

# GO GIRLS!

BUILDING ADULTS' SKILLS TO COMMUNICATE  
WITH YOUNG PEOPLE: A TRAINING MANUAL

# GO FAMILIES!





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Family Care International, Inc., [www.familycareintl.org](http://www.familycareintl.org)

- Pictures on male and female reproductive systems, menstrual process and pregnancy adapted from *“Healthy Women, Healthy Mothers, an Information Guide.”* 1995, 2nd Ed., Arkutu, A.

EngenderHealth, [www.engenderhealth.org](http://www.engenderhealth.org)

- Male reproductive system text adapted from *Introduction to men’s reproductive health services—revised edition: Participant handbook.* 2008. New York.

PATH. [www.path.org](http://www.path.org), Population Council, [www.popcouncil.org](http://www.popcouncil.org) and Kenya Adolescent Reproductive Health Project (KARHP)

- Female reproductive system, pregnancy and menstruation text adapted from *“Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum”.* 2006.

Pact Botswana, Pact, Inc. <http://www.pactworld.org/>

- *“Outreach Guide 9: Enhancing Parent-Child Communication”*





# Introduction

## **Go Girls! Go Families! Building Adults' Skills to Communicate with Young People - Training Manual**

Welcome to the **Go Girls! Go Families! Building Adults' Skills to Communicate with Young People Training Manual**. This manual prepares parents, caregivers, initiation counselors and other concerned adults to better communicate with the young people in their lives about the unique needs, concerns and interests of adolescents. The manual helps adults engage in nurturing, supportive relationships with young people through role-modeling and by building communication and relationship skills. Puberty, sexuality, HIV/STI prevention and violence - areas of concern for most, if not all, adolescents - are addressed throughout the manual. The manual also encourages participants to apply their recently acquired knowledge and practice their new skills, both in and out of the training sessions. This manual has been designed specifically for parents and caregivers of girls and boys ages 10 - 17.

The **Go Girls! Go Families! Building Adults' Skills to Communicate with Young People Training Manual** was developed through the Go Girls! Initiative. The Go Girls! Initiative, funded by the U.S. Agency for International Development through the U.S. President's Emergency Plan for AIDS Relief, was a three-year project (2007-2010) that aimed to reduce HIV prevalence among vulnerable adolescent girls aged 10-17 in Botswana, Malawi and Mozambique. Implemented by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Go Girls! strived to strengthen gender programming worldwide by developing new and expanding existing approaches to reduce adolescent girls' risk of HIV infection. To share the Initiative's results globally, a toolkit of key materials - including an innovative tool for measuring girls' vulnerability and a comprehensive set of program materials, including this manual - are available as a free resource to help policy-makers and programmers promote strong girls and strong communities worldwide. To access the full set of Go Girls! resources, visit <http://www.k4health.org> or <http://www.aidstar-one.com> or contact the U.S. Agency for International Development at [GHCommunicationsTeam@usaid.gov](mailto:GHCommunicationsTeam@usaid.gov).

### **Why promote strong girls and strong communities?**

The goal of Go Girls! is not only to improve health but to enable positive individual and collective action. Girls and their communities identified the phrase "strong girls" with empowerment to take action, to be able to resist insults and abuse, and to pursue one's dreams. "Strong communities" refers to the power of working together. Communities found "strong girls, strong communities" a unifying and inspiring theme."



## Why focus on girls instead of boys?

The **Go Girls! Go Families! Building Adults' Skills to Communicate with Young People Training Manual** recognizes that boys and girls, men and women are all vulnerable to HIV/AIDS. However, evidence shows that girls and young women are the most vulnerable to HIV. For example:

- Girls have less opportunity to attend school or continue their education;
- Girls have less access to information about HIV/AIDS;
- Girls have less access to economic opportunities than boys, which may lead them to exchange sex for money;
- Traditional roles can discourage girls from being assertive;
- Many girls get married and start having sex at an earlier age than boys; and,
- Girls are more likely to be victims of sexual violence than boys.

Many HIV prevention programs do not address these and other factors that make girls more vulnerable to HIV/AIDS and they may not make special efforts to get girls involved. Go Girls! hoped to change this. Therefore, it focused on meeting adolescent girls' needs.

### Definition of girls' vulnerability to HIV

Girls who are "vulnerable" to HIV are at greater risk of getting HIV than other girls. The girls most vulnerable to HIV are those who are orphans, early school leavers, socially marginalized, migrants and/or who live in impoverished conditions. These factors, together with traits, such as knowledge, self-efficacy, alcohol consumption, social influence and weak relationships with parents often overlap to place girls at higher risk of being infected with HIV.

## Using the Go Girls! Toolkit

The Go Girls! Toolkit is designed to support a comprehensive program that aims to reduce girls' vulnerability to HIV/AIDS by reaching out to communities, schools, parents and young girls using participatory awareness raising, community action items and skills building tools. The tools have been pilot-tested in the three implementation countries – Malawi, Mozambique and Botswana – and revised based on the feedback from the facilitators and participants in each of the three countries.

The five Go Girls! step-by-step manuals are as follows:

- **Go Families! Building Adults' Skills to Communicate with Young People: A Training Manual** – This manual helps parents, caregivers and other concerned adults to better communicate with the young people in their lives. The program aims to strengthen adults' communication, role-modeling and relationship skills with youth.
- **Go Students! School-based Life Skills for Girls and Boys: A Teacher's Manual** - This manual helps teachers teach students a range of life skills that will help them protect themselves from HIV/AIDS.
- **Go Teachers! Creating a Safe and Supportive Environment for Girls at School: A Training Manual for School Personnel and Teachers** – This manual helps school personnel understand

and strengthen their roles as protectors of vulnerable girls and agents of change in their schools by promoting gender-equitable teaching practices and addressing harmful school practices that put girls at risk of HIV infection.

- **Go Communities! A Manual for Mobilizing Communities to Take Action to Reduce Girls' Vulnerability to HIV/AIDS.** - This manual is a step-by-step guide to strengthen the skills of Community Mobilization Facilitators to enable communities to address and reduce girls' vulnerability to HIV/AIDS.
- **Go Girls! Community-based Life Skills for Girls: A Training Manual** - This manual has been designed to strengthen life skills of girls ages 13 - 17, who are not enrolled in school or are in vulnerable situations.

The Toolkit includes two additional guides on **1) Strengthening Economic Opportunities for Vulnerable Girls and Their Families** and **2) Improving Community Support for Vulnerable Girls through Radio.**

This comprehensive Go Girls! Toolkit is designed to combat the multiple issues that make girls vulnerable to HIV and thus it is intended that all the program components are implemented as a package. However, if program funds do not allow implementation of the full package of materials, the program components can also be implemented independently.

## Using this Manual

### Intended audience

This manual is intended to be used by trained facilitators to lead sessions for adults in the community, including parents, relatives, care givers, initiation counselors and community members – anyone who cares for or about young people in their community.

### Goal and objectives

The main goal of the Go Girls! Go Families! Training Manual is to improve the skills of parents/ caring adults to communicate with young people. Learning objectives for the manual are to:

- Help parents/caring adults clarify and communicate values to young people that protect them;
- Build an emotional connection between parents/caring adults and young people;
- Understand the vital importance of being a role model;
- Increase parents'/caring adults' knowledge of HIV/AIDS, pregnancy, violence and the vulnerability of young people, especially girls; and
- Improve adult supervisory skills.



## Structure

**The Go Girls! Go Families! Training Manual has a total of 11 sessions.**

All sessions are outlined as follows:

- Session title
- Session description
- Estimated time
- Learning objectives
- Materials
- Facilitator preparation
- Activities with step-by-step instructions
- Session wrap-up
- “Note to Teacher/Facilitator” throughout each session, as needed

## Materials needed

1. Markers and flipchart OR chalk and chalkboard are needed for some sessions. When these materials are not available the facilitator will need to adapt the session.
2. Handouts are needed for some sessions. These handouts are attached to the end of the session design. If you cannot make enough copies for all participants, try to at least have a few copies for participants to share.
3. Before the workshop, the facilitator will need to have on hand appropriate referral information for:
  - Contraception and family planning
  - Male circumcision
  - HIV testing and counseling
  - Preventing mother-to-child transmission of HIV
  - Income generation opportunities

## What if people want to be paid for their time?

The facilitators for the program should make it clear that participants will not receive money when recruiting participants for taking part in the training, though transportation may be covered if your organization has the resources. During the first session the facilitator will remind participants that their involvement in this program is voluntary and they will not be paid; however, participants will gain many non-monetary benefits from the program by developing skills to better communicate with the young people in their lives.

## Working with men and women

This Manual has been developed with the view that male and female community members will fully and equally, participate. Guiding and supporting young people into happy and healthy adulthood requires both caring men and women in their lives. However, as a facilitator you will need to determine with community members how best to offer this program. This program is designed to be highly participatory; therefore, it is critical to approach gender issues in a way that maximizes participation and learning for all. Ask yourself if, in your community:

- Men and women will participate equally if they are in mixed-sex groups?
- Men and women can comfortably discuss puberty, the human body and sexuality in a mixed-sex group?
- Men and women will feel free to be open and honest about their opinions and feelings in a mixed-sex group?

If the answer to any of these questions is “no” then you may wish to consider some of these options for increasing participation:

- The first session has an activity for setting ground rules. Usually there is a ground rule calling for each individual’s active participation. You may wish to raise the issue of male and female equal participation as a ground rule.
- As part of your preparation when you read through the manual - highlight any activities that may be inappropriate for a mixed-sex group. If you have any doubt, ask community members for their opinion. For the activities that you have highlighted, consider breaking the group into smaller single-sex groups.
- Ideally this program is best offered to local men and women together because it will increase a sense of community responsibility for the protection of all young people. However, if this is not possible because of local gender norms, then the program may be offered separately to men and women. It is important to acknowledge that opportunities for vital discussions regarding HIV, gender issues for men and women and youth will be missed if this option is selected.

### **Know your audience**

Depending on the group you are working with, you may need to change your approach. In particular, pay attention to literacy levels of your participants. For example, adults in a rural area may have lower literacy skills than those in a more urban area. For lower literacy groups you will want to draw more pictures and use more symbols when writing on the flipchart or chalkboard, whereas with higher literacy groups you may be able to use more words. Written handouts will not be effective with low literacy groups. You should also be aware of the words and language you use in the training and adapt your speech to meet the needs of the participants.

### **Group size**

Small groups of 15 -20 participants is ideal. The Go Girls! Go Families! Training Manual uses participatory methods and encourages discussion. By keeping the group size small, all participants will have a chance to actively engage in the program and facilitators will be better able to keep to the hour and a half session time.

### **Be prepared for challenges**

Every training experience has the potential to bring challenges. The best way to prevent challenges is to be prepared. Know the material and practice facilitating the activities with a friend or another facilitator. Another way to prepare for challenges is setting ground rules at the first session and sticking to them throughout the program. You will always be able go back to the ground rules and remind the participants throughout all eleven sessions what they agreed to do and how they agreed to act, during their time together.



### **Assess time needed**

Sessions in this manual are designed to be between 1 hour 30 minutes and 2 hours but may run shorter or longer depending on facilitation and discussion. Sessions were designed for this length of time and ideally should be delivered in their entirety.

### **Facilitate the sessions in order**

Sessions were designed to complement and build on the content covered in previous sessions, so it is best to facilitate sessions in order from session 1 to session 11.

### **The Go Girls! Go Families! Building Adults' Skills to Communicate with Young People Training Manual learning approach**

This manual uses participatory teaching methods such as group discussion, brainstorming, role-play, small group work, educational games, drama, case studies and storytelling. Participants will have many opportunities to practice using their new communication and decision-making skills .

The advantages of active, participatory teaching and learning include:

1. Improved critical thinking skills;
2. Better retention and dissemination of new information;
3. Increased motivation; and
4. Improved interpersonal skills.

### **Participatory methods**

**Brainstorming:** A brainstorm is an exploration of ideas and is a great way to open a topic for discussion. During brainstorming, no one should judge or place a value on an answer someone gives. Each answer can be recorded on a flipchart or chalkboard for the entire group to see. This activity encourages participants to expand their thinking about an idea and look at a topic from different perspectives.

**Group discussion:** Group discussion brings out responses from participants on a particular topic or issue and provides many opportunities for the facilitator to increase knowledge or correct misinformation. The effectiveness of the group discussion often depends on a facilitator's ability to use **open-ended questions**, which are questions asked by the facilitator that need more than a simple "yes" or "no" answer. These questions help to bring out feelings or thoughts about a topic or an activity. For example:

1. "What did you learn from this activity?" is an open-ended question because it asks the participant to share his/her thoughts and reactions. "Tell me how that activity affected you?" is another example of an open-ended question.
2. "Did you learn anything?" is not an open-ended question, because the participant can simply say "yes" or "no". "Does that make sense?" is also not an open-ended question.

Another way to ensure effective group discussions is to make participants feel their feelings and thoughts are accepted. People are far more likely to share their feelings and ideas if they know they will not be judged or criticized for expressing themselves or that others feel the same way they do.



**Role-play:** Performing role-plays is a great method for practicing and modeling new skills in a safe, supportive environment. Since role-plays can be very emotional, it is very important that the facilitator clearly explains that participants are playing characters and not themselves. It is important that facilitators encourage participants to role-play realistic situations and not ideal situations. **Role-play provides the opportunity to experience a real-life situation, without having to take real-life risks.**

Role-plays provide a very good opportunity for participants to practice their skills. If participants are reluctant to use role-play, facilitators can adapt the activity. For example, facilitators can perform the role-play themselves, perhaps with one or two volunteers from the participants and ask participants to provide suggestions and ideas for what to do or say during the role-play. Once participants become more comfortable with the exercise, they can begin to create and act out their own role-plays. It is important to stress that role-play is an opportunity for participants to practice skills in a safe and supportive environment before trying them out on their own.

**Warm-up/icebreakers:** Before each session or day together, facilitators may want to lead participants in a warm-up or icebreaker to help them relax, have fun and to reconnect with each other.

Participants themselves often have great ideas for warm-ups and icebreakers. You can ask one or two participants in each session to be responsible for a short warm-up activity and keeping the group energized throughout the session.

Here are a few examples of warm-up activities:

### 1. **Who is the leader?**

- Participants stand or sit in a circle. One person volunteers to leave the room.
- After they leave, the rest of the group chooses a leader.
- The leader is part of the circle and will perform a series of actions (such as clapping, tapping a foot, making a face) that will be copied by the whole group.
- The volunteer is called back in the room and invited to stand or sit in the middle of the circle. The volunteer is tasked with the job of trying to guess who the leader is.
- The group protects the leader by not looking at him/her or making it obvious that they are following his/her actions.
- When the volunteer correctly guesses the leader (may take several guesses) the volunteer becomes part of the group and the leader is the new volunteer.
- Repeat while the fun lasts.

### 2. **Mime a lie**

- Ask participants to stand in a circle.
- The leader starts by miming an action.
- When the person to the leader's right asks, "What are you doing?" the leader replies that s/he is doing something completely different. For example, the leader mimes swimming and says "I am washing my hair."





- The person to the leader's right then has to mime what the leader SAID that they were doing (washing their hair). The person to their right asks "What are you doing?" and they say they are doing something completely different.
- Go around the circle in this way until everyone has had a turn.

### 3. **Making rain**

- Ask participants to form a circle.
- Ask participants to follow the motions of the leader. Tell them that each person will follow that motion as you go around a circle clockwise. (The motions are: put palms together and rub hands together back and forth; click fingers; use hands to slap the tops of the thighs; stomp feet).
- Remind participants to begin the new motion after the person to their right has begun.
- The leader starts by putting palms together and rubbing hands together back and forth. The leader should continue the motion until every person in the circle is doing it. Once this happens, the leaders should initiate the next motion. Continuous motion will produce a sound like a thunderstorm.
- Repeat the cycle a few times.
- Once the leader has decided the energizer should end, s/he will just place her hands at her sides. This motion should travel around the circle, just as the other motions did and allow silence.

