relationship, the parties involved have mutual respect and trust, honest, effective communication, enjoy each other's company and pleasure, and make all parties involved feel good about themselves and each other. On the other hand, unhealthy or negative relationships could be those with physical and emotional abuse, and where all parties involved do not feel good about sharing each other's company.

INTERPERSONAL RELATIONSHIPS

- Interpersonal relationships exist between any two or more persons. Relationships can provide a sense of safety and security that reduces stress and promotes good health.
- Strong interpersonal relationships exist between people who are in regular contact and support each other. For example, a mother may have strong interpersonal relationships with her children because she provides her children shelter, food, love and acceptance. The needs that a mother fulfils are greater than the needs that are fulfilled between, for example, you and someone at school and/or work.
- Friendship is a crucial part of strong relationships.
- Interpersonal relationships become problematic when one or more of the participants has needs that are not met within the relationship. Someone who wishes to end a relationship may intentionally neglect the needs of the other person, but sometimes needs simply change and people fail to keep up with those changes.
- Being forced to be in an emotional or intimate relationship with another person is a violation of your rights. Relationships should be based on consent, i.e. the mutual agreement of those involved.
- All relationships have ups and downs. If one of your relationships is going through a rough patch, it might be a good idea to communicate your feelings to the other person. It may not be easy, and you might feel scared doing it, but it's very possible the other person is happy that you want to talk about the relationship. You might be surprised at the good that can come from communicating openly with other people.
- Child marriage and other types of forced relationships must be eradicated. Young people can play an active role in changing these practices.
- Dating and courtship refer to social interaction with others who could become romantic sex partners. However, it is important to remember that sex is not the only way to demonstrate support, care and love.
- Young people can play an active role in ensuring that all types of relationships – including between people of the same sex – are legally recognized and respected by all members of society.
- Learn skills to: solve problems without resorting to violent behaviours

POSITIVE SEXUALITY

- In relationships, you can experience pleasure and enjoy each other's company in many ways. Having intercourse is not the only way to have a satisfying relationship.
- In some societies, young people, especially girls, are not supposed to be sexually active before they are married. However, that doesn't mean they do not have the right to enjoy and express their sexuality or that it doesn't happen.
- Sex as it is portrayed in films and what you see online may not be the same as how you experience it in real life. Having sex is not about putting on a performance; it is not an exam, and it is not only about achieving orgasm(s).
- There is a difference between fantasy and reality. People can have fantasies about different sexual acts, however that doesn't mean that they always want them to happen in real life.
- Sex can be more satisfactory if you know you are safe. Using methods to prevent unintended pregnancy, STIs, and HIV can help you feel safe, while using drugs or alcohol can interfere with your safety and your decisions about having sex.
- Learn skills to: discuss/communicate with your partner what you want/don't want; never force your partner to do things they don't want

COMMUNICATION AND DECISION-MAKING SKILLS

- You use communication and decision-making skills in every part of your life: with family, friends and partners.
- Communication is an important part of any kind of relationship, including a sexual one. It ensures that individuals are free to consent and are able to negotiate safer sexual practices that prevent sexually transmitted infections, including HIV, and unwanted pregnancy.
- Gender roles and cultural patterns affect the way we communicate and our capacity to negotiate safer sexual practices.
- We have the right to make decisions about our life, health and future. This includes the right to decide if and when to have children, when to start a relationship and when to engage in sexual activity.
- You have the right to access timely and accurate information to facilitate your decision-making processes.
- You must address key interpersonal considerations when you communicate with others about difficult issues – e.g. do the people involved in the decision agree to respect one another and engage in an open and honest discussion. Try not to take it personally when people don't agree with what you say or decide; it is about the issue, not you. Be accepting and tolerant when people have a different opinion than you.
- Learn skills to: be assertive; consider all your options, identify the benefits and disadvantages of each option carefully, seek information or advice from people you trust, consider whether your decision is one that will be easy or hard to change later, and be sure that other people are not forcing you before acting on that decision

POSITIVE AND NEGATIVE RELATIONSHIPS 45 MINUTES

LEARNING OBJECTIVES

- Learn to take responsibility for oneself
- Differentiate between positive and negative peer pressure and skills to avoid negative influences
- Identify different types of relationships (family, friends, love)

MATERIALS REQUIRED

- Healthy / Unhealthy Relationships Quiz Sheet – enough copies for each participant
- Positive and Negative Influences on Relationships worksheet – enough copies for each participant

DISCUSSION AND PAIRED WORK

15 MINUTES

DEFINING RELATIONSHIP

Explain to participants that in this session you are going to talk about healthy and unhealthy aspects of relationships and how they can cope with them.

Ask participants, “What do you think of when I say the word ‘relationship?’” If participants respond that it means dating or romance, ask “Does a relationship always have to mean two people dating?” (No). “What are some different kinds of relationships that people can have?” (Possible answers include: friendship, romantic, relationship between family members or between a child and an adult such as a parent, teacher, coach, doctor, etc.). Tell participants that for this session you want to focus on relationships that children or teens might have with each other.

Tell participants that you are going to do a quiz. Handout the quiz sheet to each participant and ask them to fill it in by discussing with the person sitting next to them. Give them 10 minutes for this.

Go over the quiz together as a group by asking for volunteers to give the correct answer and to explain their reasons for their answers. If there are disagreements or misunderstandings, provide explanations for correct answers (refer to the answer key).

Now explain that we know of some characteristics of healthy and unhealthy relationships, so let us think about ways friends and peers can influence a relationship in positive and negative ways.

INDIVIDUAL WORK & DISCUSSION

15 MINUTES

HEALTHY AND UNHEALTHY RELATIONSHIPS

Hand out the worksheet on Positive and Negative Influences on Relationships on page 59 and allow participants 5 minutes to fill these out. Then, in the large group, ask participants to share some examples of things that friends or loved ones might do or say that can help a relationship in a positive way? That keep it healthy? Some possible response could be:

- They keep your secret
- They help you learn a new game
- They don't get upset with you if you cannot do things that they can do
- They include you in games and other activities
- They stay with you when they are sad
- They listen to your ideas even if they are different from their own
- They take turns in games or deciding what to do
- They are honest with you
- They care about your feelings, etc.

Then ask, what are some examples of things that friends and peers might do or say that can influence a relationship in a negative way? That make it unhealthy? Some possible responses could be:

- They ignore your feelings if you are sad or upset
- They jump in front of you in line
- They take things from you without asking
- They don't invite you to play when a group is together
- They hurt your feelings and do not apologize
- They tease you even though you ask them not to
- They stand by while you are being bullied and do not do anything or tell anyone
- They talk about you behind your back
- They lie to you
- They pressure you to do things you do not want to do, etc.



Key Messages

Wrap-up the discussion with the key message It important to identify if a relationship is healthy or unhealthy relationship. Although at sometimes it may be hard hard to know if you are in a healthy or unhealthy relationship, it is good to discuss, what is good or not good, acceptable, or not acceptable in a relationship. One should feel free to walk out in an unhealthy relationship.

INDIVIDUAL WORK & DISCUSSION
15 MINUTES

GENDER AND VIOLENCE

Explain that, as discussed, ‘peer pressure’ can be positive and negative. Peer pressure comes from a desire to fit in, but it does not relieve you from responsibility, i.e. you can’t say ‘my friend made me do it’. Ask for a few examples of things that participants / someone they know may have done under the influence of peer pressure.

Ask participants to make a poster (you could give out drawing sheets for this or the participants could use their notebooks) that gives advice on how to deal with negative peer pressure. Examples of messages could be:



Key Messages

End with the **key messages** that our friends can influence us in many ways, but it is important to develop your own values and beliefs and stick with them. Remember, you do not have the right to pressure another person. In a healthy relationship you can state your wants and feelings; but if the other person disagrees, you need to respect that.

HEALTHY / UNHEALTHY RELATIONSHIPS

QUIZ SHEET

True or False: In a healthy relationship, friends and/or romantic partners...

1. Don't put pressure on each other to do something they may not want to do. ☐ TRUE ☐ FALSE

.....
2. Are interested in how the other person is feeling, share personal information and trust each other. ☐ TRUE ☐ FALSE

.....
3. Do what the other person wants so they won't get angry at them. ☐ TRUE ☐ FALSE

.....
4. Don't get insulted or take it seriously when the other person teases them (like calling them names like stupid or lazy or calling them bad words). ☐ TRUE ☐ FALSE

.....
5. Always think the same way and never argue. ☐ TRUE ☐ FALSE

.....
6. Do what the other person wants to do even if they don't want to or don't think it's a good idea. ☐ TRUE ☐ FALSE

.....
7. Support and encourage one another, and support each other when they are being teased or bullied. ☐ TRUE ☐ FALSE

.....

HEALTHY / UNHEALTHY RELATIONSHIPS

ANSWER SHEET

(for facilitator)

1. **TRUE.** People in healthy relationships don't insist that the other person do what they want to do. Putting pressure on someone to do something is not a sign of respect or friendship.
2. **TRUE.** People in healthy relationships often share personal concerns, stories, and experiences with each other that they wouldn't share with other people who may not be close friends or who they just don't know very well. They should be able to have the expectation that the other person will keep that personal information private and not tell anyone, unless they feel that keeping the secret can be harmful or dangerous to their friend, in which case they may tell a responsible adult.
3. **FALSE.** Healthy relationships are equal relationships, meaning both people get to have a say in what they do together. If one person gets angry because the other won't do what they want, that is not respectful and is not an equal relationship. It's okay to be annoyed with someone who doesn't want to do what you want to do, but that doesn't mean the other person has to give in if they feel strongly about it.
4. **FALSE.** People in healthy relationships should never call other people names, or tease one another with words that can be hurtful. Healthy joking around doesn't include insults, put downs or threats.
5. **FALSE.** Disagreements are fine and perfectly healthy. It would be more unhealthy if there were never any disagreements because that might suggest that one person is getting their way all the time and the other person is giving in all the time. People in healthy relationships discuss their viewpoints and feelings together to reach a solution.
6. **FALSE.** Just like it is not okay to pressure someone into doing something they don't want to do, it is not healthy to do what another person wants if you don't want to. It is okay to compromise sometimes but if something just sounds like a really bad (or dangerous, or wrong, or just not at all interesting) idea, you shouldn't do it.
7. **TRUE.** It can be really difficult for someone, even a good friend, to support someone who is being teased or bullied because they are afraid that they may then be bullied, too. When friends support each other, however, they are less likely to be bullied. If it is impossible to support them because it doesn't feel safe, it is important to find an adult to tell who can intervene. Helping a friend when they are in trouble is very important to a healthy relationship.

POSITIVE AND NEGATIVE INFLUENCES ON RELATIONSHIPS

WORKSHEET

Things that friends and peers might do or say that can influence a relationship in a positive or healthy way:

Things that friends and peers might do or say that can influence a relationship in a negative or unhealthy way:

EXPRESSING FEELINGS AND ASSERTIVENESS

45 MINUTES

LEARNING OBJECTIVES

- Learn skills on controlling emotions
- Learn skills on assertiveness and peer negotiation

MATERIALS REQUIRED

- Markers, flipchart paper or board

BRAINSTORMING AND DISCUSSION

8 MINUTES

AGGRESSIVE COMMUNICATION

Explain that in this session we will discuss what is meant by assertiveness and why it can be useful to us. We all need skills to be able to communicate our needs and rights in our relationships with friends, family, or school without being violent or aggressive. Communication is more than what we speak. it also involves the body language this includes gestures, silence, body movement, dressing, among others. This is known as non- verbal communication.

There are three kinds of possible responses to a situation where you need to express what you want – aggressive, assertive, and submissive. Ask participants to think of a time when someone did something that hurt their feelings or made them angry.

Ask them to raise their hand if they had one of these two responses:

- Didn't do anything, but felt bad / unhappy.
- Did something to hurt the other person, such as shouting or threatening them.

Ask participants what 'aggressive' communication looks or sounds like. Write their responses on the board / flipchart in two columns titled 'Aggressive Verbal' and 'Aggressive Nonverbal'.

An example of the responses is below:

AGGRESSIVE VERBAL

- Yell
- Threaten
- Give orders
- Ask questions to pressurise the person
- Use the word "I" because of being self-centred
- Call people bad names

AGGRESSIVE NONVERBAL

- Glare
- Use aggressive hand gestures
- Face looks angry
- Stamps feet
- Bang fist on the table

Ask participants, 'What would happen to your relationship with a person if you or the other person responded aggressively when your feelings are hurt or you are angry? Add the following points if the participants don't mention them:

- Bear a grudge
- Show lack of respect
- Show lack of cooperation
- Lose confidence

BRAINSTORMING AND DISCUSSION

7 MINUTES

PASSIVE COMMUNICATION

Now ask participants what 'passive or submissive' communication would look or sound like. Write the answers on the board / flipchart in the same way as for Aggressive. The example is given below:

PASSIVE / SUBMISSIVE VERBAL

- Don't say exactly what you want
- Apologise all the time
- Don't give your own opinion
- Don't disagree
- Agree very easily even if you don't want to do / like it

PASSIVE / SUBMISSIVE NONVERBAL

- Speak softly or unclearly
- Eyes look down
- Look away
- Make nervous hand gestures

Ask participants, 'What would happen to your relationship with a person if either you or the other person responded passively or submissively when your feelings were hurt or you were angry?' Add the following points if participants don't mention them:

- Make it difficult to build a good relationship
- Build anger or dislike
- Show a lack of respect for self or the other person

EXPLAIN

5 MINUTES

ASSERTIVE COMMUNICATION

Tell participants that there is a more effective way to communicate than being aggressive or submissive. This is called assertive communication. Request for volunteers to role play the following different scenarios.

Valerie wants to go to watch TV but her friend wants to go for a walk.'

Scenario one: An **aggressive** response might sound like:
'You never do what I want!
You are so selfish! Why can't
you just watch my favourite
show with me!'

Scenario two: A **submissive**
response might sound like:
'Okay, I will skip my program.'

