

# EMPOWERING AFRICA'S YOUNG PEOPLE INITIATIVE



## MAISHA BORA

A Peer Education manual on Reproductive Health, STI, HIV and AIDS focussed on strengthening values, reforming attitudes, imparting knowledge and developing life skills.



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## **FOREWORD**

HIV and AIDS continue to present enormous health and developmental challenges in Tanzania as anywhere else in the world. Despite the major strides made by the government, international and local NGOs in reducing the incidence and prevalence of HIV, it has been realised that young people continue to indulge in risky behaviour and account for an uncomfortably large percentage of new infections.

In order to streamline the approach and often conflicting information given to the youth, EAYPI-Tanzania presents this jointly developed manual to be used as a guideline in addressing the multiple issues of concern to the youth with regard to HIV and AIDS, STI, Reproductive health, substance abuse and Life Planning Skills.

It is our hope that this manual, with its main strategy based on experiential learning, will be a useful tool for youth empowerment through reforming attitudes, imparting knowledge and developing relevant skills.

## **ACKNOWLEDGEMENTS**

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Consultations and contributions were given by focal persons and CEO of affiliate organizations being the TRCS, TSA, TGGA, TYMCA, TYWCA, and Kuleana Centre for children's rights. These were Dr Seif, Dr Lugoi, Neema Masomo, Alfonse Mutaboyerwa, Neema Bwaira, Hope Gabone, Agatha Masanja, Stella Budodi, Alpherio Nchimbi and William Munisi, as well as other youth of these organizations who shared input in various sections.

Dr. Ben Ngoye led the development of this guideline, while Agripina Habicht, Syangu Mamkewa, Sarah Mtambo, Beatus Rwechungura and Masudi Kisamfu contributed to the production process.

Christy Macy and Lynde Pratt assisted with the design and layout.

To these and to all others who contributed in one way or another, we say Thank you!

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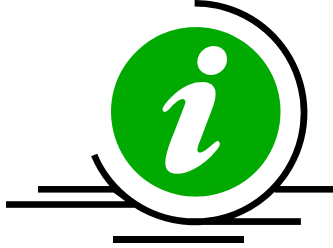
References

## ABBREVIATIONS

|             |   |
|-------------|---|
| AIDS        | Acquired Immune Deficiency Syndrome                           |
| CSW         | Commercial Sex Worker   |
| E.g. (e.g.) | for example   |
| etc.        | Et cetera   |
| Ex          | Example   |
| HIV         | Human Immune Deficiency Virus                                 |
| IVDU        | Intra Venous Drug Use   |
| MTCT        | Mother to child transmission                                  |
| NGO         | Non-Governmental Organization                                 |
| OI          | Opportunistic Infection                                       |
| PE          | Peer Educator   |
| PLWHA       | People living with HIV and AIDS                               |
| PMTCT       | Prevention of Mother to child transmission                    |
| STD         | Sexually Transmitted Disease                                  |
| STI         | Sexually Transmitted Infection                                |
| TGGA        | Tanzania Girl Guides Association                              |
| UNAIDS      | United Nations Joint Cosponsored Program on HIV/AIDS          |
| UNDP        | United Nations Development Fund                               |
| UNESCO      | United Nations Education Scientific and Cultural Organization |
| UNFPA       | United Nations Population Fund                                |
| UNICEF      | United Nations Children Fund                                  |
| TRCS        | Tanzania Red Cross Society                                    |
| TSA         | Tanzania Scout Association                                    |
| WHO         | World Health Organization                                     |
| YMCA        | Young Men's Christian Association                             |
| YWCA        | Young Women's Christian Association                           |

# PART 1

## INTRODUCTION FOR THE FACILITATOR



## **INTRODUCTION FOR THE FACILITATOR**

### ***What is peer education?***

*Peer education is the use of a member or members of a given group to effect change among other members of the same group, at individual level, by attempting to modify the person's knowledge, attitudes, beliefs or behaviour. Peer education also stimulates change at the group or societal level by modifying norms and stimulating collective action that leads to change.*

### ***What skills and information are presented in this training manual?***

This manual has various sections aimed at:

- Providing information about Reproductive Health, STI, HIV and AIDS, in a youth-friendly experiential way.
- Helping young people explore their values and understand themselves, their sexuality and reproductive health.
- Enabling peers to acquire skills and reform their attitudes in a way that will influence them to make healthier, safer life choices as well as encourage positive behaviour change.
- Providing information for youth > 15, sexually active youth and married youth about the correct and consistent use of condoms that are coupled with information about abstinence as the only 100 percent effective method of eliminating risk of HIV infection; and the importance of HIV counselling and testing, partner reduction, and mutual faithfulness as methods of risk reduction.

### ***For who is the manual prepared?***

This manual is designed for young people working with their peers to improve their knowledge on their sexual health/HIV/ AIDS /STI, and to help reform their attitudes in a positive way and impart skills that would be relevant in effecting a positive behaviour change. However, the manual can also be used by anyone working with young people.

### ***Why?***

The manual was developed in recognition of the fact that young people are one of the most vulnerable groups who account for the greater percentage of new HIV infections. However, when young people are provided with the right information and relevant life skills and living values, they become an important stimulus for peer and societal behaviour change. The coming together of the various organizations under EAYPI-TZ is a response for the need to have a clear and consistent approach to youth issues on HIV and AIDS.

### ***With whom?***

This manual is designed for use with small peer groups where one can find the space to talk and learn. Mixing boys and girls goes against the grain of our traditional peer groups. However, doing this will enable them to appreciate the opposite sexes better and break down the walls of stereotyping, fixed gender roles and gender misunderstanding.

### ***Where?***

Any place without disturbances or distractions e.g. classroom, clubroom, or a corner of the field. You should all be able to sit comfortably and participate fully without inhibition.

## ***When?***

Within the time frame set out by the individual Peer Educator and in compliance with EAYPI and organizational Peer Education Strategies and guidelines.

Remember that whatever the setting, you may have to contend with numerous challenges that may interfere with the scheduling of the training.

## ***The Time Plan***

If one is contemplating a formal continuous / daily attendance workshop, we suggest a 5 to 7 days training workshop tackling 4-5 sessions daily. Participants will need to be monitored and supported continuously in order to effectively apply and impart the new knowledge, skills and attitudes to effect behaviour change. If participants cannot get time off, then you may plan on 1-2 hr session each day or each week during club time or individual time to tackle each session by session.

## ***How?***

The sessions are structured in a way that will encourage participatory learning and should be taken in the progressive sequence laid out in the manual. Sitting in a circle or semi-circle and the use of the words "we", "us" and "our" are strongly encouraged during sessions. This will promote participation by increasing the feeling of self-worth and valued contribution. Note taking should be discouraged as much as possible, so that people can involve themselves fully in the activities, and others will not feel threatened that their secrets are being written down!

## ***Your Role and General Objective***

You will be helping young people acquire the necessary knowledge, develop the right attitudes and sharpen the skills necessary to protect themselves from HIV, AIDS, STI, Pre-marital/Casual Sex and Unplanned-for Pregnancy. You will therefore use the manual to lead activities with young people.

## ***Dealing with your worries***

Your feelings, values and attitudes may affect the way you present activities in the program and therefore you should take time to think through them. Look through the modules and sessions and assess your level of comfort/ease in presenting them. Are there any on which you have strong opinions? Are there any you would rather avoid?

Remember that not everyone will share your opinions about what type of behaviour is appropriate and that in leading HIV, AIDS and STI activities, you may frequently encounter attitudes, values, feelings and beliefs that are different from your own.

Remain factual, seek more information and guidance regarding your opinions, and if you still feel unable to contain them or are still uncomfortable, you may consider asking a resource person or fellow Peer Educator to lead the session for you.

## ***Your Style***

It is important that you familiarise yourself with the session you are going to facilitate and sufficient knowledge of HIV, AIDS and STI.

- ✓ Facilitate. Do not teach.



- ✓ Do not judge and do not impose. Let the young people discuss and find their own answers.
- ✓ Do not be afraid of silence: people often reveal the essence of what they are thinking after a pause.
- ✓ Accept when you do not know the answer and promise to find out and report back.
- ✓ Think of what can be learnt from the fun activities and take a break if necessary.
- ✓ Do not be so strict on time as to let issues remain unresolved.
- ✓ The more serious or personal a topic, the greater the difficulty in asking questions, sharing experiences, and expressing viewpoints.
- ✓ Remember that your example will be followed, therefore: keep time, be a good listener and remain respectful at all times.

## **FINAL PREPARATIONS FOR THE SESSIONS**

- Review the activities to be carried out in advance and familiarise yourself with them.
- Prepare the required materials in advance
- Arrive slightly earlier so as to arrange materials and seating
- Remember to start with an energizer at all sessions
- Remember to review any assignments before continuing with the day's session
- Remember to review what was learnt in the previous sessions
- If there is a video to be watched, make sure you review it beforehand. Confirm the availability of a power source, cables, a convenient venue and the Television and Video!
- Remember to close all sessions with a song/game

## **Working with semi-literate and/or out-of-school youth**

Just as in-school youth, each group is unique or different. Take time to observe and assess their needs, capabilities and levels of understanding. Use your creativity to adapt activities such that there is minimal reading or writing, and more speech, visualization or acting out. Other suggestions for managing this category of youth include:

Using local language/familiar terminologies or vernacular (if you know it)

Using real-life examples, local stories, games, songs and poems, and everyday things as training resources

Using repeaters to ensure that you have been understood

## **The workshop planning**

## Sample 6 DAY workshop

|                            |        |                                   |         |                              |         |
|----------------------------|--------|-----------------------------------|---------|------------------------------|---------|
| <b>DAY 1</b>               |        | <b>DAY 3</b>                      |         | <b>DAY 5</b>                 |         |
| Introduction               | 90 MIN | Introducing HIV and AIDS          | 105 MIN | Assertiveness                | 75 MIN  |
| Name game                  |        | What do you know?                 |         | What would you do?           |         |
| Expectations and fears     |        | Epidemiology                      |         | How assertive are you?       |         |
| Do's and don'ts            |        | Transmission                      |         |                              |         |
| Roles and responsibilities |        |                                   |         |                              |         |
| Question box               |        |                                   |         |                              |         |
| <b>TEA BREAK</b>           |        | <b>TEA BREAK</b>                  |         | <b>TEA BREAK</b>             |         |
| Self image and self esteem | 45 MIN | How risky is it?                  | 90 MIN  | Practicing assertiveness     | 75 MIN  |
|                            |        | HIV infection                     |         | Response to persuasion       |         |
|                            |        | Dramatizing HIV infection         |         |                              |         |
|                            |        | From HIV to AIDS                  |         |                              |         |
| <b>ENERGIZER BREAK</b>     |        | <b>LUNCH BREAK</b>                |         | <b>ENERGIZER BREAK</b>       |         |
| Values                     | 60 MIN | Prevention and risk reduction (1) | 90 MIN  | Negotiation                  | 105 MIN |
|                            |        |                                   |         | Saying 'no'                  |         |
|                            |        |                                   |         | Manipulative skills          |         |
| <b>ENERGIZER BREAK</b>     |        | <b>ENERGIZER BREAK</b>            |         | <b>LUNCH BREAK</b>           |         |
| Gender                     | 60 MIN | Prevention and risk reduction (2) | 60 MIN  | Not without a condom!*       | 30 MIN  |
|                            |        |                                   |         |                              |         |
| <b>LUNCH BREAK</b>         |        | <b>TEA BREAK</b>                  |         | <b>LUNCH BREAK</b>           |         |
| Risk                       | 90 MIN | <b>REVIEW AND CLOSE</b>           |         | Supporting Behaviour change  | 75 MIN  |
|                            |        |                                   |         | Role models                  |         |
| <b>ENERGIZER BREAK</b>     |        |                                   |         | <b>ENERGIZER BREAK</b>       |         |
| Growth and development     | 90 MIN |                                   |         | Planning for the future      | 75 MIN  |
|                            |        |                                   |         | Setting goals                |         |
| <b>TEA BREAK</b>           |        |                                   |         | <b>TEA BREAK</b>             |         |
| <b>REVIEW AND CLOSE</b>    |        |                                   |         | <b>REVIEW AND CLOSE</b>      |         |
| <b>DAY 2</b>               |        | <b>DAY 4</b>                      |         | <b>DAY 6</b>                 |         |
| Love & Infatuation         | 90 MIN | Sexual abuse                      | 90 MIN  | Introducing the activity kit | 90 MIN  |
| Defining sexuality         |        |                                   |         |                              |         |
| <b>TEA BREAK</b>           |        | <b>TEA BREAK</b>                  |         | <b>ENERGIZER BREAK</b>       |         |
| Myths and practices        | 75 MIN | Substance abuse                   | 105 MIN | Guidelines and M&E tools     | 60 MIN  |
| Why young people have sex  |        |                                   |         |                              |         |
| Consequences               |        |                                   |         |                              |         |
| <b>ENERGIZER BREAK</b>     |        | <b>ENERGIZER BREAK</b>            |         | <b>TEA BREAK</b>             |         |
| Pregnancy                  | 60 MIN | The Bridge                        | 30 MIN  | Review of hopes and fears    | 150 MIN |
|                            |        |                                   |         | Mental gifts                 |         |
|                            |        |                                   |         | Strategies to make it work   |         |
|                            |        |                                   |         | Workshop evaluation          |         |
| <b>ENERGIZER BREAK</b>     |        | <b>LUNCH BREAK</b>                |         | <b>LUNCH BREAK</b>           |         |
| Teen marriage              | 60 MIN | Decision making                   | 60 MIN  | CLOSING CEREMONY             | 30 MIN  |
|                            |        |                                   |         |                              |         |
| <b>LUNCH BREAK</b>         |        | <b>ENERGIZER BREAK</b>            |         |                              |         |
| STI                        | 90 MIN | Communication                     | 120 MIN |                              |         |
|                            |        |                                   |         |                              |         |
| <b>TEA BREAK</b>           |        | <b>TEA BREAK</b>                  |         |                              |         |
| <b>REVIEW AND CLOSE</b>    |        | <b>REVIEW AND CLOSE</b>           |         |                              |         |



**Sample sequential modular training**  
**E.g. training done for a club or group meeting once**

| Session # | ACTIVITY   | TIME             |
|-----------|--|------------------|
| 1         | Introduction<br>Name game<br>Expectations and fears<br>Do's and don'ts<br>Roles and responsibilities | 90 MIN           |
| 2         | Self image and self esteem<br>Values   | 45 MIN<br>60 MIN |
| 3         | <b>Gender</b>  | 60 MIN           |
| 4         | <b>Risk</b>  | 90 MIN           |
| 5         | <b>Growth and development</b>  | 90 MIN           |
| 6         | Love & Infatuation<br>Defining sexuality   | 90 MIN           |
| 7         | Myths and practices<br>Why young people have sex<br>Consequences                                     | 75 MIN           |
| 8         | <b>Pregnancy</b>   | 60 MIN           |
| 9         | <b>Teen marriage</b>   | 60 MIN           |
| 10        | <b>STI</b>   | 90 MIN           |
| 11        | Introducing HIV and AIDS<br>What do you know?<br>Epidemiology<br>Transmission                        | 105 MIN          |
| 12        | How risky is it?<br>HIV infection<br>Dramatizing HIV infection<br>From HIV to AIDS                   | 90 MIN           |
| 13        | Prevention and risk reduction (1)  | 90 MIN           |
| 14        | Prevention and risk reduction (2)  | 60 MIN           |
| 15        | <b>Sexual abuse</b>  | 90 MIN           |
| 16        | <b>Substance abuse</b>   | 105 MIN          |
| 17        | <b>The Bridge</b><br><b>Decision making</b>  | 30 MIN<br>60 MIN |
| 18        | <b>Communication</b>   | 120 MIN          |
| 19        | Assertiveness<br>What would you do?<br>How assertive are you?  | 75 MIN           |
| 20        | Practicing assertiveness<br>Response to persuasion   | 75 MIN           |
| 21        | Negotiation<br>Saying 'no'<br>Manipulative skills  | 105 MIN          |
| 22        | Supporting Behaviour change<br>Role models   | 75 MIN           |
| 23        | Planning for the future<br>Setting goals   | 75 MIN           |
| 24        | Review of hopes and fears<br>Strategies to make it work<br>Workshop evaluation                       | 120 MIN          |
| 25        | Guidelines and M&E tools   | 60 MIN           |
| 26        | Introducing the activity kit   | 90 MIN           |
| 27        | AWARD CEREMONY   | -                |

## NOTES ON FACILITATION

### FACILITATION SKILLS

- 1 **Be attentive to participants**  
Body language, sitting style, Quality of Participation  
E.g. are they sitting forward/alert/maintaining eye contact/ yawning/ leaning back/whispering  
NEVER criticize negatively  
Make your session more interesting, ask unexpected questions, and ask for views/comments  
Show that you are listening by keeping eye contact even if you must take notes during the discussion.
- 2 **Never with your back to the group!**  
Because ...
  - You will have lost contact
  - You will divert attention
  - You will not be heard clearlyAsk someone to help if you need to note something on the board  
Be aware of the direction you face
- 3 **Facilitate, Don't teach**
  - ⇨ Sit informally, in a circle. Be part of the circle
  - ⇨ Encourage people to come up and speak, they should do most of the talking
  - ⇨ Throw back questions and find out if someone else has the answer
  - ⇨ Admit when you do not know an answer, and request that everyone participates in finding the answer
  - ⇨ Guide discussions without pushing
  - ⇨ Encourage participants to answer each others' questions, in that way they can learn to listen and to show respect for each other
- 4 **Understand what is being said**  
Most of us listen to two people at the same time
  - (i) The person speaking
  - (ii) Inner voice passes comments and remarks on what is being said. This voice is full of options, beliefs, judgments and criticism
    - ⇨ Learn to suppress this voice
    - ⇨ DO NOT plan your reply when the other is speaking

Some speak very fast; others are slower/have difficulties expressing themselves.