### 4. **Skills needed and tips for facilitating Go Girls! Go Families! Training sessions**

The facilitator should preferably have:

- Some previous training in participatory facilitation methods, if possible;
- Knowledge of gender and gender issues, if possible; and,
- The ability to recognize his or her own values and judgments regarding young people and their parents or caregivers.

To help facilitators create a participatory environment, each session in this manual has been designed to actively involve participants. It is still the job of the facilitator, however, to ensure the sessions are facilitated in this manner – Participatory!

### **Tips for facilitators**

Below are some tips and methods to help build your capacity as a facilitator.

#### **A good facilitator:**

- Sees the participants as experts with information and skills to share, rather than seeing themselves as the only expert in the room;
- Thinks of him/herself as guiding the process where the facilitator and participants can learn from each other, rather than thinking of the participants as empty bowls coming quietly to be filled with knowledge from the facilitator;
- Believes we learn by doing, experiencing, practicing and feeling, rather than by memorizing, repeating and recording information;
- Sees many possible answers to a question or responses to a situation, rather than only one right answer; and,

- Thinks it is important for all to participate and be involved in the learning process, rather than thinking the best way to lead a session is for only him/her to talk in front of the group.

### Reminders for the facilitator:

- **Read the entire manual** before beginning the training;
- **Become familiar with each of the sessions** before delivering it and **have materials prepared** beforehand;
- **Adapt the activities and group discussions** to make the sessions more appropriate to the culture, age and literacy level of your particular group of participants;
- Think about and plan for any issues that might arise during sessions that discuss sensitive topics;
- **Provide local examples** and make the activities relevant to the participants' daily lives and concerns; for example, change the names of characters in the story to a locally recognized name;
- Issues or questions may arise during a session that are not relevant to the session objectives, so develop a system where you ask participants to hold these questions or comments until a later session or until a break. Explain to participants that their thoughts are important and you will come back to them at a better time;
- Plan for icebreakers and energizing activities. They can be a great transition from one activity to another or used when energy in the group seems low;
- Be sure to **end sessions on a positive note**, with a clear take-away message. When appropriate, identify next steps or possible solutions to the problem. It is best that sessions end with positive and sustainable solutions to address the issues discussed;
- Check to make sure the participants are talking more than the facilitator. If the facilitator is doing most of the talking, encourage participants to answer each other's questions. For example if someone asks a question, open it to the participants, "Does anyone have an answer to that question?"; and,
- **Have fun!** These sessions should be fun and engaging.

### Icon key

Throughout this manual, a few icons will appear to help you navigate the different forms of information:



Time of Session or Activity



Materials Needed



Note to Facilitator



Handout or Resource Page



# Session 1:

## Welcome to the Go Girls! Go Families! Training Program


### Session Overview

**Session Description:** In this introductory session, participants learn the goal of the Go Girls! Go Families! Training program and set rules for their participation.

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

1. State the goal of the Go Girls! Go Families! Training program.
2. Discuss reasons why it is important for adults to communicate well with young people.
3. Brainstorm and agree on ground rules.


 **Time:** 1 hour and 50 minutes

 **Materials:**

- Blackboard and chalk or flipchart and marker

**Facilitator Preparation:**

- Check to see how Go Girls! Go Families! Training program participants can be linked to other program activities in their community. You will need this information for Activity 1.
- Review the story of Mary and her parents, found in Activity 2. If necessary, adapt this story to better suit your community.
- Make copies of the Go Girls! Go Families! Training Program Pre-Post Test for all participants. This can be found in the Monitoring Forms section at the end of the manual.

 **Note to facilitator:** Since this is the first session, you might be unsure of the literacy levels of the group. Be sure to offer all information in this first session in several forms, including written and spoken words and pictures, always using clear language.

If participants are too quiet to talk you can use a “talking stick” to get things started. Explain that you, the facilitator, will pass the talking stick (a cane, stick or rolled up piece of paper) to one participant. The participant with the talking stick shares, while everyone else listens. Then the participant passes the stick to another participant and that person talks while everyone else listens....and so on.

## Activity 1: Welcome and Program Overview



20 minutes

### STEP ONE

Welcome participants to the Go Girls! Go Families! Communication program and share with participants the schedule, including where the group will meet, what dates, times, etc. Introduce yourself and then ask people to introduce themselves to the group. They can say their name and the number of children between ages 10 and 17 in their family.



#### Note to facilitator:

Participants may want to know why the program focuses on girls rather than boys. If this happens, ask participants for their own views and then provide the following information:

- Girls have less opportunity to attend school or continue their education;
- Girls have less access to information about HIV/AIDS;
- Girls have less access to economic opportunities than boys, which may lead them to exchange sex for money;
- Traditional roles for girls may prevent them from being assertive;
- Many girls get married and start having sex at an earlier age than boys; and,
- Girls are more likely to be victims of sexual violence than boys.

Provide participants with the following information about the **Go Girls! Go Families! Training program**:

- During research in your community or communities like yours, young people said they want to talk more with adults and want and need your attention, support and advice, but feel that it is lacking. Adults said that they are frustrated because young people don't listen to them and they don't know how to talk effectively with young people.
- In response to this, the goal of the Go Girls! Go Families! Training program is: "To prepare parents, caregivers, initiation counselors and other concerned adults to better talk with girls and boys ages 10-17 about their needs, concerns and interests. The manual also aims to help adults build nurturing, supportive relationships with young people. The program does this by increasing communication, role-modeling and relationship skills, as well as by increasing knowledge of HIV, puberty and sexuality."

Ask participants:

- a. Are there any questions about the goal of the program?
- b. Are there concerns that you would like to share?
- c. Are there hopes for the program that you would like to share?



## Activity 2: Ground Rules



15 Minutes

### STEP ONE

Ask participants to explain what ground rules or group norms are. If no one knows, then explain that these are the rules that the group agrees on about how to behave during the program. One example of a ground rule is that everyone agrees to come on time. Another type of ground rule is how participants will support each other during the program – for example, by sharing what they have learned with each other.

### STEP TWO

Ask the group to brainstorm group rules and write or draw a picture for each ground rule they agree on. After the group has named all of their rules, go over the suggested ground rules below if not mentioned by participants and ask if the group wants to add any.

#### Suggested Ground Rules :

**Time:** Both the facilitator and the participants will adhere to times for starting and ending.

**Confidentiality:** Due to the sensitive nature of some of the topics, participants may share experiences or things that they do not want repeated. Participants should not name young people or others by name when sharing examples or case studies. What is said here is not repeated anywhere else.

**Participation:** Challenge yourself to participate and actively engage in the activities and discussions. The ground rule of confidentiality will assist in participants' willingness to participate and be open and honest.

**Non-judgmental:** Listen with an open mind. It is fine to disagree, but it is not acceptable to pass judgment on others or their feelings, opinions or experiences.

**Respectful:** This means different things to different people, but mostly it means listening to each other, not interrupting, not judging and treating others how you would want to be treated.

**Everyone has a right to refuse participation:** While this program encourages participation, it is always acceptable to pass on an activity or pass when a question is asked.

### STEP THREE

Post the ground rules on the wall for all to see during the program and ask the participants to monitor each other.

## Activity 3: Starting Out



15 minutes

Administer the Go Girls! Go Families! Training Program Pre-Post Test with the participants. This can be found in the Monitoring Forms section at the end of the manual.

## Activity 4: Mary's Story



30 minutes

### STEP ONE

Read the following two stories, slowly, to the participants. The first story is about how Mary's parents think about their daughter. The second story is about how Mary thinks about her life and her parents.

#### **The Story of Mary's Parents**

Mary is in school and seems to be doing very well. She makes good marks, participates in a girls' club, is active in her church and dreams of being a nurse. Mary's parents are very proud of her work in school and her goal of becoming a nurse but still worry about her. In the past when they have tried to advise Mary about her life it has been difficult so they tend to avoid these conversations.

#### **Mary's Story**

Mary is sad and anxious. Although she really wants to be a nurse, she is thinking about dropping out of school. She is very worried about how she will find a way to pay her school fees and buy school supplies. She thinks her parents do not care what she becomes and does not know how to talk to them about how she is feeling. Whenever she talks with her parents, they don't understand and they end up arguing.

### STEP TWO

Stimulate a discussion by asking participants the following:

- Why are these two stories about the same person, Mary, so different?
- What are some reasons why Mary and her parents do not talk?
- Do you face any of these kinds of issues in your relationships with young people?
- Why is it important to have good communication with young people?

### STEP THREE

*Explain* that the Go Girls! Go Families! Communication Program will help participants address these issues by:

- Offering practical sessions for skill development.
- Providing a safe space to come together and share challenges and successes and renew their hope.



## Activity 5: Support System



15 minutes

### STEP ONE

Ask participants to find a partner. As partners, participants will support each other throughout these sessions and when practicing skills at home. Allow each pair to spend 5 minutes to get to know each other and brainstorm ideas for how they can support each other throughout the program and beyond, for example, by sharing their experiences with each other.

### STEP TWO

Bring the group back together and ask each pair to share one or two ideas for how they plan to support each other throughout the program and beyond.

## Session Wrap-Up



15 minutes

1. Thank the participants for their participation and tell them that their young person is lucky to have adults in their lives that care about them so much.
2. Explain that at the end of each session you will share a suggested activity that they can practice on their own to help reinforce the skills and knowledge that was gained that day. The practice activity for this session is:

#### Session one practice activity:

Between now and the next time the group meets, think about:

The things that you and your young person talk about during this time;

The things you wish you could talk about with your young person but don't.

3. Encourage partners to support each other in the sessions and in practice activities at home.
4. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.



## Session 2:

### Positive Communication Makes Me Feel Good About Myself

#### Session Overview

**Session Description:** Participants identify positive and negative types of communication and practice using positive communication skills.

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

1. Identify examples of positive and negative types of communication with young people.
2. Explain the impact positive and negative types of communication can make on a young person's life.



**Time:** 2 hours



**Materials:** Handout 1: "Positive and Negative Methods to Communicate with Young People"

**Facilitator Preparation:** If resources allow, make copies of Handout 1 for each participant.



**Note to facilitator:**

Remember to ask one or two participants in each session to be responsible for a short warm-up activity and keeping the group energized throughout the sessions.

#### Activity 1: Discuss Practice Activity from Session 1



15 minutes

Process the practice from last week by asking participants to share the results of the practice activity from session 1:

**RECAP: Session one practice activity**

Between now and the next time the group meets, think about:

- The things that you and your young person talk about during this time;
- The things you wish you could talk about with your young person but don't.



## Activity 2: Positive/Negative Communication and the Impact



30 minutes

### STEP ONE

Tell participants that there are positive ways to communicate with young people that help and negative ways that do not.



#### Note to facilitator:

In the following list, the positive types of communication are shown with a (+) and the negative types are shown with a (-). If participants disagree, explain how that type of communication is either positive or negative.

Read out the following list of communication types and ask participants to think back to when they were young people, between the ages of 10 – 17 and say whether the types of communication would have made them feel good about themselves (positive communication) or bad about themselves (negative communication).

- Laugh at them (-)
- Tell them they are stupid (-)
- Tell them they are loved (+)
- Dismiss their concerns as unimportant (-)
- Respect their opinions (+)
- Yell at them (-)
- Blame them for everything (-)
- Listen (+)
- Try and understand their problems (+)
- Don't let them speak (-)
- Share alternatives and options (+)
- Tell them what to do without options or discussion (-)

### STEP TWO

Start a discussion by asking participants:

And now when we think about today...

- Do you think this list is different for the young person in your life today?
- Which types of communication are culturally acceptable but may make young people feel bad about themselves?
- Negative communication can make young people feel bad about themselves. What other impact can negative communication have on the lives of young people? For example: Does it make them less likely to talk to or trust adults?
- Why is it so important to have good communication with young people today?

### STEP THREE

Summarize the activity by explaining:

- Positive communication lets young people know that adults care about them.
- Negative communication can stop young people from talking to adults.

## Activity 3: What is the Difference? PRACTICE



60 minutes

### STEP ONE

Explain that in these sessions, the group will use role-plays to practice what they are learning. Role-plays are an activity in which participants pretend to be other people, such as a young girl or a parent and make up a conversation those people might have. This allows them to practice skills with each other before using them in real life.



#### Note to facilitator:

Role-plays provide a very good opportunity for participants to practice their skills. If participants are reluctant to use role-play, facilitators can adapt the activity. For example, facilitators can perform the role-play themselves, perhaps with one or two participant volunteers and ask participants to provide suggestions and ideas for what to do or say during the role-play. Once participants become more comfortable with the exercise, they can begin to create and act out their own role-plays. It is important to stress that role-play is an opportunity for participants to practice skills in a safe and supportive environment before trying them out on their own.

### STEP TWO

Ask participants to get into groups of three. In each group, one person will act as a young person, Anna and one person will act as an adult, Anna's mother. They should make up 2 conversations based on the following story – one where the mother is having a 'positive' conversation and one where she is having a 'negative' conversation:

*Story: Anna is 11 years old. Her older brother is always teasing and picking on her. His behavior really makes Anna feel bad about herself. She goes to her mother, crying, to ask her mother for help...*

The third person will act as the observer and count how many communication approaches Anna's mother uses to make Anna feel good about herself and how many approaches Anna's mother uses to make her feel bad about herself.



**Note to facilitator:**

All groups will be acting out their role-plays at the same time in different areas of the room. You should walk around and listen to each group.

**STEP THREE**

Bring the participants back together and stimulate a discussion by asking participants:

1. What were some of the positive types of communication that Anna’s mother used?
2. What were some of the negative types of communication that Anna’s mother used?
3. Which types of communication were more helpful in getting Anna to talk to her mother?
4. Which types of communication did not help Anna?

**STEP FOUR**

Summarize the discussion and add the following points, if not already mentioned:

- When young people feel good about themselves, they are more likely to communicate with adults and make healthy decisions.
- When adults communicate positively with young people they feel good that they can be a reference and model for them.
- Making children fearful or less confident may make it difficult to communicate with them.
- Young people need to feel that there are adults including parents, relatives or other community members, who care about them and who they can trust.

**Session Wrap-Up**



15 minutes

1. If possible, give each participant a copy of Handout 1 “Positive and Negative Approaches to Communicating with Young People”.
2. Assign the practice activity below.

**Session two practice activity:**

Ask participants to pick one negative (-) type of communication that they know they use with their young person and try to replace it with a positive (+) type of communication. If available, use Handout 1 as assistance.

3. Encourage partners to support each other in the sessions and in practice activities at home.
4. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.

**HANDOUT 1****Positive and Negative Methods  
to Communicate with Young People**

When talking with young people...

**Try to use positive methods of communication:**

- (+) Listen to them
- (+) Tell them they are loved
- (+) Ask them questions
- (+) Try and understand from their perspective
- (+) Respect them
- (+) Help them find the answers
- (+) Tell them what you think
- (+) Praise them
- (+) Give them specific feedback about what they are doing well

**Try not to use negative methods, such as:**

- (-) Yell at them
- (-) Hit them
- (-) Ignore them
- (-) Say they are wrong
- (-) Laugh at them
- (-) Tell them they are stupid
- (-) Dismiss their concerns as unimportant
- (-) Let out your anger
- (-) Interrupt them or not let them speak
- (-) Judge them



## Session 3:

### Getting Active: Three Skills to Communicate with Young People

#### Session Overview

**Session Description:** Participants learn and practice positive communication methods to use with young people.

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

1. Describe the three Get Active! communication skills to use with young people.
2. Explain the importance of using these skills to communicate with young people.



**Time:** 1 hour and 45 minutes



**Materials:** Handout 2: "Three Get Active! Skills to Communicate with Young People"

**Facilitator Preparation:** If resources allow, prepare Handout 2, attached to the end of the session, for each participant.