Scenario three: An
assertive response might
sound like: 'It's my very
favourite program, so would
you be willing for us to
watch it first and then go for
a walk? I promise you can
choose first next time.'

Explain that assertive communication is about:



Key Messages

Give the key message that assertiveness is a respectful communication technique and is useful in many situations, including situations in which we need to solve conflict or in which we feel pressured to do something that we feel uncomfortable with. This could be in the family, in relationships, at school or at work.

EXPLAIN I STATEMENTS

5 MINUTES

Explain that when we are dealing with stress or with relationship challenges, it is helpful to be able to tell people how we feel whilst still controlling the way we express our emotions. This can be done in a respectful way through an 'I' statement. In an 'I' statement, we own the feeling, explain the feeling, and make any requests.

There are three parts to this kind of statement – describing the action the person is doing / has done or what is happening to you; explaining why it is a problem or annoying to you; and requesting the person with what you wish them to do.

The following formats can be useful for making an 'I' statement:

Feeling first:

I feel (say how you feel)
when (state the action or happening)
so (make your request here)

Situation first:

When (state the action or happening)
I feel (say how you feel)
so (make your request here)

Give the participants some examples:

"I feel that you don't care about how things affect me when you don't listen to my side of the story, so can you please let me explain what was happening from my side."

"When you drive so fast, I feel scared we are going to crash, so can you please slow down."

PAIRED WORK

15 MINUTES

Ask the participants to work with the person sitting next to them, i.e. in pairs, and think about someone who has annoyed them and what they did in response. Ask them to develop an assertive statement they could use for this situation and share with their partners.

Ask some pairs to share their statements and discuss how it could be improved.

DISCUSSION

5 MINUTES



Key Messages

Ask participants the impact of assertive communication on a relationship. Include the following points:

- Builds a positive relationship
- Promotes respect for self and others
- Builds teamwork and cooperation

Finally, emphasise the key message that when we are dealing with stress or with relationship challenges, it is helpful to be able to tell people how we feel but still control the way we express our emotions. 'I statements' are a useful strategy to help us do this.



BEING PART OF A FAMILY

45 MINUTES



LEARNING OBJECTIVES

- Define characteristics of healthy family life, including love, cooperation, mutual respect and gender equality
- Understand conflict resolution strategy / methods

MATERIALS REQUIRED



- Drawing sheets or plain sheets for paper for each participant

INDIVIDUAL WORK & PRESENTATION

15 MINUTES

HEALTHY FAMILY RELATIONSHIPS

Explain to participants that in this session we are going to examine family life and what makes it healthy. Tell them to think about their families and the kind of relationship they have with different family members.

Ask participants to take out their notebooks, or give our plain sheets of paper to each, and a pencil. Tell them to draw a diagram of their family with themselves in the centre. **The diagram should have circles as females and squares as males. They should draw themselves as a circle or square** in the centre and colour it in to show that this is them. Then around their circle / square, make circles and squares for all the people they consider part of their family, i.e. people

who are part of their everyday life and have importance in their life. Then draw connections between yourself and three other family members' symbols to show the most important family relationships. Finally, write down one feeling about your relationship with each of the family members, e.g. if you feel that one of your parents doesn't trust you then write 'Trust' with a question mark on their symbol; or if you feel that your sibling is treated better than you then write 'Better treatment' on their symbol; and so on. Give them about 10 minutes to do this.

Once done, ask a few volunteers to come to the front of the room and share their portrait – who is in the family and what kinds of relationships they have with family members.

DISCUSSION

10 MINUTES

Discuss with all participants:

What makes a relationship within the family healthy?

How can we demonstrate love, cooperation, mutual respect and gender equality, support in the family?

DISCUSSION

15 MINUTES

HANDLING CONFLICTS IN THE FAMILY

- What kinds of things are the same in many families? (for example, all families would experience some kind of conflict. Especially when there are teenagers in the family!)
- What are three most common reasons for conflict between teenagers and parents? (examples could be mobile phone / internet use, friends, household work, studies, money, etc.)
- Why do teenagers and family members often have conflict?
 - Explain that this is because this is the age when you are moving from dependence to independence. Parents worry that they are not old enough or experienced enough to be independent, so want to control their teenagers. Teenagers want to prove they can be independent even when they are still dependent on parents for housing, food, clothing, etc.
- In what ways can we reduce the conflict?
 - Explain that in order to resolve a conflict, everyone first needs to calm down and not be angry. Then each side should state clearly what they want. Based on this, you can brainstorm with each other on some compromises, which will make work for both sides.
- What is the one thing you would most like to change about a relationship in your family?

DISCUSSION

15 MINUTES

GENDER AND FAMILY EXPECTATIONS

Explain that we will now explore the differences between males and females within our families. Make two columns on the board / flipchart, labelled 'male' and 'female'. Ask participants to take a minute and thinking about the circles and squares in their own family diagrams, give some examples of the family 'rules' or expectations from the males and the females, or what kinds of roles they undertake within the family. Some possible answers could be:

MALES

Go out to work / earn money
Fix broken things around the house
Play outside or be with friends till late at night
Be strong and not cry
Drink alcohol and/or smoke with friends

FEMALES

Cook the family's food
Clean the house
Help with the household work
Be weak and sensitive
Look after babies
Wash the family's clothes

Now switch the labels of the two columns and ask if any of the things listed in the column is not at all possible for the new column heading, i.e. is it impossible for males to cook the family's food or for females to fix broken things around the house? If your list has things like having a beard or getting pregnant, i.e. things related to biology, these would be the only things that are not possible for the other sex to do.

Emphasise the key messages that:



Given the opportunity, both men and women are capable of doing most things. There are only very few activities that are linked to our biological differences like being pregnant, breastfeeding, growing a beard, etc.



Gender roles and expectations change over time and even from family to family. Society expects men to be strong and aggressive and the main earner, and women to look after the home and family and unpaid household chores.



This creates inequality within families. Instead, if men and women could do what made them happy and shared roles and responsibilities, it would reduce the pressure on both and make more equitable families.

REFUSAL AND NEGOTIATION SKILLS

45 MINUTES

LEARNING OBJECTIVES

- Learn negotiation and refusal skills, barriers to negotiation, including gender, and what is effective communication, and verbal and non-verbal miscommunication
- Learn how to differentiate reliable and unreliable information on sexual and reproductive health and rights

MATERIALS REQUIRED

- Chairs, markers, flipchart paper or board, paper and pens

DISCUSSION

5 MINUTES

SAYING NO

Begin the session with asking participants to turn around in their chairs and look at the back wall. Then, ask them to turn around in their chairs and face the front of the room. Ask them again to turn around and look at the back wall. Again, ask them to turn and face the front. Continue to do this until the participants get frustrated or some of them stop doing it. If they keep doing it, stop the activity after a while and ask how many times they would keep turning before asking why they have to do so or refusing to do so.

Explain that this session will help them say no when they are asked to do something they don't want to do or something that makes them feel uncomfortable. Ask participants to raise their hand if someone has ever asked them to do something they did not want to do or something that made them feel uncomfortable.

Ask participants for reasons why they may not want to do something someone asks them to do. Clarify that even though parents/guardians might ask us to do chores around the house that we don't want to do, these are usually not things that make us feel uncomfortable. Instead they are mostly about making everyone's life in the house more comfortable like cleaning, washing, etc. Talk about things that you feel are not right or make you feel bad. You can add to their answers with the following reasons to not want

to do something they have been asked to do:

- You think it's wrong
- It might hurt someone's feelings
- It might disappoint family members or friends if you do it
- It is dangerous
- It goes against your personal values
- It goes against your religious beliefs
- You just don't want to do it
- It could lead to an inappropriate sexual situation or contact

Explain that everyone should know how to refuse to do something they think is wrong or something they don't want to do.

Discuss some examples of when it would be good to do something even if they don't feel like doing it (like family members asking them to do something around the house, or teachers asking them to do homework, or doing a favour to someone in need). Some examples of when someone asks them to do something that could be wrong or give them a bad feeling can be: a neighbour asks them to come into their house alone; a teacher asks them to show their underwear; a friend asks them to take some money from their parents' wallet.

ROLE PLAY

20 MINUTES

Tell the participants that you will use role plays to demonstrate how to refuse or negotiate when someone asks them to do something they don't want to do.

Explain there are four ways to respond to such a situation:



Ask questions: so that you properly understand what is being asked



Say no: if you don't want to do it because it's wrong or not necessary then learn to say no; keep repeating your refusal



Walk away: if you continue to be pressured to do it, try to walk away from the situation



Suggest something else: perhaps you can do something that both you and the other person will like, so provide an alternative

Ask for volunteers to come up to the front of the room to play the following role plays, using the one or more of the four ways to respond, verbally as well as non-verbally. Get new volunteers for each play. Ask them to read out the situation and then play out what happens next (spend about 5 minutes per play):

- Mary asked Polly if she could borrow her bicycle to go to the market. This is a brand-new bicycle that Polly just got for her birthday, and she really doesn't want to lend it to Mary. Mary promises to take good care of it and says she would lend her bike to Polly if she asked because they are friends so Polly should do the same thing.
- It was a hot day and Paul and Bob had played hard. They both want to get cold drinks from the small shop but don't have enough money. Paul suggests they walk to his house since his mother always has some money in her kitchen and they could take some money from there.

- Victoria's parents expect her to come home directly from school each day. But today, Luke wants Victoria to visit their friend Simon for a while after school. Some of the other classmates are coming over and Simon's mother won't be home. Victoria doesn't want to go because she knows her parents will be really angry if she goes and she isn't sure it is safe without any adults there. Luke doesn't want to take "no" for an answer because he thinks they will have good fun.
- John and Juliette have been friends for the last one year, John would like to have sex with Juliette for the first and Juliette is not ready.

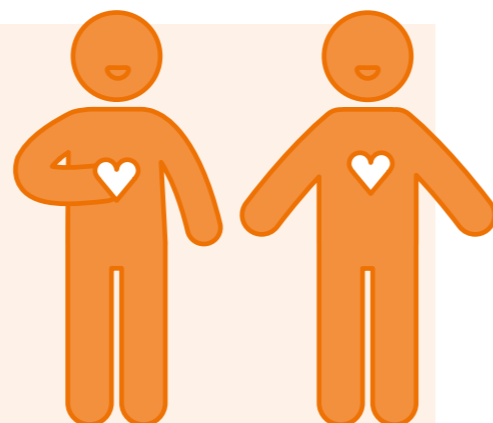
Discuss the role plays and ask:

- Was the participant assertive?
- What technique(s) did they use? (Said "No" clearly or showing non-verbally that they don't like the idea; Kept repeating refusal; Walked away; Asked questions to make the person realise why it's not such a good idea; Suggested something else)
- Do you think they were effective? Why or why not?



Key Messages

Finish by telling participants the **key message** that standing up for what they believe in or what they want, without being mean or hurting their friend's feelings, is not easy to do, but is a very important skill to have. It is important to practice assertive communication whenever they can, so they can get good at it. In addition, when making a request from someone, it is important to listen to what they want to do, including paying attention to non-verbal communication.



DISCUSSION

5 MINUTES

GENDER ROLES

Ask participants what might change if the gender of the players from the above role plays was changed. For example, if in the story of Mary and Polly, there was a boy and a girl instead of two girls. How would this affect the negotiation and refusal process? Reflect on what usually happens at home with regard to how males and females ask for what they want or refuse something they don't want to do.

Examples of responses could be:

- Females usually give in to males' wishes
- Males sometimes don't even ask for permission
- Males tend to be more insistent about what they want or don't want
- Females just do everything anyway without having to be asked!

Ask participants why these differences exist.



Key Messages

Give the **key message** that society expects males and females to behave in certain ways. This is known as gender roles. These gender roles are decided by social and cultural values, not by biology. Sometimes the social expectations of our gender could put us at a disadvantage when it comes to being assertive. We need to be aware of this and question it.

INDIVIDUAL EXERCISE

10 MINUTES

REFLECTING ON SOURCES

Ask participants to take out a notebook / sheet of paper. On the board / flipchart, write: "If I were a _____, one thing I would do that I cannot do now is..." Tell them that you would like them to think about what might be different if they were a different gender. Ask them to copy down the phrase, fill in the name of a gender they are not, and think about how they would complete the sentence.

Ask whether any of the participants would volunteer to read out their ideas. Discuss these with the participants and ask why they cannot do this as the gender that they currently are.



Key Messages

Give the **key message** that most of the barriers to doing something that is typically considered to be related to one or other gender, are from social perceptions and expectations. These are constantly changing. Ask the room if their grandparents could have done some of the things that the participants do (e.g. go to school, visit friends, play games, or whatever). Most likely there will be a lot of differences in what the participants' grandparent were allowed to do when they were children versus what the participants are allowed to do. This is proof that culture is always changing, and social expectations of gender roles also change. Therefore, one gender can actually do anything that the other can, given the opportunity, except for a few things, like getting pregnant, which are determined by biology.

DISCUSSION

5 MINUTES

Ask participants where they get information about gender or relationships from. Some examples of this could be: from parents, other relatives, community elders, friends or siblings, the internet.

Tell them that it is important to understand that information on these issues can be subjective or not based on fact but based on perceptions, social expectations and values. It is important to be able to make up your own mind about these things after educating yourself from many different sources.

Ask how they can do so. Some examples can be:

- Read from a few different places about the topic you want to know more about, like books in the library, or from the internet

- Be aware that all websites on the internet are not reliable or correct
- Discuss the issue with many different people to get as many opinions on it as possible
- Ask for reasons why something is the way it is

Note for facilitator: Provide some locally relevant materials to learners on these topics

End with saying that our ability to negotiate or refuse unwanted things may be affected by the social expectations around us, but it is possible to overcome these by learning more about an issue, being open to different opinions, and making up our own mind.