  - ⇨ Avoid the temptation to try and guess what they are trying to say
  - ⇨ Wait till the person finishes
  - ⇨ Allow pause after the person has finished before leaping with your response
  - ⇨ Start by rephrasing what the person is saying in different words  
OR ask another participant to rephrase what was being said,  
Confirm with the speaker if he/she was correctly understood.
  - ⇨ DO NOT hurry a slow speaker (verbally or by looking at your watch!)
  - ⇨ If someone is struggling, you can prompt with questions like, "what do you exactly mean?"
- 5 **Personality**  
Develop a warm personality – show approval and acceptance

Show enthusiasm  
Get better informed/improve your knowledge on the subject

**6 Summarize Regularly**

End discussions by highlighting important messages and explain misconceptions  
Ask the participants to paraphrase or repeat something in their own words to check if they understood clearly  
Paraphrase frequently important points made by the participants to reinforce them  
Regularly summarize the discussion

**7 Be an Active Listener**

Show the participants that you are actively and fully listening to them by keeping eye contact with all, nodding, smiling and generally showing that you are following them  
Always use appropriate/friendly facial expressions, gestures, and encouraging statements or sounds

**8 Instructions**

Be audible and be clear  
Use short sentences and words that are clearly understood  
Explain further with the help of pictures or samples  
Repeat instructions and demonstrate  
Allow participants to ask questions

**FACILITATING QUESTIONS**

Formulate your questions to encourage candid responses and open discussion  
Ask open-ended questions, such as "What do you think about...? Why...? How...?"  
When a participant makes a statement always ask the others if they agree or what they think.  
Closed questions are only used if you want a direct answer

**FACILITATING KNOWLEDGE**

Only give relevant facts (only the facts that are needed)  
Start with the learners' own experiences  
Use all resources  
Use participatory techniques – active learning  
Use visual aids to maximize participants' attention and retention  
Involve learners in reviewing and summarizing  
Verify that learning has taken place

**FACILITATING ATTITUDE ACQUISITION**

Explore the learners' attitudes  
Provide information  
Give examples, models, and case studies  
Provide/facilitate sharing of direct experience  
Allow for discussion and exploration of such experiences  
Provide opportunity for role-playing such experiences

**FACILITATING ACQUISITION OF NEW SKILLS**

Describe the skill

Demonstrate the skill

Have participants practice the skill

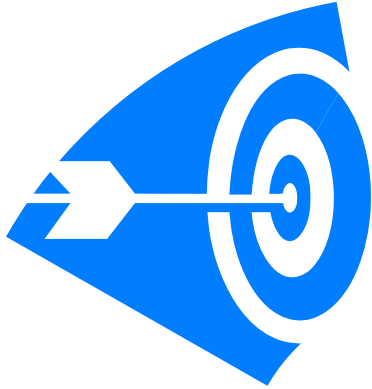
Watch the participants use the skill on someone else from a different group

### ***Your techniques***

1. Brain storming: The participants give their views on the topic of discussion
2. Case studies: A case story is read out then used to stimulate discussion.
3. Drama
4. Energizers: Songs, dances and activities to energize the group or relieve monotony.
5. Guided group discussions: A set of open-ended questions to guide discussion.
6. Guest speakers
7. Lecture/Presentation
8. Paired Groups: participants get to discuss in pairs and then present to the larger group.
9. Panel Discussion/debate
10. Picture codes: A set of pictures depicting a certain situation from which the participants will form a story for discussion.
11. Quiz/Questionnaire
12. Ranking values: A set of values are given to the participants individually or in groups, which they are expected to rank from highest to lowest or vice versa.
13. Role Play: participants are given a situation to act out.
14. Round robin discussion: Each person in turn gets to share his or her views.
15. Small Group discussion
16. Songs
17. Story telling
18. Story with a gap: Two pictures are given to the participants, one with a 'before' situation and the other with an 'after'. The participants are then expected to discuss on what might have happened in between.

## PART 2

### INTRODUCING THE PROGRAM





## SESSION 1 INTRODUCTION

**Age range recommendation:** THIS SECTION IS RECOMMENDED FOR ALL AGE RANGES (10-24)

### PREPARATION

Ensure that all materials required for the session are available  
Plan/organize the seating arrangement  
Read through the sessions activities

### Activity 1.1 INTRODUCING THE PROGRAM, PROGRAM GOALS AND OBJECTIVES

#### Objectives:

- To officially open and introduce the participants to the training
- To define life skills and introduce the elements that comprises life skills
- To present the workshop goals and objectives

**Description/Methodology:** Plenary

**Resource materials:** Flip chart, Felt pens, differently coloured Manila paper cut into various shapes, sticky tape, Name badges, note books and pens for the participants



15 minutes

#### Steps

- *Introduce the participants, the trainers, and the local authorities*
- *Give a background on your organization, EAYPI TZ and peer education training*
- *Remember to distribute the workshop program*



#### Presentation notes

#### WORKSHOP GOALS

- *To equip the young adults with the knowledge and skills necessary for the training of young people in life skills, while focusing on Abstinence and Behaviour change as the key elements of the intervention.*
- *To provide the young people with opportunities to learn from each other share experiences and network*

#### OBJECTIVES

*By the end of the training participants will be able to:*

- *Explain their individual values and perceptions regarding sexual and reproductive health*
- *Explore the characteristics and dilemma's faced by young people in regard to SRH*
- *Describe the various components of Life Skills and explain their role, value and relation to SRH*
- *have deeper knowledge and understanding of reproductive health, STI, HIV and AIDS, and in particular, how these relate to young people*
- *explore and learn and practice using relevant life skills*
- *re-evaluate their perceptions of risk*
- *Acquire and enhance their skills in Peer education*

- Draft action plans for putting strategies into practice

Peer education (PE) involves training and supporting members of a given group to effect change among members of the same group (peer group) as people are more often more receptive and more willing to listen to, and follow advice from their peers. This peer group can be defined by age, background and interests among other things.

Peer education is often used to effect change in knowledge, attitudes, beliefs and behaviours at individual level, and with basic education, training and support, peer educators can create change at group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programs.

Educational activities carried out by youth peers can range from informal conversations, to organized group sessions, and can take place in communities, clubs, school or elsewhere.

This peer education program aims to help the young people to increase their confidence, knowledge and skills in relation to their sexual development, to reduce their risk of HIV/STI/unplanned pregnancy, and to increase their support for PWHA. The program will include substance abuse as well.

#### Life Skills

*Definition: The dissemination and teaching of relevant Knowledge, attitudes and skills that enable the individual to relate successfully with him/her self and others. It develops abilities for adaptive and positive behaviour that enables individuals to deal effectively with the challenges and demands of everyday life. The outcome is a balanced and self determined individual.*

The Aim of Life Skills is to promote:

- The taking of positive health choices
- The making of informed decisions
- Practicing healthy behaviour
- Recognizing and avoiding risky health situations

#### Skills of Knowing and living with oneself

- ✚ Self awareness: understanding yourself, your feelings, emotions, strengths and weaknesses. It is having a clear sense of identity, where you come from and the culture into which you have been born.
- ✚ Self esteem: awareness of the good in oneself, how you feel about personal aspects such as appearance, abilities etc. it is strongly influenced by relationships with others, which can develop or destroy it.
- ✚ Assertiveness: knowing what you want and being able to take the necessary steps to achieve what you want within specific contexts.
- ✚ Coping with emotions: fear/anger/love/disgust etc. Emotions are impulsive and unpredictable and can lead to behaviour that one may later regret.
- ✚ Coping with stress: Stress can be destructive. One must therefore know the causes and effects, and how to handle stress.

#### The skills of knowing and living with others

- ✚ Interpersonal relationships: relationships with parents/relatives/peers and how to act appropriately.
- ✚ Friendship formation: forming and developing friendships of mutual benefit and recognizing and resisting those that can lead to dangerous or unnecessary risk behaviour.
- ✚ Peer resistance: standing up for ones values/beliefs in the face of conflicting ideas or practices from peers.
- ✚ Effective communication: listening, and understanding how to communicate effectively

- ✚ *Negotiation: involves assertiveness, empathy and interpersonal relationships. It is compromising on issues without compromising on principles.*
- ✚ *Non-violent conflict resolution: ensures that conflicts do not become destructive.*

#### *The skills of making effective decisions*

- ✚ *Creative thinking: new things, new ideas, new ways*
- ✚ *Decision making: being aware of choices and consequences.*
- ✚ *Problem solving*

#### *The importance of life skills*

- ☑ *Promotes positive and adaptive personal characteristics and social behaviour*
- ☑ *Enhances self esteem, self worth and self confidence*
- ☑ *Promotes health-giving behaviour*
- ☑ *Equips one with coping strategies*
- ☑ *Establishes sources for social support*

## Activity 1.2 THE NAME GAME

**Objectives:** By the end of the session, the participants will have introduced themselves and known each other's names

**Description:** a fun way to break the ice and introduce participants


**Methodology:** group activity

**Resource materials:** None



15 minutes

### Steps

- Everyone forms a circle and introduces himself or herself, starting with you, the facilitator, and giving a nickname or likes/dislikes.
-  **There are many ways of making introductions fun. Be creative, and use one that is familiar to yourself or your audience, or you can teach them a new one!**

## Activity 1.3 EXPECTATIONS AND FEARS

**Objectives:** By the end of the session the participants will have listed out and had a chance to discuss their expectations and fears regarding the program.

**Description:** Each participant will be given 2 or more coloured cards to anonymously write out their hopes and fears as regards the planned training. These are then posted out on a chart and discussed.

**Methodology:** individual exercise followed by group discussion.

**Materials:** cut-out manila cards, flip chart paper, pens



15 minutes

**Steps:**

- Paste up two large sheets of paper in two areas of the room. One should have the title 'Expectations' and the other 'Fears'
- Distribute the cut-out manila cards to the participants. Each participant should have 2 cards of different colours.
- Ask the participants to each write out one expectation on one card, and one fear on the other card, that they have in relation to the workshop.
- Give time for reflection and for the exercise to be carried out.
- Ask each participant to paste their cards on the relevant poster.
- Review these two lists together and emphasize expectations that fall within the scope of the workshop, and normalize or reassure them about their fears.
- Transfer these charts to another visible place, to serve as reminders and for evaluation at the end of the workshop.

**Activity 1.4 THE GROUND RULES, DO'S AND DON'T'S**

**Objectives:** By the end of the activity, the participants will have come up with a set of rules to guide them through out the program.

**Description:** The group members brainstorm, discuss and agree on rules they would like to have, then list them out and display them.

**Methodology:** Group discussion

**Materials:** flip chart paper, pens



15 minutes

**Steps**

- Discuss with the group and establish norms and rules that will guide the conduct of the participants during the workshop. EXAMPLES: confidentiality, respect, openness, non-judgemental attitudes
- Agree on simple and fun 'punishments' e.g. singing, dancing etc for those who go against these rules

**Activity 1.5 Roles and responsibilities**

**Objectives:** By the end of the activity, the participants will have elected from amongst themselves a number of persons to take up roles and responsibilities to assist in the smooth running of the training program.

**Methodology:** Group discussion



15 minutes

**Steps:**

- Discuss with the group and agree on roles and responsibilities to be handled by various persons during the workshop e.g. time keeper, reporters, news castors, energizer etc.
- Agree on whether these would be permanent for the duration of the workshop or whether they will change after a week of training.

**Activity 1.6 THE QUESTION BOX & PARKING LOT**

**Objectives:** By the end of the activity, the participants will have designed a poster parking lot for storing questions, and a sealed question box with a narrow opening for harvesting personal questions.

**Description:** After explaining the concepts to the participants and dividing them in to groups, to design and make a sealed question box using old carton-boxes, as well as a poster that can be used to “park” questions that require more research.

**Methodology:** group activity

**Materials:** empty carton boxes, paper



15 minutes

**Steps**

- Display an empty box.
- Inform the participants that you’d like them to design a question box/letterbox where they can write anonymous questions relating to personal issues or issues that they have seen or experienced in their communities that relate to life skills or sexual and reproductive health.
- Explain that these questions will be opened up, read out and discussed later during the work shop.
- Divide the participants into two groups and let them design the question boxes. These will be used interchangeably during the workshop.
- Ask one group to also design and display a poster labelled ‘Parking Lot’ next to the poster on ground rules where participants can put up their questions that could be addressed at the end of the day or session or even following day as appropriate.

## MAKING A QUESTION BOX

① GET A SMALL EMPTY BUT STRONG CARTON BOX



②



SECURE THE OPEN FLAPS WITH TAPE

③ COVER THE BOX ALL OVER WITH PLAIN WHITE OR COLORED PAPER

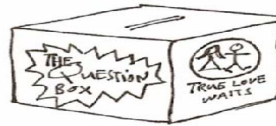


④

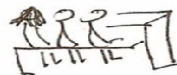


WITH A KNIFE OR RAZOR, MAKE A SLIT ON THE TOP AND SECURE THE EDGES OF THE SLIT WITH TAPE.

⑤ PASTE POSITIVE MESSAGES ON THE SIDES OF THE BOX



⑥



PLACE THE BOX IN A VISIBLE AND ACCESSIBLE AREA AND EXPLAIN TO YOUR PEERS ABOUT IT. ENCOURAGE THEM TO ASK ANY QUESTIONS REGARDING THEIR REPRODUCTIVE HEALTH OR OTHER ISSUES AFFECTING THEM. AGREE ON HOW MANY TIMES A WEEK, WHEN, AND BY WHO THE BOX SHOULD BE OPENED.

⑦ ENJOY THE DISCUSSIONS

- As indicated, the participants can make the question box more attractive by pasting positive pictures or messages on the sides

●

### Activity 1.7 THE PRE TEST QUESTIONNAIRE

**Objectives:** to determine the participants understanding prior to commencing training

**Description:** individual completion of pre-test questionnaires

**Methodology:** filling of questionnaires. Individual activity.

**Materials:** questionnaires, pens



5 minutes

## Steps

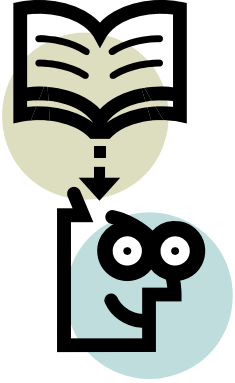
- Distribute copies of the PRE-TEST questionnaires and ask the participants to answer the questions therein
- Collect these after they are done. You will review them later and compare with the results of their post test

### PRE TEST QUESTIONNAIRE

1. *What is sexual abstinence?*  
a. \_\_\_\_\_
2. *Choose one option: Having many sexual partners puts one at high/low/no risk of HIV infection*  
a. \_\_\_\_\_
3. *Sexual intercourse is not the only way to get HIV; True or False*  
a. \_\_\_\_\_
4. *HIV can also be transmitted during breast feeding; True or False*  
a. \_\_\_\_\_
5. *HIV can be cured in the early stages but not in the later stages; True or False*  
a. \_\_\_\_\_
6. *Name any 2 signs or symptoms of STI in men*  
a. \_\_\_\_\_
7. *From what age can a girl become pregnant?*  
a. \_\_\_\_\_
8. *Only women and girls can be victims of sexual abuse/violence; True or False*  
a. \_\_\_\_\_
9. *In Africa half of all new HIV infections occur in young people under the age of 24; True or False*  
a. \_\_\_\_\_
10. *Name any 2 ways by which youth can prevent unintended pregnancy, STI and HIV*  
a. \_\_\_\_\_
11. *When talking about the AB of HIV prevention, B refers to...*  
a. \_\_\_\_\_
12. *True or false: When young people use drugs or alcohol, they are more likely to make poor decisions about their reproductive health.*  
a. \_\_\_\_\_

## PART 2    MODULE 1

### EXPLORING ATTITUDES AND VALUES





## SESSION 2.1 ATTITUDES

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 2.1.1 WHO AM I? ... SELF IMAGE AND SELF ESTEEM

**Objectives:** By the end of the session, each of the participants will have shared some of their characteristics and attributes (what they are good at, likes and dislikes etc).

**Description/methodology:** group activity and discussion



30 minutes

#### Steps

- Ask the Participants to sit still and think about who they are and what they feel about themselves. What do they like about themselves? What don't they like? What would they like to change about themselves?
- Explain that this is called "self-image" and that it can affect our "self-esteem" or "self-confidence".
- Define self esteem together with the participants. Discuss the importance of self esteem.



*Self esteem describes how people feel about themselves, especially in a positive manner*

*Self esteem is important because how people feel about themselves influences what they accomplish in life. If people believe in themselves and in their abilities, they are able to work hard, set goals and achieve those goals. Those who have low self esteem may not set goals or achieve anything.*

- **Point out that there are actions that may make you more esteemed by your peers but that do not necessarily raise your self esteem, especially if it involves taking unacceptable risk or mistreating someone else. This is false self esteem.**
- Ask everyone to write down all the things they can do to build their self esteem. Remind them to think of all the things that make them feel good about themselves, including people and situations.
- Then ask them to write a second list of things that make them feel bad about and what they have done or can do to overcome these negative things.

| WHAT MAKES ME FEEL GOOD ABOUT MYSELF | WHAT MAKES ME FEEL BAD ABOUT MYSELF |
|--------------------------------------|-------------------------------------|
|                                      |                                     |

- Ask volunteers to identify one easy thing they can do to build self esteem.
- Ask them also to share what things they think would be difficult to do in order to build their self esteem.



Other questions for discussion:

- Are there cultural or social values that make it difficult for us to take pride in ourselves? What are they?
- What can we do to overcome the problem?
- Why do you think we sometimes become embarrassed when we are praised?
- Why is it sometimes difficult to build and maintain self esteem?
- What affects your self esteem most negatively/positively?
- How can you protect your self esteem?



### Presentation notes

*We are not born with self esteem; we learn self esteem as we realize that we are loved and valued and can succeed in attaining our goals. Everyone needs to hear positive remarks including praise, encouragement and support about themselves and the things they do. Thus other people are very important in building or damaging our self esteem, especially when we are young.*

*We can and must build our self esteem by setting ourselves attainable goals and achieving them. Attaining goals gives people a sense of succeeding, and success breeds self esteem.*

*You will build self esteem when:*

- You know you are doing the right thing*
- You are true to yourself, your values and beliefs*
- You avoid doing things you feel uneasy or guilty about*
- You avoid doing things that cause pain or harm to others*
- You succeed in attaining positive goals*

*In real life this is sometimes difficult as it may involve going against the people you love/family/community/friends, particularly if they want you to do something which you know goes against your own beliefs and values*

### ACTIVITY 2.1.2 POLISHING ON SELF ESTEEM ... A pat on the back

**Objectives:** By the end of the activity, each of the participants should have had a chance to encourage each other, and be encouraged by others

**Description:** Each participant has a sheet pinned on their backs on to which encouraging and self-esteem building messages are written



15 minutes

### Steps

- Give one paper, pen, and something to attach the paper (celotape, pin,) to each participant.
- Talk a little bit about the group. Explain that we have all made an impression on each other in one way or another. We all have some positive thing that we would like to say to each other, but sometimes we fail to tell each other the good things that we think about each other. (It is important to keep stressing positive things and good things to avoid

anyone writing negative things on the cards). This exercise gives us a fun opportunity to share with each other the impressions we have of each other.

- Tell the participants to write their names on their papers and to make some symbol that represents them. They could trace their hand; draw a star, heart, or sun--anything that represents them.
- Next, ask them to think about the different people in the room. What positive word would you use to describe the different people here? What happy message would you like to give to different people in the room?
- When you say, "Go!" The participants should run around and write one (or two) positive things or word(s) on each other's papers.
- When most seem to have finished, say, "Stop!" and let the participants remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive feelings others have for them!

### End of session Review and take home message

#### Review:

What important things have you learnt?

Why/ how is it important?

As a result of what you have learnt, what do you intend to do differently?

#### Take home messages

- ☑ *Self awareness and self esteem form the basis on which all other life skills are built.*
- ☑ *There are many cultural and social values that that make it difficult for us to take pride in ourselves, especially in relation to women. For example girls are socialized to believe they are inferior to boys or deserve less than boys and so on. Such customs and practices need to be brought out in the open and discussed so that young people can develop their self esteem.*

## SESSION 2.2 VALUES

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 2.2.1 DEFINING VALUES

**Objective:** By end of the activity, the participants should be able to define values.

**Description:** definition and ranking of values

**Methodology:** activity and group discussion



15 minutes

#### Steps

- Write out the word 'values' and ask the participants to define it. Guide the participants into reaching/ making the right definition.
- Ask the participants to give examples of valuable things they would like to have to wear or keep.
- Explain that these have value in money terms.
- Ask them if there are any valuable or important things that they can think of that have no monetary value.
- Then place two sealed envelopes in front of them. Into one have a paper card written '1 million TSH.' And into the other a paper card written 'education' and use them to define tangible (can be touched) and intangible values, then stimulate a discussion on perception of worth (which one is worth more?)



- Brainstorm on the different values.
- Ask the participants to share with each other what they value most as individuals.
- Ask the participants to write out the things they value most, starting with the most 'valuable' to the least
- Let them compare and discuss these. You will realise that though the content may be similar, the worth or rank that each attaches to a particular value is different. Let the participants appreciate that each individual has their own meters for assessing worth/ values and ranks them differently, and that this should be respected.
- Ask: do we think that knowing or clarifying our values is important? Why?

*They help in deciding between right and wrong; they relate strongly with our behaviour*

- How do the participants think values relate with behaviour?