#### Activity 1: Discuss Practice Activity from Session 2



15 minutes

Process the practice from last week by asking participants:

- a. What was challenging/easy about the practice?
- b. What types of positive communication did you find useful?
- c. What types of positive communication do you look forward to practicing more?

#### **RECAP: Session two practice activity**

Ask participants to pick one negative (-) type of communication that they know they use with their young person and try to replace it with a positive (+) type of communication. If available, use the handout for reference.

## Activity 2: Introducing Three Get Active! Communication Skills



30 minutes

### STEP ONE

Ask participants to summarize a few of the **positive** (+) methods of communicating with young people that were discussed during the previous session. See Handout 1 in the last session if you need to review.

### STEP TWO

Explain that, in addition to these positive types of communication, there are three specific skills adults can use to improve communication with young people. These are the “Get Active!” skills: **active** understanding; **active** listening; and **active** questioning.

### STEP THREE

Using Handout 2, at the end of this session, read out the definitions and examples of the three “Get Active!” communication skills. If possible, give each participant a copy of the handout.

### STEP FOUR

Read out the following scenarios and ask participants to guess which one uses a Get Active! Skill:

Scenario 1: Ana tells her mother that a teacher told her she had problems in class today. Her mother asks her “What subject was that in?” and then asks “Any idea how it can go better next time?” [Active questioning]

Scenario 2: Ana tells her mother that a teacher told her she did very well in class today. Her mother says “That’s good” and then continues with her cooking. [None]

Scenario 3: Peter tells his father that he wants to be a doctor when he is older but he is feeling unsure about how he is doing in school. His father says “I think your idea to be a doctor is very good and I am proud of you. It seems you are finding school work difficult, though. What is it exactly that is hard for you? How can our family help you?” [Active listening]

Scenario 4: Seki tells her mother that a girl in the village keeps teasing her. Seki starts to cry. Seki’s mother says “I know how you feel, when I was young other girls used to tease me too and it was very hard. How does it make you feel?” She adds that Seki can always come to tell her if anything else bad happens. [Active Understanding]



#### Note to Facilitator

Reinforce with the participants that all three kinds of communication: Active Listening, Active Questioning and Active Understanding are important and support each other.





## STEP FIVE

Stimulate a discussion by asking participants:

- a. Do you currently use these Get Active! skills with young people?
- b. If you used these skills to communicate with young people, how do you think it helped?

## STEP SIX

Summarize their responses and add following points:

- Active understanding is helpful because when you accept your young person's ideas and feelings it will increase the chance of him/her talking with you more.
- Active listening is helpful because when you pay attention to what the young person is saying, they will feel important and know that you are there to help. It will also help you and the young person understand each other better and, if there is a problem, begin to find solutions.
- Active questioning is helpful because it lets the young person know you want to know more about them. This will motivate them to come to you again.

## Activity 3: Practice the Three Get Active! Communication Skills



45 minutes

### STEP ONE

Divide the participants into three groups and assign each group one Get Active! communication skill to practice: active understanding, active listening or active questioning. Ask each group to create two role-plays of a conversation between an adult and a young person. The groups will demonstrate what happens when someone does not use their communication skills versus what happens when someone does use communication skills. Each role-play will be 3 minutes in length and will be performed in front of the whole group.

**Role-play 1:** The actors will demonstrate people who are not using the Get Active! communication skill they were assigned. Instead, they will show the opposite (for example, if their group is given 'Active Listening' – then they will do a role-play where someone is not listening actively).

**Role-play 2:** The actors will demonstrate people who are using the Get Active! communication skill they were assigned.

### STEP TWO

While the groups are preparing, visit them to answer any questions and to clarify the key points under each skill.

### STEP THREE

Ask each group to perform their 2 role-plays.

After everyone has performed their role-plays, stimulate a discussion by asking the following questions:

- a. What were the main differences between the two role-plays?
- b. Did the Get Active! skills help the adult and child communicate with each other?
- c. Which of the Get Active! skills do you think you could use with your young person?

### Session Wrap-Up



15 minutes

1. Thank the participants for their participation and ask them to summarize, in their own words, the three Get Active! communication skills covered in this session: active understanding, active listening and active questioning.
2. Assign the practice activity below.

#### **Session three practice activity:**

Pick one Get Active! communication skill (active understanding, active listening or active questioning) and make a commitment over the next few days to practice this skill with your young person. If available, use Handout 2 for assistance.

3. Encourage partners to support each other in the sessions and in practice activities at home.
4. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.



## **HANDOUT 2**

### **Three Get Active! Skills to Communicate with Young People**

#### **ACTIVE UNDERSTANDING**

Active understanding is:

- Trying to put yourself in the young person's position to fully understand his/her feelings and emotions.
- Encouraging the young person to talk without being interrupted or criticized.
- Acknowledging that the young person's problems are real.

Examples of active understanding statements:

"I can tell this is really upsetting you."

"I understand what you are saying and I would like to help you with this problem."

#### **ACTIVE LISTENING**

Active listening is:

- Focusing on what is being said by the young person.
- Asking questions to make sure you understood what the young person said.
- Providing brief responses so the young person knows you are listening (for example, "yes", nodding head, etc.).

Examples of active listening:

"I heard you say you are upset by how your teacher treats you, is that correct?"

"Tell me more about the way your teacher treats you."

#### **ACTIVE QUESTIONING**

Active questioning is:

- Asking questions in order to better understand the young person or what they are saying.
- Asking questions that encourage a detailed response from the young person rather than a "yes" or "no" answer.

Examples of active questioning:

"Tell me more about your idea to go back to school."

"I would like to hear more about what you think about this situation."

"What do you think your options are?"

## Session 4: Adolescence and Puberty

### Session Overview

**Session Description:** Participants define puberty and adolescence and review common facts and myths about puberty and sex.

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

1. Define puberty and adolescence.
2. Answer common questions from young people about puberty and sex.



**Time:** 1 hour and 45 minutes



**Materials:**

- Handout 3, “Myths and facts about puberty”
- Handout 4, “Physical Changes in Females at Puberty”
- Handout 5, “Physical Changes in Males at Puberty”
- “Puberty and Reproduction Information Packet for Facilitators” is a resource for facilitators only – not for participants.

**Facilitator Preparation:**

- Review Handout 3 and add any local myths that are common to your area. Ask a health worker to check your facts.
- If resources allow, make copies of Handouts 3, 4 and 5 for all participants. Give these out as instructed during the session (not beforehand).
- Review and be familiar with the “Puberty and Reproduction Information Packet for Facilitators.” This will help you answer questions from the participants.



**Note to facilitator:**

This session has a lot of information. One of the keys to successful communication between adults and their young people is that adults feel like they have the information they need to be able to correctly answer their young person’s questions about puberty and sex.

You may wish to ask a local health professional to be available during the session to answer questions. However, make sure this person really does know the material and that they are comfortable talking to adults in a non-judgmental and respectful manner around issues of sexuality.



## Activity 1: Discuss Practice Activity from Session 3



15 minutes

Process the practice from last week by asking participants:

- Which Get Active! communication skill did you use with your young person?
- What was challenging/easy about the practice?
- Will you try using another Get Active? communication skill with your young person?

### **RECAP Session three practice activity:**

Pick one Get Active! communication skill (active understanding, active listening or active questioning) and make a commitment over the next few days to practice this skill with your young person. If available, use Handout 2 for assistance.

## Activity 2: Adolescence and Puberty Defined



30 minutes

### **STEP ONE**

Start a discussion by asking the following questions:

- Have you heard the word “adolescent” or “adolescence” before?
- How would you define these words?
- Have you heard the word “puberty” before?
- How would you define puberty?
- What other words do you use to describe “adolescence” and “puberty”? How do they differ?
- What physical and emotional changes happen between the ages of 10 and 17?

### **STEP TWO**

Pass out Handouts 4 and 5 to each participant, if copies are available. Summarize the discussion and provide the following key information:

- Adolescence is the time between childhood and adulthood.
- An adolescent is a person who is no longer a child but not yet an adult.
- Puberty is the process of physical and emotional changes that an adolescent goes through to become an adult. The pictures in Handouts 4 and 5 show pictures of the physical changes during puberty. Give each participant copies of Handouts 4 and 5. Explain that they can use these to help start a discussion with their young person about puberty.
- Adolescents also go through emotional changes due to changing chemicals in their bodies called hormones. They can seem happy at one moment and sad the next. They may be indecisive or argumentative. They may start to act more independently from their parents and they may develop an interest in the opposite sex. All of these changes are normal.
- Young people 10-17 are about to start or have already begun puberty.

**Note to facilitator:**

Periodically assess your audience to make sure that they remain comfortable with the discussions. You may decide to give out Handouts 4 and 5 at the end of the session rather than discuss in the middle of the session. Also, important to use appropriate words for private parts that are the local names rather than direct or English words. If you don't know what is used locally, you can ask.

The Handouts 4 and 5 are for participants. The **Puberty and Reproduction Information Packet for Facilitators is for facilitators**, not participants.

## Activity 3: Puberty and Sex Facts and Myths



40 minutes

### STEP ONE

Divide participants into 4 teams. If it is more comfortable for participants, these teams can be made up of only men and only women. Explain that this activity is a game in which each team will try to give the most correct answers. In the game, you will read some statements about puberty or sex. Each team should say if they think the statement is true (a **fact**) or whether it is false (a **myth**). The team who answers the most correct answers wins.

### STEP TWO

Read each statement in Handout 3 "Myths and facts about puberty".

Ask each team to answer "myth/false" or "fact/true".

After the team has answered "myth/false" or "fact/true", read the answer and explanation and mark down a point if they are correct.

**Note to facilitator:**

In addition to the myths and facts from Handout 3, you can supplement the game with your own myths based on local beliefs. For example in some places a myth is that the only way to get Vitamin K is to have sex.

### STEP THREE

After all of the statements have been read and answered, check the score and announce the winners. Thank all of the participants for their participation in the myth/fact activity and ask if there are any questions. If resources allow, give each participant a copy of Handout 3.

### STEP FOUR

Share with participants the following key points:

- Changes of puberty are normal – they are signs of a healthy body.
- All young people are curious about their bodies and sex.



- The information from the myths and facts activity will help you answer your young person's questions.
- Although it can be embarrassing for both adults and young people, sharing this information helps young people understand what is happening with their bodies so they are able to make better choices.

## Session Wrap-Up



15 minutes

1. Thank participants for their participation and their willingness to talk about a difficult topic.
2. Assign the Practice Activity below.

### **Session four practice activity:**

Ask participants to think about what they have learned today. Ask participants to choose one piece of information that they learned today that think is very important and ask them to share this with their young person before the next session.

If available, encourage participants to use the handouts they received today for reference.

4. Encourage partners to support each other in the sessions and in practice activities at home.
5. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.





## HANDOUT 3 Myths and Facts about Puberty

### **“Puberty begins at the same age for everyone”**

 MYTH/FALSE

Puberty begins and ends at different ages for each boy or girl. Young people go through puberty changes at their own pace. This difference from person to person is normal and cannot be changed.

### **“Girls often begin puberty before boys”**

 FACT/TRUE

Girls do often begin puberty before boys. This is a normal process.

### **“Girls and boys exaggerate the emotional ups and downs of puberty”**

 MYTH/FALSE

During puberty, the body produces increased hormones that cause both physical changes in the body as well as changes in feelings and behavior. It is possible to feel very energetic and happy one moment and tired and unhappy the next. This emotional up and down is normal.

### **“During puberty only boys have sexual desire”**

 MYTH/FALSE

During puberty, both girls and boys experience sexual desire. This feeling may involve physical changes, such as a quick heart beat or warm feeling in the face or genitals. Sometimes boys experience sexual excitement during sleep and they may see a wet substance in the bed. This is ejaculate. These nighttime feelings also happen to girls, but there is no wet substance. It is important to remember that these feelings of desire are normal and are signs of a healthy body.

### **“A baby is made when a man’s seed “meets” a girl’s egg”**

 FACT/TRUE

When a man and a woman have sex or make love, the man puts his penis into the vagina of the woman and releases his seed (sperm). If the sperm from the man meet the egg of the woman then the result is pregnancy.

### **“If a boy has an erection and doesn’t have sex he will become ill or infertile”**

 MYTH/FALSE

If a boy has an erection he does not have to have sex and will not become ill or infertile if he does not have sex. An erection is not a signal to have sex immediately.

### **“During puberty, physical changes happen in the body that now make it possible for a girl to get pregnant and for a boy to get a girl pregnant”**

 FACT/TRUE

During puberty, important changes happen in boys’ and girls’ bodies. Girls are now physically able to get pregnant and boys are physically able to get a girl pregnant. As adults we know that being physically ready and being emotionally ready for pregnancy are very different things.



**“Girls periods are regular and always the same”**

 **MYTH/FALSE**

Irregular periods are common in girls who are just beginning to menstruate. For example, a girl may have the same number of days between periods for two months and then have fewer days in between her periods the next month. Her menstrual cycle will probably become more regular with time, although she may continue to have irregular periods into adulthood. It is normal to have some spotting of blood for a day or two in the middle of her cycle.

**“A girl is more fertile in some days of the menstrual cycle”**

 **FACT/TRUE**

Girls and women are most fertile around the time of ovulation, about 14 days before their next menstrual period.

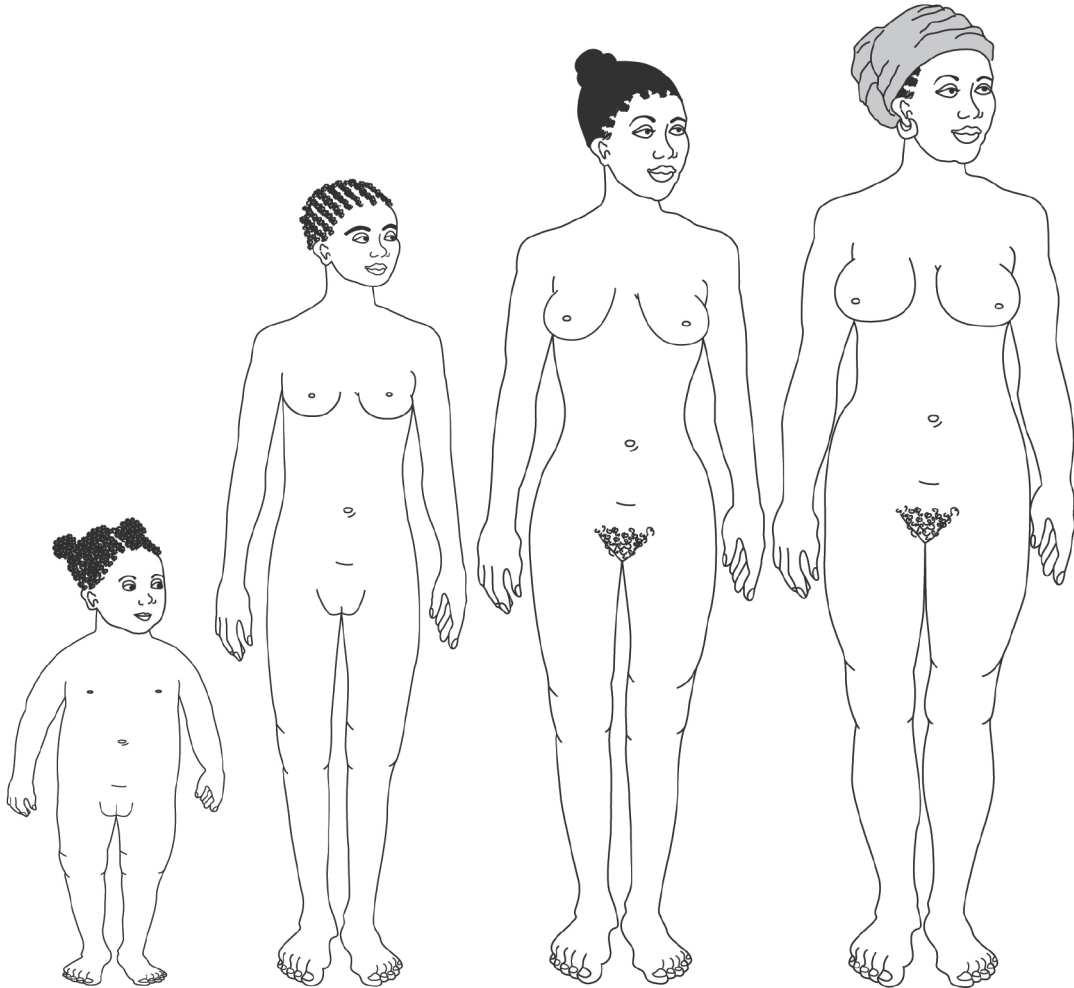
**“A girl can get pregnant even if a boy doesn’t ejaculate”**

 **FACT/TRUE**

There may be a very small amount of liquid released from the penis before ejaculation. This liquid contains sperm; sperm swim to the egg of a woman and can bring about pregnancy.