DECISIONS AND CONSEQUENCES

45 MINUTES

LEARNING OBJECTIVES

- Learn skills in decision-making, including the positive and negative impacts of decisions on sexual and reproductive health

MATERIALS REQUIRED

N/A

DISCUSSION

18 MINUTES

DECISION-MAKING

Explain to participants that in this session they will talk about decision-making. Tell them that everyone makes several decisions throughout the day. For example, what you are going to wear that day, who you talk to, what to eat, when to one activity or another, etc.

Ask participants to turn to the person next to them and spend 5 minutes sharing with each other about a time when they made a difficult decision, e.g. should they go for a sports match because they want to be selected on the team, or spend time studying for their maths test the next day. What did you have to think about to make the decision and what happened as a result of it, i.e. did it result in a positive or a negative situation?

After having given the participants 5 minutes for their discussion, ask for some volunteers to share a few points about: 'What do we need to think about to make a decision?' Clarify that they don't need to share the whole story of what the decision was but talk about the process, for example:

- I had to ask my parents what would be the best option
- I weighed the options for pluses and minuses
- I spoke to my friend about it
- I thought about it a lot
- My grandmother gave me some advice
- I read more about it

Explain that, to make good decisions, it is important to follow some steps:

1

Define the problem, situation or issue about which a decision needs to be made.

2

Identify all the **possible options** or courses of action you have.

3

Consider all the **possible consequences** or outcomes of each course of action.

4

Consider **your own values** – your beliefs about right and wrong – and which courses of action fit with your values.

5

Consider how your decision may **affect other people**.

6

Choose the course of action that seems best, based on your knowledge, values, and your goals.

7

Evaluate the decision and how you feel about it—whether you feel that you carefully considered all your options and are comfortable with the choice you made.

INTERACTIVE STORY

20 MINUTES

Tell participants that they will now practice making decisions. Explain that you will read out a story about Susie and Sam. Whenever you stop the story, the participants should clap their hands twice (CLAP, CLAP). Clapping means Susie and Sam need to stop and make a decision. The participants will work together to discuss and make a decision for Susie and Sam.

READ: Susie and Sam are in the same class at school. Sam likes Susie but he doesn't know if Susie likes him back. One day, at the end of school, only the two of them are left in class. Sam thinks how nice it would be to hold Susie's hand.

STOP: CLAP!

Ask participants:



Consequences:

- What could happen if Sam goes ahead and holds Susie's hand?
- How might Susie feel if Sam suddenly went up and held her hand?
- What would happen if he doesn't?

Know the facts:

- Does Sam know if Susie wants him to hold her hand?

Know the options:

- What else could Sam do instead, to express his liking for Susie?

READ: Susie has told her best friend that she and Sam like each other. They walked home together yesterday. Sam asked her to meet him behind the school building during break time.

STOP: CLAP!

Ask participants:



Consequences:

- What could happen if Susie goes ahead and meets Sam?
- What would happen if she doesn't?

Know the facts:

- How well does Susie know Sam?
- What does she know about others who have met behind the school building?

Know the options:

- What else could Susie do instead?

READ: Sam and Susie are friends on Facebook. They chat with each other on messenger and sometimes exchange pictures of each other.

STOP: CLAP!

Ask participants:



Consequences:

- What could happen to these pictures?

Know the facts:

- Do Susie and Sam know if either of them is forwarding their pictures to others?

Know the options:

- What else could they do instead?

DISCUSSION

7 MINUTES

RESPONSIBILITY AND CONSEQUENCES

Ask participants the following questions and get them to remember the key steps in decision making:

- What were the decision points within this story?
- What kind of decisions would you make if you were in the same situation?
- Why or why not?

Remind participants of the importance of accepting responsibility for your decisions and their consequences. End with the key message that decision-making skills will help them to make decisions that are best for them in a certain situation and be aware of possible consequences, so they can face them positively.



6. SEXUAL AND REPRODUCTIVE HEALTH AND HIV

BODY, PUBERTY AND REPRODUCTION

- People's bodies differ in appearance. There is no "perfect" or "normal" body type or appearance, despite cultural and media messages to the contrary. Learning to be comfortable with one's own body – having a positive body image – is an important element of self-esteem.
- Knowing your body and how your sexual and reproductive organs work is important to maintain good health, achieve satisfactory sexual experiences, prevent unwanted pregnancies, sexually transmitted infections, including HIV, and to know when to seek health services.
- Nearly all people with a physical disability or chronic illness can still experience all aspects of their life, including their sexuality. Oftentimes, however, they suffer discrimination and physical and social isolation because of their physical or health status.
- Young people can play an active role in fighting against bullying and discrimination linked to body image, and in upholding everyone's right to enjoy their sexuality regardless of their physical or health status.
- Young people can promote sexual and reproductive rights among members of their community.
- Learn skills to decide when and how to engage in sexual relationships
- Young women can safely use long acting contraceptive methods.
- Condoms are the only contraceptive method that simultaneously prevents STIs, including HIV.
- Emergency contraceptive methods can be used to prevent pregnancy up to 72 hours after sex. These methods include several kinds of Emergency Contraceptive Pills (ECPs) as well as insertion of an intrauterine device (IUD). They offer women an important second chance to prevent pregnancy when a regular method fails, no method was used, or sex was forced.
- When pregnancy occurs, young women have different options: continue or end a pregnancy. If a woman decides to continue, she can keep the child or give it for adoption – in any case, she should seek prenatal care. If a woman decides to have an abortion, there are safe methods available.
- All young people – including those 10-14 – should have the right to confidential advice and information about pregnancy prevention.
- Gender inequality has damaging effects on women's sexual health and wellbeing and on their access to sexual and reproductive health services. For example, in some societies, girls/women cannot access contraceptives without the consent of parents or husbands; in many places, it is not always seen as appropriate for a girl to carry a condom.

CONTRACEPTION AND PREGNANCY

- Young people have the right to access information and services to prevent, manage or end a pregnancy.
- Contraceptive methods are ways to prevent pregnancy and include natural and hormonal options. Natural alternatives have a higher chance of failure. Some methods are classified as short term, others as long acting, and some are permanent. Contraceptives include female and male condoms, pills, injectables, IUDs, the implant, among others. Our health status, life style and preferences are important when choosing a method.
- Young people can play an active role in the design, implementation, monitoring and evaluation of contraceptive services.
- Support your peers in accessing high quality contraceptive services.
- Learn skills to: consent to the use of contraceptives, including emergency contraception; negotiate the use of condoms and contraception methods

ABORTION

- Abortion is the voluntary ending of a pregnancy.
- Some societies and/or legislations put in place barriers that make it difficult for women to access a safe and legal abortion. This doesn't mean abortions do not occur.
- Women who need/had an abortion should not be rejected or discriminated against.
- Access to safe abortion isn't viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity. Denying women access to abortion services is a violation of their human rights.
- There are two main methods of safe abortion: medical abortion, where medication is used to end the pregnancy, and surgical abortion, which involves a medical procedure performed by a trained professional.
- Abortion is a safe procedure when it is performed within the appropriate context. For surgical abortion, that means when it is performed by a trained provider in sanitary conditions; for medical abortion, that means when a person has access to high quality medication, information and support. There are different websites where women can access information about safe access to medications. Information on safe abortion can also be accessed through friends, health providers or pharmacies.
- Unsafe abortion is when abortion is either performed by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both. It can lead to increased mortality (i.e. death) and morbidity (i.e. illness or disability) among young women.
- Young people who are pregnant, in particular those who are unmarried, may feel stigmatized whether they choose to have an abortion or continue with the pregnancy. Abortion-related stigma is the association of negative attributes with people involved in seeking, providing or supporting abortion. Abortion stigma should not prevent young people from accessing the services they need.
- You can participate in efforts to reduce abortion stigma and to increase access to safe abortion services – e.g. by writing blogs, sharing testimonials and disseminating information about safe methods and their availability.
- Learn skills to: identify high quality services that provide safe abortion or post-abortion care services; consent to the use of contraceptive methods and decide what to do about an unintended pregnancy; negotiate the use of condoms and other contraception methods

HIV AND STIS

- STIs are infections that are transmitted through sexual activities by skin on skin contact or exchange of body fluids. STIs, including HIV, are preventable using condoms, or by engaging in lower-risk sex activity (e.g. mutual masturbation, using lubricants to avoid condom ruptures). All STIs can be treated to manage their consequences; however, not all can be cured.
- Some STIs cause symptoms or discomfort. Others sometimes don't have symptoms (especially among females). Even when an infection does not produce symptoms, it can have serious health consequences, including putting the patient's fertility, or even life, in danger. Some of the STIs that can have serious consequences are: HIV, HPV (genital warts), syphilis, gonorrhoea, chlamydia, trichomonas, and herpes. Girls are physiologically more vulnerable to infection from certain STIs than boys.
- One of the infections that people can acquire through sex is HIV, the virus that causes AIDS. AIDS is a major cause of illness and death in many parts of the world. HIV weakens the body's immune system, allowing infections and cancers to develop. Treatment renders HIV manageable.
- People living with HIV have the right to live free of discrimination, to access services and treatment and to exercise their rights as any other human being.
- Young people can play an active role in fighting against discrimination linked to HIV.
- Young people can create awareness about gender norms and practices that may put some groups at higher risk of HIV.
- Learn skills to: find high quality services that provide voluntary counselling and testing, as well as treatment options; engage in consensual and safe relationships; negotiate use of condoms

UNDERSTANDING PUBERTY

45 MINUTES

LEARNING OBJECTIVES

- Understand the changes that bodies go through during puberty
- Recognise the social expectations from boys and girls, linked with puberty

MATERIALS REQUIRED

- Diagrams of the male and female reproductive anatomy

DISCUSSION

20 MINUTES

Explain that puberty is when our bodies begin to change from children to teenagers. Divide the participants into smaller groups. Make same sex groups. Give each group a large flipchart or paper and markers. Ask them to make one group member lie down on the paper and trace the outline of their body. Use this 'body map' to name the changes that take place in males and females in the following areas:

- **On the body** – the changes that happen to the body during puberty (write inside the outline of the body)
- **In the thoughts** – the changes that can happen to people's thinking during puberty (give the body outline a 'thought bubble' and write within it)
- **Around the body** – the changes that happen in the way other people treat you once you have reached puberty (write outside the outline of the body)

Once the groups report back, ask them to say which of the changes are exciting, which are challenging, and which are mixed. They could mark each with a different symbol, e.g. a star for exciting changes, a cross for challenging ones, and a triangle for mixed. Also discuss which sex faces more challenges, e.g. girls might not be allowed to play with boys any more, or boys might be told to not cry because they are a 'man', etc.

Tell participants that such changes are a normal part of growing up.

DISCUSSION

10 MINUTES

KEY POINTS ABOUT PUBERTY

Explain that:

- The main changes that happen during puberty are the result of something called hormones. Hormones are the natural chemicals our bodies make. The two main hormones responsible for many of the changes in our reproductive organs are testosterone and oestrogen.

- Puberty starts because a person's body starts to produce a very large quantity of hormones that they were only producing in small amounts before. Male bodies start to produce a lot more testosterone and a little bit of oestrogen and female bodies start to produce a lot more oestrogen and a little bit of testosterone. All of these changes happen because of the new surge of these hormones.

You can show the pictures of the male and female reproductive anatomy given in this module or any other pictures that you have on this, to explain:

- Only some of the male and female body parts are needed for reproduction and therefore are part of the reproductive system.

- On the male diagram, the parts that are used in reproduction are the testicles, penis, urethra and vas deferens.
- On the female diagram, the parts that are used in reproduction are the uterus, ovaries, fallopian tubes and vagina.

EXERCISE AND DISCUSSION

15 MINUTES

Tell participants that we are now going to play a game called "What are you doing?" Tell them you will act out an action and one of them has to ask, "What are you doing?" You could act out an action like sleeping and when the participant asks you what you are doing, respond with, "I am digging the ground!" The participants might laugh or be confused. Tell them this is the game – for volunteers to come up to the front and act out an action but respond to the question with a totally different action. Then the

next volunteer has to come up and act out the action that was in the response, i.e. now that you have said you were digging the ground, the next participant volunteer to come up to the front of the room must act like digging the ground but respond with a totally different action, and so on. Each time, the entire group asks the person acting, "What are you doing?"

And so the game will continue for about 5-7 minutes. Then stop the game and ask:

- What does this game have to do with growing up?