*If one values education, they are likely to study hard; if one values health, they are likely to practice healthy behaviours, eat well etc; if one values family, they are likely to put their family's best interests first ...*



### Presentation notes

*Value is the worth or importance that one attaches to something.*

*Values differ from individual to individual*

*Some values are positive (they lead to a healthy and happy life) while others are negative (they may put one at risk or may cause hatred in the society)*

## ACTIVITY 2.2.2 VALUES VOTING

**Objectives:** By end of the activity, the participants should be able to appreciate the strength and depth of feelings and convictions on certain values.

**Description:** Several value statements will be read out, to which the participants will either agree or disagree, and defend their positions

**Methodology:** Group activity



30 minutes

### Steps

- Point out that having values also means standing up for them and defending them even when others do not agree.
- Put up the three sheets of paper with the words 'AGREE/DISAGREE/NOT SURE' in three different areas of the room with the one written 'NOT SURE' in between the other two.
- Announce that you will read out several statements and for each statement the participants are to decide where they stand and move there.
- Inform them that everyone is entitled to their opinion and may be required to defend them.

#### **VALUE STATEMENTS**

*We must protect all our traditions*

*You should not have sex until you are an adult or have finished you education*

*It is more important to educate boys than girls*

*You prove how popular you are by the number of boy/girlfriends you have*

*People with AIDS should be separated from society so that they do not infect others*

*It is not wrong to steal if you are hungry*

*If people get AIDS, it is their fault for being immoral*

*A woman's place is in the kitchen*

*When girls say no, they do not really mean it*

*It is unmanly to go into the kitchen and cook*

*A total man must beat his wife occasionally to discipline her*

*A mans decision at home is final and should not be questioned*

*It is a mans duty to provide everything for his family even if his wife is working*

- After reading out each statement allow the participants to move and, starting with the smaller group, ask them in turn why they chose to move to that position. Allow several people to express their views and to try and convince others to join them.
- Repeat the process with as many statements as you have time for and allow for participation, discussion and in-depth sharing.



**REMEMBER:** *Sharing reasons for the positions taken is the most valuable part of the activity. It is not necessary that everyone agrees. Use the discussion to correct any wrong ideas or facts or prejudices that come up.*

Continue with the following questions:

- How did they decide where to move?
- Was it easy to make a decision? Why? Why not?
- Did you feel like changing your position after seeing your friends move somewhere else? And after listening to others views?
- Do you think peer pressure influences your decisions in other situations?
- Why did people want to stand in the middle ('NOT SURE')?
- How do you think your parents/elders would have chosen?
- Were there any situations where boys and girls had different opinions? In which situations? Why do you think this is so?
- Are you aware of your family's values on these issues?
- Are there values in your family/community that no one speaks about but that are quite clear to you? Which ones? How did you know/get the messages about these values?
- How can we influence values in our society?



**Presentation notes**

*Taking a stand and defending your choice shows that you are clear about your values.*

*Peer pressure is real and can at times influence ones decisions. We can sometimes give up our positive values for the sake of the relationship.*

*Values are influenced by relationships and relationships are influenced by values. We change or hide some of our values for the sake of the relationship. On the other hand we or our friends can influence the relationship to lead to more positive values.*

**ACTIVITY 2.2.3 WHO SHAPES MY VALUES?**

**Objectives:** By the end of the activity, participants should be able to name at least 3 influences of values and how they influence the said values.

**Description/Methodology:** guided group discussion



10 minutes

**Steps**

- Ask the participants where they think their values come from: themselves, their families...



**Presentation notes**

*Our values are influenced by various factors:*

*Our families: influences our core beliefs, our sense of right and wrong*

*Our gender: influences our behaviour as boy/girl, man/woman*

*Our communities: with whom we share common values and beliefs*  
*Our religion: our spirituality, our sense of right and wrong*  
*Our schooling/education: intellect, discovery and development of skills*  
*The media: exposes us to different cultures*  
*Our friends: from different backgrounds and can influence us in a positive or negative way*

- Brainstorm with the participants on the various influences on their values
- Ask: What happens when your behaviour does not conform or reflect your family or community values?
- Ask: what happens when your behaviour is inconsistent with your own values?
- Ask: And what about when your behaviour is consistent with your own values?
- Close with the following end of session review;

#### **End of session review and take home message**

- It is important that we do not dictate values or try to force everyone to follow our own values. We should instead lead people to respect each others different values.*
- We should recognize that how we behave is determined by what we believe in E.g. if a boy believes that women were created to work for men, then he will not grow up to treat a girl as an equal.*
- Values are influenced by relationships and relationships are influenced by values. We change or hide some of our values for the sake of the relationship. On the other hand we or our friends can influence the relationship to lead to more positive values.*
- We should learn and help others to distinguish between positive values that lead to a healthy and happy life and negative values that may put one at risk or may cause hatred in the society.*

## SESSION 2.3 GENDER

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 2.3.1 UNDERSTANDING GENDER

**Objectives:** By the end of the activity, participants should be able to define gender and gender roles.

**Description/methodology:** brainstorming session and group activity



30 minutes

#### Steps

- Write out the word 'GENDER'
- Brainstorm with the participants on the meaning of the word
- Write out the term 'GENDER ROLES'
- Again brainstorm with the participants on the meaning of this term



#### Presentation notes

*Gender: being male or female based on physical traits as well as thoughts and behaviour that express maleness or femaleness.*

*Gender roles: these could be biological or social. Whereas biological roles are determined by our physical attributes, social roles are behaviour, functions or duties played by men or women because the society expects them to behave that way by virtue of them being male or female*

*Gender roles may be positive or negative. Some may build self esteem or destroy it. In addition expectations based on the society's definition of roles may be unrealistic and place undue burdens on the individual. Irrespective of sex, people are different and as such they should not be burdened by traditional gender roles but rather given the opportunity and freedom to develop themselves.*



This is a good exercise to use as an introduction to the topic of gender. It helps to clarify the meaning of the term "gender roles," and it also provides a forum to begin to discuss issues of gender in the community and culture



Sometimes it is helpful to begin by explaining that you are about to do an exercise to discuss the idea of the term "gender roles" and how someone's gender roles are different from his/her sex. Ask one of the participants to tell you his or her "sex". "Male" or "Female" should be the answer. Now see if the person can tell you his/her gender. Spend only a moment or two on this and then get into the exercise.

- Tape the cards "Female" and "Male" to a prominent blank wall. Put them some distance apart from each other but not too far.



- Explain to the group that you are going to pass out one card for each participant. They should not look at their cards, but keep them face down or pressed against them.

|  |                         |          |        |            |
|--|-------------------------|----------|--------|------------|
| DOCTOR                                 | NURSE                   | MECHANIC | DRIVER | POLITICIAN |
| SOMEONE COMPLAINING THAT MATHS IS HARD | SOMEONE WASHING CLOTHES | MANAGER  | PILOT  | TEACHER    |

- When you say "Go!" all participants should read their cards and IMMEDIATELY put the card on the wall where it belongs. Give no further instructions--but remember to emphasize that all of the people should respond IMMEDIATELY and place their cards on the wall the minute you say, "Go!"



Speed is a really important concern in this exercise. You want to get the person's first reaction-- before they have a chance to think about what you WANT them to say. They should react with their natural feelings, and they should do it FAST!

- When all the cards have been placed and the participants have returned to their seats, ask the group to take a look at where the cards have been placed.



*The participants are likely to pin the cards according to gender stereotypes. Make the participants see how they have drawn stereotypes by asking questions such as 'Are there no women who are doctors?', 'Why is the politician a man' and so on.*

### ACTIVITY 2.3.2 MY DAY AS A MAN / WOMAN

**Objectives:** To be able to understand opposite gender better, appreciate gender roles that may damage ones self-esteem/ stifle ones potential.

**Description/methodology:** Role-play and discussion



30 minutes

#### Steps

- Divide the participants into 2 groups
- Ask each group to think up a typical day for either a man or a woman in their community
- What does this person do from when they wake up to when they sleep?
- How do they relate to their wives/sisters/children/male colleagues?



In each group, let one of them act as a person of the opposite sex so that this relationship is seen clearly. Encourage the participants to be creative yet truthful to the prevailing situations in their communities.

#### Discussion guide

- What similarities or differences can be noticed between the man/woman's day?
- How does each sex expect the opposite sex to behave?
- Which ones are real expectations and which are stereotypes?
- Which gender do you think has the most advantages? Why?
- What happens when a man 'behaves like a woman' or a woman 'behaves like a man'?

**More questions:**

- How does our culture influence the way we see ourselves as men or women?
- Are the roles similar to how they were years back or are they changing? For the better or for the worse?
- How do you feel about the changing of traditional gender roles in relationships?
- How can we support the positive changes in gender roles?
- Given gender roles as they are now in our community, what skills do we need to ensure that we do not have sex until we are ready?
- Given gender roles as they are now in our community, what skills do boys need to respect a girl who says no?

**End of session review and take home message**

- ☑ *Gender roles are social roles that depend on the views and practices of different societies at different times in history and we are brought up to accept these roles from early childhood.*
- ☑ *We should recognize that everyone is different even in terms of biological make-up and that while some characteristics are more common in boys or girls, each should be given the freedom to develop for themselves. In general boys tend to receive more opportunities than girls, more chances of employment, better access to resources and fewer duties at home.*
- ☑ *Both boys and girls need to develop their self-awareness to cope with their changing roles and this requires practice. In addition boys need to develop empathy (awareness of others, especially girls, and their feelings), inter personal relations and coping with emotions. Girls need to develop assertiveness and negotiating skills as well.*

## SESSION 2.4 PERCEPTION OF RISK

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR AGE RANGES 15-24*

### ACTIVITY 2.4.1 AM I AT RISK?

**Objective:** By the end of the activity, participants will be able to define their risk regarding HIV infection/ STI.

**Description:** Participants fill out a questionnaire on personal risk assessment. This forms a basis for discussions.

**Methodology:** questionnaire and group discussion



30 minutes

#### Steps

- Explain to participants now that they have learnt about risk, and risky behaviours, do they individually think that they are at risk of HIV infection? Why? Why not?
- Ask the participants to think about this, and put down their answers on a piece of paper (without putting their names or details)
- Collect them in a box/ basket mix them up and select a few and read them out.
- Discuss these



It should be obvious that the reason for risk/non risk will be very different

- Explain that we have very different criteria for deciding whether we are or are not at risk and that we can never be sure of our self-assessment.
- Emphasize that if one has been putting themselves at risk then it will be important that we learn about measures of reducing that risk.
- Explain that this starts by examining ourselves, understanding ourselves and our behaviour, and then putting in place durable and sustainable measures to guard against risks/ manage risk.
- Next, present the following questionnaire to the participants and ask them to fill it in individually:

| QUESTION  | ANSWER                | MARKS<br>(choose<br>corresponding<br>to answer) | TOTAL<br>SCORE | PREVENTIVE MEASURES   |
|---|-----------------------|---|----------------|---|
| Are you physically mature?  | YES                   | 10  |                | <b>Abstain...</b> Don't have sex...or... <b>delay having sex</b> until you have completed your education and have one faithful uninfected partner |
|   | NO                    | 20  |                |   |
| Have you started having sex?  | NO                    | 0   |                |   |
|   | YES- but not frequent | 20  |                |   |
|   | YES- frequently       | 40  |                |   |
| Have you had more than 1 Sexual Partner?                            | NONE AT ALL           | 0   |                |   |
|   | ONLY 1                | 20  |                |   |
|   | MORE THAN 1           | 40  |                |   |
| Do you use a condom when having sex?                                | ALWAYS                | 25  |                | If you must have sex, then use a <b>condom</b> consistently and correctly each time you do.   |
|   | SOMETIMES             | 50  |                |   |
|   | NEVER                 | 100   |                |   |
| Do you have sex when high on alcohol, bhang or other substance?     | NO                    | 0   |                | <b>Don't do drugs...</b> they will cloud your judgment and make you vulnerable towards having unprotected sex.                                    |
|   | YES                   | 40  |                |   |
| Have you ever had a sexually transmitted disease (STD)?             | NO                    | 0   |                | <b>Educate</b> yourself and <b>evaluate the choices</b> you have been making. Remember too that STD increases your chances of getting HIV.        |
|   | YES                   | 40  |                |   |
| Do you know the consequences of having sex and can you handle them? | YES                   | 10  |                |   |
|   | NO                    | 20  |                |   |
| TOTAL SCORE   |                       |   |                |   |



### **Presentation notes**

*The participants should choose an answer (Yes/no/never/sometimes/always etc) as indicated and award themselves the corresponding points. They should then total up their scores and see how they compare (with the answers you've given; not with each other!)*

### **ANSWERS**

*SCORE 0-20: no or low risk*

*SCORE 20-50: some risk/significant risk, that is risk level begins to increase*

*SCORE ABOVE 50: this is high risk behaviour! Protect your health and your future. Slow down!*

## ACTIVITY 2.4.2 WHO IS AT RISK?

**Objectives:** By the end of the session, participants will understand that risk is dependant on activities rather than position in life.

**Description:** participants will be given labelled cards e.g. doctor, student, tout, form a risk line based on their perception of risk of HIV infection.

**Methodology:** group activity



30 minutes

### Steps

- Place a card at either end of the room; one reading 'HIGHEST RISK' and the other reading 'LOWEST RISK'.

**HIGHEST RISK**

**LOWEST RISK**

- Ask the participants to come to the front and randomly pick cards each labelled with a different occupation or lifestyle.

*Teacher*

*Prostitute*

*College student*

*someone who sleeps around*

*someone who sleeps with prostitute*

*School pupil*

*Someone with STD*

*Teenager*

*someone taking care of PWHA*

*Religious leader*

*Homosexual*

*blood donor*

*Alcoholic*

*Politician*

*Street boy/girl*

*Long distance truck driver*

*Rapist*

*Policeman*

*Divorced man/woman*

*Manager*

*Doctor*

*Nurse*

*Musician*

*Sportsman*

*Parent*

*Farmer*

*Fisherman*

*Local authority*

*Grandparent*

*Widow*

- Ask the participants to then move to a position that reflects their idea of the degree of risk of the occupation/ lifestyle they are holding. They should be free to negotiate, discuss and move around.
- Allow a few minutes for this.
- Once everybody is settled, ask the one seated/standing in the highest risk seat to explain why he/ she sat/stood there.
- Ask a few others down the scale. Then ask whoever sat at the 'lowest risk' seat to explain why he/ she sat/stood there.
- Ask a few others up the scale.
- Ask whether one would protect themselves if they were to have/ were having sex with someone perceived at high risk.
- What of when having sex with someone perceived to be at low risk?
- Which of these people are likely to know how to protect themselves or are likely to protect themselves? The ones perceived to be at high risk or those at low risk?



- *Emphasize that this was an exercise on stereotyping and misperception of risk groups/ value judgments.*
- *It is one's activities that put him/ her at risk not his/ her job, relation or otherwise.*
- *Explain that this stereotyping makes it difficult for people perceived to be at low risk to seek/ get help. (And those at high risk to develop fatalistic attitudes!)*
- *It is not who you are BUT what you do that puts you at risk*

### Activity 2.4.3 Taking risks

**Objective** by the end of the activity the participants should be able to describe the risks of basing decisions on previous "lucky" experiences

**Description/methodology** group activity

**Materials** Game pieces for the Taking Risk game



30 minutes

#### Steps

- Prepare the list of questions and the risk situation cards; also prepare box or bag for each group; also prepare a box or bag for each small group with 6 small pieces of paper in each. Mark 3 of the pieces with "O" and 3 of the pieces with an "X". Fold them in half and put them in the bag.
- Give each group a game bag (or box).
- Explain that this game is about the risks of pregnancy/STI/HIV. The main "message" is that the more often you take a risk, the more likely you are to lose.

#### Instructions for the Repeated Risk Game:

Each group takes one paper out of their hat

If a group gets an "O" paper--they were lucky this time. No pregnancy/STI/HIV.

If a group gets an "X" paper--they took a risk and lost i.e. they got a pregnancy/STI/HIV.

The papers then go back into the hat

All groups continue to play. There will be 6 draws

After all six draws, examine the results. Are some groups luckier than others? Does a group's luck change frequently? Were any of the teams "unlucky" on the first try?

Risk Table

|         | 1 | 2 | 3 | 4 | 5 | 6 |
|---------|---|---|---|---|---|---|
| Group 1 |   |   |   |   |   |   |
| Group 2 |   |   |   |   |   |   |
| Group 3 |   |   |   |   |   |   |

**Discussion notes**

- Why do young people take risks? What gives them the confidence to take such risks? Do they persuade themselves that luck is on their side? Do (many) young people think that being lucky on a number of occasions guarantees that they would stay lucky forever?
- What are some of the risks that young people take based on "lucky" past experiences? What are some of the consequences? Does being lucky previously guarantee luck the next time round?



**Presentation notes**

*The more one takes a risk, the more likely the chance of losing  
It is also important to remember that Luck changes without warning*

**Affirmation circle and take home message**

- *It is not who you are BUT what you do that puts you at risk*
- So long as one has been putting themselves at risk then it is important that they learn about measures of reducing that risk.
- This process starts by examining ourselves, understanding ourselves and our behaviour, and then putting in place durable and sustainable measures to guard against risks or to manage that risk.



## PART 2 MODULE II

### KNOWLEDGE THAT PREVENTS



### SESSION 3.1 GROWTH AND DEVELOPMENT

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

#### ACTIVITY 3.1.1 GROWING UP

**Objectives:** By the end of this session, participants should be able to list at least 3 changes that occur during adolescence.

**Description:** Guided group discussion on: When adolescence starts, Physical changes, Emotional changes and Psychological changes that occur during adolescence.



60 minutes

#### Steps

- Divide boys and girls into separate groups.
- Tell the girls to write down all the physical changes they know take place in boys; tell the boys to write down all the physical changes they know in girls.

| PHYSICAL CHANGES THAT OCCUR IN BOYS DURING ADOLESCENCE | PHYSICAL CHANGES THAT OCCUR IN GIRLS DURING ADOLESCENCE |
|--|---|
|  |   |

- Ask the groups to exchange lists (an all-male group gives their list to an all-female group and vice versa). Each group adds to the list if they think something has been left out and puts a question mark against points they disagree with.
- Each pair of groups comes together to discuss the lists. Each larger group writes their final list on a large sheet of paper and puts it on the wall.
- If necessary, add any other physical change that may have been omitted.
- Ask people to return to their all-male and all-female groups again. This time, they should write down the emotional changes that take place during adolescence. Boys write down what they think are the emotional changes that girls go through and girls write down those of the boys.

| EMOTIONAL CHANGES THAT OCCUR IN BOYS DURING ADOLESCENCE | EMOTIONAL CHANGES THAT OCCUR IN GIRLS DURING ADOLESCENCE |
|---|--|
|   |  |

- Again, groups exchange lists and then come together to write a final list. Groups present their lists for further discussion about changes.
- End with the questions that follow.

## Discussion Questions

- Did everyone know about the physical changes that take place in the opposite sex during adolescence?
- How did you learn/ know about these differences?
- Which changes are the most difficult to cope with for boys/ girls?
- Did you feel ashamed/ shy/ afraid of the changes taking place?
- How did these changes affect your friendships?
- Did you start having different friends? Why?
- Did you know the emotional changes that take place in the opposite sex? How?
- How strong are these emotional changes? How easy is it to control emotions?
- What do you think is the best way of coping with the emotional changes?