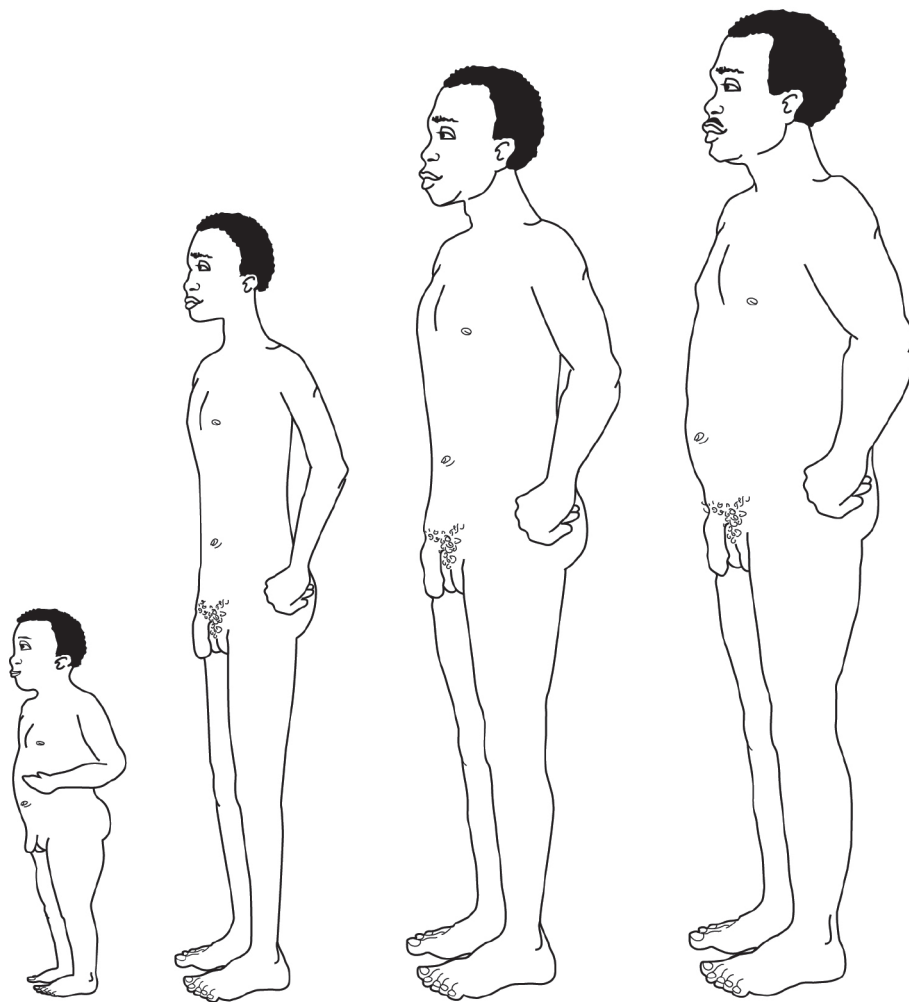
## HANDOUT 4 Physical Changes in Females at Puberty



- Grow hair under arms and in pubic area
- Grow a lot in a short time
- Gain weight
- Body becomes curvier
- Hips widen
- Waist narrows
- Breasts grow larger
- Start menstrual period
- Skin becomes oilier and pimples may occur
- Increased perspiration/body odor



**HANDOUT 5**  
**Physical Changes in Males at Puberty**



- Grow hair under arms, in pubic area, on face and chest
- Grow a lot in a short time
- Gain weight
- Shoulders widen
- Become more muscular
- Voice deepens
- Penis lengthens and widens
- Testes enlarge
- Skin becomes oilier and pimples may occur
- Increased perspiration/body odor
- Ejaculation happens/ wet dreams occur

## Puberty and Reproduction Information Packet for Facilitators

### Male Reproductive System

#### External Organs:

The penis can be limp or erect and is very sensitive to stimulation. The man puts the penis in a woman's vagina during sex. The head of the penis, the **glans**, is the most sensitive part and is covered by the **foreskin** in men who are not circumcised. Men pass both, urine through the penis when going to the toilet and pass semen through the penis during ejaculation.

Male circumcision is the surgical removal of the foreskin from the penis. Research shows that male circumcision reduces by 60% the risk of HIV transmission from HIV positive women to HIV negative men. Male circumcision is being implemented with a minimum package of services that include screening and treatment of HIV, counseling and testing, promotion of condom use, promotion of partner reduction and other behavioral HIV prevention interventions.

The **scrotum** is a pouch hanging directly under the penis that contains the **testes**. The scrotum protects the testes and helps to maintain the best temperature to produce sperm.

#### Internal Organs:

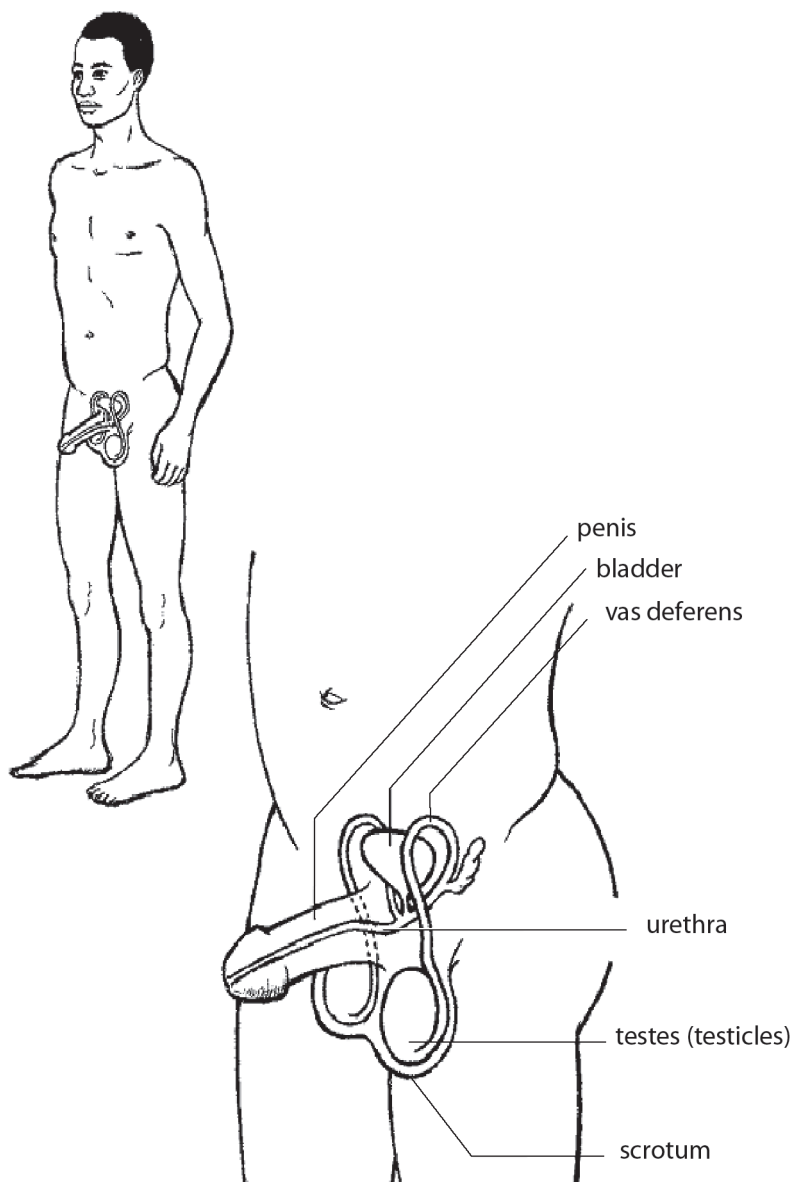
The **testes** are two egg-shaped organs in front of and between the thighs and are located in the scrotum. Starting at puberty, the testes produce and store sperm, which can fertilize a woman's egg. The testes produce **testosterone**, which is the hormone responsible for the development of sex drive and male characteristics such as deepened voice and facial hair.

The **epididymis** are two tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation. The **vas deferens** are the tubes that carry the mature sperm from the epididymis through to the penis.

The **seminal vesicles** produce some of the fluid that makes up semen, the white, milky fluid in which sperm are carried. The **prostate** gland also produces fluid that makes up semen. A muscle at the bottom of the prostate gland keeps sperm out of the urethra until ejaculation. This same muscle also keeps urine from coming out during ejaculation. The **bladder** holds urine until it passes through the penis.



## Male Reproductive System



## Female Reproductive System

### External Organs:

The female external genital organs are called the **vulva**. It includes the two folds of skin called the labia, the clitoris and the **vagina**. The external genitalia or the **labia**, has two sets of rounded folds of skin called the outer and inner lips. The labia cover and protect the vaginal opening. The inner and outer lips come together in the pubic area.

Near the top of the lips, inside the folds, is a small cylindrical body called the **clitoris**. The clitoris is made up of the same type of tissue as the tip of the penis and is very sensitive. The clitoris has no other function than to help a woman have sexual pleasure.

The **vagina** is where a man puts his penis during sexual intercourse. Also, menstrual blood and babies come out of the vagina. The vagina is an incredibly elastic muscle that can stretch wide enough to allow a baby to pass through.

### Internal Organs:

Every female is born with thousands of eggs in her **ovaries**. The eggs are so small that they cannot be seen by the naked eye. The ovaries also produce hormones that influence the development of the female body.

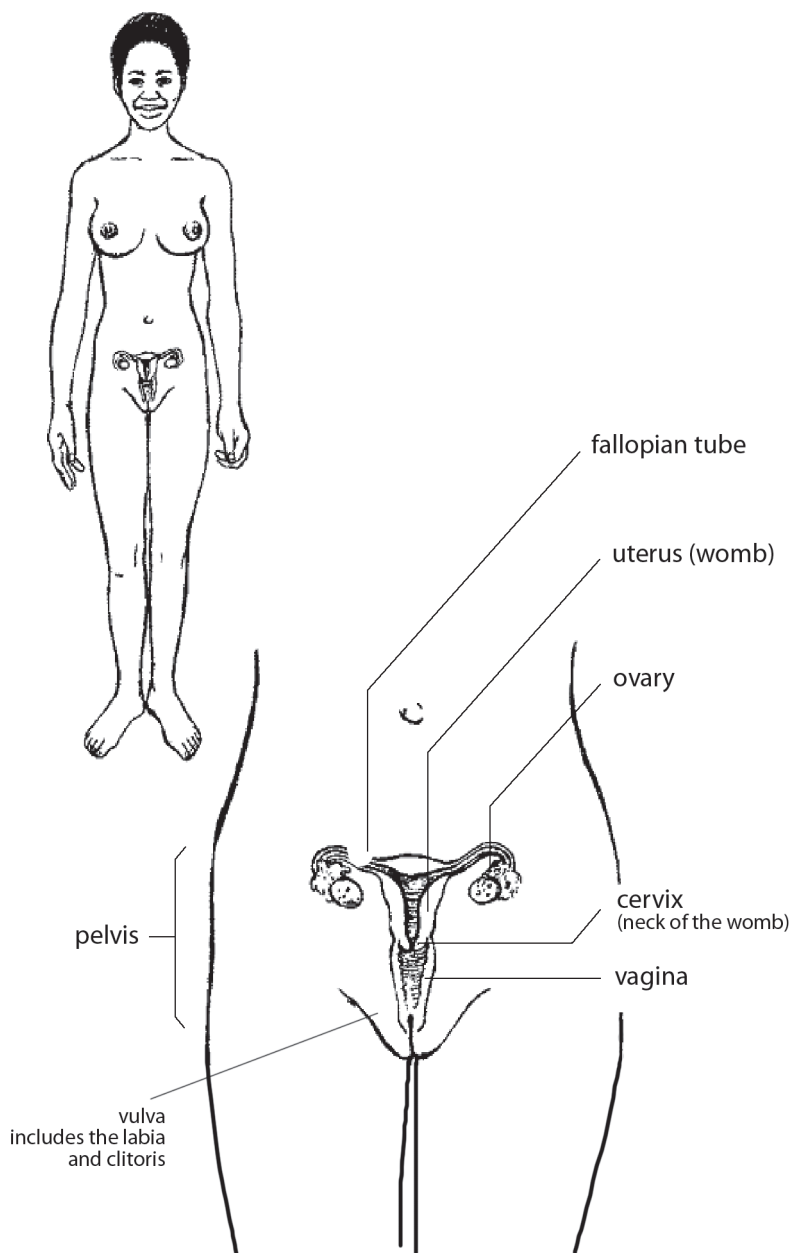
The **fallopian tubes** connect the ovaries to the uterus (womb). When the egg is released from the ovary, it moves through the fallopian tube, where it can be fertilized.

The **uterus** (womb) is an organ in which the fertilized egg attaches itself after passing through the fallopian tube. The uterus prepares for the egg's arrival by developing a thick and soft lining like a pillow. If the girl has had sex in the last few days before or the day after ovulation, by the time the egg arrives in the fallopian tube, there might be some sperm waiting to unite with the egg. If the arriving egg is united with the sperm (called fertilization) the fertilized egg travels to the uterus and attaches to the lining of the uterus (called implantation) and a pregnancy begins. If the egg is not fertilized, there is no pregnancy and the uterus does not need the thick lining it has made to protect the egg. It discards the lining, along with some blood, body fluids and the unfertilized egg. All of this flows through the cervix and then out of the vagina. This flow of blood is called the "period" or menstruation. The blood and tissue usually leave the body slowly over three to seven days. The **cervix** is called the neck of the womb. It connects the womb to the vagina.





### Female Reproductive System



## **Process of Menstruation**

Menstruation happens for most women about **once a month** and that is why it is commonly called the “monthly period.” It usually lasts between three and seven days. It is a sign that a **girl or woman can become pregnant** if she has sexual intercourse.