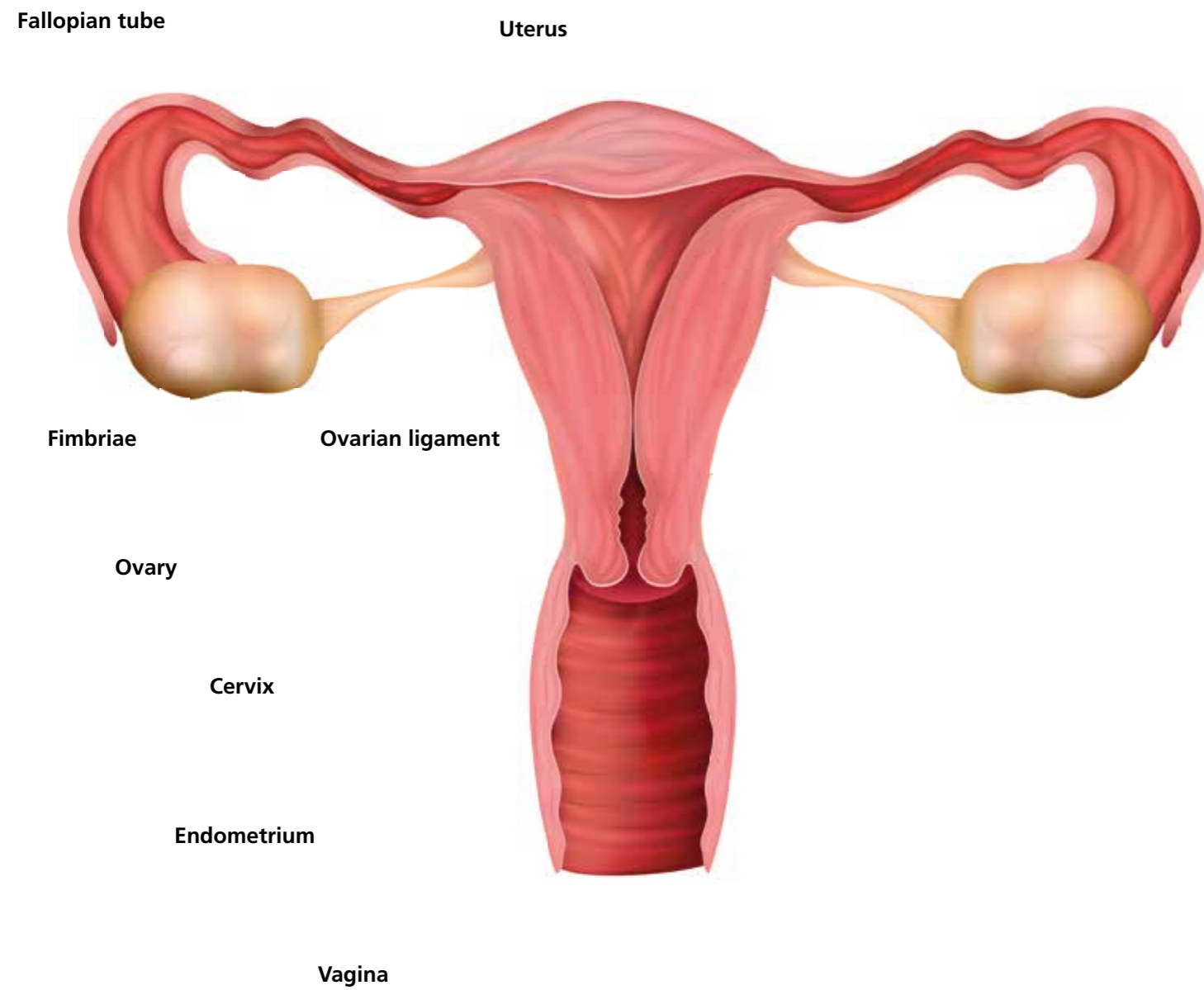


Key Messages

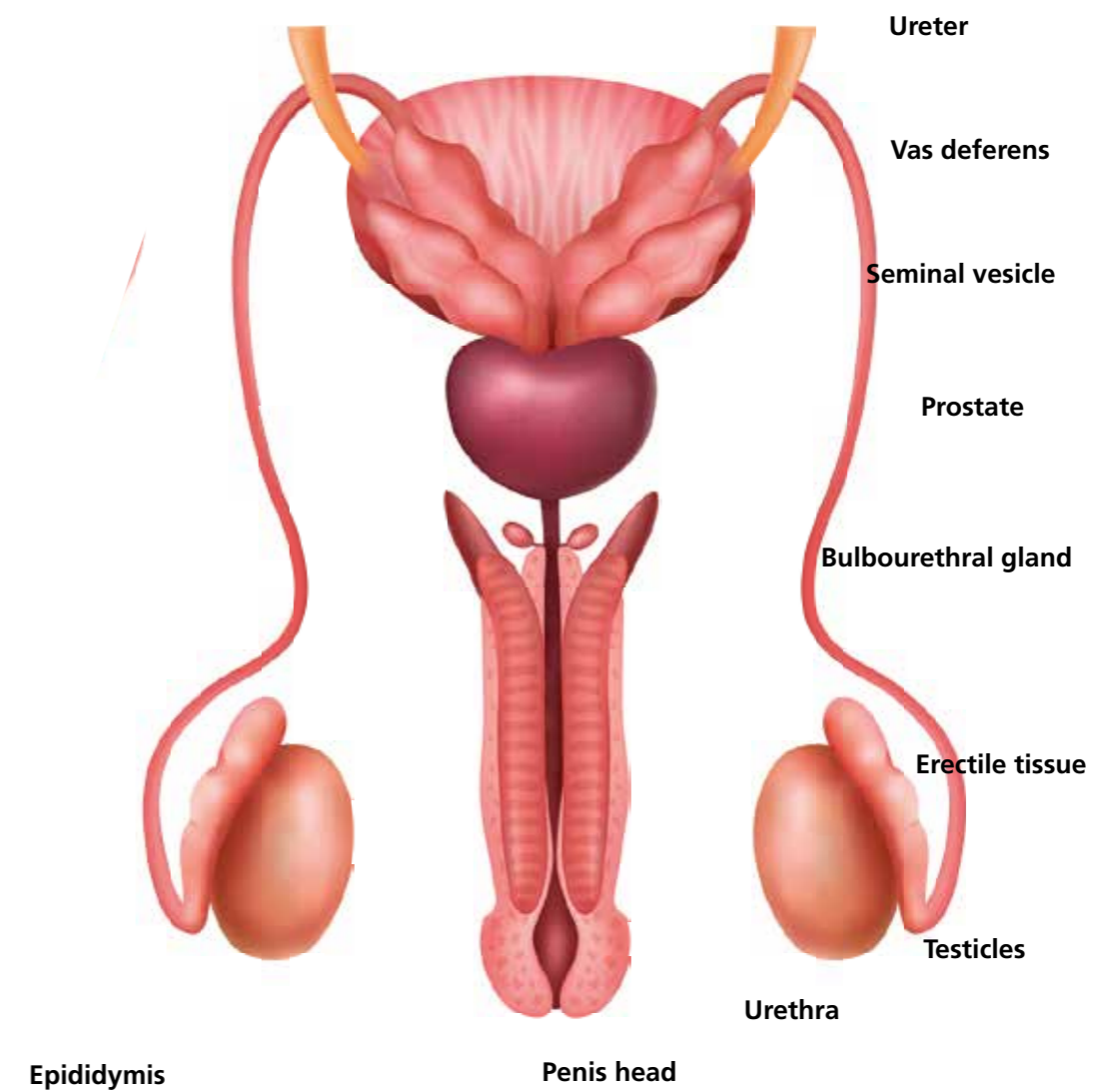
Sum up the participants' responses, and add the **key messages**:

- We often do one thing while we would rather be doing another thing. This is because different kinds of gender expectations of how males and females should behave can place a heavy burden of stigma on some adolescents. They can also be barriers to growing into happy, self-confident young people.
- Human beings are very diverse and so are their bodies, behaviours, likes and dislikes.
- What makes our society positive and safe for all is not necessarily when people follow what they have been brought up to believe as 'good' or 'bad', but in fact how they treat each other, i.e. with respect, acceptance, and dignity, as equals, without discrimination, etc.

FEMALE REPRODUCTIVE SYSTEM



MALE REPRODUCTIVE SYSTEM



EVERY BODY IS DIFFERENT

45 MINUTES

LEARNING OBJECTIVES

- Learn about positive body image and good mental health

MATERIALS REQUIRED

- Role play list

ROLE PLAY AND DISCUSSION

30 MINUTES

Ask for 14 participant volunteers and request them to get into pairs. Assign one of the role-plays to each pair of volunteers. Ask each pair to act out the situation with each other one by one (it doesn't matter if boys have to play female parts or girls have to play male parts – tell them this is part of the fun). Give them a couple of minutes to prepare their role-plays and start with the pair that is ready first. Tell each pair that they have strictly 2 minutes to do the play.

After each role play, ask:

- How did the role play feel?
- What was it like to be so and so or so and so?
- What did you learn from the role play?
- What does it make you think about?

Emphasise the following:

- All of these physical, emotional, and relationship changes are natural.
- Each person develops at an individual pace, some early, some late. It is important not to tease or make fun of others who may develop earlier or later.
- Young people often feel uncomfortable, clumsy, or self-conscious because of the rapid changes in their bodies.
- Menstruation and wet dreams are normal.

DISCUSSION

15 MINUTES

SELF TALK

Explain to participants that at different times, we feel many different emotions, especially when going through adolescence and all these body changes which happen at a different pace for different people. Life will always have ups and downs and every now and then we will face a challenge or a stressful situation. It is good to have some tools to use to help us cope in these situations.

In this activity we are going to look at how, what we say to ourselves in our minds can help or hinder stress levels. Write the term 'self-talk' on the board /

flipchart. Ask participants to guess what they think this term means.

After a few responses, explain that sometimes our level of stress is affected by the things we say to ourselves about what an experience means. For example:

- I might miss a catch and tell myself **'nice try'** or I might tell myself **'clumsy idiot, you are letting the team down.'** If I use the second approach, I am going to feel a lot more upset.
- I might get a low result on a test, and tell myself **'that's disappointing, but I am going to work at doing better next time'**, or I could tell myself

'I am no good at this, I might as well give up.'

The second example is much more negative and is going to lead to me feeling more upset.

This talk we do in our head is called our 'self-talk'. It makes a big difference to how we cope with the challenges. You can hear from the examples that we can have positive self-talk and/or negative self-talk. If we tell ourselves negative things all the time, it can make it hard to keep going when things go wrong. Using positive self-talk can help us get through

challenging times and to maintain our determination and effort. It is an important life skill to learn how to argue back to negative self-talk with positive talk.

Tell participants that you will read out a scenario and one side of the room should think of some negative self-talk, while the other side of the room should think of some positive self-talk that the character might have. Read out the following scenario:

"Maud is shy and wants to make some friends. There is a group of girls around her age who play and laugh together. She wants to go and talk with them. She is struggling with both positive and negative thoughts about whether she can do this."

Let the two sides of the room come up with the negative and positive thoughts that Maud could be having, for example, on the positive side, she might think **'I have met new people before, most people like a friendly smile, at least they will know I like them'** and on the negative side she might think, **'they won't need any new friends, no one will think I am fun to be with.'**



Key Messages

End with the key message that positive self-talk will help us to cope well in times of stress. Just like any other skill, practice will make us better at positive self-talk. Tell yourself that you like or love yourself as you undergo changes. You are looking different because that's who you are. You don't need to look like your friends. Positive body image influences your self-esteem – it helps you become more confident.

Positive/negative self-talk

'they won't need any new friends, no one will think I am fun to be with.'



'I have met new people before, most people like a friendly smile, at least they will know I like them'



ROLE PLAY LIST

ROLE-PLAY 1

One person plays the mother (aunt, grandmother); the other plays a 12-year-old girl. The girl is worried because she has not developed breasts, although most of her friends have. The mother (aunt, grandmother) comforts the girl, letting her know that the age when breasts start forming varies and that breast sizes vary.

ROLE-PLAY 2

One person plays a 12-year-old boy; the other plays the older brother. The boy is sad because everyone at school teases him about his cracking voice. The older brother explains why his voice is cracking and what to say to people when they tease him.

ROLE-PLAY 3

Both people play 10-year-old girls. One girl teases the other girl because she is taller than all the other girls in the group. The tall girl explains that boys and girls grow at different paces and to different heights. She also explains why she does not like being teased and asks the other girl to be a nicer person. The teasing girl apologizes.

ROLE-PLAY 4

One person plays a 12-year-old boy; the other plays his father (uncle, grandfather). The boy is worried because he is growing hair under his arms and a little on his face. The father (uncle, grandfather) comforts him and tells him that most boys develop hair in new places as they grow older.

ROLE-PLAY 5

One person plays an 11-year-old girl; the other plays her friend. The friend is worried because she has not yet started having periods but the 11-year-old girl has. The girl comforts her friend, letting her know that the age when girls start menstruation varies.

ROLE-PLAY 6

One person plays a 13-year-old boy; the other plays his friend. The friend is worried because he is not as tall and big as the 13-year-old boy. The boy comforts his friend, letting him know that the age when boys start the physical changes of puberty varies.

ROLE-PLAY 7

One person plays a 14-year old boy; the other plays his father. The father tries to talk to his son about relationships, sex and reproductive health. His son is not very comfortable at the beginning of the conversation. But once he realizes that his father wants to help him, he's happy to have this opportunity.



UNDERSTANDING REPRODUCTION AND STIs

45 MINUTES

LEARNING OBJECTIVES

- Learn basics about reproductive anatomy including the menstrual cycle and conception
- Learn how STIs including HIV are spread and how to prevent them

MATERIALS REQUIRED

- Diagrams of internal male and female reproductive systems
- Diagram of menstrual cycle

EXPLANATION & DISCUSSION

25 MINUTES

MENSTRUATION AND HYGIENE

Tell participants that in this session you are going to explain to them about the menstrual cycle and conception. Use the diagrams to help with the explanation.

Explain to participants that beginning menstruation, often called getting your period, is a normal part of going through puberty for girls. Boys often begin puberty a little later than girls. Among the changes they experience, they may have frequent and at times spontaneous erections, and possibly experience wet dreams, meaning ejaculating semen while sleeping.

Menstrual periods are when a small amount of blood and tissue leave the body through the vagina over the course of a few days. Periods happen around once a month and can last from a couple of days to a week. When a girl gets her first period, it signals that her body has begun ovulating. Ovulation happens once a month when a hormone or chemical in the body signals a girl's ovaries to release an egg or ovum. This means that if a girl has unprotected sex, she could become pregnant. During this time, your uterus starts creating a thick layer of blood and nutrients inside, in case you have sex and a foetus starts to grow in there. If after sex an egg is fertilized by a sperm, the

fertilized egg will implant in the lining and cause a pregnancy (known as conception). If an egg is not fertilized within 12 to 24 hours after ovulation, the egg disintegrates. Two weeks later, when the uterus realizes there is no fertilized egg, it pushes out the layer of nutrients, called the endometrium, which comes out of the vagina as your period. Your body then begins to create a new layer with a fresh lining and it starts over again.