### To clarify:

*Remember that the physical (body frame, secondary sexual characteristics) and psychological/emotional changes that occur are as a result of the change in levels and fluctuations of the sex and other hormones.*

*There are also the pressures, change in expectations and roles that are put on the young persons by their families and communities.*

*It is therefore normal, during adolescence, to have a wide range of different feelings. Having negative feelings is also normal. It is important to express feelings so that they do not build up and cause stress, illness or conflict. However, negative feelings must be expressed in ways that do not risk harming one or others. Feelings can become a problem if they are expressed by hurting others, using alcohol or drugs to forget the feelings or pretending that the feelings do not exist.*

- Ask 2 of the participants to volunteer and read or act out the following discussion between a young person and their grandmother



*(Amina talks to her Grandmother...)*

*A: Grandmother, do you have some time? I'd like to ask you something.*

*G: Sure I do. What do you want to know?*

*A: You know the other day I noticed Sara's breast had become swollen like she had been bitten by a bee on both sides! And when I asked her she refused to tell me!*

*G: ha ha! How old is Sara now? 12? Ha! She is now entering puberty!*

*A: puberty? What does this mean?*

*G: Puberty is the time when the bodies of boys and girls change. They begin to turn into men or women; the boy becomes able to father a child and the girl becomes physically able to become pregnant.*

*A: does this mean that Sara is going to become a mother?*

*G: No. No! But she can get pregnant if she has unprotected sex.*

*A: why do the changes in puberty happen?*

*G: puberty happens when certain chemicals called hormones develop in the body and begin to change young people into adults*

*A: and so can mine start tomorrow? I want to be like Sara!*

*G: no. Usually puberty starts between the ages of 8 to 12 in girls and about 10-14 for boys, but it could be earlier or later.*

*A: So if mine starts after I am 12, I have a problem and I need to see a doctor?*

*G: no. Each person is different and so puberty starts and ends at different times for different people*

*A: ends? I thought people never stop growing?*

*G: During puberty, young people experience major growth that lasts for about two to five years. This growth during puberty will be the last time the body will grow taller. When the growth period is over, young people will be at their adult height.*

*A: so grandmother, if I understand you correctly, it is normal for some to enter or complete puberty earlier than others?*

*G: Yes. But if a girl does not start menstruating by the time she is 16, she needs to see a health provider.*

*A: oh OK. What else changes?*

*G: mashallah! So many things change. Let's see, where do we start from?*

*A: start from the top...*

*G: Ha ha! OK. And I'll start with girls first because you are a girl.*

*A: OK*

*G: Girls' bodies begin to become more round, more womanly by gaining weight around the hips. Their breasts also develop, beginning by swelling just under the nipples...*

*A: Sara's are not the same size!*

*G: sometimes that happens and one breast develops slightly faster than the other, but they should become roughly the same size over time*

*A: Do boys breasts also grow?*

*G: sometimes one or both breasts of a boy undergoing puberty may become slightly swollen and sore. This is related to the changing hormone levels. Over time these changes revert back to normal*

*A: What else happens in boys?*

*G: Boys' shoulders will grow wider, and their bodies will become more muscular. Some body parts (especially hands and legs) may grow faster than others. Many boys have uncomfortable growing pains in their arms and legs as the bones grow faster than the muscles can stretch to keep up with them.*

*Some boys develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones that are pulsing through the body and will usually go away with time.*

*During puberty, boys will also start to have erections and wet dreams. They will notice other changes as well, such as the lengthening and widening of the penis and the enlargement of the testicles*

*A: now I know. But why do some parts of the body mature faster than others?*

*G: well, there is an order in which bodily changes occur. For girls the breasts usually are the first to begin to grow, while for boys some enlargement of the testicles is usually the first sign that they are entering puberty. However, such bodily changes can occur in any order and still be considered normal.*

*A: Aha! But going back to girls; How long does it take for breasts to be fully developed? I mean if you start earlier and end later, you'll have bigger breasts?*

*G: It is different for each girl. Breast development takes different lengths of time for each girl. There is no link between the time they start developing and their eventual size; that is even if one starts later than her friends, it does not mean that they'll always be smaller.*

A: OK

G: Good. Another sign of puberty is the growth of hair where there was no hair before. Hair begins to grow under the armpits and on and around the genitals. At first only a little hair grows but gradually becomes longer and thicker.

A: Hmm. And why does the skin become so different?

G: You mean pimples? These start around the beginning of puberty because of increased activity in the skin glands that produce oil. Sometimes this oil blocks the skin pores and gets infected by bacteria to cause the pimples or spots. This is a temporary situation and the pimples usually disappear by the end of the puberty period. However to help minimize this, young people should wash their faces regularly to keep their skin clean

A: Is this also why some of Sara's friends smell different?

G: The same hormones affect different glands in the skin that produce chemicals with a very strong smell when they mix with sweat. Everyone getting into puberty gets this smell, but bathing regularly helps to reduce it.

A: Aha! And Nayma, her friend's voice has also become funny

G: Yeah...some girls voices may get deeper

A: Sara also seems to get annoyed all the time, and she doesn't want to play with me any more. Is this because of puberty?

G: During puberty, young people might feel overly sensitive or become easily upset. Feeling anxious about how the changing body looks is one of the things young people are most sensitive about. Losing tempers more than usual and getting angry with friends or family members happen more easily. It is also common to feel sad or depressed sometimes. Young people should talk to adults they trust about any feelings of anger, sadness, or depression that they may have.

A: Oh!

G: It is also normal to become more aware of the opposite sex and to feel more sexual. In boys, the main sign of sexual feelings is an erection of the penis. In girls, it is wetness of the vagina. Sexual feelings can come from reading a romantic novel or thinking about another boy or girl. Having sexual feelings is normal and is nothing to feel guilty about. Acting on such feelings, however, is a big responsibility, and it is best to wait until one is older.

A: And finally I have noticed that when girls start growing, they attract some attention from boys or men; What do I do if someone touches me in a way that makes me feel uncomfortable?

G: Your body is your own, and no one should touch you in a way that makes you feel uncomfortable. You have a right to ask someone to stop touching you if it makes you feel bad. If this is happening to you, remember it is not your fault, and you should talk to a trusted adult for help and keep talking to as many people as necessary until someone takes action.

- Ask the participants what they have learnt from the conversation. Is there anything new they have picked up?
- Summarize your discussions with the following presentation

| <b>CHANGES</b> | <b>GIRLS</b>  | <b>BOYS</b>   | <b>comments</b>  |
|----------------|---|---|--|
| <b>SKIN</b>    | <i>Skin becomes oily, sometimes with pimples or acne.</i> | <i>Skin becomes oily, sometimes with pimples or acne.</i> | <i>This lasts through your teen years and then usually ends. Wash the face each day with soap and water.</i> |
| <b>HAIR</b>    | <i>Hair increases on</i>                                  | <i>Hair increases on</i>                                  | <i>The amount of new body hair</i>   |

| <b>CHANGES</b>                               | <b>GIRLS</b>   | <b>BOYS</b>   | <b>comments</b>   |
|--|--|---|---|
| <b>DISTRIBUTION</b>                          | <i>legs, under arms, and in pubic area.</i>  | <i>legs, chest, face, under arms, and in pubic area.</i>                    | <i>that grows is different for each young man and woman.</i>  |
| <b>BREASTS</b>                               | <i>Breasts grow, swell, and hurt just a bit.</i>                                     | <i>Breasts grow, swell, and hurt just a bit.</i>                            | <i>For girls, Both breasts may not grow at the same rate or to the same size. It is normal for one breast to be a bit smaller than the other one.<br/>Some boys develop swelling underneath their nipples, which looks like the start of breasts. This is caused by the hormones that are pulsing through the body and will usually go away with time</i>   |
| <b>BODY FRAME</b>                            | <i>Hips broaden, breasts enlarge, weight and height increase.</i>                    | <i>Shoulders and chest broaden, weight and height increase.</i>             | <i>Girls can reach their full height before boys. However, by the time puberty is complete, young men are often taller and weigh more. Boys' shoulders will grow wider, and their bodies will become more muscular. Some body parts (especially hands and legs) may grow faster than others. Many boys have uncomfortable growing pains in their arms and legs as the bones grow faster than the muscles can stretch to keep up with them</i> |
| <b>BODY ODOR</b>                             | <i>Perspiration increases and body odour may appear.</i>                             | <i>Perspiration increases and body odour may appear.</i>                    | <i>This is normal. You can help control your body odour by washing or bathing daily.</i>  |
| <b>VOICE</b>                                 | <i>Voice deepens slightly</i>  | <i>Voice deepens and may crack</i>  | <i>Male voices can suddenly go from high to low or from low to high. This cracking can be a bit embarrassing sometimes but in time, it will stop.</i>   |
| <b>MENSTRUATION &amp; VAGINAL SECRETIONS</b> | <i>Period or menstruation begins, and there is more wetness in the vaginal area.</i> | -   | <i>Girls might see and feel a white or clear liquid from the vagina. This does not mean anything is wrong.<br/>*SEE LATER SECTIONS.</i>   |
| <b>MALE SEX ORGAN CHANGES</b>                | -  | <i>Wet dreams and erections occur, and penis and testicles grow larger.</i> | <i>Wet dreams and erections are completely normal.<br/>*SEE LATER SECTIONS.</i>   |

### ACTIVITY 3.1.2 MENSTRUATION AND WET DREAMS

**Objectives:** by the end of this session, participants should be able to explain the processes that lead to menstruation or wet dreams.

**Description:** Use of case study and guided discussion.



30 minutes

#### Steps

- Divide the participants into **two groups, male and female**
- Give the **ALL GIRL** group the following case study and questions for discussion



*It was a particularly difficult day at class for Asha. Since morning, she had been experiencing some dull stomach pain that came and went. When the bell for break rung, she stood to go out. Her friend who was seated behind her in class noticed a stain at the back of her skirt and told her about it. She could not see it from where she stood so she went to the toilet to check on it. Alas! It was a bloodstain! And to make it worse she had bloodstains on her underclothes! Wondering whether she had injured herself during yesterday's sports day, she cleaned her skirt as best as she could, then hurried off to find her older cousin Rehema who was in the same school, to ask her for advice ...*

- Ask the participants to discuss the story using the following questions as a guide
  - What do you think was happening to Asha?
  - Why do you think that?
  - What would you have told her?
  - How would you advise her to take care of herself?
- Review their responses with the following guide
  - *What is menstruation?*
    - *It is a flow of blood and products of the uterus that are shed off every month in females who are of reproductive age.*
  - *What does it mean?*
    - *It means that she has begun ovulating or releasing eggs and can get pregnant if she has unprotected sex.*
  - *How does it happen?*
    - *Each month, one egg leaves the ovaries and starts travelling down the fallopian tubes towards the uterus. At the same time, the uterus starts getting ready for the egg by becoming thicker.*
    - *If the egg meets with a sperm, it may be fertilized and attaches itself to the thick lining of the uterus and begins to grow. The woman is now pregnant. She will not menstruate again until a few months after giving birth*
    - *If the egg is not fertilized, the thickened wall breaks down and it is shed together with the egg, blood and tissue, through the vagina.*
    - *This process is called menstruation and occurs approximately 14 days after ovulation. It lasts on average about 4-6 days. The cycle repeats itself every month (28-30 days) and goes on until menopause (in your 40's or 50's) when menses stop altogether.*

- *At first they may be irregular and come after varying periods of time, but they become more regular.*
- *How would you advise her to take care of herself?*
  1. *To learn to expect her periods and be ready for them.*
  2. *During the bleeding phase there may be pain, discomfort and/or dizziness. One may also be emotionally charged and experience bouts of low self-esteem. One should therefore prepare themselves emotionally, learn to control their emotions and feelings, have accessible sanitary towels, be ready or aware of pain management and improve more on personal hygiene.*
  3. *In the peri-ovulation phase, one may be excitable, active and usually with high self esteem. It is important to learn to control your emotions, get involved in constructive energy consuming activities to channel your sexual energy and keep a healthy distance from the opposite sex.*
  4. *In the pre-menstrual phase one may be tense, moody and irritable, and easily have temper tantrums. Be aware that this can happen, and use your intelligence and self will to control your emotions.*
  5. *Introduce her to sanitary pads and how to use them. Also advise her to change them frequently to avoid overflow and staining of clothes and prevent infections.*
  6. *To keep clean (bathing and personal hygiene).*
  7. *Exercise or do physical activities to improve circulation and relieve stress and tensions.*
  8. *Eat healthy: Bananas, apples and fruits with potassium help in relieving cramps. Salty foods encourage your body to keep water and add to your discomfort.*
  9. *If the cramps or pains become worse, you may try the following: massage your abdomen, place a warm towel or hot water bottle on your abdomen, take a warm bath, or take a hot drink.*
  10. *If these fail or the pain (cramps) are repeated or unbearable, see a doctor.*
  11. *Above all, to have a positive outlook and to continue with your normal activities.*

- Now present them with the following conversation to read or act out



*(Amina continues her discussion with her grandmother)*

*A: what is menstruation?*

*G: menstruation is the normal healthy shedding of blood and tissue from the uterus or womb. It is also called 'periods' and occurs about once a month for most women, hence the other name 'monthly flow'*

*A: and does it stop once it starts?*

*G: Yes it does. It usually lasts between three and seven days. Women also stop menstruating during pregnancy but start again after having the baby*

*A: Do boys get a period?*

*G: ha ha! Boys do not get a period, or menstruate, because they have a different reproductive system from girls. Remember that menstruation is the breaking away of the lining of the uterus - the place where a foetus develops during a pregnancy. Since only women have a uterus, only they can have periods.*



*A: so when does a girl start menstruating?*

*G: well it starts at different times for different people. Some girls may begin as early as age 9, while others may start later. Generally though, girls start experiencing their first period about 1-2 years after their breasts start to develop. Remember that menstruation is a sign that a woman can now possibly become pregnant if she has unprotected sexual intercourse.*

*A: Really! So a girl can get pregnant during her period?*

*G: Yes, it is possible although not common. It depends on the length of her cycle, how many days her period lasts, and when she has sexual intercourse, because the sperm can stay alive up to six days in the body.*

*A: and what about a girl like me? Can a girl become pregnant before she has her first period?*

*G: Before a girl's first period, her ovaries release the first egg during ovulation. She can therefore become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.*

*A: but how can I know that my periods have now begun?*

*G: a little blood will first come out and you will feel some wetness in your panties. It is only later that more blood comes out. It is therefore important that you know approximately when you will start bleeding each month so that you can be prepared, either by having a sanitary pad or other protection to prevent blood from staining your clothes*

*A: it sounds like you lose a lot of blood...*

*G: well, the amount of blood one loses is different from person to person but is usually just a few spoonfuls. It starts with a little blood that looks like rust, then becomes redder and more, and finally becomes rust colored and less and less and finally stops. If it is a lot though you need to see a health provider and even though you may be losing only a little each month, it is important that you eat well to preserve the iron lost with the blood each month.*

*A: each month?*

*G: Yeah. For most girls or women, 'periods' come fairly regularly; for some it is every 21 days while for others it is every 28 others or every 35 days. For girls who are just beginning to menstruate, it may be a bit irregular; she may get 2 regular cycles then miss one month; or the time period between any 2 periods may vary. She may also spot in the middle of her cycle for a day or two. Usually this is nothing to worry about, and her periods may become regular as she grows older.*

*A: Yeah but why are the periods irregular?*

*G: During this initial time, hormone levels change and ovulation does not necessarily occur on a regular basis. So, the interval between periods, the amount of menstrual flow, and the duration of the period are likely to be different from cycle to cycle. You shouldn't be concerned about differences between your cycle and that of your friends. You should also not worry if, after your first period, you do not menstruate again for two to three months. Such variation is normal.*

*G: I also need to tell you that once you start menstruating you will begin to notice different secretions at different times during your cycle.*

*A: Really?*

*G: Aha. Girls often get secretions around the time of ovulation, when the body is ready to receive and nurture a fertilized egg. These secretions look whitish and their role is to help sperm travel through the uterus to meet the egg for fertilization, so when a girl has secretions, she knows that this is the time when she is fertile. Paying attention to vaginal secretions helps girls understand their bodies. Knowing what is normal for the body helps girls recognize things that are not normal. For example, yellow or strong-smelling secretions are not normal. These kinds of secretions are often a sign of infection, and she should visit a health provider.*

*A: OK. What if my period never starts?*

*G: Periods will start sooner or later. However, if you or any girl reaches age 16 and have not yet had your first period, you should visit a health provider.*

*A: will my sister and I get our periods at the same time?*

*G: Although it is not completely understood, it is not unusual for women who live together to have their periods around the same time. Sisters, mothers, daughters, and close friends may have their periods around the same time if they live together.*

*A: Can anyone tell when a girl has her period?*

*G: No. Not unless she tells someone. But when you get your first period, I would encourage you to tell me or your mother (or any other adult you trust). That way, there will be somebody to answer any questions you may have.*

*A: I am scared about getting my period. Does it hurt?*

*G: The process of menstruation itself is painless. Some women do experience cramps or other symptoms before or at the start of their period. You should not be scared of getting your period given that it is a completely normal event.*

*A: so how else does one feel during menstruation?*

*G: well first you should understand that not all women experience something around the time of their periods; some women do not experience anything.*

*A: lucky them!*

*G: some may experience physical things like stomach cramps, pain, bloating, weight gain, desire for certain foods, swollen or painful breasts, swollen hands or feet, skin problems, headaches, dizziness, or irritability.*

*A: irritable? Meaning ...*

*G: meaning that some women may also get emotional changes like short temper, aggression, anger, anxiety or panic, confusion, lack of concentration, nervous tension, fatigue, or depression. These changes are sometimes referred to as premenstrual syndrome (PMS). PMS is related to changes in the body's hormones. As hormone levels rise and fall during a woman's menstrual cycle, they can affect the way she feels, both physically and emotionally. She may find that taking pain relievers, hot water compresses, herbal teas, or other local remedies can give her relief from menstrual symptoms. If these do not help, she should visit a health provider and discuss the matter.*

*A: So what should I do when I first get my period?*

*G: If you know about menstruation before it happens for the first time, you will be better prepared to handle it without fear or embarrassment. If it does come unexpectedly, do not panic. Your teachers, family members, and older girls usually can provide you with directions on what products to use to soak up the menstrual flow.*

*A: Like...*

*G: Like clean cotton rags, toilet tissue, pads or sanitary napkins that one can buy. If you use cotton rags, remember to layer them so that they can soak up most of the blood, wash and dry them well, and do not share them with anybody. Tissue is usually not as good as they do not soak enough blood. They also crumple together and may thus cause irritation.*

*A: Can I ask one last question? What causes period pain?*

*G: During periods, the uterus contracts, tightening and relaxing so that the menstrual flow empties from the body. This is what causes the cramp pain. Some girls and women get cramps that are more severe than others. As we discussed earlier, pain relievers, exercise, a hot bath, or a heat compress can help reduce this.*

*A: Thanks very much grandma. Is there anything else you'd like me to know?*

*G: Yeah. Now that you are asking me many questions about your sexuality, I have to remind you about hygiene. Given the many changes that you will undergo during puberty, it is important that you maintain good personal hygiene. Take a bath once or twice a day with soap and water, remembering to concentrate on your face to help keep acne away. After your bath use perfume or powder to neutralize strong body odours. Clean your teeth and mouth after every meal and before you go to sleep. Wear clean clothes and clean underwear every day to avoid infection. As for the genital area you need to wash the area around the vulva and the anus with soap and water every day. The inside of the vagina cleans itself naturally. You should never try to wash inside the vagina unless a health provider instructs you to do so. Unfortunately, some girls and women try to wash inside the vagina with harsh soaps. Some women also use deodorants, perfumes, or herbs to clean the vagina. None of this is necessary, and it can even be harmful because such products can change the normal fluids inside the vagina and can irritate the skin inside the vagina and cause infection. Girls should try to wipe from front to back after they use the bathroom. Whether or not a girl uses toilet tissue, paper, water, grass, or leaves to clean herself, she should make sure she avoids wiping forward. If she wipes forward, she risks pulling germs from the anus to the vagina and urethra. This can give her an infection. Regularly change the pads or whatever else you use during menstruation*

- Review with the all girl group any new insights or clarifications they may have got from the conversation
- To the **ALL BOYS** group, pass out the following case study and questions for discussion  
*Abdullah, a Std. 8 pupil, woke up one morning to find he had wet his underpants and thigh with a sticky substance ...*

#### **Points for discussion**

What do the participants think had happened?