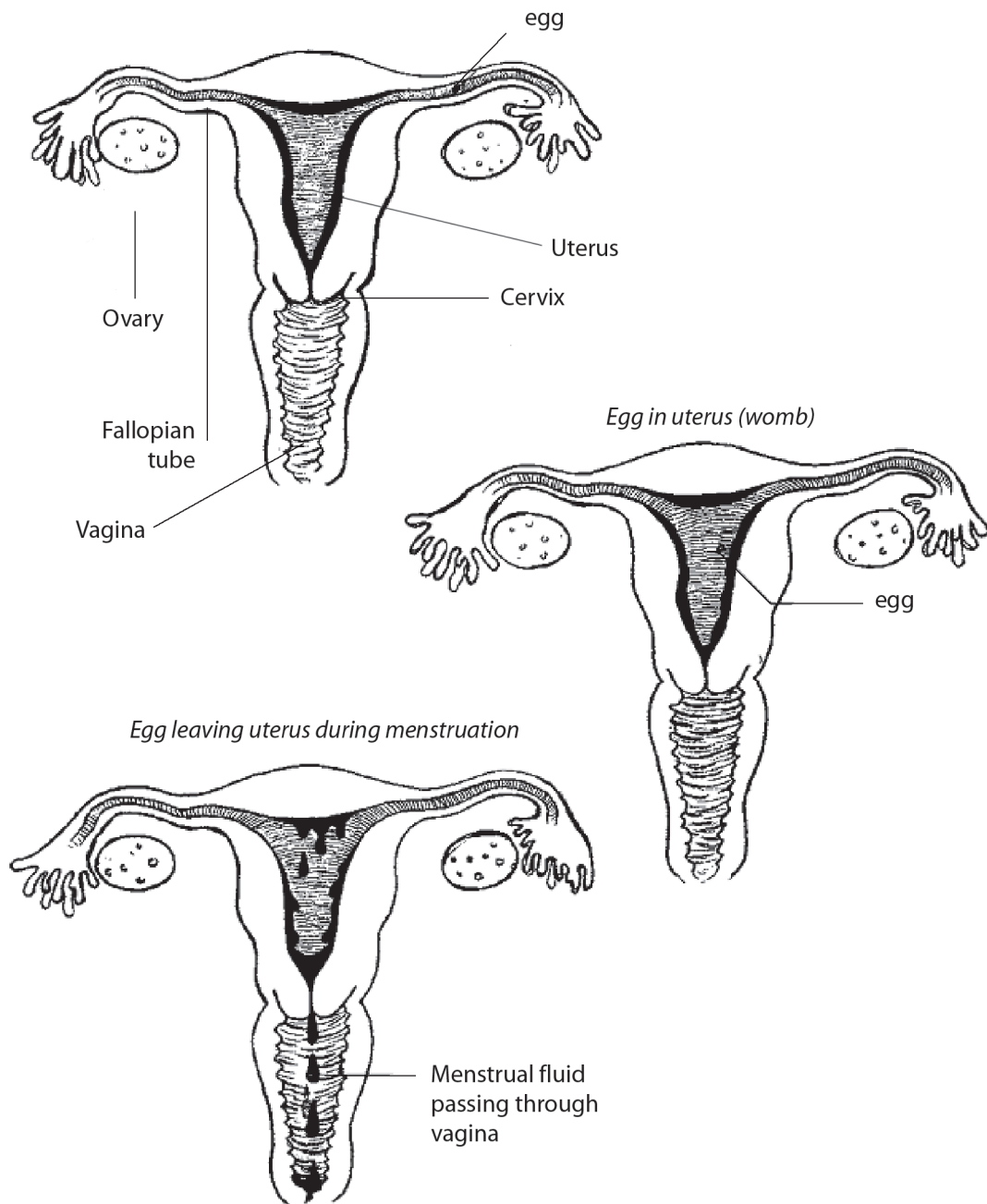
What causes menstruation? Menstruation occurs when a girl or woman is NOT pregnant. At the end of every menstrual period, the lining of the womb (uterus) starts to build up again and prepares itself to receive a fertilized egg. If the fertilized egg does not reach the womb within 2 - 3 weeks then the lining of the womb will break down about a week later and bits of tissue (blood) leaves the womb during menstruation (the monthly period).

Just as some girls begin puberty earlier or later than others, the same is true for periods. Some girls may begin to menstruate at age nine or ten, others may not get their first period until a few years later. A woman knows that she has started her period when a little blood comes out of her vagina. The blood does not pour like water from a tap. It comes out slowly, like a dribble. Usually by the time she has noticed a feeling of unusual wetness, her panties have absorbed any blood that has come out. This is why it is important to anticipate when each month she will start menstruating, so she can wear a sanitary pad or other protection to prevent clothing stains.

The menstrual cycle is the period of time beginning on the first day of a woman’s period until the day before she begins her next period. Since this happens regularly, it is called a “cycle.” The length of time between one period and the next varies for each woman. For some, the cycle is 21 days (or fewer). For others, it is as long as 35 days or more. Irregular periods are common in girls who are just beginning to menstruate. It may take the body a while to adjust to all the changes taking place. For example, a girl may have the same length cycle for two months, then miss a month or have two periods with fewer days in between them. The menstrual cycle usually becomes more regular as girls enter adulthood, though some older women occasionally have irregular periods. Sometimes girls might have some spotting of blood for a day or two in the middle of their cycles. This is usually nothing to worry about. Stress or infections can disrupt a regular menstrual cycle. If a young person has any questions they can ask a health worker.



### Process of Menstruation



## How Pregnancy Happens

**Fertilization** takes place when a male sperm cell meets a female egg. Millions of sperm cells are deposited into the vagina during sexual intercourse. After the male puts his penis in the female vagina and ejaculates, ejaculated sperm swim up through the cervix into the uterus. The woman's body helps guide the sperm through the uterus and to the fallopian tubes. If a mature egg (or more than one egg in the case of paternal twins) is present, fertilization can take place. Although thousands of sperm may be present, only one sperm can penetrate the egg. Sperm can fertilize an egg up to seven days after intercourse. If an egg is fertilized, it will move from the fallopian tube into the uterus (womb) where it will grow.

**Implantation** takes place when a fertilized egg attaches itself to the lining of the woman's uterus. The nutrients in the lining of the uterus are used to support the growth of the egg into a fetus. The woman will not experience periods during pregnancy because the lining of the uterus, which normally sheds during menstruation, is not shed at all during pregnancy. Therefore, a missed period can be a sign of pregnancy. The implanted egg grows in the uterus for nine months and becomes a baby. It then comes out of the mother's body through the process of childbirth.

**Contraception** can be used to prevent or delay pregnancy and include the following methods<sup>1</sup>:

**Birth control pill** - also known as "oral contraceptive," is one of the most effective reversible methods of birth control. It is a combined hormonal (usually synthetic progestin and estrogen) or progestin-only pill taken each day. The hormones prevent ovulation (the releasing of an egg from the ovaries), increase cervical mucus to block sperm and create a thin uterine environment. The pill does not protect against STIs and HIV and must be taken at the same time each day. Some women may have side effects including mood changes, acne, headache, breast tenderness and nausea.

**Condoms** - a sheath that covers the penis; some come with lubricant or spermicide added. A condom is placed on the erect penis prior to intercourse. The male condom prevents pregnancy by blocking the passage of sperm. A condom provides the best protection against STIs and HIV. A condom should be removed before the erection is lost by rolling it from the base of the penis towards the tip to avoid a leak or breakage.

**Intrauterine Device (IUD)** - a small plastic device that is inserted in the uterus by a clinician. Once inserted, the IUD is immediately effective. IUDs contain copper or hormones that keep sperm from meeting the egg and prevent a fertilized egg from implanting in the uterus. IUDs only have to be replaced every five or ten years depending on the brand. Some women experience a reduction in cramping or may stop having a period, which some find beneficial. Additionally, IUDs are the most cost-effective contraceptive method when used for at least two years and fertility usually returns one month after removal. Women may have irregular bleeding and spotting in the first few months. IUDs do not protect against STIs, including HIV. As with many hormonal contraceptives, some women may have side effects including mood changes, acne, headache, breast tenderness and nausea.

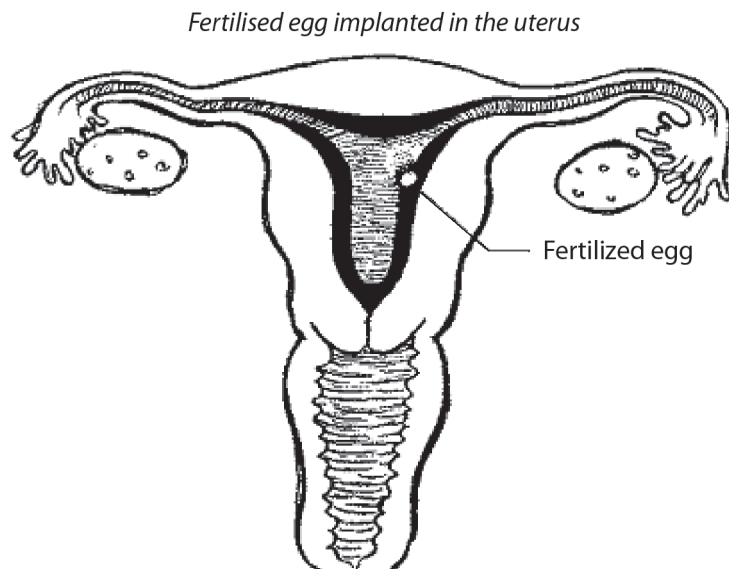
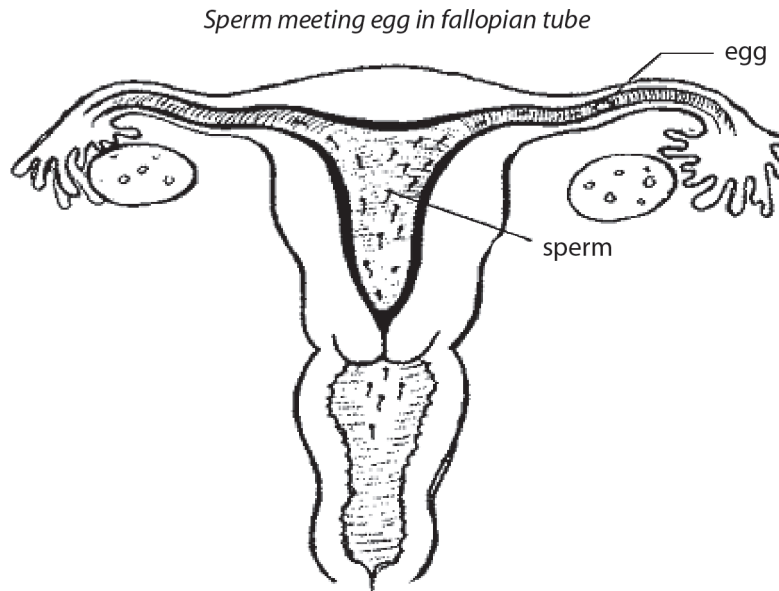
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<sup>1</sup> Check with your local health worker to see which types of methods are available locally.



**Injectables** – The injectable hormone progestin is a reversible and effective method of contraception. A medical professional will administer the injection in the muscle of a woman’s upper arm, buttocks or thigh. The injection lasts for 10 to 13 weeks (approximately 3 months) after which time she must have another injection to maintain the contraceptive benefits. The method is fully effective 24 hours after injection. These injected capsules do not protect against STIs and HIV. They may cause irregular periods, headaches and weight gain. Injectable progestin is a good option for women who cannot take estrogen or who may not remember to take a pill every day; however, a woman will need regularly scheduled appointments for renewed injections. If someone using injectables is planning to become pregnant, it will take several months after discontinuing use before she will start to ovulate and resume normal menstrual cycles.

## How Pregnancy Happens





# Session 5: Talking About Sex and Sexuality

## Session Overview

**Session Description:** Participants learn and practice a set of steps – the “Four Knows” - to help them when talking with young people about sex and sexuality.

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

1. Describe a set of steps – the “Four Knows” - to use with young people when discussing sex and sexuality.
2. Explain the importance of using these steps.



**Time:** 2 hours 30 minutes



**Materials:**

- Chalkboard and flip chart, chalk and marker
- Handout 6, “The Four Knows: What to Know when Talking to a Young Person about Sex”

**Facilitator Preparation:**

- Read Handout 6 and be familiar with its content.
- Review the positive/negative types of communication discussed in Session 2 and the Get Active! Skills introduced in Session 3.
- If resources allow, make copies of Handout 6 for all participants.

## Activity 1: Discuss Practice Activity from Session 4



15 minutes

Process the practice from last week by asking participants:

- a. What was challenging/easy about the practice?
- b. What strategies did you use to create a comfortable environment for discussing reproduction with your young person?

### RECAP Session four practice activity :

Ask participants to think about what they have learned today. Ask participants to choose one piece of information that they learned today that think is very important and ask them to share this with their young person before the next session. If available, encourage participants to use the handouts they received for reference.

## Activity 2: Who is Talking to Your Young Person about Sex? What are they Saying?



30 minutes

### STEP ONE

Read the story of Jasmine:

#### Jasmine's story

Jasmine is 24 years old and has 2 children. When she was still at school, her parents thought that she learned about sexuality and pregnancy in her classes so they didn't talk to her about it. However, she says she learned everything about sex from her friends. She thought they had a lot of experience, but now she thinks they gave her a lot of wrong information about sex and pregnancy.



#### Note to facilitator:

If it is more common for an assigned family member other than the parent to talk to a young person about sex, adapt the story and the questions to suit. For example, it could be the auntie who is assigned with this responsibility.

### STEP TWO

Stimulate a discussion by asking participants:

- Why did Jasmine's parents not talk to her about sex?
- What are other reasons why adults in this community do not talk to young people about sex?
- Why is it important for parents or other caring adults to talk to young people about sex?

### STEP THREE

Summarize the discussion and make the following points:

- Young people may not be getting correct information about sex and the normal changes that occur in the body during puberty.
- When young people do not get good information about sex, it makes it difficult for them to make important life choices, such as when to have children.
- Although it is difficult to talk to young people about such a sensitive topic, we can use good communication skills to help.
- If it is not appropriate for a parent to talk to a son or daughter about sex, it is important to make sure your young person receives the correct information from another trusted adult, such as an aunt or uncle.





## Activity 3: Introduce the “Four Knows”: What to Know when Talking to Young People about Sex



30 minutes

### STEP ONE

Ask participants to summarize in their own words the Get Active! communication skills discussed in the third session (active understanding, active listening and active questioning).

### STEP TWO

Explain to participants that when talking about a sensitive topic, such as sex, with young people, there are a set of steps they can take to help the conversation – the “Four Knows.” Introduce the “Four Knows,” below and follow each explanation by asking participants why they think it is important. Then state the key message.

#### KNOW 1: Know the facts

- Learn as many facts as you can about sex: including, puberty, sexuality, pregnancy, STIs and HIV.
- Decide what key points you want to include in the message to your young person about sexuality.
- If you do not know, be willing to say “I don’t know the answer to that question.”
- Know where the resources are in your community where you can refer your young person (for things like family planning information, HIV prevention counseling)

QUESTION: Why this is important?

KEY MESSAGE: It is important that young people have accurate information regarding their bodies in order to make good decisions.

#### KNOW 2: Know your values or beliefs about sex and share these with the young person

- If you feel strongly against or for something, tell the young person.
- If your behavior is inconsistent with what you are telling your young person to do, discuss this inconsistency.
- Share your values, knowing that your young person may or may not share those values. Do not lecture or criticize them if they do not.

QUESTION: Why this is important?

KEY MESSAGE: It is important for young people to have limits and to know what adults expect of them.

#### KNOW 3: Know the Get Active! communication skills

- Use active listening skills.
- Use active questioning skills.
- Take the time to listen, even if you are embarrassed and give your full attention.

- Thank the young person for coming to you and assure them they are a healthy, normally developing young person with healthy, normal questions and concerns.

QUESTION: Why this is important.

KEY MESSAGE: These practices make young people feel valued, important and listened to.

#### **KNOW 4: Know to reassure safety for the young person**

- Let the young person know you will not share their questions or concerns with others.
- Assist the young person in finding resources and getting help, if they are in danger or are unsafe.

QUESTION: Why this is important?

KEY MESSAGE: It is important that young people feel safe, both physically and emotionally.

### **Activity 4: Practice the “Four Knows”**



1 hour

#### **STEP ONE**

Divide participants into small groups of 5 to 10 people. Each group should assign two people to act in a role-play – one young person and one adult. The rest of the group will act as experts on the “Four Knows” introduced in the last activity. During the role-play, the young person should ask different questions about sex, based on the story below. The adult actor can stop and ask the rest of the group for advice on how to communicate with the young person.