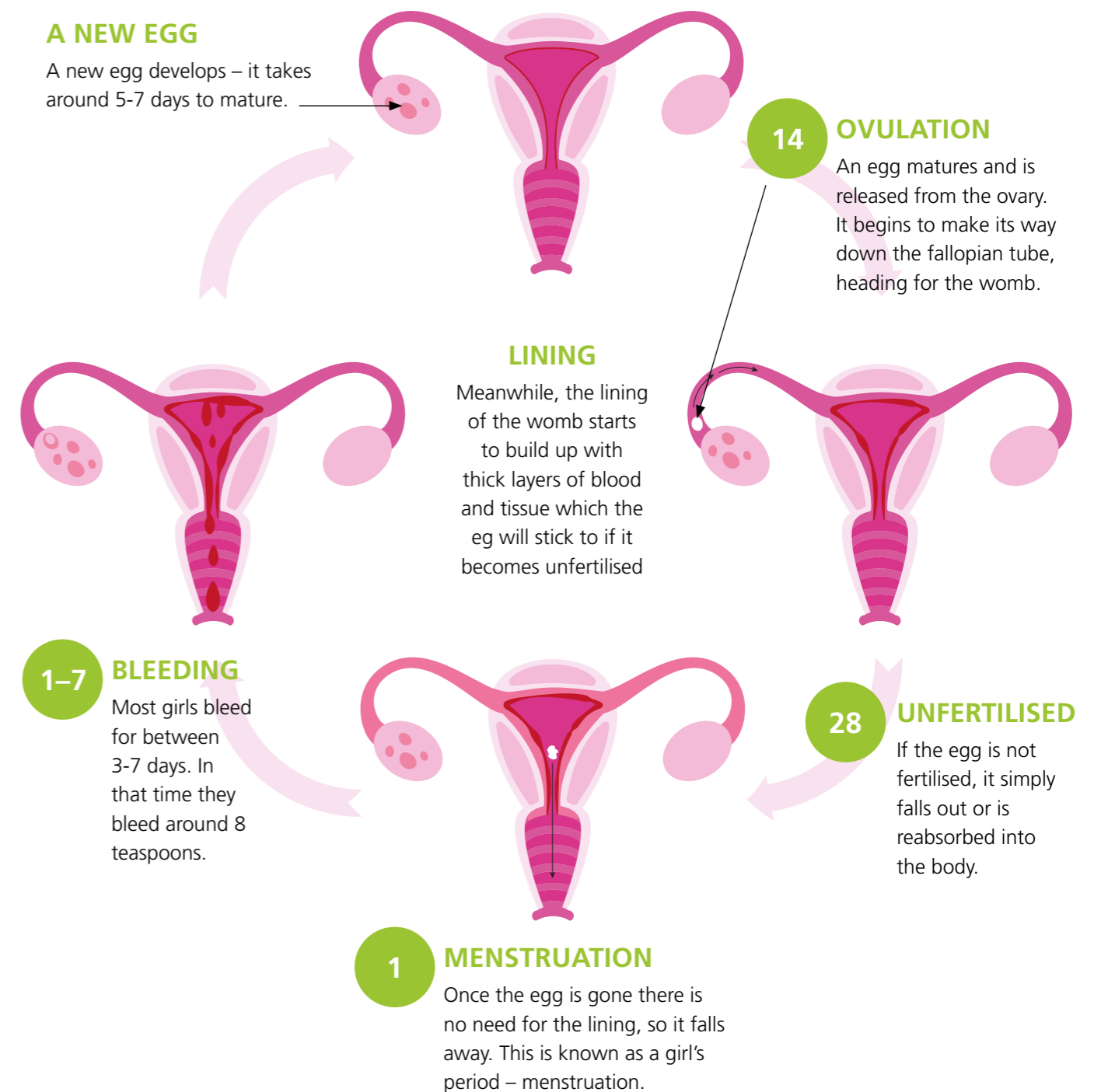
This entire process is called the menstrual cycle, which can vary from person to person but is generally between 21 and 35 days. The most fertile period is usually the middle of the menstrual cycle, i.e. days 12-14 of the menstrual cycle.

Often, we have some code words for having a period. Discuss: Which 'code words' do you use for mentioning menstruation? Why do you think we use code words to describe menstruation?

Explain that sometimes shame is associated with menstruation, and it's normal to feel nervous or anxious about getting your period. It can help to talk with an adult that you trust about what to expect and to carry some feminine hygiene supplies (like a sanitary pad, tampon, or menstrual cup) with you just in case.

A NEW EGG

A new egg develops – it takes around 5-7 days to mature.



BRAINSTORM

5 MINUTES

BRAINSTORM ON STIs

Tell participants that now we will focus on the other side effect of sexual intercourse, i.e. sexually transmitted infections (write 'STI' on the board / flipchart). Ask participants what a sexually transmitted infection or STI is. Write key words from their answers on the board / flipchart. Then wrap up by explaining that an STI means an infection that a person can get from another person when they do something sexual with that person. You can only get an STI from someone who has one. There are many STIs, including HIV.

Your genital area is supposed to be healthy, which means there should be no itchiness, soreness, or burning sensation when urinating. Some specific signs and symptoms of STIs include:

- Painful sores on the genitalia (Chancroid, Herpes)
- Smelly or discoloured vaginal discharge / pus-like discharge from penis, or a burning sensation when urinating (Chlamydia, Gonorrhoea)
- Flu-like symptoms, jaundice, and dark-coloured urine (Hepatitis B)
- Frothy, yellow-green vaginal discharge with a strong smell, or itching / discomfort / slight burning while urinating or having intercourse (Trichomoniasis)

Now ask participants how they think STIs can be prevented. Get some responses, and then explain that to prevent getting an STI, we must either not engage in sexual activity, or engage only in no or low risk sexual activities, or use a condom for sexual intercourse every time.



Key Messages

Give the **key message** that the fact that a girl's body prepares for fertility, does not mean she should start having children soon. It is the right of girls and women to decide themselves if, when and with whom to have children. For various reasons, some women might decide not to have children at all. Before having sex, getting pregnant, or getting married, girls and young women should feel ready and willing to do so with all the information and skills they need to make such decisions.

Also emphasise the need to maintain good hygiene during periods by taking a shower or washing every day, using clean undergarments and changing them regularly, using menstrual hygiene products like disposable or re-usable sanitary pads, tampons or menstrual cups. Re-usable sanitary pads must be washed thoroughly with soap and water and dried in the sun to ensure that no bacteria remain. Ensure that girls understand they must not use soap or other products inside the vagina as the vagina is a self-cleaning organ. They must only wash their genitals with plain water. In case a girl feels a burning sensation during urinating, she could have developed a urinary tract infection and needs to see a doctor.

GAME AND DISCUSSION

15 MINUTES

If you can bring the group out into an open area for this game, it would be better. Otherwise, work with the amount of space you have in the room.

Divide the participants into 5 groups. One of the groups must play the role of the STI and catch the participants from the other groups. Make a list of participants' names in each of the other 4 groups and secretly write one way of preventing or getting an STI against each group:

1. don't have sex
2. engage in low or no risk sexual activity
3. use a condom every time for sexual intercourse
4. have unprotected sexual intercourse

Do not tell anyone which group members have which way.

Form a circle and ask the group playing the STIs to come into the centre of the circle. They have to be very fierce and try to catch people as they try to cross to the other side of the circle.

When the attacker catches a person, you tell the person what their (sexual) activity is. The person caught has to say whether they think they are safe or not, explaining why. The person sits down at the edge of the circle if they are not safe.

After a while, stop the game and ask all the people sitting down what activity they did to catch an STI. Ask the people still standing what they did to prevent an STI.



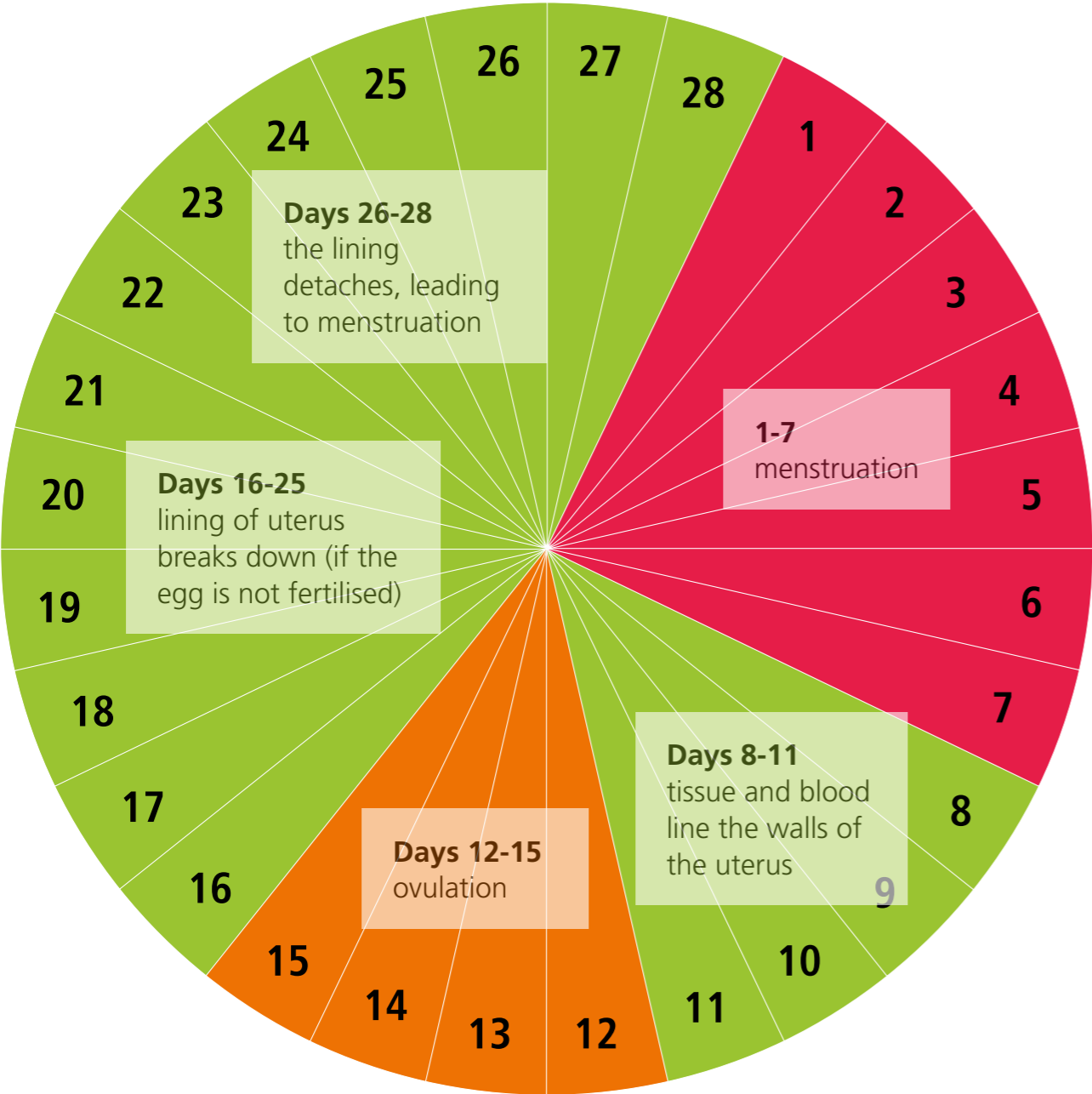
Key Messages

Wrap up with emphasising the **key points** that:

- STIs are spread by bacteria, viruses, parasites or bugs that go from a person with an STI to another person during sex.
- We can reduce the risk of the germs getting into our bodies by not having sex; by using condoms properly every time we have sex because they stop the germs going from one person to another; doing sexy things together without having sexual intercourse in the vagina, anus or mouth, or touching private parts, body fluids or any sores.
- We shouldn't think a person is safe just because they have no signs of STI. The germs could still be living in their body. We need to have a check-up for STIs.
- Wash our private parts every day, taking care to clean under the foreskin in uncircumcised boys and between the labia in girls with plain water.

THE MENSTRUAL CYCLE

Days	Process
1-7:	menstruation
8-11:	tissue and blood line the walls of the uterus
12-15:	ovulation
16-25:	lining of uterus breaks down (if the egg is not fertilised)
26-28:	the lining detaches, leading to menstruation



HIV BASICS

45 MINUTES



LEARNING OBJECTIVES

- Understand what is HIV and how it can be transmitted
- Identify ways to prevent HIV and treatment



MATERIALS REQUIRED

- Facts about HIV worksheet for each participant

DISCUSSION

10 MINUTES

Tell participants that in this session you will discuss one of the STIs in detail – HIV and AIDS. Remind them about the session on STIs and ask what they remember learning. Refresh their memory on the STIs, and clarify any questions they may have, before proceeding.

EXPLANATION

10 MINUTES

ON HIV

Ask participants what they have heard of HIV. Write “human immunodeficiency” on the board / flipchart, and tell them that HIV stands for ‘Human Immunodeficiency Virus.’

- ‘Human’ means it is a people disease. You can’t get it from a pet or give it to a pet.
- ‘Immunodeficiency’ is two words put together. ‘Immuno’ refers to the immune system, or the system that enables us to fight diseases. A ‘deficiency’ refers to when something is lacking – so basically, HIV is a virus – a microscopic organism – that attacks our immune system and makes it weak so it’s harder for the body to fight off other infections. HIV is the virus that causes AIDS.

Tell participants that the way we usually keep people from getting a virus is by giving them a vaccine, which is an injection they get that protects them from getting a particular infection for many years. Explain that there is not a vaccine for HIV but there are some effective treatments, called antiretroviral therapy, that can reduce

the likelihood of transmitting HIV to others, slow the way HIV grows in a person’s body and prolong the life of someone living with HIV. There are also treatments for the illnesses that HIV can cause. But once someone is living with HIV, there currently is no way to rid the body completely of HIV, although with treatment, people living with HIV can have a normal life expectancy. Since there is no vaccine to prevent HIV and there is no way to rid the body of HIV once someone has it, it is very important to know how HIV is transmitted—so we can know how to avoid getting it or manage the virus if we were born with it.

Explain that luckily, HIV is hard to get. It is not an easy infection to transmit like a cold or the flu.

- HIV is in some bodily fluids, like blood, and not in others, like sweat, tears, saliva or urine.
- HIV can only be transmitted through one of the infected body fluids, i.e. blood, semen or vaginal fluids. In addition, it can be passed through breastmilk if someone is HIV positive and breastfeeding an infant.