*He had a wet dream.*

How does this happen?

*At times, when the storage vesicles are full and one has an erotic dream, they may ejaculate and release semen.*

Is this abnormal or normal?

*It is quite normal once adolescence starts and even after in adulthood.*

- Explore the following questions with your ALL BOYS group

What is an Erection?

*An erection occurs when the penis fills with blood and becomes hard and straight.*

*Erections happen sometimes as boys fantasize and think about sexual things, or sometimes for no reason at all. Boys do not have any control over when this will happen. It is very common for boys to wake up with an erection in the morning. While asleep at night, a boy's penis will probably become erect and then go down about five to seven times. This is completely normal and healthy.*

*Having erections is not a sign that a boy needs to have sex.*

*When the penis is erect, a boy will find that he cannot urinate easily because a muscle closes off the bladder. He will have to wait until the erection goes down before he can urinate.*

What is Ejaculation?

*Ejaculation is when semen comes out of a boy's or man's erecting penis due to sexual excitement. A man does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. When a boy begins puberty, the ejaculated semen tends to be slightly clear or slightly yellow. As the*

*boy grows into a man, he begins making a larger amount of mature sperm, and his ejaculation will probably become more whitish. Boys are not born with sperm; they begin to produce them during puberty. A boy begins to produce sperm and continues to produce them through his entire life. If the sperm is ejaculated into the woman's vagina, she may become pregnant. The ejaculate can also carry diseases that could infect a woman.*

What Is a Wet Dream?

*A wet dream (or nocturnal emission) is when a boy's penis becomes erect, and he ejaculates while sleeping. This causes the boy's underwear or the bed to be a little wet when he wakes up.*

*If a boy does not know about wet dreams, he could be worried or confused. Wet dreams are completely natural and normal. A boy cannot stop himself from having wet dreams.*

Do men stop having ejaculations when they get older?

*When a man gets older, perhaps age 60 or beyond, he may have less sperm in his ejaculate. But if a man is healthy, he should be able to have ejaculations all his life.*

Can semen and urine leave the body at the same time?

*Some boys worry about this because the same passage is used for both urine and semen. A valve at the base of the urethra makes it impossible for urine and semen to travel through this tube at the same time.*

What is the right length of a penis?

*The average penis is between 11 and 18 centimetres long when it is erect. There is no standard penis size, shape, or length. Some are fat and short. Others are long and thin. There is no truth to the idea that a bigger penis is a better penis.*

Is it normal to have one testicle hanging lower than the other one?

*Yes. Most men's testicles hang unevenly.*

Is it a problem for the penis to curve a little bit?

*It is normal for a boy or man to have a curving penis. It straightens out during an erection.*

What are those bumps at the head of the penis?

*The bumps are glands that produce a whitish creamy substance. This substance helps the foreskin slide back smoothly over the head of the penis. However, if it accumulates beneath the foreskin, it can cause a bad smell or infection. It is important to keep the area under the foreskin very clean at all times.*

How does one prevent having an erection in public?

*This is normal. Even though you may think it is embarrassing, try to remember that most people will not even notice the erection unless you draw attention to it.*

Will wet dreams or ejaculation make a boy lose all of his sperm?

*No. The male body makes sperm continuously throughout its life.*

*What do I do if someone touches me in a way that makes me feel uncomfortable?*

*Your body is your own, and no one should touch you in a way that makes you feel uncomfortable. You have a right to ask someone to stop touching you if it makes you feel bad. If this is happening to you, remember it is not your fault, and you should talk to a trusted adult for help and keep talking to as many people as necessary until someone takes action.*

What if a man or woman wants to have sex and the other person does not?

*Sex should be a pleasurable and consensual act between two persons. A man or woman should never be forced to have sexual intercourse or do anything else with his or her body that he or she does not want to do.*

There are many things that have been said about masturbation, for example: Masturbation makes you insane; Masturbation makes you grow hair on the palms of your hands, causes pimples on your face, or makes you go blind; Masturbation makes you pale and uses up all the boy's sperm; Masturbation makes you weak and makes it impossible for a man to father children; Masturbation causes you to lose your desire for the opposite sex and that Girls who masturbate are obsessed with sex. What can you tell us about these things?



*\*It is usually best to throw back this question to the audience but you may stress the following:*

*Masturbation is often the first way a person experiences sexual pleasure.*

*Many boys and girls begin to masturbate for sexual pleasure during puberty.*

*Some boys and girls never masturbate.*

*Masturbation does not cause physical or mental harm.*

*Some cultures and religions oppose masturbation. If you have questions about your religion's position, talk to your religious leader.*

### ACTIVITY 3.1.3 FACT OR MYTH

**Objective:** by the end of the activity, the participants should be able to correct common myths and misconceptions regarding changes that are associated with adolescence

**Description:** participants respond to a 'fact or myth' quiz. These responses form a basis of correction/ discussion.



15 minutes

#### Steps

- Explain to the participants that they will now do an oral quiz to consolidate what has been learnt so far.
- You will read out statements to which they are to respond "fact" or "myth" and give their reasons.
- Brainstorm on the responses.

#### **THE QUIZ**

*Having a wet dream means that your storage vesicles are full and you must have sex or your passages will get blocked.*

*FACT – your storage vesicles are full and while you were dreaming, you ejaculated.*

*FALSE/ MYTH- your passage will not get blocked. Therefore sex is not a must.*

*If you do not have sex immediately after you start your periods, your tubes will get blocked.*

*FALSE/ MYTH –tubes do not get blocked because you do not have sex*

*Masturbation can lead to madness.*

*FALSE/ MYTH –masturbation does not lead to madness. It may be an avenue of releasing sexual tension. However it may become a habit that is difficult to break*

*If one remains a virgin after age 20 it will be difficult to have children.*

*FALSE/ MYTH –In fact if you can remain a virgin until you are married, you may just have saved your life! The ease with which you deliver is not dependent on your sexual experience.*

*A girl cannot become pregnant before her first period.*

*FALSE/ MYTH –ovulation occurs before menstruation, and if a girl has unprotected sex just before, she may get pregnant.*

*A girl should not swim or play when she is menstruating.*

*FALSE/ MYTH –she can do anything/ play any sport she wants to so long as she takes care of her personal hygiene by wearing sanitary towels or otherwise, to avoid embarrassing moments.*

### ACTIVITY 3.1.4 PERSONAL HYGIENE

**Objective:** by the end of this session, the participants should be able to list and explain at least 3 aspects of personal hygiene that change with puberty.

**Description:** Use of a matching list to simulate discussion. In groups, the participants will attempt to match health behaviours



15 minutes

**Steps:**

- Explain to the participants that normally there are certain aspects of personal hygiene that a growing young person needs to know once they enter puberty.
- Let the participants get into groups and present them with the following matching sheet. Explain that they should discuss and match the phrases on the first column with the correct/matching phrase on the second column.
- Allow the participants' time to contribute and discuss.
- Go through the correct responses: match-up together

|  |  |  |
|--|--|--|
| 1. BATHING                                   |  | a. is important to reassure on the health of the sexual organs and detect early signs of disease or other medical problems |
| 2. SOAPS AND DEODORANTS                      |  | b. change them frequently to stay clean and dry and avoid other infections.  |
| 3. FACIAL CLEANSING                          |  | c. please find out from your doctor on how to examine them yourself  |
| 4. TAMPONS AND SANITARY TOWELS               |  | d. other important aspects of personal care and grooming   |
| 5. TESTICULAR AND/OR BREAST SELF EXAMINATION |  | e. to keep the body and genitals clean and neutralise odours emanating from active oil and sweat glands.                   |
| 6. GYNAECOLOGICAL CHECK UP                   |  | f. to minimise pimples and blackheads  |
| 7. HAIR CARE, DENTAL CARE, NAILS             |  | g. to cover up strong natural body smells  |

Presentation notes

The correct match up: 1e 2g 3f 4b 5c 6a 7d



**Presentation notes**

**Washing the Body**

Washing the body helps one to stay clean, avoid infection, and avoid becoming sick. Bathe with water or soap and water once or twice per day. Wash hands before and after meals. Wash hands after using the bathroom to prevent the spread of bacteria and infection. Washing the face at least twice a day with soap and water can help keep pimples and acne away or make it less severe.

**Smelling Good**

Use deodorant, baby powder, or the most common product in your country for smelling good under your arms.

**Taking care of your Hair**

Wash or Shampoo your hair regularly to keep it clean. Every day or every two or three days is fine. This however also depends on your cultural beliefs.

Boys should talk to a parent, an older brother, or another adult they trust about shaving.

Girls can ask a female they trust about shaving their legs. Not all men and women shave. This obviously depends on culture and choice.

**Taking care of your teeth and Mouth**

Use what is most common in your country/community to clean the teeth after every meal and before bed each night. Cleaning teeth helps avoid cavities or rotted teeth. Using toothpaste with fluoride can also help to strengthen your teeth.

**Underwear**

Wear clean underwear every day to avoid infection and keep the genital area clean.

**Genital Area (Boys)**

It is important to wash and clean the penis every day. Wash the scrotum, between the scrotum and the thighs, in between the buttocks, and the anus with soap and water every day.

For uncircumcised boys, it is important to pull back the foreskin and gently clean this area. Whether a boy is circumcised or not, it is important to wash and clean the penis and the area around the anus every day.

**Genital Area (Girls)**

Girls need to wash the area around the vulva and the anus with soap and water every day. The inside of the vagina cleans itself naturally. You should never try to wash inside the vagina unless a health provider instructs you to do so. Unfortunately, some girls and women try to wash inside the vagina with harsh soaps. Some women also use deodorants, perfumes, herbs, or douches to clean the vagina. None of this is necessary, and it can even be harmful because such products can change the normal fluids inside the vagina and can irritate the skin inside the vagina and cause infection.

Girls should try to wipe from front to back after they use the bathroom. Whether or not a girl uses toilet tissue, paper, water, grass, or leaves to clean herself, she should make sure she avoids wiping forward. If she wipes forward, she risks pulling germs from the anus to the vagina and urethra. This can give her an infection.

It is also important to regularly change the pads or whatever else you use during menstruation

**End of session review and take home message**

Puberty is an exciting and a confusing time when young people begin to mature into adults. It is important for young people to be aware of these changes and their potential implications; they may now get sexual feelings, they can get pregnant or can impregnate some one, there are also emotional changes and so on. Young people need to protect their sexuality and their sexual health.

## SESSION 3.2 RELATIONSHIPS, SEX AND SEXUALITY

### ACTIVITY 3.2.1 LOVE AND INFATUATION

**Objective:** By the end of the activity, the participants should be able to define love and infatuation.

**Description:** brainstorming session and discussion



45 minutes

#### Steps

- Ask participants whether they can give you a word or words, which mean, "love". Is everyone agreed upon this word or expression?
- Is this a word or expression, which applies to the love someone, has for their partner alone, or can it be used to describe feelings between boyfriends and girlfriends, between brother and sister, etc.?
- If other words or expression are used to describe those relationships, ask everyone to agree on those, also.
- Once everyone has agreed upon one or two words or expressions meaning, "Love", ask everyone to divide into pairs. You may find that single-sex pairs will work best for this exercise.

#### Love between friends or family members .....

- Ask each pair to describe to each other three qualities, which they show to a close brother or sister, or friend whom they particularly love; and then three qualities, which they expect from the same brother, or sister who loves them.
- Call everyone back to the larger group and ask participants to share their thoughts and ideas. If there is general agreement, move on. If not, encourage participants so discuss the different views further in the large group.

#### Love between partners (husbands/wives/boyfriends/girlfriends)

- Next, ask each pair to take it in turns to describe to each other three qualities which they would show to a partner whom they love; and then three qualities which they expect from a partner who loves them.
- Again, call everyone back to the full circle. Ask them to share their ideas.
- If there are some clear differences in the qualities of love described between partners and those described for sisters and brothers or friends, point these out to participants. Ask them to define these differences more clearly. Encourage them to try to explain why these differences exist.



*In this culture, does lover=sex? Does love=marriage? If love does not = marriage, what at least are the minimum levels of respect which they think each member of the couple should show each other?*

#### Love in a "love" or "romantic" relationship....



- Lastly, have the pairs meet once again. This time, they should each list five qualities that they would look for in a relationship. What would their ideal partner be like? Encourage them to list exactly what they would most want (if their dreams were to come true) in a boyfriend/girlfriend or husband/wife.
- In the larger group, ask everyone to share his/her ideas about the qualities of an ideal relationship. You may find that the ideal of "money" or "nice clothes," etc. Comes up; you may wish to challenge this. Are all people with money good to their wives/husbands? Does having money mean that you are good person, a good father a good mother? etc.



**Presentation notes and more questions for discussion**

*If you dig deeply, this can be a great exercise for making the group really think about what they want or can get from being in a relationship. It can be helpful at the end for you to make the following reference: If one of the members of your group is currently in a relationship--does her boyfriend/his girlfriend meet all of the qualities you wish for in a relationship? Is this the person you want to spend the rest of your life with? What will be the consequences of that? Would it be more helpful for you to wait a few years to develop some of these qualities? Really encourage your young people to think about their relationships objectively--it is easy for a teenager to get "starry-eyed" about their relationship, acting like it is perfect, etc--try to use your questions to probe a bit deeper and at least leave the young people with the idea that other options might be out there that would match what they want better. It is safer to avoid early pregnancy, early sexual involvement, etc., until you are quite sure and quite ready to make the decision that this person is the only one and will meet your needs for a lifetime.*

## SESSION 3.3 SEX AND SEXUALITY

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR AGE RANGES 15-24*

### ACTIVITY 3.3.1 DEFINING SEXUALITY

**Objective:** By the end of the activity, the participants should be able to list the components of sexuality and interpret their rights and responsibilities with regard to their sexuality

**Description/methodology:** Lecture and discussion on the components of sexuality and its implications for young people.



45 minutes

#### Steps

- Remind the participants of what they learned in the previous session about the physical changes that take place in boys and girls during puberty.
- Write the word 'sexuality' on the board.
- Explain that when most people see the words 'sex' or 'sexuality', they think about physical sex (sexual intercourse, kissing, and so on). ***However sexuality is more than just thinking about sex or having sex. It includes all the feelings, thoughts and behaviours of being a man or a woman, including feelings of love and attraction.***
- To finish the explanation, draw a box around 'sex' in the word sexuality. Point out that these are only three of the letters in the word sexuality. Sexuality is bigger or more than sex.
- Inform the participants that in the next few sessions, they will discuss sexuality as a whole.
- Say that some people may feel a little embarrassed or uncomfortable at times. These is because, although love and sex are talked about all the time in stories, films and in the media, people very rarely sit down and talk seriously about such issues.
- Divide people into three groups.
- Say that we hear a lot about sexuality from different sources. Each group will now write down everything they have heard about sexuality from the source they are given. Stress that it is OK to list whatever they have heard. There is no right or wrong answer.
  - ☑ Group One: -write down what parents have said about sexuality
  - ☑ Group Two: -write down what friends have said about sexuality
  - ☑ Group Three: -write down what they have seen or heard about sexuality through books, the media, films, and so on.
- Go around the groups and give suggestions to help groups get started.
- After the groups have finished writing down all the messages, they put up their lists on the wall.
- Allow everyone to go round and add further messages to any of the lists.
- End the activity with the questions that follow.

#### Discussion Questions

- Are there any messages you think are wrong? Which ones? Why?
- Are there any messages that you want more information about?
- How are the messages from parents, friends and the media similar?
- How are the messages different? Why? Where the messages are different, whose messages would you trust more? Why?
- Can you think of any sexuality messages you have heard from other sources such as religious leaders, partners, or teachers?

- o If you were a parent, what is the most important sexuality message you would give to your child?

- Draw the six circles of sexuality on the board.
- Explain that human sexuality can be divided into six components/circles:

- sensuality
- intimacy
- identity
- reproduction
- sexualisation
- sexual orientation

- Discuss each circle one by one. Explain the meaning of each circle and point out the different aspects of each one.
- Ask for examples of a behaviour that would fit in each circle. Write them in the circle and ask learners to write them in their handouts. Ask for and answer any questions about aspects of the five circles. End the activity with the questions that follow.
- Discussion Questions
  - Which of the six circles is the easiest to understand? Why? Which is the most difficult? Why?
  - What new things have you learned from this activity?
  - Is there any part of the six circles that you never thought of as being 'sexual' before?
  - Which circle is most important for friends of your age? Least important? Why?
  - Which circle would you be able to discuss with your parents?
  - Which circle would you be able to talk about with your partner or boy/ girlfriend?



### Presentation notes

#### **COMPONENT OF SEXUALITY**

##### **SEXUAL IDENTITY**

*This is being male or female (and knowing what it means!). It also includes knowledge of the social and cultural roles played by that gender.*

#### **WHAT SHOULD IT MEAN TO ME AS A YOUNG PERSON?**

- 1. You have the responsibility of living up to your own goals and your parent's hopes.*
- 2. You owe it to yourself to respect yourself and others of your sex and of the opposite sex.*
- 3. You need to take care of your health: mental, emotional, physical and spiritual so that in future you can take up your role as a responsible man or woman.*

##### **SEXUAL HEALTH AND REPRODUCTION**

*As a young adult you are capable of making someone pregnant or getting pregnant. Reproduction and sexual health relates to the results*

- 1. You need to take care of your sexual health and maintain proper personal hygiene.*
- 2. You need to protect your fertility until you are mature enough to have a baby.*
- 3. You need to be aware of the dangers and consequences of having sex at your age: unplanned for pregnancies, STI and HIV, destroyed hopes and dreams, devastated families and communities.*
- 4. You need to inform yourself about available contraceptive*

*of having sex such as the ability to have a baby, the importance of remaining sexually healthy, and the behaviours and attitudes that keep the sexual relationship physically and emotionally healthy*

*methods, how they work, where to obtain them, their effectiveness and side effects.*

### **SENSUALITY**

*This is the awareness of your body and other peoples' bodies as unique male or female bodies and the attraction your body has for others. It is connected with understanding how our bodies work, how we feel about our bodies (body image), our need to be touched and held in caring and loving ways that are not necessarily sexual and our physical attraction.*

- 1. You should take pride of your own body and care for it.*
- 2. Be clean, be neat and be well groomed as the positive image you portray will also give you a sense of well-being and boost your confidence in yourself. Do not defile your body with alcohol and drugs.*
- 3. Be aware of what you show/how you dress, walk and behave so that people do not mistake you or your intentions, and so people do not take advantage of you.*

### **SEXUAL INTIMACY**

*This is the emotional closeness between two people who have a special friendship. Aspects of intimacy include liking or loving another person, and taking an emotional risk, that is being open and honest and sharing feelings and personal information that we may keep secret from others.*

*We should be aware that sexual intimacy does not necessarily mean sexual intercourse. It is possible to love, to share, and to be emotionally close to someone without having sex.*

*But...*

*If one is not careful such intimate moments can at times put you in a situation that can make it difficult to abstain.*

*So...*

- 1. Remember to practice self control*
- 2. Remember that there are special and more lasting ways to show affection e.g. sharing gifts, sharing moments, time, stories, and memories.*
- 3. Keep healthy distances.*
- 4. Socialize in groups rather than in pairs.*
- 5. Set up definite agenda's for your dates so that you do not have free unplanned for time. (An idle mind is indeed the Devil's workshop)*

### **SEXUALIZATION**

*This is using sex to manipulate or control others. It can be harmless such as flirting or it can be dangerous or illegal e.g.*

- 1. We should know that it is wrong and potentially dangerous as it puts one at risk of infection with STI/HIV and pregnancies.*
- 2. It is risking your life and your future for a few moments of pleasure or short term gain. Is it worth it?*
- 3. We should learn to say no to those who offer us gifts and other material items in order to have sex with us*

sexual harassment, sexual abuse etc It also includes sex in exchange for gifts, money or favours, selling products by using sexual messages etc

4. We should never exploit anyone sexually and neither should anyone exploit us.
5. We need to practice skills to cope with emotions and to avoid/fight against unhealthy sexualisation.