After they finish the role-play, groups can repeat the exercise with different actors.

#### **STEP TWO:**

Read out Lucy’s story and then let the groups start acting.

##### **Lucy’s story**

Lucy has just heard that her younger cousin is pregnant and she is very worried because she never thought of how a girl gets pregnant. Lucy is 13. She asks the adult, “How do girls get pregnant? What can a girl do if she doesn’t want to get pregnant?”



##### **Note to facilitator:**

Walk among groups to make sure they understand the key points under each communication approach. If available, they can use Handout 6 for assistance.



### STEP THREE

After 20 minutes, bring the whole group back together and start a discussion by asking the following questions:

- a. Which of the “Four Knows” did you see demonstrated?
- b. Which of the “Four Knows” made it easier to talk to the young person? Why?
- c. Which of the “Four Knows” seemed most helpful to the young person? Why?

### Session Wrap-Up



15 minutes

1. Thank the participants for their participation and ask them to summarize, in their own words, the “Four Knows”.
2. Assign the practice activity below.

#### **Session five practice activity:**

Ask participants to think about the “Four Knows” to use when discussing sex with a young person. Make a commitment over the next few days to practice two of these. If available, use Handout 6 for assistance.

3. Encourage partners to support each other in the sessions and in practice activities at home.
4. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.

**HANDOUT 6****The Four Knows: What to Know when Talking to a Young Person about Sex****KNOW 1: Know the facts**

- Learn as many facts as you can about sex: including, puberty, sexuality, pregnancy, HIV and STIs.
- Decide what key points you want to include in the message to your young person about sexuality.
- If you do not know, be willing to say “I don’t know the answer to that question” and offer to find the answer,
- Know where the resources are in your community where you can refer your young person (for things like family planning information, HIV prevention counseling)

**KNOW 2: Know your values or beliefs about sexuality and share these values with your young person**

- If you feel strongly against or for something tell the young person.
- If your behavior is inconsistent with what you are telling your young person to do, discuss this inconsistency.
- Share your values, knowing that your young person may or may not share those values and do not lecture or criticize them if they do not.

**KNOW 3: Know the Get Active! communication skills**

- Use active listening skills.
- Use active questioning skills.
- Take the time to listen, even if you are embarrassed and give your full attention.
- Thank the young person for coming to you and assure them they are a healthy, normal developing young person with healthy, normal developing questions and concerns.

**KNOW 4: Know to reassure safety for the young person**

- Let the young person know you will not share their questions or concerns with others.
- Assist the young person in finding resources and getting help, if they are in danger or are unsafe.



# Session 6:

## Communicating with Young People about HIV

### Session Overview

**Session Description:** Participants identify the connection between various “Grab bag” items and HIV/AIDS. Small groups develop a 3-minute role-play on how to talk to a young person about this aspect of HIV.

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

1. Identify how HIV is transmitted and prevented.
2. Identify tips to talking with young people about HIV/AIDS.



**Time:** 2 hours



**Materials:**

- “Grab Bag Items”: Drinking glass; Picture of man and woman holding hands; Empty alcohol container; Paper with the word “abstinence” written on it; Male condom or condom wrapper; Baby doll; Money; Birth control pills; Insect repellent; Soccer ball; Telephone; Diploma; Wedding ring made from paper; Drawing of an initiation symbol; Picture of a man hitting a woman. \* If any items are not available, draw a picture instead.
- A bag to put the items in

**Facilitator Preparation:**

- Collect and put the above “Grab Bag Items” in a bag. Add additional items that will bring up local myths regarding HIV. For example, myths may exist about traditional healers and HIV.
- Review “Grab bag items and their connection to HIV” at the end of this session. Although this can be used as a resource during the session, the session will run best if you are comfortable with this information before starting.
- Find out from local health personnel if female condoms are available locally. If not, do not refer to them during the session.
- Ask your local health professional whether lubricants should be used with a condom or not. And if so, then whether there are specific types of lubricant that should be used with a condom and local examples of what should not be used.
- Be prepared to provide referral for local services, if available, for: contraception/family planning; male circumcision; HIV testing and counseling; gender-based violence reporting and care; and preventing mother-to-child transmission of HIV. Your local health professional can help you with this.

**Note to facilitator:**

This session has a lot of information. An important part of good communication between adults and young people is that adults have information to correctly answer questions about HIV. This session is designed to provide that information through the activities and information provided. You may wish to ask a health professional to help with this session, if available.

## Activity 1: Discuss Practice Activity from Session 5



15 minutes

Review the practice from last week by asking participants:

- What was challenging/easy about the practice?
- What skills did you find useful?
- What skills do you look forward to practicing more?

**RECAP Session five practice activity:**

Ask participants to think about the “Four Knows” to use when discussing sex with a young person. Make a commitment over the next few days to practice two of these. If available, use Handout 6 for assistance.

## Activity 2: What is Important when Discussing HIV?



20 minutes

**STEP ONE**

Start a discussion by asking participants:

What are some of the skills we have learned so far that you think could help when talking with young people about HIV? (Positive types of communication; Get Active! communication skills; the Four Knows)

**STEP TWO**

Summarize the discussion and share the following key points:

- Key things to remember are: Be respectful, listen, do not be judgmental and ask questions.
- When talking about sex, it is important to use what we have learned so far:
  - Use positive types of communication
  - Use the Get Active! communication skills (active understanding, active listening, active questioning)
  - Use the Four Knows (Know the facts; Know your values: Know the Get Active! communication skills; Know to reassure the safety of the young person)



## Activity 3: Grab Bag



1 hour 10 minutes

### STEP ONE

Divide the participants into groups of three or four people. Pass the grab bag around and ask each group take an item out of the bag, without looking. Pass the bag around until all the items have been removed.

### STEP TWO

Ask each group to take 3-5 minutes to discuss the item(s) they have chosen and its relation to HIV. Some items may be about the risk of HIV transmission, some items may have no connection but be related to an HIV myth and some items may help protect young people from HIV. For example, one group chooses the baby doll and they agree that this item has a connection to HIV because a pregnant mother who is HIV infected can pass HIV onto her baby.



#### **Note to facilitator:**

During this activity rotate among the groups to make sure the groups have a correct understanding about the relationship between their item and HIV. Correct any misinformation using the guide at the end of the session. Participants may come up with additional correct knowledge. Encourage them to share what they know.

### STEP THREE

Ask each group to create a 3 minute role-play of an adult discussing with a young person the aspects of HIV that were represented by items in the grab bag. The role-play should use at least one of the communication methods discussed during previous sessions. The group will take 10 minutes to prepare their role-play. It is only necessary for two people from the group to act in the role-play but everyone should help in deciding what they will say.

### STEP FOUR

Ask each group to present their role-play for 3 minutes in front of the whole group. After each group presents:

- Correct any misinformation and share key points about each item from the guide at the end of this session.
- Note the main ways to lower the risk of HIV transmission: Choose not to have sex, have sex with only one partner that is only having sex with you – and get tested for HIV with this partner or use a condom correctly every time you have sex. Assure participants that it is normal to feel uneasy or embarrassed when discussing these topics, but it is important that young people get correct information about HIV. Thank them for loving their young people enough to risk embarrassment.
- Note that if they will not be the ones providing this information to their young person, they can share the information from this session with other trusted adults who will talk to young people, such as aunts or uncles.

## STEP FIVE

Start a discussion by asking:

- a. What role-play looked most challenging for the adult? Why?
- b. What role-play looked most challenging for the young person? Why?
- c. What skills learnt from previous sessions did you see used in the role-plays?
- d. What was effective about how the adult in the role-plays shared information and what could have worked better?

## Session Wrap-Up



15 minutes

1. Inform participants of resources in the community, such as where young people can get information about HIV, where condoms are available and where young people can get tested for HIV.
2. Encourage partners to support each other in the sessions and in practice activities at home.
3. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.

### **Session six practice activity:**

Between now and the next session, have a conversation with your young person about HIV, how it is transmitted and how to protect oneself. Remind the participants to use any of the skills that they have learned. These include positive types of communication, the Get Active! skills and the Four Knows. Remember that even if this is embarrassing, just keep going! Congratulate them for being such caring adults.





### **Grab Bag Items and their Connection to HIV**

#### **Drinking glass; Soccer ball/basketball; Telephone**

- There is no risk of transmission of HIV through a drinking glass, doorknob, telephone, sports, etc. These types of contact are called casual contact. HIV is not spread through casual contact.
- The fluids that do transmit HIV are: Blood, semen, vaginal fluids and breast milk. Saliva does not transmit HIV.

#### **Picture of man and woman holding hands**

- The couple in this picture can lower their risk of HIV by having sex only with each other.
- Having more than one sexual partner over the same time period greatly increases the risk of HIV transmission.

#### **Empty alcohol container**

- Even if a girl wants to say “no” to sex with someone, alcohol makes it harder for her to stick to that decision.
- Alcohol puts a girl at risk for sexual violence. A man who is drunk is less likely to listen when a girl says “no”.
- Adults and young people who have drunk alcohol or homebrew may make decisions they would not make while sober. Alcohol use may lead you to temporarily forget information about HIV or not use a condom correctly.
- It is against the law in our country to give or sell alcohol or homebrew to girls and boys younger than 18 years of age. These laws are meant to protect young people from alcohol-related harms.

#### **Abstinence**

- Abstinence from any sexual activity is a healthy choice for young people.
- Complete sexual abstinence is 100% effective in preventing pregnancy and HIV.
- Young people should find others who will support their decision not to have sexual intercourse. Young people may need help if someone is pressuring them into having sex.
- If young people are not abstinent then adults should talk with them about safe sexual behavior including being faithful to one partner, getting tested for HIV with their partner and correct and consistent condom use. Adults can also encourage them to stop having sex until they are older.

#### **Male condom**

- The male condom greatly reduces the risk of HIV when used correctly every time.
- Studies show that correct and consistent use of condoms reduces risk of HIV infection by 80 to 90%.
- Condoms are safe to use.

### **Baby doll**

- Pregnant women should go to their local clinic to ensure that they receive the services they need to be healthy – including HIV testing and counseling, if appropriate.
- Mother-to-child transmission of HIV is when an HIV positive woman passes the virus to her baby during pregnancy, childbirth or breastfeeding. If an HIV positive pregnant woman takes antiretroviral drugs, the risk of infecting her baby with HIV is very low.
- The best option for an HIV-infected mother to feed her baby depends on her individual circumstances, including her health status and local services. Exclusive breastfeeding is recommended for HIV-infected women for the first 6 months of a baby's life unless replacement feeding using milk formula is acceptable, feasible, affordable, sustainable and safe for them and their infants. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, HIV-infected women are recommended to avoid all breastfeeding.
- Just because a girl can get pregnant does not mean that she is physically mature enough to safely deliver a healthy baby.
- There are significant responsibilities involved in becoming a young father. For example, less time to spend playing soccer and more time working to buy food, medicine, etc.

### **Money**

- Young girls who are poor may have sex with an older man or have sex without a condom in exchange for food or money.
- Trading sex for money or something else, such as clothing, soap or a favor, increases the risk of HIV because of differences in power to negotiate safe sex. The same risks exist when exchanging sex for "luxury" items, such as a cell phone, nice hair braids or alcohol.
- Young boys and girls should be encouraged to talk with a trusted adult if they feel pressured to have sex in exchange for money or other goods.

### **Hormonal contraceptive (birth control pills, injectables, etc.)**

- These methods work well to prevent pregnancy, but do not prevent the spread of HIV.

### **Violence**

- Sometimes a young person does not get to make the decision to have sex or use a condom when force is involved or alcohol abused.
- Adults should advise young people to avoid dangerous places if possible or go in groups.
- Adults should advise young people who are younger than 18 years of age to avoid bars and other places where alcohol is sold and/or consumed.
- Even if a boy has witnessed a man acting violently against a girl or woman, boys can be stronger and break the habit of violence.
- If a young person is afraid of someone or being abused, they need a trusted adult to talk to. If a young girl is raped, an adult should take her to the health center.

**Diploma**

- Anyone can get HIV, even the well educated.
- Staying in school opens up future possibilities for good jobs and better lives.
- HIV infection or becoming a parent before you are ready can end a dream for education.

**Wedding ring**

- Marriage can protect people from HIV if both partners have been tested, are negative and remain sexually faithful to one another.
- For some, waiting until marriage to have sex is part of their religion. Others may find that sex is more meaningful if it is saved for marriage.
- For young girls, early marriage may mean the end of their education as well as early exposure to HIV.

**Initiation symbol**

- For initiations that involve cutting, HIV can be passed through blood from one person to another if the same tool, such as a razor, is used and is not sterilized between each use.
- Male circumcision, if properly done, can reduce the risk of HIV. Circumcised men can still get HIV so they should get tested, remain faithful to one partner and use condoms.
- Initiation ceremonies that encourage young people to have sex either with adults or other young people or to take herbs to increase sexual desire can spread HIV by encouraging young people to have sex before they are emotionally or physically ready.

## Session 7: What if They Will Not Talk?

### Session Overview

**Session Description:** Participants explore adult traits that help young people feel more comfortable to approach them.

**Learning Objectives:** By the end of this session participants will be able to:  
Identify how they can be a more approachable adult.  
Identify the link between effective communication and being an approachable adult.



**Time:** 1 hour and 40 minutes



**Materials:** Flip chart and marker or chalkboard and chalk

### Activity 1: Discuss Practice Activity from Session 6



15 minutes

Review the practice from last week by asking participants:

- What was challenging/easy about the practice?
- What skills did you use that were helpful?
- What was difficult about the conversation?
- Which of the skills learned so far could you use to overcome these difficulties?

#### **RECAP: Session six practice activity:**

Between now and the next session, have a conversation with your young person about HIV, how it is transmitted and how to protect oneself. Remind the participants to use any of the skills that they have learned. These include positive types of communication, the Get Active! skills and the Four Knows. Remember that even if this is embarrassing, just keep going! Congratulate them for being such caring adults.



## Activity 2: What Makes an Adult Approachable?



15 minutes

### STEP ONE

Start a discussion by asking the following:

- What makes it easier for a young person to approach an adult to talk?
- What makes it difficult for a young person to approach an adult to talk?
- Which of these can adults control and which can they not control? (Some things they can control are their own reactions, whether they smile and ask questions, whether they listen. Some things that an adult cannot control is how the young person feels or what the young person is going to ask or whether they (the adult) will know the answer.)

### STEP TWO

Summarize and suggest the following examples, if not already mentioned:

- Things that make it easier:
  - The adult knows the young person's name,
  - The adult tries to ask the young person questions.
  - The adult's attitude is nonjudgmental and open.
  - The adult has a reputation for treating young people well and being trustworthy.
  - The young person likes talking with an adult.
- Things that make it difficult:
  - The adult does not know the young person's name.
  - The adult has a reputation as not being trustworthy with youth.
  - The young person doesn't think it is "cool" to talk with an adult.
  - It is not culturally acceptable for a young person to approach an adult.
- Adults can control some of these things by using good communication skills that we have learned so far in these sessions.

## Activity 3: Am I an Approachable Adult?



30 minutes

### STEP ONE

Ask participants to get into groups of two and pick two communication skills they think are important when trying to get a young person to talk. They can use the positive types of communication, the Get Active! skills or the Four Knows. Ask each pair to act out a role-play based on the following story to practice these two skills. Each person should play the adult once and the young person once.

**Joseph's story**

Joseph is a football coach and his best player, Robert, has become very aggressive with the other players and started a few fights on the field. Joseph cannot understand what is wrong with Robert, so he decides to see if Robert will talk to him about it. Robert is very hesitant and does not want to talk, but coach Joseph keeps trying...

**STEP TWO**

Bring the whole group back together and start a discussion by asking the following:

- a. What did the coach do that helped Robert to open up?
- b. What did they coach do that pushed Robert further away?
- c. What could the coach do better next time?
- d. What did you find easy or difficult about this exercise?