PAIRED WORK AND DISCUSSION

25 MINUTES

Distribute the 'Facts about HIV' worksheet and ask participants to work in pairs to complete it. Allow up to 10 minutes for this. Once all have been completed, review the questions with the group. All answers are TRUE. For each question, provide the answer as well as an explanation for why it is true (See teacher's guide with explanations.)

Now that they know that HIV is not easy to transmit, ask participants if anyone can give an example of some things you can do with a friend or a family member who is living with HIV that are perfectly safe, meaning they can't transmit HIV. Provide the first few examples so participants understand what you are asking:

- you can hug someone with HIV
- you can give someone a kiss on the cheek
- you can share food with them

Ask who wants to give another example. Possible responses can include a wide range of behaviours including sitting on a toilet someone with HIV has sat on, swimming in a pool together, sitting next to an HIV-positive person, going to school with someone who has HIV, etc.



Key Messages

Conclude the session by giving the **key message** that HIV is a serious infection and it is communicable but it is also very difficult to catch. As long as we know how HIV is and is not transmitted, we can protect ourselves and be good friends and family members to people we know with HIV or AIDS. HIV is transmitted through having sex without a condom with someone who has HIV; sharing needles with people who have HIV; and from a parent living with HIV to their child during pregnancy, delivery or breastfeeding. All people are at some risk of HIV and the only way to know for sure if someone has HIV is to get tested. To prevent HIV, it is important to use condoms for all sexual intercourse, never share needles – use only new or sterile needles, and undergo treatment for the prevention of mother-to-child-transmission when an HIV positive woman is pregnant.

FACTS ABOUT HIV: WORKSHEET

TRUE

TRUE OR FALSE

FALSE

Directions: Write TRUE next to those statements that are true, and FALSE next to those statements that are false.

1. You cannot get HIV by being in the same room with a person who is living with HIV.
2. So far, there is no vaccine to prevent HIV.
3. HIV cannot be transmitted by sneezing.
4. HIV is a communicable (contagious) disease.
5. You cannot get HIV from sharing a drink.
6. HIV affects the body's immune system.
7. AIDS and HIV are two different things.
8. If you come into contact with the blood of someone who is NOT living with HIV you cannot get HIV.
9. Someone who uses the same needle as someone who is living with HIV to use drugs, can contract HIV.
10. If someone with HIV is bleeding, they can transmit HIV to someone else.

FACTS ABOUT HIV: FACILITATOR GUIDE

TRUE OR FALSE

- 1 You cannot get HIV by being in the same room with a person who is living with HIV.
(True: HIV is not transmissible through the air)
2. So far, there is no vaccine to prevent HIV.
(True: Researchers are working on a vaccine and there will likely be one in the future. There is treatment that a person can take every day that can make it harder to contract HIV)
- 3 HIV cannot be transmitted by sneezing.
(True: HIV is not transmissible through the air through sneezing or coughing)
4. HIV is a communicable (contagious) disease.
(True: But it is not an easy infection to transmit)
5. You cannot get HIV from sharing a drink.
(True: HIV is not found in saliva)
6. HIV affects the body's immune system.
(True: HIV attacks the immune system and makes it weaker, making it harder to fight infections)
7. AIDS and HIV are two different things.
(True: AIDS describes when a person with HIV gets sick because their immune system can no longer fight off infections. It can take years for a person with HIV to develop AIDS).
8. If you come into contact with the blood of someone who is NOT living with HIV you cannot get HIV.
(True: HIV can only be transmitted from a person who already is infected. If two people are not infected, then neither one can transmit it to the other.)
9. Someone who uses the same needle as someone who is living with HIV to use drugs, can contract HIV.
(True: Sharing needles for drug use with someone living with HIV is one of the easiest ways to get HIV. Stopping injection drug use can lower the chances of getting HIV a lot as can using new, sterile needles instead of sharing needles.)
10. If someone with HIV is bleeding, they can transmit HIV to someone else.
(True: HIV infection is transmissible from infected blood. The other person would need to have a cut on their own skin, however, in order for the virus to get into their body.)

TREATMENT FOR HIV

 45 MINUTES


LEARNING OBJECTIVES

- Understand what ARVs are and how they work
- Describe what adherence means and why it is important

MATERIALS REQUIRED

- Flipcharts and markers
- Tape
- Scissors



ACTIVITY – DISCUSSION AND TRUE/FALSE

30 MINUTES

Tell participants that this activity is about the treatment for HIV. Ask them:

- What does ARV stand for? (Antiretroviral)
- What are ARVs? (ARVs are the drugs used to treat HIV.)
- What is ART? (ART is antiretroviral therapy. It is the combination of drugs the doctor prescribes to fight HIV.)

Write the acronyms and their meanings on flipchart paper as they respond.

Tell them that you will read a statement. Those who think it is true will raise their hands and explain why, and then those who think it is false will raise their hands and explain why. Then you will discuss which answer is correct as a group.

Read the first statement and ask those who think it is true to raise their hands. Ask them why they think it is true. Then ask those who think it is false to raise their hands and to say why they think it is false. Encourage them to discuss and share information. Tell them what the correct answer is if necessary, and add the information provided below if it does not come out in the discussion.

1. ARVs kill the virus in the blood. FALSE

All HIV drugs work by preventing HIV from infecting new cells. When HIV cannot infect new cells, it cannot make copies of itself. So, the amount of HIV goes down. This allows the immune system to stay strong or to become strong again.

2. ART can cure HIV FALSE

ART is a very effective treatment, but it cannot get rid of HIV completely. Some HIV remains in the body. There is no cure for HIV.

3. Viral load is the number of viruses in the blood of a person with HIV. TRUE

Viral load is measured to see how far HIV has progressed or how well the ART is working in reducing the amount of HIV in the blood.

4. The goal of ART is to reduce the amount of HIV in the body's fluids to the point where the viral load test cannot find them anymore. TRUE

When the virus can no longer be found by the test, the person is said to have an undetectable viral load. This is called viral suppression and it is the goal of ART.

5. Everyone who is HIV positive should be given ART. TRUE

The World Health Organization says that as soon as a person tests positive, they should start treatment.

6. If your viral load is undetectable, it means that HIV is no longer in the body FALSE

An undetectable viral load means that the test cannot find the virus. However, HIV can still be in the body. It hides in the cells.

7. It is OK to miss ARV pills sometimes. FALSE

It is important not to miss any ARV pills. When a pill is missed, the virus has the chance to change itself so that the medicine won't work anymore. This is called resistance.

8. Adherence means taking the medicine exactly as the doctor tells you to. TRUE

Adherence is very important when taking any medication.

9. If a person has side effects from ART, they should stop taking the medication. FALSE

If a person has side effects from any drug, they should see their doctor. They should stop taking it only if the doctor tells them that it is okay to stop.

10. Taking ART helps to prevent the spread of HIV to another person. TRUE

The transmission of HIV to another person is most likely when a person has a lot of virus in their body fluids. Because ART greatly reduces the amount of virus in the body fluids, it makes it less likely that the person will transmit the virus to others. However, the person should still use condoms every time they have sex.

11. A person taking ART has to take it every day for the rest of their lives. TRUE

ART is a lifelong daily medicine for people living with HIV.

12. ART can be taken at any time of the day, as long as you take it once a day. FALSE

ART has to be taken at the same time of day, every day. This keeps the amount of the drugs in the person's body even so that HIV does not have the chance to become resistant to the drug.

13. A person living with HIV who is taking ART can live a long and healthy life. TRUE

By taking ART, most people living with HIV will live a healthy and long life.

DISCUSSION

15 MINUTES

KEY POINTS ON HIV TREATMENT

Tell the participants that you want to recap a few points. Ask them the following questions. Make sure the listed points are mentioned.

- Why is treatment important for people living with HIV?
 - It reduces their viral load and protects their immune system.
 - It allows them to live a long and healthy life.
 - It makes it less likely that they will transmit the virus to their sexual partners.
 - It makes it less likely that a pregnant or breastfeeding woman who is positive will transmit the virus to her baby.
- What does a person need to do to take ART in the way the doctor told them to (called adherence)?
 - They need to take their pills exactly as they were told to take them, every day for the rest of their lives.
 - It means eating and drinking the right things with the pills, as instructed by their health workers.
 - They also need to take medications to treat other illnesses such as TB.
 - They need to be motivated and committed to their treatment and to their health.
 - They need to be knowledgeable about their treatment.
 - They need to be supported by family, friends, and their doctor to overcome any difficulties they have.
- Why is treatment adherence so important?
 - If a person skips pills or starts and stops taking ART, it gives the HIV that is still in the body a chance to change itself and adapt to the medicine.
 - Once HIV has adapted to the medicine, the medicine will no longer work. This is called treatment resistance. (You can note that this is not only true for HIV, it is also true for other diseases, like TB and gonorrhoea.)
 - If the person does not follow the instructions about taking the pill, like whether to take the pill on a full or empty stomach, they will have more side effects. Side effects may discourage them from continuing to take the medication.
- Why can adherence be difficult? What can get in the way?
 - People can forget to take their pills. They need to make it a habit.
 - When something disrupts their daily routine, like travel, they may leave their medicine at home or forget to take it.
 - They get drunk and forget to take it.
 - They feel better and stop taking it, not understanding that it is a lifelong treatment.
 - They may have side effects that make them want to stop treatment.
 - The clinic may run out of their medication so that they can't get it.
 - The clinic is far and transport expensive.

**Key Messages**

Finally, ask the participants what they learned from the activity and ensure they receive the key messages that:

- ART prevents HIV from making copies of itself, which greatly reduces the amount of HIV in the body fluids (the viral load).
- When there are few HIV in the blood, HIV can no longer effectively attack the immune system. It also makes it less likely that the person will transmit HIV to others.
- ART is not a cure for HIV.
- ART has to be taken every day for life.

When you have finished, ask the participants if they have any comments or questions and respond to them.

PREVENTING PREGNANCY

45 MINUTES

LEARNING OBJECTIVES

45 MINUTES

- Learn about pregnancy, planning and prevention, and consequences of early pregnancy
- Learn about effective methods of contraception

MATERIALS REQUIRED

- Pregnancy symptoms cards for each pair of participants

PAIRED EXERCISE

15 MINUTES

Explain to participants that this session will focus on pregnancy – its planning and prevention. Tell them to work in pairs with the person sitting next to them and identify the pregnancy symptoms in the cards. Give them 3-5 minutes for this and then sum up with the correct answers.

Now explain that once a person confirms that they are pregnant – by taking a pregnancy test – and they want to have the baby and become a parent, they have to keep themselves and the foetus healthy for nine months. This is called pre- or antenatal care. Ask participants what they think is needed for this and write their responses on the board / flipchart. Some answers could be:

- Get a lot of sleep
- Exercise
- Reduce stress (exercise helps with that)
- Take vitamins
- Eat well
- Stop smoking
- Don't drink alcohol
- Reduce the amount of caffeine they drink



Key Messages

Sum up with the **key messages** that:

- Pregnancy can have a negative impact on the health of girls who are under 20 years, because their bodies are not yet ready for childbearing.
- Early childbearing may be life-threatening for both mother and child. Mothers younger than 17 years face an increased risk of maternal mortality because their bodies are not yet mature enough to bear children.
- Teen mothers' deliveries are more often complicated by obstructed labour or other problems, which may lead to the death of the mother and/or child, or disability for the mother. Children born to teenage mothers are more likely to be premature, of low birthweight, and/or suffer from retarded foetal growth.



EXPLANATION

15 MINUTES

CONTRACEPTION EXPLANATION

Ask participants whether pregnancy is preventable. If yes, then how. Get some responses and then proceed based on the knowledge among the participants. Explain that contraception is a way to prevent pregnancy if a heterosexual couple are having vaginal sex. There are many methods of contraception; they all work differently – some protect right now, some for a short time like a month, and some for a longer time like a few years or forever. Make four rows on your board / flipchart with the bottom row being labelled 'Less effective' and the topmost row being labelled 'More effective'.

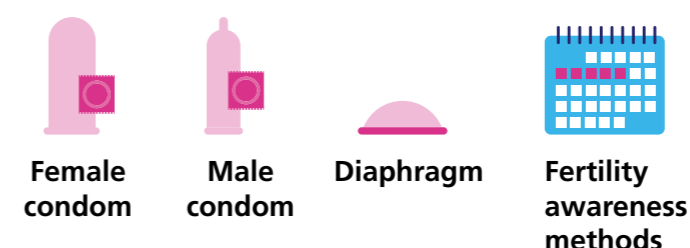
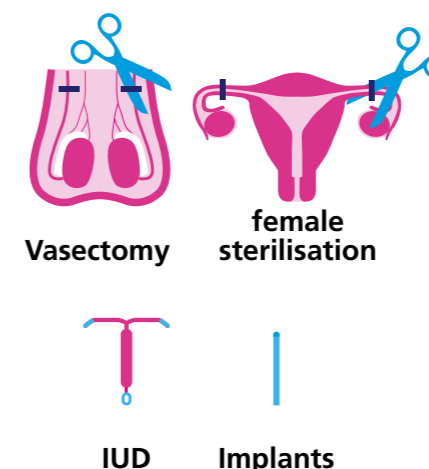
Start with the bottom row. Write the method and then give the explanation as provided (refer to the diagram provided for facilitators). Remind participants that they should visit a health centre if they want more details on these methods.