### **SEXUAL ORIENTATION**

This refers to preference in partners i.e. homosexuality (same sex), heterosexuality (opposite sex) or bisexuality (both)

1. We should be aware of the existence of certain sexual practices/orientations and their potential risks to us as young people.
2. unprotected anal sex has also been scientifically proven to be several times more risky in terms of transmission of infection by HIV and gonorrhoea

### **ACTIVITY 3.3.2 TRADITIONAL PRACTICES, MYTHS AND TABOOS ON SEX.**

**Objective:** By the end of the activity, the participants should be able to identify good and bad traditions related to sex, myths and taboos.

**Description/methodology:** Use of sample case studies to stimulate and identify good and bad traditions, myths and taboos, related to sex.



15 minutes

#### **Steps**

- Ask the participants whether they know of any traditions, myths, shames or taboos on sex.  
Definitions  
**Shame:** A feeling of distress and regret  
**Myth:** A thing or person that is imaginary or not true  
**Tradition:** The passing of beliefs or customs from one generation to the next  
**Taboo:** A cultural or religious custom that forbids people to do, touch, use or talk about a certain thing

Some of these may come up, and you may add others

#### **Examples of practices, myths, shames and taboos on sex**

- A parent cannot speak to their child about sex.
- A wife cannot speak to her husband about her pregnancy.
- A young person will become sterile if they do not have sex in their teenage years.
- After circumcision, a young man must "test" himself by having sex (i.e. sex at initiation)
- A parent must arrange for his sons first sexual experience.
- Marrying a cousin
- Being engaged while young.
- Sex with a young woman for cleansing.
- New bride having sex with husband's father first.
- Being forced to inherit dead brother's wife.

- Young woman “married” by a barren woman to bear children on her behalf with her husband
  - Woman having sex with her husband’s age mates whenever they visit and stay overnight
  - A woman must be a virgin when she gets married
  - Teachings on adolescent health at initiation by aunties, uncles and grandparents.
- Discuss the above responses.
  - Ask if any of these practices can spread HIV and why.
  - Ask for suggestions on how these “bad” traditions could be changed to help reduce the spread of HIV.
  - Ask them whether there are any good traditions concerning sex. Do the participant shave any ideas as to how we can promote these ‘good’ practices

### ACTIVITY 3.3.3 WHY YOUNG PEOPLE HAVE SEX

**Objective:** By the end of the activity, the participants should be able to list at least 2 influences in regard to youth having sex.

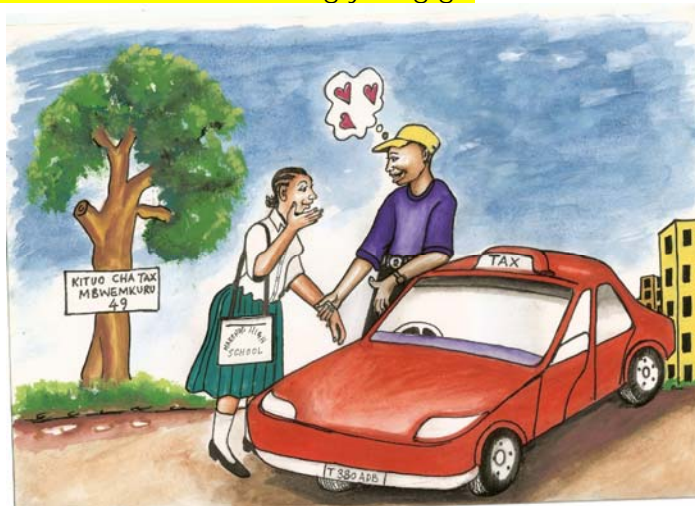
**Description:** Picture codes to be discussed in small groups, each set with different scenarios.



20 minutes

#### Steps

- Divide the participants into 2 groups.
- To each group, give a picture code  
**Code 1: taxi driver beckoning young girl**



Code 2: 2 young people in disco, kissing.



- Ask the two groups to think about the situations they have been given and answer the following:  
Assuming that the characters in the picture code had sex;
  - What factors do they think might have contributed to the two people to have sex?
  - What were the good things (if any) about them having sex?
  - What were the bad things about them having sex?
  - Could they have had a situation where/ when they did not have sex?
  - Could they have been able to say no?
- Ask each of the groups to present their cases and answers.
- Brainstorm with the group on some of the pressures that lead young people into having sex.  
*Some likely reasons are;*
  1. Money and gifts.
  2. Influence of alcohol, drugs.
  3. To be like their friends.
  4. To be adults/ prove adulthood.
  5. To keep a relationship
- Evaluate the reasons given and see if you can agree on whether the reasons given are good/valid/healthy or not.

### ACTIVITY 3.3.4 CONSEQUENCES OF HAVING SEX

**Objective:** By the end of the activity, the participants should be able to list at least 3 likely outcomes of having sex.

**Description:** picture code and discussion



30 minutes

#### Steps

- Present to the participants the following picture code
  - Picture code: young pregnant school girl





- Ask the participants to develop a story as to what could have happened.
- Is this something that happens in this region/locality?
- What consequence of having sex can they see?
- What other consequence of having sex can they think of?
- Discuss with the participants on the immediate, short and long term consequences of having sex



*The most important consequences that need to come out are: Pregnancy, STI and HIV infection. Each of these has short and long term consequences which are going to be discussed in subsequent sections.*

#### MORE QUESTIONS ABOUT SEX

\*Use these questions to explore other issues that are usually asked by young people about sex. The participants may give you others that you can discuss.

Does sex hurt for a woman?

Some women do not experience pain the first time they have intercourse and others do. Everyone is different.

Does a woman always bleed when she has sex for the first time?

No. Some women bleed when they have sex for the first time; others do not. Absence of bleeding the first time one has sexual intercourse is not a sign that one was not a virgin.

What happens to semen after it has been ejaculated into a woman's vagina?

Semen, if ejaculated into the vagina, could travel into the uterus, seep out, eventually dry up, or all three. Semen that remains in the body will carry sperm that can survive in the body for up to six days. When semen evaporates in the open air, the sperm it contains die.

Does a girl lose her virginity if she sticks her finger in her vagina?

No. Most people agree that women and men lose their virginity the first time they have sexual intercourse.

What is an orgasm?

When a man has an orgasm, his penis gets larger and hard, and semen comes out. Then his penis gets smaller and soft again. The orgasm takes about five to 20 seconds. When a woman has a vaginal orgasm, her vagina squeezes together. It lasts about the same time as a man's orgasm, but can last longer. A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse. A woman can get pregnant even if she does not have an orgasm.

Do people ever have sex any way except for the man's penis to be inserted in the woman's vagina?



People express their sexual feelings in many different ways. It depends on their own feelings and the way they, their culture, and partners feel about sex.

When is a good age to have sex?

Having sex for the first time can be an important emotional event. There are many questions that should be considered before actually doing it:

- Am I really ready to have sex?
- How will I feel about myself after I have sex?
- How will I feel about my partner afterward?
- Am I having sex for the right reasons?
- How will my parents and friends feel about me having sex?
- What do my religion and culture say about sex and sex before marriage?
- How will I protect myself against unintended pregnancy or infection?
- If I have sex, will I have to lie about it later?
- Will I feel guilty?

Can a man get a woman pregnant if he removes his penis from her vagina before he ejaculates?

Yes. Sometimes even before he ejaculates, a tiny bit of fluid comes out of the penis, called pre-ejaculate, that contains sperm.

What is the difference between being in love and having sex?

There is no "right" definition of love for everybody. Being in love with someone involves feelings of romance, attraction, caring, etc. Having sex is only an event or physical act.

### ACTIVITY 3.3.5 PREGNANCY

**Objective:** By the end of the activity, the participants should be able to explain the processes that lead to pregnancy, enumerate options available to pregnant youth.

**Description:** lecture, quiz and guided discussion.



60 minutes

#### Steps

- Say that in the next few sessions we are going to look at pregnancy. But first we need to find out how much people know about pregnancy. Hand out copies of the questionnaire below and ask everyone to answer 'true' or 'false' for each statement.

*Questionnaire: True or false?*

1. A 12-year-old boy cannot make a girl pregnant.
2. You will not get pregnant if you wash out your vagina immediately after having sex.
3. You cannot get pregnant if you have sex standing up.
4. If you use a condom you cannot get pregnant.
5. A girl cannot get pregnant if she has not started having her periods.
6. You cannot get pregnant if you have anal sex.
7. A girl cannot get pregnant if the boy pulls out (withdraws) before he ejaculates.
8. If a girl uses birth control before having a child, she will never be able to have children.
9. You cannot get pregnant when you have sex for the first time.
10. You can get pregnant even if you are menstruating.
11. You cannot get pregnant if you tie traditional medicine around your waist.

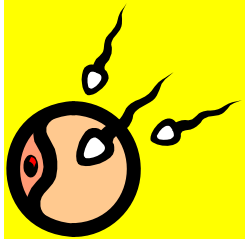
Discuss the answers in plenary. Let the participants volunteer their answers and then you can discuss them.

Answers to the questionnaire

|  |
|--|
| <p><i>A 12-year-old boy cannot make a girl pregnant.</i><br/> <i>FALSE: even at 12 years, boys are already producing sperm and can therefore make a girl pregnant</i></p>  |
| <p><i>You will not get pregnant if you wash out your vagina immediately after having sex.</i><br/> <i>FALSE: it is impossible to wash away the millions of sperm released during sex, and it only takes one of these to make a baby.</i></p>   |
| <p><i>You cannot get pregnant if you have sex standing up.</i><br/> <i>FALSE: it doesn't matter in what position you have sex. The sperm will still go inside and she can get pregnant.</i></p>  |
| <p><i>If you use a condom you cannot get pregnant.</i><br/> <i>While condoms greatly reduce the chances of getting pregnant, it is still possible for the girl to get pregnant, particularly if the condom is not used properly.</i></p>   |
| <p><i>A girl cannot get pregnant if she has not started having her periods.</i><br/> <i>FALSE: before a girls' first period, her ovaries release the first egg during ovulation. She can get pregnant if she has intercourse around the time of ovulation.</i></p>                   |
| <p><i>You cannot get pregnant if you have anal sex.</i><br/> <i>FALSE: some sperm may still find their way into the vagina</i></p>   |
| <p><i>A girl cannot get pregnant if the boy pulls out (withdraws) before he ejaculates.</i><br/> <i>FALSE: the boy/man releases some sperm in the pre-ejaculate fluid, before he ejaculates. In any case, it is very difficult to withdraw once you have started having sex.</i></p> |
| <p><i>If a girl uses birth control before having a child, she will never be able to have children.</i><br/> <i>FALSE: birth control is safe and does not affect the girl's ability to have a baby.</i></p>   |
| <p><i>You cannot get pregnant when you have sex for the first time.</i><br/> <i>FALSE: many girls get pregnant from their first sexual experience</i></p>  |
| <p><i>You can get pregnant even if you are menstruating.</i><br/> <i>FALSE: menstrual cycles vary and though the chances of getting pregnant are less, it is still possible</i></p>  |
| <p><i>You cannot get pregnant if you tie traditional medicine around your waist.</i><br/> <i>FALSE: nothing you tie around your waist can stop the sperm from reaching the egg and fertilizing it</i></p>  |

Next steps

- Give a small presentation on how pregnancy occurs
- *Emphasize for the participants that there are three things that must happen for a pregnancy to occur: 1) an egg must be present in one of the woman's fallopian tubes; 2) sperm from the male must join the egg to fertilize it; and 3) the fertilized egg must attach itself to the lining of the woman's uterus.*
- *Point out that everyone in the room was conceived through the act of sexual intercourse.*
- *Explain that once semen has been ejaculated into the vagina, and if the woman was in the fertile period of her cycle, some sperm will swim up through the cervix and into the uterus and then into the fallopian tube where they may meet the egg that has been released from the ovaries during ovulation. One sperm will fertilize this egg and the fertilized egg will then move down into the uterus and embed itself there and start growing into a baby.*



- Use the following questions to discuss more about pregnancy.



If the participants would like greater discussion, invite a health professional to speak to them.

- **When is a woman able to become pregnant?**
- A woman can become pregnant when she is fertile. A woman is fertile only on certain days of each menstrual cycle, from her first menstruation until menopause.
- **When is a man able to make a woman pregnant?**
- After puberty, a man is fertile every day and has the ability to father a child for the rest of his life.
- **What Is Ovulation?**
- Ovulation is the periodic release of a mature egg from the ovary. This usually happens around the middle of a woman's menstrual cycle.
- **What happens to semen after it has been ejaculated into a woman's vagina?**
- Semen, if ejaculated into the vagina, could travel into the uterus, seep out, eventually dry up, or all three. Semen that remains in the body will carry sperm that can survive in the body for up to six days. When semen evaporates in the open air, the sperm it contains die.
- **Can a girl become pregnant even if she does not have sexual intercourse?**
- Although it is scientifically possible if semen trickles into the vagina, there is no evidence to prove that if a boy's penis goes near a girl's vagina and he ejaculates that she will get pregnant. However, if there is contact between a boy's penis and a girl's outer genitalia, sometimes it is possible to get a sexually transmitted infection.
- **Can a man make a woman pregnant if he removes his penis from her vagina before he ejaculates?**
- Yes. Sometimes even before he ejaculates, a tiny bit of fluid, called pre-ejaculate, comes out of the penis. The pre-ejaculate contains sperm.
- **Can a girl become pregnant during her period?**
- Yes, it is possible although not common. It depends on the length of her menstrual cycle; how many days her period lasts; and when she has sexual intercourse, because the sperm can stay alive up to five days in the body.
- **Can a girl become pregnant before she has her first period?**
- Before a girl's first period, her ovaries release the first egg during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.
- **From what age can a girl become pregnant?**

- *When a girl starts having menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby, only that she is physically capable of becoming pregnant.*
- ***Why are there some women who cannot become pregnant?***
- *Infertility (not being able to become pregnant) may be caused by hormonal problems in the man, woman, or both; blocked fallopian tubes; low sperm count in the man; or older age. Sometimes doctors cannot determine the cause of infertility.*
- ***What causes a woman to have twins?***
- *The explanation depends on whether the twins are fraternal or identical. Fraternal twins may resemble each other, but are not "identical." They may be of either the same or different sexes. They occur when two eggs are in the fallopian tubes at the same time and are fertilized by two separate sperm cells. Identical twins, always of the same sex and same appearance, occur after fertilization when a single developing egg divides in two.*
- ***What determines whether the baby is a boy or a girl?***
- *When a human egg is fertilized with sperm, the sex of the baby is determined immediately. Sperm contain agents called "chromosomes." There are two types of chromosomes, either an X or a Y. If the sperm contains a Y chromosome, the child will be male; if it contains only an X chromosome, the child will be female. The man's sperm determines whether the baby is a boy or a girl.*
- Next, brainstorm on reasons why pregnancy amongst youth is a problem. Write the ideas on the board.
- Look at the answers in more detail and ask people to prioritize the main reasons.
- Discuss all the possible health and social consequences of pregnancy at a young age for:
  - ☑ the teenage girl( mother to be)
  - ☑ the teenage boy ( the boyfriend/father)
  - ☑ the baby to be born
  - ☑ the families of the teenagers
  - ☑ the community

Write these answers on the board. If they have not been mentioned, add the following to the list:

- *poisoning of the blood (toxaemia)*
- *heavy bleeding (haemorrhage) when giving birth because the girl's body (particularly the pelvis) is too small*
- *Anaemia (too little haemoglobin or low iron content in the blood) –a teenage girl is still growing and her body needs to feed the baby growing inside her.*
- *Malnutrition*
- *Low birth weight of the baby*
- *The young mother may drop out of school*
- *The young mother may be chased from home*
- *The young mother may feel isolated and rejected in society*
- *Possible suicide as a result of depression, isolation*
- *The young mother may be forced to become a domestic/ sex worker in order to support the child*
- *Neglect of the baby*
- *The girl is not fully developed mentally and so she may not be able to bring the baby up properly*
- *The young mother may be unable to fulfil her ambitions.*
- *Society blames the girl*

- *The man runs away or refuses to accept the pregnancy*
- *The baby grows up without a father*
- *Attempted abortion, often in secret by people who are not skilled, and wither permanent injury or death*
- *The family of the girl is blamed.*

• Ask the questions that follow:

• Discussion Questions

Most of the problems face the girls only. Is that fair?

Which of the above problems also apply to women who marry and get pregnant before the age of 18?

How much do couples think of these when they want to have sexual intercourse? What can be done to make them be more responsible, especially men?



*Make sure the session does not become one for passing judgement/blame on either sex!*

#### ADDITIONAL QUESTIONS FOR DISCUSSION

These are questions that have been asked by other young people. You may use them to stimulate discussion with your group

#### ***What are the things I should think about before getting pregnant?***

*Having a baby is a very serious issue to consider. A young mother-to-be would have to ask herself the following questions:*

1. *Am I emotionally ready? A child needs attention 24 hours a day, seven days a week. It takes a lot of patience and attention to bring up a baby.*
2. *Am I financially ready? A young mother or couple would have to find a source of money to pay for the baby's daily needs—food, medicine, clothes, childcare—as well as the mother's own needs.*
3. *Am I willing to compromise my education? It is very difficult to raise a baby while going to school. Many young girls find that they have to drop out of school and ultimately give up their plans for the future after having a baby. In Tanzania, the current law does not allow a pregnant girl to continue with her schooling as a regular student.*
4. *Will the father of the baby support me? It is very difficult to raise a child without a father. Single mothers often struggle to support themselves and their children financially and emotionally, and many young women are forced to depend on their parents or others for such assistance.*
5. *Do your parents or caregivers want you to have a child? Will they help you? If a young mother tries to stay in school or needs to work, she will need help in taking care of the baby.*
6. *What do my culture and religion say about a young unmarried woman having a baby? In many cultures, young unmarried women who have babies are disapproved of and may even be discriminated against.*

#### ACTIVITY 3.3.6 consequences/teenage marriage

**Objectives** by the end of the session, the participants should be able to:  
 List some of the reasons that lead to teen marriage  
 List some of the consequences of teen marriage

**Methodology** individual activity and group discussion

## Materials      questionnaire



45 minutes

### Steps

- Introduce the topic.
- Ask the participants if they know of any teenagers who are married. What were some of the reasons for marrying so young?
- Do they think such teenagers were ready to be husbands and wives, fathers and mothers?
- Uncover the Questionnaire you have written on the board or flipchart.

#### Marriage Questionnaire

1. Would you think you had missed your chance of marrying if you were not married by the age of  
a)            18?                            b)            22?                            c)            28?
2. If you and your girlfriend/boyfriend had a baby/child at your age, would you enjoy spending a lot of time with it?
3. How much do you know about child care and related matters?
4. What age would you like to be when you have your first child?
5. If you or your girlfriend had a child now, would it interfere with your freedom or your future plans?
6. Would you marry someone because you needed ...
  - a. Security?
  - b. To get away from parents?
  - c. To leave school?
  - d. To escape from loneliness?
  - e. Sex?
  - f. Because you became/your girlfriend became pregnant?
7. Would you get married if your parents tried to force you to?
8. What would you consider to be good guidelines for getting married?
9. List the advantages and disadvantages of marrying young or waiting until later
10. Why do some people get married young?

- Instruct the participants to answer the questions individually on a slip of paper. Their answers will not be collected and they will share their ideas only if they want to do so.
- After all participants have answered the questions, lead a discussion regarding some of these ideas. Take some time to explore how this group feels about marriage at a young age. Are there ideas that are different from what their parents might have been?
- Next, read the following story of George and Sarah.