**Activity 4: But, What if They will not Talk... About a Sensitive Topic Like Sex?**

30 minutes

**STEP ONE**

Remind participants of the Four Knows introduced in the earlier sessions. Review the important points:

1. Know the facts.
2. Know your values or beliefs about sex and share these with the young person.
3. Know the Get Active! communication skills.
4. Know to reassure safety for the young person.

**STEP TWO**

Read out the following story:

**Beatrice's story:**

Beatrice's cousin, age 15, recently got pregnant and has dropped out of school. She and Beatrice have always been close because they are the same age. Beatrice is interested in all the attention her cousin is getting and thinks it is not all bad being pregnant or getting to drop out of school. When anyone in Beatrice's family tries to talk to her about how they want her to stay in school and not get pregnant like her cousin, Beatrice just ignores them or will not talk about it.



### STEP THREE

Ask the group the following:

- a. What are a few different possible scenarios of what could happen to Beatrice?
- b. How could positive communication skills help Beatrice?
- c. How could poor communication make things worse for her?

### STEP FOUR

Summarize and remind participants:

- That they are the adults and even if young people will not talk, it is their responsibility to keep trying, however uncomfortable it may feel. It may take time to gain their trust so be patient and keep trying.
- To talk in a way that will make it easier for young people to listen. But also to listen so that young people are able to talk.

## Session Wrap-Up



15 minutes

1. Thank participants for their creative work and assign the practice activity below:

#### **Session seven practice activity:**

Remember the communication skills you felt were the most important when talking with a young person. Between now and the next session, try to use these skills to get your young person to talk about a sensitive subject that you have not been able to get him/her to talk about in the past.

2. Encourage partners to support each other in the sessions and in practice activities at home.
3. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.



## Session 8: I am My Young Person's Role Model

### Session Overview

**Session Description:** Participants discuss what a good role model is and how they can be good role models for their young people. They learn how to share expectations for their young person's behavior.

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

1. Identify characteristics of a role-model.
2. Communicate expectations for their young person's behavior.



**Time:** 2 hours



**Materials:**

- Flip chart and Markers or Blackboard and Chalk

### Activity 1: Discuss Practice Activity from Session 7



15 minutes

Review the practice from last week by asking participants:

- a. What was challenging/easy about the practice?
- b. What skills did you find useful?
- c. What skills do you look forward to practicing more?

**RECAP: Session seven practice activity:**

Remember the communication skills you felt were the most important when talking with a young person. Between now and the next session, try to use these skills to get your young person to talk about a sensitive subject that you have not been able to get him/her to talk about in the past.





## Activity 2: What is a Role Model?



15 minutes

### STEP ONE

Start a discussion by asking the following:

- What is a role model?
- What positive or negative role models did you have when you were young?
- What was it about these people that made them a positive or negative role model?
- What role models do you think your young people have today?

### STEP TWO

Summarize the discussion and note that:

- Young people have many role models. Adults in their life are their role models, so are friends their own age and even famous people in sports or on television.
- A positive role model is someone who sets a good example to young people on how they should behave. Examples might be going to church or mosque, being faithful to one's partner and treating people kindly.
- A negative role model is a person who demonstrates behavior that can be harmful to himself or herself or to others. For example, acting violently, drinking a lot of alcohol, etc.
- Adults can do a lot to be good role models for young people. Young people are more likely to accept an adult's advice if the adult is a good role model for that behavior. For example, it is difficult for a young person to avoid violence if he or she sees adults that they look up to acting violently.
- Adults can also help young people deal with negative role models they may have in their life.

## Activity 3: What I say. What I do.



30 minutes

### STEP ONE

Read out the following few stories. After each story ask participants if they think the adult's actions MATCH their words or if their actions DON'T MATCH their words and explain why.

#### Story 1:

John and Joseph are brothers. John is 10 and Joseph is 4. John hates that his little brother follows him everywhere. One day he gets angry and hits Joseph. When their father sees John hitting Joseph he tells him he should not hit his little brother. John is confused because he has seen his father hit a man in a bar that he did not like.

**Story 2:**

Alice is raising her daughter Glory alone since her husband died. She is often sad and goes to the local bar to have some wine and meet men. When she comes home one night she sees her daughter with an older boy who is drinking beer and yells at Glory that she should not have sex or hang around with bad boys.

**Story 3:**

Demo's father yells at him for stealing money to buy wine with his friends. He is furious that his son stole money and that he stole money to buy wine. The father works very hard to provide food and shelter for his family and thinks it is important for his son to focus on school work.

**STEP TWO**

Start a discussion by asking:

- a. Why does it matter if the words and the actions of an adult MATCH or do NOT MATCH?
- b. What makes it difficult for an adult to make his or her actions MATCH what he/she says to young people?

**STEP THREE**

Summarize and explain that:

- Sometimes an adult decides a young person should “do as I say, not as I do” but this makes it harder for the young person to believe the adult and follow their advice.
- It is difficult for an adult to always be a good role model and act the way they expect their young person to act. But, if they want to be a role model for their young person they need to make sure:
  - Their behavior matches their advice most of the time; and
  - Be willing to talk openly with their young person about when and why their actions do not match what they expect from their young person. We will practice this in the next activity.



## Session Wrap-Up



15 minutes

1. Thank everyone for their participation and share the practice activity below:

**Session eight practice activity:**

Think about whether there are any differences between what you do and what you say to your young person. Start trying to make your actions and your words match.

2. Encourage partners to support each other in the sessions and in practice activities at home.
3. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.

## Session 9: Communicating with Young People about Money and Alcohol

### Session Overview

**Session Description:** Through a question and answer exercise participants will try and answer difficult questions about money, alcohol and their relation to sex and gender-based violence.

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

1. Understand the link between money and risky sexual behaviour among people.
2. Understand the link between alcohol, gender-based violence and risky sexual behaviour among young people.
3. Review communication skills to use when communicating with young people about these topics.



**Time:** 2 hours



**Materials:**

- Handout 7, “Questions and Answers about Money and Alcohol”, at the end of this session.
- If resources allow and literacy levels are adequate, make copies of Handout 7. Distribute this handout at the end of the session.
- Review the communication skills from earlier sessions, in particular Handouts 1, 2 and 6.

### Activity 1: Discuss Practice Activity from Session 8



15 minutes

Review the practice from last week by asking participants:

- a. What was easy about the practice?
- b. What was difficult about the practice?
- c. What did you do to make this practice easier for you?

**RECAP: Session eight practice activity:**

Think about whether there are any differences between what you do and what you say to your young person. Start trying to make your actions and your words match.

## Activity 2: What is the Link?



60 minutes

### STEP ONE

Ask participants to get into 3 groups. If they feel more comfortable, they can get into women-only and men-only groups. Tell participants that each group will be given 2 questions that young people might ask an adult about money and about drinking alcohol. Each small group will discuss and agree on how they would respond to the question.

### STEP TWO

Using Handout 7, visit each group and read out 2 questions. Give them 5 minutes to discuss and agree on their response.

### STEP THREE

Bring everyone back together and ask each group to present their question and suggested response.

After each small group has presented, read the suggested response on Handout 7 and discuss by asking:

- a. What key messages from either response do you think will be helpful to a young person?
- b. What key messages from either response do you think will not be helpful to a young person?

### STEP FOUR

After all groups have presented and discussed, close the activity by asking:

- a. Why is it important to communicate with young people about the problems of alcohol and the link between alcohol use, gender-based violence and sexual risk?
- b. Why is it important to discuss money and the link between money and potentially risky sexual behavior?
- c. What is the best way to communicate with young people about these topics?

## Activity 3: Using Communication Skills to Talk about Alcohol and Money



30 minutes

### STEP ONE

Review the communication skills learnt so far by asking participants:

- Name as many of the communication skills discussed so far in these sessions.
- Which of these skills would be most helpful when discussing the link between sex and alcohol or sex and money with a young person?



#### **Note to facilitator:**

Review the communication skills from Sessions 2,3 and 5, including those on Handouts 2 and 6.

### STEP TWO

Divide participants into two groups. Tell participants to pretend they have been invited by the most popular local radio station to create a 30-second spot.

**Group 1:** The spot should instruct other adults why it is important to discuss alcohol with young people and how it can lead to risky behavior and gender-based violence.

**Group 2:** The spot should instruct other adults why it is important to discuss the link between money and sex with young people and the risks it may lead to.

Each spot should give 2 communication skills adults can use when discussing the topic with young people.

### STEP THREE

Bring the group back together and ask each group to perform their spot. After each group presents, ask the following questions:

- How did you decide which message you would include in your spot?
- How did you decide the 2 communication skills you wanted to include?
- After hearing the spot, what in the message would motivate you to talk to a young person?

### STEP FOUR

Summarize the discussion and make the following points:

- Ordering young people not to drink alcohol may not be as effective as discussing the dangers of getting drunk. It is also important to remind them that there are laws that prohibit alcohol consumption by girls and boys younger than 18 years of age.



- Similarly ordering young people not to exchange sex for gifts or money will not be as effective as sharing your values about this and discussing the risks with them.
- Young people tend to behave like their parents or adult caregivers. If you don't want your young person to abuse alcohol or exchange sex for goods, it is best not to do those behaviors yourself.

## Session Wrap-Up



15 minutes

1. Thank the participants for their participation and assign the practice activity below:

### **Session nine practice activity:**

Talk with your young person about your personal values and beliefs about alcohol use and exchanging sex for money or goods, as well as the risks of these actions. Think about how you are a role model to your young people for these behaviors.

2. Encourage partners to support each other in the sessions and in practice activities at home.
3. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.



## HANDOUT 7

### Questions and Answers about Money and Alcohol

**Question:** *Adults drink alcohol often, so why shouldn't young people?*

**Suggested response:** Drinking too much alcohol is bad for your health at any age, but young people are even more vulnerable than adults. Young people's brains are still developing and alcohol consumption can harm the developing brain. Young people are more likely to lose control when they drink because they are not used to it. Boys who get drunk are more likely to get in fights and even rape girls. Girls who get drunk have less control over deciding to have sex. It is for these reasons that laws are in place to prohibit girls and boys who are younger than 18 years of age from consuming alcohol. These laws are there to protect young people.

**Question:** *Is having sex for money bad if you are poor and don't have any money?*

**Suggested response:** It is difficult to judge other people's problems, because some people might really struggle without exchanging sex for food or money. It is important for that person to talk with her parents or a trusted adult in the community because it is our responsibility as adults to protect young people. It is our responsibility to ensure that girls in our community don't feel compelled to exchange sex for food or money. Sometimes girls may exchange sex for something they don't really need – but again, it is hard to judge what someone 'really' needs and what is not necessary. Regardless, it is important that the person think about the worth of what they want with the risk involved in sex. Please, my child, if you feel you need to have sex in order to buy something first come to me to talk about what it is you want.

**Question:** *What should I do if all my friends are drinking alcohol and they want me to drink too?*

**Suggested response:** Do not be afraid to stand up for what you want and not drink alcohol. They may tease you at first but if you are firm they will get used to it after a while. Everyone, young and old, struggles with these pressures. Another option is for you to plan ahead and avoid places where you know others will be drinking. You are not alone and I invite you to come to me if you would like more suggestions.

**Question:** *What if someone offers to buy me something pretty, can I just accept the gift, but not offer sex?*

**Suggested response:** The problem with accepting something pretty is that the person who offered may want something in exchange and he may get it by force. Do not put yourself in that situation because it could be scary even if you do avoid his advances. Please think about how badly you want the pretty thing and if it is worth a very frightening experience for you.





**Question:** *What is the problem with accepting alcohol from people who want to buy or give it to you?*

**Suggested response:** Accepting alcohol bought by other people may cause you to drink more than you want to. Men and boys may encourage girls to get drunk so that they will agree to have sex with them or get so drunk they won't resist if they force them to have sex. Men and boys who are drunk may become violent towards women and girls – hitting them or even raping them.

**Question:** *I don't understand why young girls cannot accept gifts or money from men in the same way adult women do.*

**Suggested response:** It is true that adults act differently from young people. I understand that must be difficult for you. But remember gifts and money may come at a price. Is the gift or money worth what might happen? Please remember our family values and that we do not want you to offer your body to someone in exchange for a few coins or a new hair weave.



## Session 10: Where are the Young People?

### Session Overview

**Session Description:** Participants explore monitoring young people to keep them safe and map their community to identify unsafe areas.

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

1. Identify unsafe places for young people in their community.
2. Identify ways to keep young people away from unsafe places.
3. Explain why adults need to set boundaries and monitor young people.
4. Know how to monitor young people in a useful way.



**Time:** 1 hour and 50 minutes



**Materials:**

- Chalkboard and chalk or Flipchart and marker

**Facilitator Preparation:**

- Read Activity 2 and determine what materials are needed to do the mapping exercise.

### Activity 1: Discuss Practice Activity from Session 9



15 minutes

Review the practice from last week by asking participants:

- a. What was easy about the practice?
- b. What was challenging about the practice?
- c. How did your young person react to what you had to say?

#### **RECAP: Session nine practice activity:**

Talk with your young person about your personal values and beliefs about alcohol use and exchanging sex for money or goods, as well as the risks of these actions. Think about how you are a role model to your young people for these behaviors.



## Activity 2: Where is it Unsafe?



50 minutes

### STEP ONE

Ask participants to draw a map of their community on flipchart paper, chalkboard or a large space on the ground outside. Include roads and the different businesses or institutions in the community, for example, schools, churches, mosques, health clinics, community leaders' houses, bars, rest houses, shops, water pumps, bus stops, etc. Let participants put in everything they can think of and then ask them the questions in step two.

### STEP TWO

Using the map, ask participants:

- a. Where can young people get hurt?
- b. Where do young people go to do activities they would not do out in the open?
- c. Where can young people drink alcohol?
- d. Where are young people at risk of forced sex?
- e. What can you do to keep your young person and other young people in the community, away from these harmful areas?
- f. What can you, as a community, do to make these harmful areas safer for young people?



#### **Note to facilitator:**

Keep the map and display it at the next session. If the map was drawn on the dirt ask the groups to take one last look at the map to remember where the harmful places in their community are.

### STEP THREE

Summarize and share the following key points:

- There are places in the community that put our young people at risk.
- Adults can help young people avoid these risks by knowing where their young people go and by working together to make these harmful places safer.

## Activity 3: Setting Boundaries and Monitoring Young People



30 minutes

### STEP ONE

Start a discussion by asking participants:

- a. Why should adults set boundaries with their young people?
- b. Is it important to communicate these boundaries with young people? Why?
- c. Why should adults monitor where young people are and what they are doing?
- d. How does monitoring young people keep them safe?
- e. What are some things that you can do to find out where your young person is and what they are doing?

### STEP TWO

Summarize the discussion and share the following key points:

- Setting boundaries with your young people lets them know your expectations for their daily activities: where they can and cannot go, what time you expect them to return home and the type of people they should avoid.
- Monitoring young people helps adults know **what** their young people are doing, **where** they are going and **who** they spend time with.
- Monitoring shows young people you care and it keeps them safe. It also shows them that you are involved in their life and are aware of dangers that exist for them.
- Monitoring is not trying to control our young people, it is keeping them safe.
- You can monitor your young person by:
  - Asking questions: For example, what did you do today? Where are you going tonight? Who will be there?
  - Observing behavior: For example, what do they act like before they go out with friends? What do they act like when they get back?
  - Explaining reasons: For example, why do you approve/disapprove of certain places/people? Why is a place safe/unsafe?
  - Asking others: For example, where have you seen my young person? What were they doing?
- Remember, you can help each other by looking out for the well-being of all young people in the community, not only your own young person.