- **Withdrawal:** Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina. This method does not protect against STIs / HIV.
- **Condoms:** A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina. This method is the only one that protects against both STIs / HIV and pregnancy. An internal or female condom is inserted into the vagina prior to sexual intercourse.
- **Diaphragms:** A shallow, soft, rubber cup that is filled with spermicide and inserted into the vagina before intercourse. It covers the cervix to prevent sperm from entering, and the spermicide kills sperm.
- **Fertility awareness methods:** Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. This method involves identifying the fertile days during which she can abstain from sex or use a barrier method of contraception. This method does not protect against STIs / HIV.
- **Injectables:** An injection given at regular intervals, usually every one or three months, containing synthetic hormones that prevents ovulation.
- **LAM:** For breastfeeding women only. Breastfeeding causes the body to produce hormones that can prevent ovulation. As contraception, this method is effective only during the first six months of breastfeeding or until the woman has resumed menstruation (whichever comes first), and only if the baby is fed only breastmilk and on demand. This method does not protect against STIs / HIV.
- **Oral contraceptives:** Small pills containing synthetic hormones that prevent ovulation and interfere in sperm migration. They are taken orally every day by the woman for 21 or 28 days, depending on the brand and type. This method does not protect against STIs / HIV.
- **Implants:** One or two small, soft rods implanted in the woman's upper arm that release a steady low dose of progestin over a period of three to five years to inhibit ovulation. This method does not protect against STIs / HIV.
- **IUD:** Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release hormones, while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years. This method does not protect against STIs / HIV.
- **Female sterilisation:** A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman's ability to have sex or to feel sexual pleasure. This method does not protect against STIs / HIV.
- **Vasectomy:** A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man's body, rather than entering the semen. It does not change a man's ability to have sex, feel sexual pleasure, or ejaculate. This method does not protect against STIs / HIV.



MORE EFFECTIVE

Less than 1 pregnancy per 100 women in one year



LESS EFFECTIVE

About 30 pregnancies per 100 women in one year



Now explain that there are things that a couple can do if they have had sexual intercourse, but have not used contraception and want to prevent a pregnancy. This is known as emergency contraception. The **emergency contraceptive pill (ECP)** is one or two pills that work by preventing or delaying the release of eggs from the ovary (ovulation). It must be used within 120 hours of unprotected sex, the better it prevents pregnancy. The ECP does not protect against STIs / HIV. Rather, emergency contraception is used in the situation of a failure of contraception such as condom breakage or in a situation where sex was unplanned or forced.



Ask participants whether pregnancy is preventable. If yes, then how. Get some responses and then proceed based on the knowledge among the participants. Explain that contraception is a way to prevent pregnancy if a heterosexual couple are having vaginal sex. There are many methods of contraception; they all work differently – some protect right now, some for a short time like a month, and some for a longer time like a few years or forever. Make four rows on your

board / flipchart with the bottom row being labelled 'Less effective' and the topmost row being labelled 'More effective'.

Start with the bottom row. Write the method and then give the explanation as provided (refer to the diagram provided for facilitators). Remind participants that they should visit a health centre if they want more details on these methods.

QUIZ 15 MINUTES

Tell participants that you are now going to do a true or false quiz with them to see how much they understood about contraception. Participants must raise their hands if they think the statement is true. You can ask a few participants each time to explain why they think the statement is true or false before providing the correct answer.

1. Tubal ligation (or female sterilisation) and vasectomy are permanent forms of contraception. They should be used for women and men who do not want to have children **TRUE**

2. A woman won't get pregnant if the man pulls out before he ejaculates **FALSE**

Pulling out before the man ejaculates, known as the withdrawal method, is not a fool proof method for contraception. Some ejaculate (fluid that contains sperm) may be released before the man actually begins to climax. In addition, some men may not have the willpower or be able to withdraw in time.

3. Wearing two condoms is better protection **FALSE**

This greatly increases friction and means that condoms are more likely to break.

4. A woman can become pregnant even if the penis is not inserted into the vagina **TRUE**

If semen comes in contact with the vagina (whether or not the penis was inserted into the vagina) there is potential for fertilisation.

5. A condom is the only method that can prevent both pregnancy and protect against STIs/HIV **TRUE**

6. I won't get pregnant if I take a shower or bath right after sex, or if I urinate right after sex **FALSE**

Washing or urinating after sex will not stop the sperm that have already entered the uterus through the cervix.

7. The pill does not make females infertile **TRUE**

When you stop using the pill your fertility will return to normal.

8. A condom is the most reliable method to prevent pregnancy **FALSE**

Condoms are rarely used as they should be. The average effectiveness rate of with typical condom usage is around 85%. This means they are less reliable (for pregnancy prevention) than other methods such as the pill, injection or IUD which have an effectiveness rate of 95-99% with typical usage.

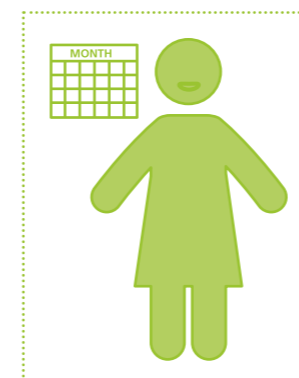
9. No method of birth control is 100% fool proof **TRUE**

10. you cannot get pregnant if you have sex for the first time **FALSE**

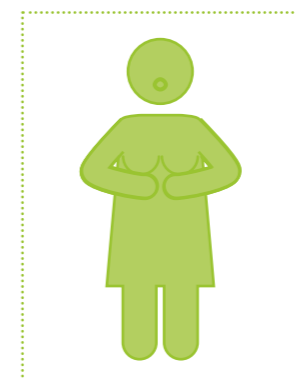
Getting pregnant has nothing to do with how many times you have sex. If you are near the time of ovulation when you have sexual intercourse, you can get pregnant.

PREGNANCY SYMPTOMS CARDS

Note: Cut out each picture separately, without the caption, to hand out to participants



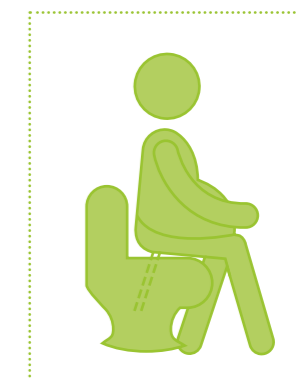
Missing a period



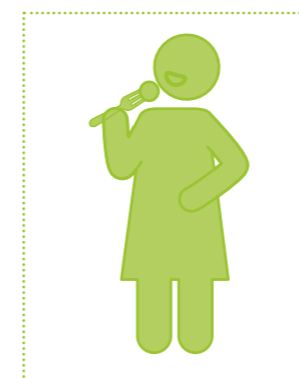
Swollen breasts



Spotting



Urinating more often



Food cravings



Sensitive to smell



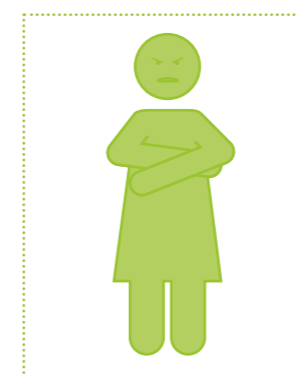
Constipation



Headaches



Food aversions/
loss of appetite



Mood swings



Vomiting



Feeling tired

TEENAGE PREGNANCY AND BECOMING A PARENT: LIFE PLANNING

45 MINUTES



LEARNING OBJECTIVES

- Learn impact of teenage pregnancy: physical - reproductive health of mother and child; emotional; socio-economic - economy of family, society and country
- Differentiate and identify positive and negative impact of family size

MATERIALS REQUIRED

- 2-4 scarves or cloth to tie legs together; two cloth bundles or two bundles of heavy books to be the 'baby'
- Copies of the Life Planning Handout for each participant



QUIZ

20 MINUTES

Explain to participants that in this session you are going to discuss early (or teenage) pregnancy and what it can result in. Ask participants what they know about teenage pregnancy. Tell participants that they are going to take a true or false quiz (refer to the quiz sheet and follow the instructions).

TRUE OR FALSE QUIZ

TRUE

TEENAGE PREGNANCY AND EARLY MARRIAGE

FALSE

FACILITATOR GUIDE

Directions: Facilitators should read each statement aloud to their participants. Ask participants to decide whether they believe the statement is true or false by raising their hands if they think it is true. Ask a few participants to explain why they believe the statement is true or false. After a 2-3 minute discussion, provide the correct answer, and the key messages about each statement written below.

1. Girls who marry young often have children very young and most cannot continue with their schooling as a result

TRUE

Key Points:

- Many girls become pregnant soon after they are married, even though their bodies are not mature enough to have a baby safely.
- Many girls drop out of school to care for children or do household chores.
- Some girls who are married young never get the opportunity to attend school even before they are married.

2. Girls who give birth before the age of 15 generally don't have problems during childbirth.

FALSE

Key Points:

- Girls' bodies are not mature enough to have a safe pregnancy and delivery and there are often very serious consequences.
- Girls who give birth under the age of 15 are five times more likely to die in childbirth than girls who give birth in their 20s.

3. Girls who marry young often have an equal say in the relationship.

FALSE

Key Points:

- Girls who marry very young are more likely to be beaten and forced to have sex by their husbands than girls who marry later in life.
- Girls who marry young are not able to insist their husbands use protection, like condoms, and are therefore at greater risk for getting HIV and other STIs, in addition to pregnancy.

GAME

15 MINUTES

GAME ON TEENAGE PREGNANCY AND EARLY MARRIAGE

Tell participants that they are now going to play a game. Divide them into two teams. You can play the game in either of the two ways described below depending on how much space you have in the room or if you can go outside to play it.

- **If there is enough space in the room**, then you can get both teams to form pairs. Each pair stands side by side and ties their inner leg together with a scarf or piece of cloth. To walk they must coordinate the movement of their legs.
- Gather the pairs one behind each other so that the two teams are standing side by side, ready for their race. At the other end of the room place two chairs, one for each team to run around.
- Give the first in line for each team a bundle to carry together. This bundle represents a baby.
- The first couple from each team begins by rushing to one end of the room carrying the baby. They run with their legs tied together. They run around the chair and then return to pass the baby to their teammates who then continue the race.
- The winning team is the one that has their last pair return first with the baby.
- **If there is not enough space in the room**, then just get one pair from each team to come up to the front of the room. Each pair stands side by side and ties their inner leg together with a scarf or piece of cloth. To walk they must coordinate the movement of their legs.
- Get the two pairs standing next to each other at one end of the room, ready for their race. At the other end of the room place a chair for the pairs to run around.
- Give each pair a bundle to carry together. This bundle represents a baby.
- The pairs from each team begin rushing to one end of the room carrying the baby. They run with their legs tied together. They run around the chair and then return to the start point with the baby.
- The winning team is the one who's pair returns first with the baby.

Once the participants have settled down again, ask them what they learn about marriage and parenting from this game. Emphasise the key message that this game reminds us of the responsibility of parenthood and the binding tie of marriage, each of which take huge responsibility and commitment. Thus, we need to be able to take this decision when we are ready for it. Discuss:

- What contributes to teenage pregnancy? (responses could be early sexual debut without information or

access to full knowledge about our bodies; being forced into sexual activities by teachers, boda boda drivers, or other influential people; being married early, etc.)

- What can we do to prevent teenage pregnancy or early marriage? (responses include keep girls in school, assert yourself, learn about your bodies, talk to a trusted adult if you are being coerced into sex or an early marriage, etc.)

INDIVIDUAL WORK & DISCUSSION

10 MINUTES

Distribute the Life Planning Handout to each participant and tell them that one of the ways we can work towards preventing teenage pregnancy or early marriage is to have life goals that we believe in and to tell our family members and caregivers about these goals and asking for their support in fulfilling them. Ask them to fill in the statements in the handout for themselves. Give them 5-6 minutes for this.

Then ask, which of these goals might you have to put on hold or change if you got married or had a baby before you were ready? Spend a minute or two discussing the fact that many goals could be affected by early marriage and/or pregnancy.



Key Messages

Finally, end with the **key message** that it is important to think about life goals, including family goals, and set ourselves a life plan. While we may not always be able to follow our life plan exactly due to unpredictable circumstances, having goals helps us be focused and work towards achieving them.



LIFE PLANNING: HANDOUT

Complete the following sentences with those things that you think of immediately:

After I finish school I want to [career goal]

One thing I would really like to try is [try something new goal]

I would like my own family to be [family goal]

Some place I would like to visit is [travel goal]

One of my good qualities I would like to develop further is [character goal]

UNDERSTANDING COMPREHENSIVE ABORTION CARE

45 MINUTES

Note to facilitators: Before conducting this activity, read and understand IPPF's

ONLINE RESOURCES:

Watch: [Tips on how to talk about abortion | IPPF](#)

Watch: [Tips on how to educate about abortion | IPPF](#)

Read: [Guide on educating about abortion for peer educators | IPPF](#)

Read: [Guide on abortion messaging | IPPF](#)



LEARNING OBJECTIVES

- Learn what comprehensive abortion care is including post-abortion care
- Learn basic factual information about abortion and have the opportunity to correct any myths

MATERIALS REQUIRED

- Markers, flipchart paper or board

BRAINSTORM AND DISCUSSION

15 MINUTES

Tell participants that you will be discussing comprehensive abortion care in this session. Ask participants to call out any words or phrases which come into their head when they hear this term. Explain that these could be things they hear from their peers, from the media, or from family.

Write all the words down without any discussion until the paper is filled, and place a question mark after each word or phrase.

When the paper is filled, ask participants for their first impressions of the brainstorm. They may feel that a lot of the words are negative, or that abortion is a very complex subject with lots of different issues involved.

Ask participants why they think you have used question marks after all the words. Depending on the responses you receive, explain that you used question marks because:

- Not everything on the board is factually correct
- Some words, particularly those connected to values or emotions, will not be the same for everyone
- Making a decision about pregnancy can be difficult, there are lots of questions someone might ask themselves, or people around them
- There is a lot of confusion and misinformation about abortion

The important point to draw out of this is that there are facts we can know about abortion such as what the law says and medical information, and there are values, which will be different for different people, and which do not have one answer (e.g. the question of when life begins). Make it clear to your participants that when discussing abortion, it is important not to confuse facts and values.

You can make this point by using examples from your brainstorm: clarifying factual information and giving more detail on any words or phrases that are not clear to the group (refer to IPPF's guide on educating about

abortion for peer educators and guide on abortion messaging for more information).