#### George & Sarah

George, a handsome and popular young man of 18, met Sarah, a 16-year old girl, at the market one Saturday afternoon. They started to talk. One thing led to another, they started dating and before long they were having sex. At first Sarah had not wanted to have sex with George, but then he had this appealing smile and was so convincing that it was difficult to refuse him anything.

Three months after their first meeting at the market, Sarah discovered she was pregnant. Both George and Sarah came from strict, religious families who didn't want to be "disgraced" by what had happened. The two families discussed the "problem" and the solution was that the two young people had to get married as soon as possible; at least before Sarah's pregnancy could be noticed by the community. George became a husband and father at 19 and Sarah became a wife and mother at 17.

- Have a discussion based on this story.
- Ask the participants to imagine themselves as George or Sarah.
- Ask the participants that, by referring back to their answers on the Questionnaire, how would their life and opinions change if they were suddenly in George's or Sarah's situation.
- Lastly, split the participants into four groups. Have each group answer one of the following questions.

List at least 10 reasons for unplanned teenage marriages

List at least 10 reasons why teenage marriages often fail

List at least 10 qualities needed for a good marriage.

Make a list of the options for teenage girls who discover they are pregnant

Make a list of the options for teenage boys who discover their girlfriends are pregnant

Have them report back to the large group and lead a discussion based on their ideas.

If you have a group that is 15 years and above; or that comprises many young married youth, Finish off with the following discussion on family planning

#### QUESTIONS ON YOUTH, PREGNANCY AND FAMILY PLANNING

How do couples prevent pregnancy?

*When a man and a woman want to have sexual intercourse without having a child, they can use a family planning method to prevent pregnancy. There are many types of family planning methods, also called contraceptives. The couple's choice is based on physical and emotional reasons. A couple can also avoid a pregnancy by abstaining from sex during the woman's fertile time, if they know when she is fertile.*

*When a couple is using a family planning method correctly, this means they are "protected." Unprotected sexual intercourse means sex without any contraception.*

What kinds of family planning methods are there?

**[Note: If someone poses this question and samples of family planning methods are available, show them while offering an explanation of the methods.]**

**Abstinence:** *Abstinence is the total avoidance of sexual intercourse between partners. It is the safest and most effective way to prevent pregnancy and STI.*

**Male Condom:** *The male condom is a thin rubber tube. It is closed at one end like the finger of a glove so that when a man puts it over his penis, it stops the sperm from entering a woman's vagina.*



**Female Condom:** *The female condom is a rubber sheath that fits inside the vagina and covers the vulva, preventing sperm from entering a woman's vagina.*





**Intrauterine Device (IUD) or Intrauterine Copper Device (IUCD):** IUDs (sometimes called coils or spirals) are small plastic or metal devices of varying shapes and sizes that are placed in the uterus to prevent pregnancy.



**Diaphragm:** The diaphragm is a shallow, dome-shaped rubber cup with a flexible rim. It fits into the vagina and over the cervix, keeping sperm from joining the egg. It is most effective when used with spermicidal cream, jelly, or foam.



**Oral Contraceptives:** Oral contraceptives (sometimes called birth control pills or "the pill") contain hormones. These pills stop the release of an egg every month but do not stop periods. A woman must take all of the pills in each pack to be fully protected.



**Injectable Hormonal Contraceptives (Injectable):** The injection works the same as the pill. However, a woman receives a shot every eight or twelve weeks (depending on the type of Injectable used) instead of taking a pill every day. Common names for these contraceptives are Depo-Provera.



**Emergency Contraceptive Pills (ECPs):** Often called the "morning-after pill" or postcoital contraception, ECPs can reduce the risk of pregnancy after unprotected sexual intercourse. They work by using increased doses of certain oral contraceptive pills within 72 hours after sexual intercourse. The sooner ECPs are taken after unprotected sexual intercourse, the greater their effectiveness.

**Lactational Amenorrhea Method (LAM):** LAM suppresses ovulation because breastfeeding changes the body's physiology so that ovulation does not occur. Women who are exclusively using breastfeeding as the baby's nutrition can use this method.

**Natural Family Planning and Fertility Awareness Methods:** These are methods by which couples time sexual intercourse to avoid the woman's days of fertility in her menstrual cycle. Women with regular menstrual cycles can use the necklace as a family planning method to identify when a woman is fertile. Other women may want to use other ways to know which their fertile days are. They can check each day to see whether or not they have secretions. If they do, they will know that they are fertile on those days. They can also take their temperatures to determine when they are ovulating.

**Spermicides:** Spermicides are chemical agents inserted into the vagina that keep sperm from travelling up into the cervix.



**Male Sterilization (Vasectomy):** This is a surgical operation performed on a man. A small portion of each sperm duct is cut. Afterward, the sperm, which are produced in the testicles, can no longer be transported to the seminal vesicles. Therefore, the ejaculate of a man who has been sterilized does not contain any sperm.

**Female Sterilization (Tubal Ligation):** This is a surgical operation performed on a woman in which the fallopian tubes are tied and cut, thus blocking the egg from travelling to the uterus to meet sperm.

\*For greater/in-depth discussion on these methods, it may be more appropriate to get a health worker to answer the participants' questions

## SESSION 3.4 STI

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR AGE RANGES 15-24*

### SESSION 3.4.1 STI

**Objective:** By the end of the session the participants should be able to:

- To define STI
- To draw a relationship between HIV and STI
- To evaluate behaviour that puts us at risk.
- To explain how to protect against STI.

**Description:** group discussion.



60 minutes

#### Steps

- Write out the term 'STI'
- Ask whether anyone knows what the term/abbreviation stands for.
- Brainstorm with the participants on the meaning/definition of STI
- Ask the participants if they can name or describe any STI



*This session provides an opportunity to get the facts about STDs. If you are not absolutely sure about the answers to questions about STDs, it is better to invite a health worker to do this session with you.*

#### True/False Game

Start by using the True/False game to assess the current knowledge and attitudes about STDs in your group. (See the rules for the True/False game.) Some suggested statements are listed below:

1. Sexually-transmitted diseases (STDs) are what we sometimes call venereal diseases
2. STDs can be contracted through kissing
3. A person who develops sores or blisters around the lips or mouth could be suffering from an STD.
4. Some STDs can cause death
5. You can get an STD through a blood transfusion
6. STDs can disappear without treatment
7. Married people cannot get STDs
8. The safest choice which will prevent teenagers from getting STDs is abstinence (not having sex)
9. STDs cannot be prevented
10. All STDs can be cured
11. You can get STDs from toilet seats.
12. Condoms give you 100% protection against STDs
13. Some home remedies can cure STDs
14. STDs are easier to detect in men than in women
15. If you have an STD that causes open sores on the private parts, the risk of contracting HIV and AIDS increases

ANSWERS (T true F false)

1T 2F 3T 4T (syphilis, systemic gonorrhoeal infection) 5T (syphilis) 6F 7F 8T 9F 10F (no cure for genital herpes) 11F 12 if used correctly and consistently, condoms reduce, but do not totally eliminate the risk of infection by STI 13F 14T 15T

- Now get into small same-sex groups and discuss the following:
  - Myths concerning STDs
  - Signs and symptoms of STDs
  - Various traditional and modern STD treatments and cures you know about
  - Ways of avoiding STDs
  - Why the rate of STDs is high, especially among teenagers
- Have groups report their findings back to the larger group
- At this point, either you or a health worker should give a brief presentation on the following:  
*\*look also at the STI information and picture cards in the annexes at the back for more material*



### **Presentation notes**

#### ***What are STI?***

*STI/ STDs are sexually transmitted infections meaning that they are gotten through sexual intercourse and they affect the sexual organs and genital area.*

#### ***Who gets STI?***

*Anyone who indulges in unprotected sexual intercourse.*

#### ***What do STI do?***

*They affect the sexual organs causing irritation, inflammation and ulcers.*

*Chronic or repeated infections may lead to blockages, dilation and destruction of tubes and vesicles and may cause infertility.*

#### ***How would I know I have an STI?***

*If you have indulged in risky behaviour and have developed suggestive signs and symptoms then you may have an STI. Painful urination, itch in genitals, discharge, visible ulcers, growths and nodes. But in all you would need to be examined by a medical practitioner.*

#### ***What behaviour puts me at risk of getting STI?***

*Having unprotected sex, having multiple sexual partners and frequently changing partners.*

#### ***I sometimes itch my genitals; does this mean I have an STI?***

*Not necessarily. You would need to visit a doctor and be examined.*

#### ***I have persistent abdominal and back pain; does this mean I have an STI?***

*Not necessarily. There are other causes of persistent abdominal and back pain.*

#### ***Is there a cure for STI?***

*Most of the STI are curable particularly if they are diagnosed/ detected treated early. However if late, the effects may already be permanent.*

#### ***Are there untreatable STI?***

*STI caused by viruses e.g. Herpes Simplex Virus is difficult to treat.*

#### ***Where can I get treatment?***

*From any government health facility, or any other health facility.*

#### ***What should I do while on treatment?***

*Complete your drug dosage and follow doctors' instructions.*

*Get your partner treated.*

*Avoid sex*

*Be more responsible in sexual behaviour from then on.*

*Tell your friends/ educate them.*

***How can I prevent / protect myself?***

*Be more responsible in your sexual behaviour.*

*Practice abstinence (secondary virginity).*

*Consistent and correct condom use, be mutually faithful.*

***Are there other infections of the genital area that are not STI?***

*Yes e.g. infestations with scabies, crab lice, skin diseases like lichen planus, psoriasis, and seborrhoea. They are dangerous in the sense that they may also compromise the skin around the genital area and may make it easier for HIV to enter into the body and blood.*

**Presentation notes contd.**

STI AND HIV

*Both are sexually transmitted.*

*Both imply high-risk behaviour*

*STI increase susceptibility to HIV infection*

*HIV leads to a weakened immune system and therefore;*

*A higher chance of contracting an STI.*

*More severe STI*

*Greater difficulty in treating the STI*

RECOGNIZING STI RISK

SEXUAL HISTORY

*Do you have more than one partner?*

*Does your partner have more/ or other partners?*

*Changed partners in the last 6 months?*

*Sometimes sex without a condom?*

ON SIGNS AND SYMPTOMS

*Painful urination*

*Unusual discharge*

*Sore or ulcers in or around the genitals*

*Growths in or around the genitals*

*Swelling of the genitals*

SIGNS AND SYMPTOMS OF STI IN MEN

*Painful urination*

*Urethral discharge*

*Sores or ulcers around the genital area*

*Growths around the genital area*

*Swollen or painful testicles*

*Itching around the genital area.*

SIGNS & SYMPTOMS OF STI IN WOMEN

*Painful Urination*

*Unusual vaginal discharge*

*Itching around the genital area*

*Sores or ulcers in or around the genitals*

*Abdominal pain*

STI THAT CAUSE PAINFUL URINATION OR UNUSUAL DISCHARGE

*Gonorrhoea, Chlamydia, Trichomoniasis, Vaginosis, Candidiasis*

STI THAT CAUSE SORES OR ULCERS

*Syphilis, Chancroid, Herpes*

STI THAT CAUSE WARTS

*Genital warts*

GETTING TREATED FOR STI

*Seek prompt medical attention from a qualified health professional.*

*Take medication in prescribed doses at the required times and for the whole duration of time prescribed.*

*Get partner treated.*

*Abstain from sexual intercourse until at least 3 days after you have completed your drugs and all the symptoms are gone.*

*Be responsible in your sexual life from then on.*

PREVENTION OF STI

*Abstain from Sex*

*Be mutually faithful*

*Have only one partner*

*He/she must be faithful to you*

*He/she must not have an STI*

*Consistent and Correct condom use*

*Early and effective drug treatment*



It can be helpful for you to make a chart and hang it up in the room after the lecture

- Next divide the participants into small groups, give each group one of the situations below, and give them time to create a role play.
- Let the participant groups present their role plays in front of the large group
- Discuss the implications of an STD on partners, relationships, and the people infected using the issues that emerge from the presented role plays



**STD Role Plays**

Situation #1

Your friend wants to know from you how STDs are transmitted, as your friend is worried. This friend might be suffering from such a disease. Role Play the discussion you will have.

Situation #2

A young person of your age thinks she or he may have an STD and visits a clinic to seek treatment. The nurse and the young person have a discussion

Situation #3

A married woman discovers she has an STD. Role Play the conversation she has with her female friend, and then with her husband that night.

Situation #4

A young adult male is trying to tell his sexual partner that he has an STD. Show through role play how he does this.

## SESSION 3.5 HIV & AIDS

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 3.5.1 INTRODUCING HIV & AIDS.

**Objective:** by the end of this session, participants should be able to define HIV, AIDS.

**Description/ Methodology:** Guided discussion and definition of HIV & AIDS, and Quiz on facts/ myths and misconceptions on the origins of HIV.

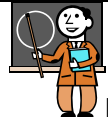
**Materials:** marker pens, flip chart



30 minutes

#### Steps

- Explain to the participants that for the next few sessions we are going to discuss about HIV and AIDS
- Write out the words 'HIV' and 'AIDS' and ask the participants to volunteer and give the full names that the abbreviations stand for
- Use or build up their responses to come up with the proper definition for HIV and AIDS



#### Presentation notes

*Human: refers to human beings/people*  
*Immune: protection/defence towards infection*  
*Deficiency: shortage, lack of*  
*Immune deficiency: lack of protection towards infection*  
*Virus: a disease causing organism*

*HIV is therefore a virus (small organism that causes diseases), that infects human beings and causes a deficiency/ malfunction of their immune responses or their ability to fight off disease*

*Acquired: something you get*  
*Immune: protection/defence towards infection*  
*Deficiency: shortage, lack of*  
*Syndrome: group of diseases with a common underlying factor.*

*AIDS is therefore a group of diseases (e.g. TB, diarrhoea) that one gets as a result of having their defence towards disease compromised by HIV.*

*Although many theories and myths abound about its origin, no one knows for certain where it came from, just as we don't know where flu or malaria or many other diseases came from. What is more important though is not its origin, but rather what we can or should do about it.*

#### Myths and misconceptions

- Ask them if they know any myths and beliefs concerning HIV and AIDS.
- List out the ones that are obviously false. Discuss each of them.

Some of the religious & cultural beliefs, and misconceptions

***It is a curse***

Facts. Curses have to do with faith and with the mind. They do not have physical manifestations. Furthermore, a definite causative organism has been positively identified and it is HIV and its mode of action has also been scientifically described.

***It is the beginning of the end as said in the Holy books***

Facts. There have been famines and pestilences before. Some of the older diseases that were thought incurable included plague, pneumonia, syphilis and typhoid.

***It is a disease for prostitutes and truck drivers***

Facts. Athletes, musicians, teachers, doctors, students and people of all ages and from all walks of life have been infected.

***It is a punishment for the sin of adultery***

Facts. Newborn babies have no sin of adultery so why are they being punished? What about those who get HIV through forced sex/ rape, or blood transfusion or needle pricks?

### ACTIVITY 3.5.2 WHAT DO YOU KNOW ABOUT HIV

**Objective:** by the end of this session, participants should have a clearer understanding of HIV, AIDS.

**Description/methodology:** group activity based on the participants' knowledge about HIV.

**Materials:** marker pens, flip chart, cards labelled 'AGREE', 'DISAGREE', and 'NOT SURE'



45 minutes

**Steps**

- Make three cards labelled 'AGREE', 'DISAGREE', and 'NOT SURE'

**AGREE**

**DISAGREE**

**NOT SURE**

- Ask the participants to listen carefully to the listen carefully to the following statements and then decide which corner to go. The participants are to move to the corner of their choice after each statement.
- Ask some one in each corner why he or she chose that corner. Allow other people to give their opinions and write the answers.
- Discuss the responses while the people are still in their corners. The participants are free to change their corners if they wish. Continue with the same procedure for all of the statements.

*Sample statements*

1. HIV destroys the body's defences against infection and diseases
2. HIV can be cured in the early stages but not in the later stages
3. HIV can be transmitted by sexual intercourse with an infected person
4. HIV can be transmitted by sharing facilities such as toilets, glasses and sheets
5. HIV can be transmitted by a mother to her baby during pregnancy or at birth
6. You can get AIDS by donating blood

7. *AIDS can be transmitted by bewitching*
8. *It is dangerous to play sports with people who are HIV positive*
9. *Once a person has the virus that causes AIDS they are infectious for the rest of their life*
10. *Insects such as mosquitoes can transmit AIDS*
11. *There is no danger in sharing razors with others*
12. *If you test positive for the virus, it means that you have AIDS*
13. *It is possible to avoid spreading HIV by getting married*
14. *Even if people test negative once for HIV, they may still have the virus*
15. *You cannot get or transmit HIV if you use a condom during sexual intercourse*
16. *You can get HIV even if you have one boy/girl friend*
17. *You cant get HIV if you are a virgin or if you have sex with a virgin*
18. *If a person has TB or chronic diarrhoea it means that she or he has AIDS*
19. *Girls below the age of 15 are safe because they are free from HIV*
20. *'dry' sex makes it easier for you to get HIV*

#### Answers

1. *True; however, this can take many years, and if a PWHA can take good care of their health, they can live for a long time.*
2. *False; there is no cure for HIV, although a person who looks after his/her health can live for a long time. ARV can control the disease but not cure it.*
3. *True; this is the most common way in which the disease is transmitted*
4. *False; the virus cannot live for long outside the human body. It can only be transmitted by contact with the blood or body fluids of the other person.*
5. *True; HIV can also be transmitted during breast feeding*
6. *False; however, you should only donate blood where clean, sterilized instruments are used for taking your blood*
7. *False*
8. *True and false; there is a very small risk if you get injured and the blood from a HIV positive person comes into contact with your wound. That is why people are more concerned about sports like boxing which often draw blood. But the risk remains very small.*
9. *True*
10. *False*
11. *False; sharing razors is a good example of how blood from one person can be transmitted to another person*
12. *True and false; you do not have AIDS because AIDS is the final stage of the disease. However, if you do have HIV, it means that you will later develop AIDS*
13. *False; you or your partner may already have the virus when you get married*
14. *True; if a person tests for HIV soon after contracting the virus/being infected (within 3-6 months) the tests may not pick up the infection. The person should not put themselves at risk of infection, and retest in 3 months.*
15. *True and false; apart from abstinence, using a condom is the best way of protecting yourself from getting HIV. Research has shown that in marriage where one partner is positive and the other is negative, they can continue to have sexual intercourse safely as long as they ALWAYS use a condom. There are also many examples of commercial sex workers who do not get infected in spite of having many sexual partners because they always use a condom.*
16. *False; your partner may have the virus and so may you*
17. *False; sexual intercourse is not the only way to get HIV*
18. *False; TB and Chronic diarrhoea are often signs that a person may have HIV. However someone can have TB or diarrhoea without having HIV*
19. *False; research has shown that in many countries, young people start to have sex at a very early age*



20. True; if you have any cuts or sores on the vagina or penis, it is easier for the virus to enter. If the woman is using herbs or other ways to dry or tighten the vagina, the dry rubbing during sex can cause small cuts/bruises on the penis and in the vagina. Fluids that come from the vagina during sex are there to protect the lining of the vagina and the skin of the penis. If the vagina is too dry when you are using a condom, the condom may break.

### ACTIVITY 3.5.3 Epidemiology of HIV and AIDS

**Objective:** by the end of this session, participants should know the prevalence and trends of HIV amongst young people in the country and in their region.