## Session Wrap-Up



15 minutes

1. Thank everyone for their participation and assign the practice activity below:

### **Session ten practice activity:**

Establish boundaries for your young person, make sure these boundaries are communicated clearly to your young person. Practice the tips to monitor young people: ask details, observe behavior, explain reasons, ask others. Talk to your young person to tell them why you are doing this – because you care, you want to be involved in their lives and you want to keep them safe.

2. Encourage partners to support each other in the sessions and in practice activities at home.
3. Discuss the logistics of the next meet-up:
  - WHEN is the next session;
  - WHERE is the next session; and
  - WHAT topics(s) will be covered.

## Session 11: Review and Pledge

### Session Overview

**Session Description:** Participants reflect on communication knowledge and skills gained during the program. Participants pledge to try to use their new skills in order to better communicate with young people.

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

1. Review communication skills and knowledge gained.



**Time:** 2 hours



**Materials:**

- Monitoring forms, at the end of this session.
- Review the main communication skills taught in this program. See Handouts 1, 2 and 6.

**Facilitator Preparation:**

- Make copies of the Go Families! Communication Pre-Post Test for all participants. This can be found in the Monitoring Forms section at the end of the manual.

### Activity 1: Discuss Practice Activity from Session 10



15 minutes

Review the practice from last week by asking participants:

- a. What was easy about the practice?
- b. What was challenging about the practice?
- c. How did your young person respond to the discussion about the boundaries you have set for them? Monitoring them?

#### **RECAP: Session ten practice activity:**

Establish boundaries for your young person, make sure these boundaries are communicated clearly to your young person. Practice the tips to monitor young people: ask details, observe behavior, explain reasons and ask others. Talk to your young person to tell them why you are doing this – because you care, you want to be involved in their lives and you want to keep them safe.



## Activity 2: What did we Learn?



45 minutes

### STEP ONE

Ask each participant to stand up in turn and name one area of knowledge or skill they have learned or improved during this program and, if possible, share a personal story of how this has helped them build a good relationship with their young person. Encourage everyone to clap loudly and celebrate the participant's positive experience.

### STEP TWO

Review the communication skills covered during this program. See Handouts 2 and 6 to help you cover all the points.

### STEP THREE

Divide the participants into two groups. Ask them to create a 10 minute soap opera drama about an adult and young person. In this drama, the adult and young person are having a very difficult time communicating. Someone gives the adult advice on what communication skills work best with young people. The adult then uses these new skills to communicate with the young person. They have 20 minutes to prepare. Encourage participants to be creative and dramatic.

### STEP FOUR

Ask each group to perform their drama. After each, start a discussion by asking:

- a. What skills did you see used that you did not have before this training?
- b. What skills did you see used that you plan to continue to practice with young people in your life?

## Activity 3: My Pledge to my Young Person



30 minutes

### STEP ONE

Ask participants to get into pairs. Each person should list 3 skills they hope to use and how they will use them. For example:

1. I will ask my young person questions instead of telling them what to do.
2. I will share my values with them about alcohol.
3. I will make sure I listen when they are talking and ask active questions.

### STEP TWO

Explain to participants that this is the close of the program. Ask participants to take a verbal pledge to agree to try and use the skills they have learned. If participants agree, ask them to repeat the following, as a large group or individually:

**Our pledge to young people:**

I, \_\_\_\_\_, promise to use the knowledge and skills learned in this program to build a strong relationship with young people and protect them from harm.

**STEP THREE**

Bring the group back together and invite participants to share one example from their list, if they wish.

**Evaluation**

15 minutes

Before closing the session, administer the Go Girls! Go Families! Training Pre-Post Test with the participants.

**Session Wrap-Up**

15 minutes

1. Thank the participants for their hard work during this program and congratulate them for all they have accomplished.
2. Encourage partners to continue to support each other in using the skills they have learned in the program.
3. Remind participants that they are capable of taking their pledges into the community to build nurturing and supportive relationships with all young people.





# **Go Families! Building Adults' Skills to Communicate with Young People**

## **Monitoring Forms**



## Instrument 1: Go Families! Training Program Participation Log

Name of Facilitator: \_\_\_\_\_ Community; \_\_\_\_\_

No.	Name	Sex (M/F)	Age	Parent, Guardian or Role Model of Vulnerable Girl (P/G/R)	Attendance (please mark 'x' to indicate attendance for each session)																						
					1	2	3	4	5	6	7	8	9	10	11												



## Instrument 2. Go Families! Training Program Pre-Post Test

*Instructions to Facilitators: Administer this form prior to the first session and again immediately after the last session. If participants are literate: Give one form to each participant. Read each of the following statements aloud. In response to the statement ask the participants to check the box for either "I agree"; "I don't know"; or "I disagree". If participants are not literate: Use only one form for the group answers. Read each statement aloud. Ask participants to cover their eyes and vote for one response, either "I agree", "I don't know" or "I disagree", by raising their hand. Tally the responses and record them in the appropriate column for each response.*

Location: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:  Pre Test  Post Test

	I agree	I don't know	I disagree
1. It is easy for adults to communicate with young people.			
2. Today, I told a young person in my life that I love them.			
3. Young people do not need privacy. When young people share their problems with adults, adults can share their problem with anyone.			
4. It is important for adults to know their own values regarding sexuality before discussing such issues with young people.			
5. A girl who is menstruating can get pregnant the first time she has sex.			
6. It is important for adults to know where their young person is at all times.			
7. It is fine for adults to tell young people that 'I do not know the answer.'			
8. A person can contract HIV by sharing a drinking glass with an HIV infected person.			
9. I do not feel comfortable talking to young people about the ways HIV is transmitted.			
10. Adults don't need to talk to young people about sex as they learn all that they need to know from others.			
11. I have shared the hopes and dreams I have for my young person with my young person.			
12. I am a positive role model for young people.			

## Glossary

**Abstinence** – sexual abstinence is a choice to refrain from sexual activity. Reasons to choose abstinence may be moral, religious, legal or for health and safety. Since sexually transmitted infections and HIV can be transmitted through oral, anal and vaginal sex, abstinence refers to not having anal oral or vaginal sex. Abstinence is the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV.

**Aggressive** – delivering a message forcefully without thinking of the other person’s feelings; expressing yourself in a confrontational manner.

**Assertive** – delivering a message by honestly expressing your thoughts and feelings; direct and clear without putting down the rights of others; showing mutual respect.

**Assumptions** – things that are taken for granted or expected to be true.

**Brainstorm** – a problem-solving activity by defining a problem or idea and coming up with anything related to the topic - no matter how remote a suggestion may sound. All ideas are recorded and evaluated only after the brainstorming is completed.

**Coercion** – to trick someone into doing something.

**Sexual coercion** - the act of persuading someone to engage in an unwanted sexual activity through physical force, threat of physical force or emotional manipulation. It differs from rape in that the coerced individual consents to the sexual activity for a variety of reasons. The coerced individual feels it is easier or safer to consent to sexual activity than decline due to an imbalance of power. Coercive situations may not be obvious, even to the coerced individual<sup>2</sup>.

**Consent** – to agree to; to willingly engage in a sexual act. National laws set the legal age of consent in each country: that is the age at which a young person is considered old enough to agree to sex. Age of consent laws differ from country to country.

**Contraceptives** – are methods of preventing pregnancy. This may be done with medication, device or by blocking the process of reproduction.

**Birth control pill** - also known as “oral contraceptive,” is one of the most effective reversible methods of birth control. It is a combined hormonal (usually synthetic progestin and estrogen) or progestin-only pill taken each day. The hormones prevent ovulation (the releasing of an egg from the ovaries), increase cervical mucus to block sperm and create a thin uterine environment. The pill

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<sup>2</sup> Definition adapted from Sexual Coercion Among Adolescents: A Training Guide for the Family Planning Clinician, Emory University School of Medicine, Department of Gynecology and Obstetrics, Regional Training Center.



does not protect against STIs and HIV and must be taken at the same time each day. Some women may have side effects including mood changes, acne, headache, breast tenderness and nausea.

**Condoms** – a polyurethane or latex sheath that covers the penis; some come with lubricant or spermicide added. A condom is placed on the erect penis prior to intercourse. The male condom prevents pregnancy by blocking the passage of sperm. A condom provides the best protection against STIs and HIV. However, it can break and leak if not withdrawn correctly.

**Intrauterine Device (IUD)** – a small plastic device that is inserted in the uterus by a clinician. Once inserted, the IUD is immediately effective. IUDs contain copper or hormones that keep sperm from joining egg and prevent a fertilized egg from implanting in the uterus. IUDs only have to be replaced every five or ten years depending on the brand. Some women experience a reduction in cramping or may stop having a period, which some find beneficial. Additionally, fertility usually returns one month after removal. Women may have irregular bleeding and spotting in the first few months. IUDs do not protect against STIs, including HIV. Some women may have side effects including mood changes, acne, headache, breast tenderness and nausea.

**Injectables** – The injectable hormone progestin is a reversible and effective method of contraception. A medical professional will administer the injection in the muscle of a woman's upper arm, buttocks or thigh. The injection lasts for approximately 3 months after which time she must have another injection to maintain the contraceptive benefits. The method is fully effective 24 hours after injection. These injected capsules do not protect against STIs and HIV. They may cause irregular periods, headaches and weight gain. Injectable progestin is a good option for women who cannot take estrogen or who may not remember to take pill every day. However, a woman will need regularly scheduled appointments for renewed injections. If someone using injectables is planning to become pregnant, it will take several months after discontinuing use before she will start to ovulate and resume normal menstrual cycles.

**Empower** – to give power or authority to.

**Gender-based violence (GBV)** – is a pattern of physically, sexually and/or emotionally abusive behaviors used by one individual to assert power or maintain control over another based on their sex or gender. GBV includes intimate partner relationships of spousal or dating relationships. Abuse generally falls into one or more of the following categories: physical battering, sexual assault and emotional or psychological abuse.

**Gender** - socially-constructed roles, responsibilities and behaviours. These roles are cultural, learned, change over time and vary within and between cultures.

**Gender roles** – expectations that boys and girls (and men and women) should act a certain way because they are male or female

**Goal** – A goal is an aim, purpose or desired result. It is something one focuses on and works towards its achievement.

**Harassment** – creating an unpleasant or hostile situation through unwelcome or unwanted verbal or physical behavior.

**Healthy relationship** – Healthy relationships are characterized by respect, sharing and trust. They are based on the belief that both partners are equal and that the power and control in the relationship are equally shared. Some of the characteristics of a healthy relationship are:

- Respect – listening to one another, valuing each other’s opinions and listening in a non-judgmental manner.
- Trust and support – supporting each other’s goals in life and respecting each other’s right to his/her own feelings, opinions, friends, activities and interests.
- Honesty and accountability – communicating openly and truthfully, admitting mistakes or being wrong, acknowledging past use of violence and accepting responsibility for one’s self.
- Shared responsibility – making relationship decisions together, mutually agreeing on a distribution of work that is fair to both partners.
- Negotiation and fairness – being willing to compromise, accepting change and seeking mutually satisfying solutions to conflict.
- Non-threatening behavior – talking and acting in a way that promotes both partners’ feelings of safety in the relationship. Both should feel comfortable and safe expressing him/herself and in engaging in activities of one’s choice.

**HIV (Human Immunodeficiency Virus)** – is the virus that causes AIDS. HIV is transmitted through blood, semen, vaginal fluid and breast milk. HIV CAN be prevented and is NOT transmitted through casual contact (hugging, sharing an apartment, playing basketball, etc.).

- How HIV is Transmitted:
  - Vaginal, anal or oral sex with an infected partner.
  - Through contact with blood, blood products or tissues of an infected person.
  - For initiations that involve cutting, HIV can be passed through blood from one initiate to another if the same tool is used and not sterilized properly between each child.
  - Initiation ceremonies that encourage young people to have sex either with adults or other young people or to take herbs to increase sexual desire can spread HIV.
  - Mother-to-child during pregnancy, birth or through breast milk.
  - Transfusion of HIV contaminated blood, blood products and body tissues.
- How HIV is NOT Transmitted:
  - Talking, shaking hands or other casual contact.
  - Hugging or kissing (there is a minimal risk that deep kissing - “French kissing or Tongue kissing”- could lead to infection, if open sores are present on the lips, tongue or mouth)
  - Touching walls, doorknobs, pens, restrooms, computers, telephones.
  - Being bitten by mosquitoes, fleas or other insects.

The ONLY way to know if one is HIV infected is to receive an HIV test. The test will effectively assess whether the person is infected or not. It takes the body approximately 3 - 6 months to develop enough antibodies to be detected on the HIV antibody test. For this reason, it is important to be tested 3 - 6 months after the risk behavior (sharing needles of any kind, unprotected anal oral or



vaginal sex) in order to receive an accurate test result.

**Hormones** – chemical substance produced by a gland that mediates activities in other parts of the body. Hormones travel through the body in the bloodstream to regulate the activity of certain organs, including the reproductive system. Estrogen plays an important role in reproduction.

**Lubricants** – a moist substance that comes on condoms, it makes the condom moist to increase sexual pleasure and to decrease condom breakage. Latex condoms can only be used with water based lubricants, such as KY, Astroglide, etc. Latex condoms should not be used with oil-based lubricants like Vaseline or oils as it could wear down the condom and the condom may break.

**Menstrual cycle** – the cycle during which the lining of the uterus grows, thickens and is maintained until ovulation and is then shed if the egg is not fertilized. This shedding is called the menstrual period or menstruation. The average length of the cycle, from the first day of bleeding of one cycle to the first of another, is 28 days and a period lasts on average of 5 days. However, the length and pattern of the cycle vary greatly among women.

**Norms** – social rules or expectations.

**Passive** – delivering a message without expressing your true thoughts or feelings; sometimes staying silent.

**Power** – the ability to do what one wants; to get one's way. It is also the capacity to influence the behavior of others, their emotions or the course of events.

**Puberty** – when children begin to mature physically and emotionally. Both male & female bodies will each take on a different shape as girls start to grow into women and boys into men. Everyone matures differently and at different rates.

**Respectful** – listening to others; to be mindful, careful or sensitive to their feelings, beliefs, needs and opinions and listening in a non-judgmental manner.

**Sex** – biological and universal (factors are the same around the world). Sex is determined at birth and is generally unchanging, with the exception of surgery. Sex does not vary between or within cultures. One is born either male or female.

**Sexual harassment** – any repetitive, unwanted and uninvited sexual attention such as teasing, touching or taunting.

**Sexual intercourse** - a variety of sexual or intimate contact, including vaginal, anal and oral genital intercourse.

**Sexually Transmitted Infections (STIs)** – infections that are transmitted through sexual contact: anal, vaginal or oral. STIs are generally divided into two categories, bacterial (e.g., gonorrhea, Chlamydia and syphilis) and viral (e.g., genital warts, herpes, Hepatitis and HIV). Bacterial infections.

**Sexual violence** – Any form of forced or unwanted sexual activity where there is no consent, consent is not possible or power and/or intimidation is used to coerce a sexual act. Sexual violence and abuse include direct physical contact, such as unwanted touching of any kind or rape, which is also known as “defilement” for young people under the legal age of consent. Regardless of the legal age of consent, sexual activity between a teacher and participant is considered abuse because of the age and power differentials between the two. Activities such as making a child watch sexual acts or pornography, using a child to make pornography or making a child look at an adult’s genitals is also abuse. Sexual violence can be perpetrated verbally. For example, sexually explicit language or any repetitive, unwanted and uninvited sexual attention through teasing or taunting about dress or personal appearance is also sexual abuse. Sexual violence or abuse can have devastating, long-lasting effects on children, including increased risk of social, emotional and psychological damage, increased risk of substance abuse, health and social problems such as unwanted pregnancy, sexually transmitted infections, including HIV/AIDS, depressive disorders and aggressive behavior, as well as negatively affecting educational attainment.

**Threaten** – to be a source of danger or to intimidate someone by telling them they will experience negative or dangerous consequences if they do not comply.