This exercise is an opportunity for people to freely share any words they associate with abortion (which may not reflect their own experiences/perspectives). It is important to try to keep the space safe, especially for those who have experienced abortion (which you may or may not know about). This includes reminding participants about ground rules, correcting any misinformation, and opening up a discussion about abortion-related stigma and how it might affect people.

GAME

20 MINUTES

Tell participants that there is an imaginary line in the middle of the room and everyone should stand on one side of it. Now you will read out some statements and participants should cross the line only if the statement is true for them. After each statement, take 2-3 minutes to discuss why people crossed or did not cross the line, i.e. share their opinion and values in relation to the statements. Remind participants that there is no right or wrong answer but that it is important to understand that there are many different opinions and we should be respectful of all opinions even if we disagree with them.

Statements:

- You were raised to believe that abortion should not be openly discussed
- You or someone close to you has had an abortion
- You know someone who died due to unsafe abortion
- You believe all women deserve access to safe, high-quality abortion services



Key Messages

Explain to participants the **key message** that safe, high-quality abortion services mean abortion that is provided by someone trained to do so and in sanitary conditions. Where abortion is banned, it doesn't stop it from happening, it just means that women have to use illegal, often unsafe methods. Unsafe abortion is a public health concern, and young people are amongst the most vulnerable. However, it is important to understand that girls and women can access post-abortion care to minimise the risk to their health.

Also emphasise that no form of contraception is 100 per cent effective, and that people become pregnant from rape, or where they are unable to access contraception.

RISK BEHAVIOURS AND RISK REDUCTION 45 MINUTES

Note for facilitators: This activity should be done based on your understanding of your participants' exposure to sexual activity. Do this activity if your knowledge of participants' realities is that they may already be exposed to sexual risk.

LEARNING OBJECTIVES

- Learn about risks related to sexual behaviour
- Learn to make informed choices on risk reduction

MATERIALS REQUIRED

- Risk cards cut out to hand to some participants: you can either write these all by hand before the session or print them out and cut them
- Risk card verification sheet for yourself
- Flip chart or PowerPoint on simple SRHR indicators for young people within the country (HIV prevalence, teenage pregnancy, Sexual and Gender Based Violence)

ACTIVITY 10 MINUTES

DEFINING RISK

Explain that in this session we will talk about 'risk' and what it means for our health and well-being. Ask participants what they understand by the word risk. Take some notes on the board / flipchart. You can provide your own definitions as well:

- A situation involving contact with danger
- The possibility of something dangerous
- The potential of gaining or losing something
- The state of not being certain
- Something with an unpredictable outcome
- A chance

Explain that we are going to focus on health-related risks, especially sexual and reproductive health risks for this session. Ask participants what kind of sexual and reproductive health risks are possible. A list of responses could be:

- Getting pregnant
- Getting sexually transmitted infections
- Getting HIV

Explain that there are ways to prevent these risks or reduce their probability. The next exercise will help us explore this.

GROUP ACTIVITY 7 MINUTES

Draw a line from one end of the board / flipchart to another and label one end "Not at all risky" and the other end "Very risky." Tell the participants that you are going to give out some cards to some of the participants, they should discuss with the other participants sitting around them about where on the line that card should be placed and then come up to the board / flipchart to write their risk activity on the

board / flipchart where their group decided it should sit. Give them about 5 minutes to discuss.

Give out the risk cards to some of the participants randomly – make sure that each participant with a card has a few participants around them with whom they can have a discussion. Each group decides how risky each activity is and then places the card along the continuum or writes on the board / flipchart on the line.

RISK BEHAVIOURS 18 MINUTES

After all the cards have been placed, have a discussion with the whole group about which card is placed where, why it has been placed there, and how it compares with other risk activities. As the discussion

progresses, you can move the positioning of the risk activity as per the discussion. Refer to the risk card verification sheet where needed.



Key Messages

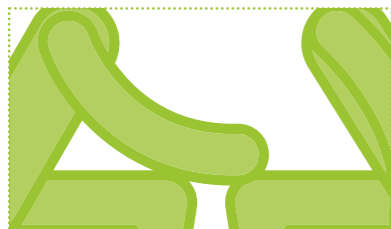
Wrap-up the discussion with the key message that people can be lucky and not come to harm when they take risks, but if we really want to remain safe and well, it is the actions that we take that will help to influence whether we have a safe or an unhappy ending.

DISCUSSION ON PREGNANCY, STIS AND HIV AT LOCAL LEVEL 10 MINUTES

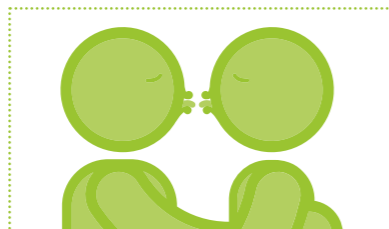
Explain to participants that to wrap up we are going to look at some facts and figures about pregnancy, STIs and HIV among young people in our country:

- [Add some country-specific data on teenage pregnancy, adolescent birth rate, prevalence of STIs among adolescents, prevalence of HIV among adolescents, information on adolescent risk taking, substance use, and reasons for high adolescent birth rate and teenage pregnancies, etc.]

RISK CARDS



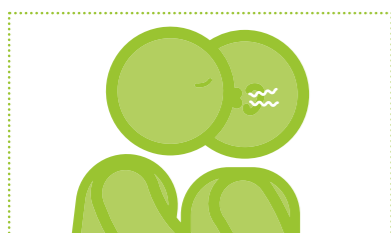
Stroking someone's knee



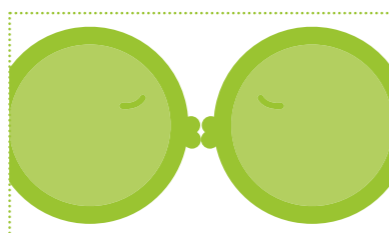
Deep kissing with tongues



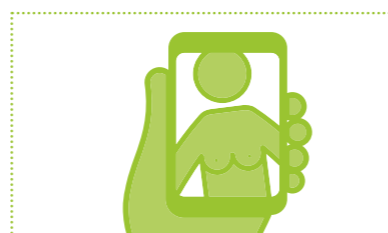
Wearing just underwear with someone



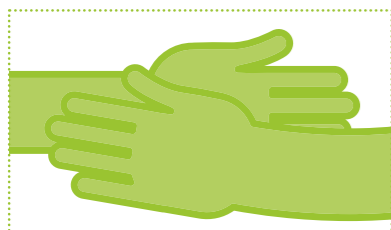
Whispering something sexy in someone's ear



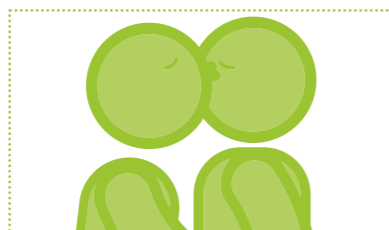
Kissing on the lips



Sending a sexy picture of yourself



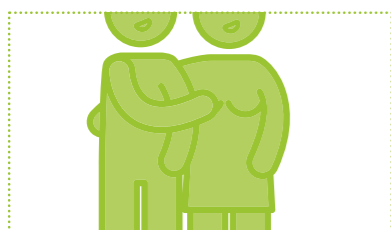
Stroking the inside of the wrist and hand



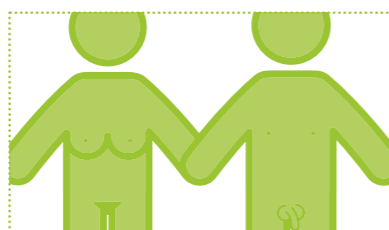
Kissing all over someone's face, eyes, neck ears and cheeks



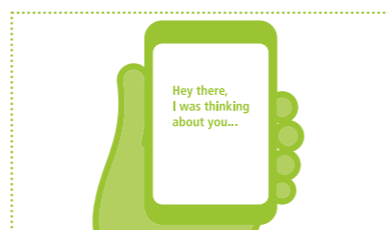
Sharing sex fantasies



Touching someone's chest/bum/body with clothes on



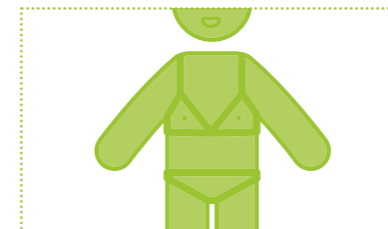
Getting totally naked with someone



Sending a text asking for something sexual



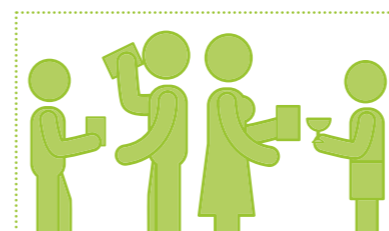
Holding hands in public



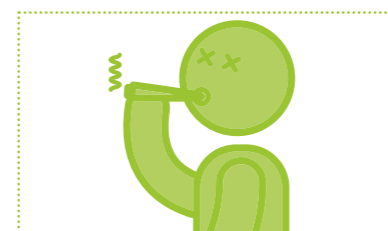
Dressing up for someone



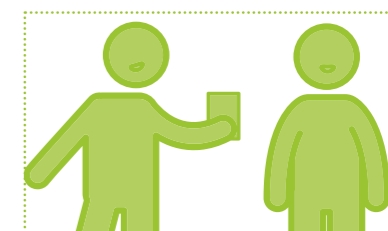
Telling your friend to drink so that they have the courage to talk to someone of the opposite sex



Drinking with older boys and girls



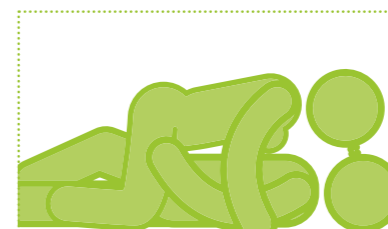
Trying a drug because your friend told you it would make you feel confident



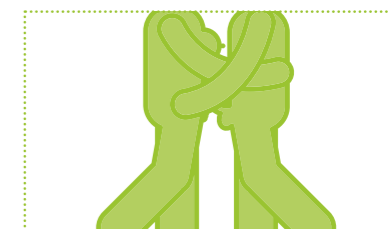
Walking home with people who have been drinking alcohol



Having sexual intercourse without using a condom



Having sexual intercourse for the first time



Rubbing genitals together (naked)

RISK CARD VERIFICATION SHEET

RISK ACTIVITY	RISK FOR PREGNANCY	RISK FOR HIV	RISK FOR OTHER ST	OTHER RISK
Stroking someone's knee	Not at all risky	Not at all risky	Not at all risky	--
Deep kissing with tongues	Not at all risky	Could be moderately risky if there are cuts in both person's mouths	Could be risky if one of the persons has a cold sore	Could lead to sexual activity – risky if there is no condom
Wearing just underwear with someone	Not at all risky	Not at all risky	Not at all risky	Could lead to sexual activity – risky if there is no condom
Whispering something sexy in someone's ear	Not at all risky	Not at all risky	Not at all risky	--
Kissing on the lips	Not at all risky	Not at all risky	Not at all risky	--
Sending a sexy picture of yourself	Not at all risky	Not at all risky	Not at all risky	Could get circulated to other people
Stroking the inside of the wrist and hand	Not at all risky	Not at all risky	Not at all risky	--
Kissing all over someone's face, eyes, neck, ears and cheeks	Not risky	Not risky	Not risky	Could lead to sexual activity – risky if there is no condom
Sharing sex fantasies	Not risky	Not risky	Not risky	Verbally could be fine but if done online then could get circulated to other people
Touching someone's chest/bum/body with clothes on	Not risky	Not risky	Not risky	Could lead to sexual activity – risky if there is no condom
Getting totally naked with someone	Not risky	Not risky	Not risky	Could lead to sexual activity – risky if there is no condom

RISK ACTIVITY	RISK FOR PREGNANCY	RISK FOR HIV	RISK FOR OTHER ST	OTHER RISK
Sending a text asking for something sexual	Not risky	Not risky	Not risky	Could get circulated to other people
Holding hands in public	Not risky	Not risky	Not risky	Not risky
Dressing up for someone	Not risky	Not risky	Not risky	Not risky
Telling your friend to drink so that they have the courage to talk to someone of the opposite sex	Could be risky	Could be risky	Could be risky	Having sex under the influence of alcohol can make you take risks; Could become addicted
Drinking with older boys and girls	Could be risky	Could be risky	Could be risky	They could assault you / force you to have sex; Having sex under the influence of alcohol can make you take risks
Trying a drug because your friend told you it would make you feel confident	Could be risky	Could be risky	Could be risky	Having sex under the influence of a drug can make you take risks; Could become addicted
Walking home with people who have been drinking alcohol	Could be risky	Could be risky	Could be risky	They could assault you / force you to have sex
Having sexual intercourse without a condom	Very risky if it's without any other contraceptive as well	Very risky	Very risky	--
Having sexual intercourse for the first time	Very risky if it's without a contraceptive	Very risky if it's without a condom	Very risky if it's without a condom	--
Rubbing genitals together (naked)	Moderately risky if ejaculation happens on or near a vagina	Moderately risky	Very risky	Could lead to sexual activity – risky if there is no condom

COMPREHENSIVE SEXUALITY EDUCATION FOR 10-14 YEAR OLDS ACTIVITY GUIDE

Young people, including very young adolescents, need information, values and skills to understand their own sexuality and sexual and reproductive health and rights, as well as make informed decisions, and act upon them, in relation to their own bodies and sexuality. This can be done through access to comprehensive sexuality education (CSE).

Early delivery of CSE plays a vital role in helping young adolescents develop the right behaviour and skills. This guide provides ideas for IPPF Member Associations' staff and volunteers engaged in or planning to provide CSE to 10-14 year olds.

Published in 2021 by the International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ, UK
tel +44 (0)20 7939 8200 fax +44 (0)20 7939 8300
web www.ippf.org

 ippf.org

 [ippf](https://twitter.com/ippf)

 [ippfglobal](https://www.facebook.com/ippfglobal)

 [ippf_global](https://www.instagram.com/ippf_global)