**Description/Methodology:** lecture presentation.

**Materials:** marker pens, flip chart



15 minutes

#### Steps



*For this session try to get the latest statistics from your local AIDS committee or health office and share them with the participants, or if you can, get one off the office staff conversant with these to present them for you*

### ACTIVITY 3.5.4 TRANSMISSION

**Objective:** By the end of this session, participants should be able to:

- List modes of transmission
- Identify body fluids with highest risk of transmission
- Identify at least 2 determinants of transmission

**Description/methodology:** guided discussion.

**Materials:** marker pens, flip chart



20 minutes


#### Steps

- Use the presentation notes to lead a discussion on the transmission of HIV



#### Presentation notes

##### *Modes of transmission of HIV*

-  *Unprotected sexual intercourse with an infected person whether vaginal, anal or oral. The virus is within the secretions and enters through cells in the cervix and*

vagina, or opening of the penis (the urethra) in men, or through small cuts and lesions that normally occur while having sex.

- ✚ From a mother to her baby.
- ☑ While the baby is in the womb
- ☑ During delivery (because the baby is in contact with the mothers infected blood and body fluids).
- ☑ While breastfeeding (as the virus can be found in breast milk)
- ✚ Transfusion of infected blood.
- ✚ Contact of compromised skin (with wounds, cuts, bruises, skin infection) or mucosa (soft lining of eye, nose, and mouth) with infected blood or other body fluids.
- ✚ Sharing of instruments that have been contaminated with infected blood e.g. at circumcision, skin and ear piercing.

A person may be exposed to HIV when he/she has unprotected sexual intercourse with someone of unknown HIV status. Being exposed to HIV does not mean that the person is infected. Only proper testing for HIV can reveal whether the person has been infected or not.

About 70-80% of HIV infections worldwide have been caused by unprotected sexual intercourse, 5-10% by transfusions of contaminated blood or blood products, 2-3% from mother to child and 5-10% through injections with needles carrying infected blood. It takes about 1000 HIV particles to cause infection in a laboratory setting and about 15000 particles to make a person HIV positive. A single very small drop of blood may contain as many as 4.2 million HIV particles.

*On blood contact, Remember:*

*HIV can survive 7 days at room temperature and up to 11 days at 37°C (body temperature)*

*The virus can remain active and infectious for between 6 and 14 days even in a body that has been refrigerated in a morgue*

*HIV remains active for up to 5 days in dried blood, although the number of virus particles drops drastically*

*HIV recovered in the blood from used syringes can remain active for up to 4 weeks*

### **How does HIV cause disease?**

*The body is normally adequately protected by the white blood cells against disease. When one gets HIV, it attacks/ fights the white blood cells. Some white blood cells die, while some are infected by HIV and cannot carry out their normal duties any more. Instead they are recruited into producing more viruses. The number of effective white cells therefore reduces. When opportunistic infections come in, they find a weak defence against infections and are therefore able to enter and cause disease.*

### **ACTIVITY 3.5.5 HOW RISKY IS IT?**

**Caution:** You may need to remove the cards marked with asterisks for younger youth (ages 10-14) especially when they are not sexually experienced

**Objective:** by the end of this session, participants should know the levels of risk associated with different activities.

**Description:** Card game, participants given action cards and line up / group themselves based on perception of risk.

**Methodology:** group activity and discussion.

**Materials:** marker pens, flip chart; four large cards labelled 'HIGH RISK', 'SOME RISK', 'LOW RISK' and 'NO RISK'; card defining the levels of risk



30 minutes

### Steps

- Let the participants sit in a semi-circle facing you.
- Explain that we are now going to discuss and determine how risky certain behaviours, actions/ activities are as regards transmission of HIV.
- Bring out the four large cards labelled 'HIGH RISK', 'SOME RISK', 'LOW RISK' and 'NO RISK' and paste them on the walls corners of the wall/ board/ space behind you.



- In the middle place the card defining the levels of risk:
  - High risk: high chance of transmission
  - Medium risk: some chance of transmission
  - Low risk: Probability of transmitting HIV though present is almost zero
  - No risk: no chance of transmission
- Take out the action cards and pass them out to the participants
- Ask them to discuss amongst themselves and thereafter place them according to the appropriate level of risk

### *The Action cards*

Having many sexual partners.  
Vaginal intercourse without using a condom\*  
Sexual intercourse without a condom and with STDs\*  
Sexual intercourse while menstruating\*  
Anal intercourse without using a condom\*  
Oral intercourse without any protection (condom etc)\*  
Sexual intercourse with a condom\*  
Masturbation\*  
Inserting fingers into or playing with partners private parts (vagina, anus)\*  
Putting herbs in the vagina before having sex\*  
Deep kissing on the mouth  
Abstinence  
Donating blood  
Giving first aid to someone who is bleeding  
Getting a haircut.  
Sharing razor blades at circumcision.  
Sharing a toilet, toilet seat  
Sharing meals  
Sharing shirts, clothes, shoes, and slippers.  
Playing on the same games team.  
Shaking hands or hugging  
Being examined by the same doctor  
Needle injuries where the needle had been used on a HIV positive person.  
Mosquito/ insect bites

### The Answers

**High Risk:** this means that there is a very high chance of transmission of HIV occurring if/when this activity is undertaken. There also exists abundant proof of transmission in this manner having occurred

- Having many sexual partners
- Vaginal intercourse without using a condom
- Sexual intercourse without a condom and with STDs
- Sexual intercourse while menstruating
- Anal intercourse without using a condom
- Putting herbs in the vagina before having sex.

**Medium Risk:** this means that there is some chance of HIV transmission occurring. There is documented proof of transmission having occurred in this manner but the incidences have been fewer than in the first option.

- Sharing razor blades at circumcision
- Needles stick injury where needle had been used on a HIV positive person

**Low Risk:** Activities in this group pose risk mainly because of other attendant factors, rather than the activity per se. The risk is therefore more theoretical than real.

- Sexual intercourse using a condom
- Inserting fingers into or playing with partner's genitals (a.k.a couple masturbation)
- Deep kissing on the mouth
- Giving First Aid to someone who is bleeding.

**No Risk:** there is no risk of transmission in this manner

- Abstinence
- Masturbation (solitary)
- Donating blood
- Getting a hair cut
- Sharing a toilet/ toilet seat
- Sharing meals
- Sharing shirts, clothes, shoes, slippers
- Playing on the same games team
- Shaking hands or hugging
- Being examined by the same doctor
- Mosquito or insect bites

Take time to explain a little about each activity and why they are placed at those levels of risk. Remind the participants that it is both their behaviour and their partners' behaviour that puts them at risk.

### ACTIVITY 3.5.6 HIV INFECTION

**Objective:** by the end of this session, participants should know the different white blood cell types and their functions in relation to the bodies defence against infection and disease

**Description/Methodology:** lecture presentation.

**Materials:** marker pens, flip chart



15 minutes

### Steps

- Lead a discussion on the following:
- What are the main types of cells are in the blood and what is their function?  
*White blood cells: protect the body against infection and diseases. They include T cells, B cells, macrophages and others.*  
*Red blood cells: carry oxygen to the tissues*  
*Among the white blood cells, the main sub-types of cells and their major functions are:*  
*Macrophage: eats offending organism first, and then sends message to captain (T helper)*  
*T4: the captain that organizes the defence. They are also called T helper cells and /or CD4 cells*  
*T8: the effector cells that kill the offending organism after being told to do so by the captains*  
*B cell: produces antibodies that 'tags' or mark the offending organism so as to easily identify its presence*

*It is also important to define Antigens and antibodies*

*Antigens: these are the foreign invaders or germs*

*Antibodies: these are produced by B cells in response to antigens. They tag or mark the antigens.*

- What happens when HIV enters the immune system?
- Explain that when HIV enters the body, it identifies T4/T Helper cells through their CD4 markers and attacks them. HIV then enters inside these cells and destroys them or begins to reproduce inside them. These cells become factories for producing more HIV and cannot do their normal function of directing the body's response to other invading organisms. When the function of most of these T4 cells are greatly reduced or when many of them have been killed, the person easily gets infected by many other disease-causing germs.

### ACTIVITY 3.5.7 DRAMATIZING HIV INFECTION

**Objective:** by the end of this session, participants should understand the process of HIV infection

**Description/Methodology:** role play.

**Materials:** marker pens, flip chart



30 minutes

#### Steps

- **The set up:** explain that the room where you are holding the session represents a small blood vessel within the vaginal walls
- The environment outside the room represents the vagina
- Explain that the vaginal wall is affected by friction that occurs during sex and small cuts occur. Choose an open door and define it as a cut in the vaginal wall.
- **Select the players:** ask for volunteers to play the role of HIV, other White Blood Cells, CD4 positive white blood cells\*, and disease-causing germs.



- **Rehearse:** write out placards with the role titles on them and ask those playing these roles to pin/tape them on their clothing
  - The other white blood cells should roam aimlessly in the room.
  - The CD4 positive cells should continually move around, searching and looking around with their hands shading their eyes like visors.
  - The germ cells should try to sneak in...but such that the CD4 positive cells can see them. The other WBC should pretend they have not seen the germs enter.
  - When the CD4 cells see them they should point to them and shout 'Hatari! Maliza!' The other white blood cells should turn to face the germs; some of the other white blood cells should pretend to shoot at the germs, then the others come and surround it pretending to eat it.
- Explain at this point that this is how the immune system normally works.
    - Now, HIV should enter quickly without being seen, and hold the CD4 white blood cell by the hands. The CD4 cell cannot point and shout, so the other white blood cells should continue wondering aimlessly as if nothing is happening. After all the CD4 positive white cells have been captured, let the germs all come in. they should attack and overwhelm the other white blood cells.
  - Explain that HIV compromises the CD4 cells who are the initiators and organizers of the body's defence, and therefore makes the person susceptible to opportunistic infection.
  - **Enact the role play** then review and discuss.

### ACTIVITY 3.5.8 THE PROGRESSION FROM HIV TO AIDS

**Objectives:** by the end of the activity the participants should be able to describe the stages of progression from HIV to AIDS

**Description/methodology:** lecture presentation

**Materials:** Flip chart, marker pens



15 minutes

#### Steps

- Present the following information to the participants



#### Presentation notes

#### The progression from HIV infection to AIDS

##### PHASE 1

In this very early phase, one has been infected with HIV but it cannot be found on testing using the common test kits.

He or she has not developed AIDS yet. He/She still looks and feels healthy but can infect others.

This step normally lasts between 3-6 months and is called the window period.

Remember that it can take as little as 6 weeks and as long as 18 weeks for the body to have enough HIV antibodies to be detected. Until this time, the tests will give a false negative result.

One is **NEGATIVE AND HEALTHY BUT WITH THE VIRUS**

REMEMBER THAT BETWEEN 56-92% OF HIV INFECTIONS ARE BELIEVED TO BE TRANSMITTED DURING THE WINDOW PERIOD.

Note! A negative test does not mean that you are resistant.

If you have already exposed yourself/indulged in risky behaviour, it can mean that you have not been infected this time round or that you have been infected but your body/blood is not yet showing evidence of infection (HIV Antibodies).

## **PHASE 2**

In this phase the person will now test positive for the HIV virus.

He has not developed AIDS yet and will still look and feel healthy. He has no symptoms of infection or disease but can infect others.

He may stay like this for 8-10 years.

One is HIV POSITIVE but HEALTHY

## **PHASE 3**

Here the person will test positive for HIV and in addition will have diseases related to AIDS e.g. diarrhoea, loss of weight, fever, white coating of the mouth and tongue, TB etc

These infections, because they take advantage of the persons weakened immunity, are called opportunistic infections.

*one will test POSITIVE and may frequently get SICK*

*Some people progress through this steps fast and die within 1-3 years, others may live 8-10 years after infection before succumbing to disease.*

### ***How can you tell that you have HIV?***

*By going for a HIV test. Visit a VCT Centre. This is the only way.*

- ✚ You cannot tell by looking at a person.*
- ✚ You cannot tell by using magic or visiting a witch doctor.*
- ✚ Not everyone with TB is HIV positive.*
- ✚ Not everyone who has lost weight has HIV.*

### ***What does it mean to be HIV positive?***

*It means that you have been exposed to HIV, and have been infected, and your body has begun to respond to it.*

*Once you have HIV, you have it for life.*

*It does not mean instant death; you can live many more productive/ fruitful years.*

## SESSION 3.6 PREVENTION & RISK REDUCTION

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 3.6.1 ABSTINENCE

**Objective:** by the end of this session, participants should be able to define abstinence; and name at least 3 factors that can make abstinence succeed or fail.

**Description:** Group work –participants brainstorm and propose factors that can make abstinence succeed or fail.

**Methodology:** group work and brainstorming



30 minutes

#### Steps

- Explore the participants understanding of abstinence through the following questions.
- What is abstinence?
  - A conscious decision not to do something/ to avoid something.
- What can you abstain from?
  - Sex, alcohol, drugs, certain foods...
- What is sexual abstinence?
  - Not having sex, in any form, whatsoever.
- What have you heard about sexual abstinence? From which sources (media type, parents etc)? Were these bits of information similar or different?
- What do the participants think would be some reasons for young people to choose to abstain?
- What do they think are some of the benefits?
  - Examples: protection against pregnancy, STI and HIV infection; emotionally it is a demonstration of maturity, living without worry, guilt or shame; allows the development of deeper friendships and love; one can concentrate on their individual goals and desires; spiritually it demonstrates ones honouring of him/herself or his/her body, and it is right with regard to religious teachings
- Ask each participant to think of one way of making abstinence work. They should write this on a slip of paper and put them in a basket.
  - Encourage them to think of the following among others: *Information, commitment, knowledge of consequences, assertiveness, values, self esteem, avoidance of risk situations, ones goals for the future etc.*
- Pick up each of the slips and discuss them and their contribution to promoting abstinence.
- Now ask the participants what can make abstinence fail.
  - *Examples include: Peer pressure, use/fear of force, fear, alcohol and substance abuse*
- Discuss each of the issues raised with the participants
- Now, with the above knowledge, what are the participant's suggestions in helping someone to abstain? What strategies can be used?
- Using the responses, can the group develop a plan to abstain?



Suggestions

1. *Think about the reasons why you want to abstain. Can you make a list of these reasons?*



2. *Think ahead. What situations or circumstances can make it difficult to abstain? How can these situations be avoided?*
3. *What are the likely sources of pressure/influence e.g. music, video? Why are some of these dangerous and what can you do?*
4. *Acknowledge and congratulate yourself when you manage to get out of a 'sticky' situation or abstain for a period*
5. *Get support from like minded young people*
6. *Learn to say no!*

### ACTIVITY 3.6.2 DELAYING SEX/SAYING NO TO SEX

**Objectives** By the end of the activity the participants should be able to list at least 5 reasons for abstaining or delaying sex

**Methodology** role play

**Materials** flip chart, marker pens



60 minutes

#### Steps

- Get volunteers to act out the following role play.
- Ask the other participants in the group to think about the reasons why these young people should delay their sexual activity.
- If your group has been doing too many role plays lately, you may wish to provide a copy of this story to participants, read it together, and discuss.



#### *The Role Play*

*Brave is 17 years old and helps his uncle in his shop. His parents are hard working and hold traditional values. They believe African young people should not have sex before marriage. Brave is quite shy but would like to have sex because most of his friends say that it is great.*

*Rehema is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. She hasn't known Brave very long. She has just finished three classes on AIDS and really doesn't want to get HIV. She is afraid, however, that she might lose Brave if she doesn't have sex with him.*

- Ask the participants to volunteer and play this out...to the most common conclusion in their setting.
- After the role play has ended, use leading questions to explore the situation with the group. Make two lists: "Reasons for saying yes to sex" and "Reasons for saying No to sex."

| BRAVE                  |                       |
|------------------------|-----------------------|
| REASONS FOR SAYING YES | REASONS FOR SAYING NO |
|                        |                       |

| REHEMA                 |                       |
|------------------------|-----------------------|
| REASONS FOR SAYING YES | REASONS FOR SAYING NO |
|                        |                       |

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- What are some reasons to have sex in this situation? What are some reasons to delay sex in this situation?
- Brainstorm with the group and list their ideas on a flipchart or on the board. Your lists may look something like this:

*Reasons for Saying Yes*

- *To prove their love to each other*
- *Fear that the relationship will end*
- *Curiosity about sex*
- *Belief that everyone is having sex*
- *Because it "feels right"*
- *Because one partner convinces the other that there will be no problems*
- *Because both are comfortable with the decision*

*Reasons for Saying No*

- *Fear of pregnancy*
- *Fear of an STD*
- *Family expectations (not to have sex)*
- *Friendship (to allow it to grow)*
- *There are other forms of affection*
- *Religious values (don't approve of sex before marriage)*
- *Not ready (perhaps too young)*
- *Not with the right person*

- Go throughout these lists with the group. Which are good reasons? Which are bad ones? Why?
- What will be the consequences of each situation?
- What should Brave and Rehema do? What reasons might be the strongest or most important for them?
- Now, focus your attention on the "Reasons to Say No" list and attempt to expand on it with the group.
- List any additional reasons to delay sex that the group suggests. You should strive to come up with a working list that you and your group will agree on as good reasons to delay sex



**Presentation notes**

Ten likely Reasons to Delay Sex

1. **Fear of Pregnancy:** "No sex" is 100% effective in preventing pregnancy
2. **Fear of a sexually-Transmitted Disease or HIV/AIDS:** HIV and other STDs are transmitted through sexual intercourse
3. **Family Expectations:** Parents expect "no sex" until marriage
4. **Fear of violence:** Once in a sexual situation, there is the possibility of being forced to have sexual intercourse

5. **Friendship:** allow time for the friendship to develop
6. **You and /or your partner are drunk:** Alcohol can lead to poor decisions (like having sex without condoms)
7. **Religious values:** Values that say no to sex before or outside marriage
8. **Not ready:** Too young or just not ready
9. **Not with right person:** Want the person to truly love you
10. **You want to wait until marriage**

- Once your group has come up with good reasons to delay sex, you might want to spend some time discussing the fact that sometimes, delaying sex can be difficult. It may be helpful to come up with some strategies to make it easier to delay sexual activity.
- How can we avoid situations that may lead us to have sex with our partners? Are there any steps we can take to make it easier to delay sex?
- Split participants into three small groups (or more if the group is large).
- Give each group a different situation.
- Ask the groups to read their situation and come up with some suggestions to help the two people to delay sex.
- What are some ways for them to avoid sexual situations? How can we make it easier for them to delay sex?



#### Situation #1

*Adam and Sarah have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Sarah has promised herself not to have sex until she is older, and so far Adam has respected that wish. Sarah has been thinking about how much she likes Adam. One of their friends, who live on his own, is going to have a party and they are invited. Adam says he will bring some beer and that maybe they could stay all night. Sarah thinks about her promise to herself but also thinks it would be great fun to be alone with Adam*

#### Situation #2

*Neema and Allan are very serious about their relationship and would like to get married in a few years. Neema has invited Allan over to her house for the afternoon. Allan knows that Neema's parents will not get back until evening. This could be a good time for sex for the first time. Allan has been learning about pregnancy, HIV/AIDS, and STDs and he is not sure he wants to have sex yet. However, he feels Neema would like to have sex and will probably tease him or tell her girlfriends if he doesn't*

#### Situation #3

*Esther met a young man, Robert, at school. She had been attracted to him because he was good looking and a good footballer. He said hello to her after school and gave her a small, beautiful present; for future friendship, he said. He invited her to go for a walk to the river. Esther is attracted to him but feels uncomfortable about the situation. However, she must give him an answer about their walk.*

*After the groups have finished, have each group present their list of ideas on how to delay sex to the larger group. Discuss these strategies together and come up*

*with a list that the whole group will agree on. (It may be a good idea to post a copy of this list in the area where you usually meet.)*

- You may also ask the participants whether they think all boy-girl relationships have to be sexual. Why or why not?
- What can they think of as criteria for a healthy boy-girl relationship that is not sexual?  
Examples: respect for ones wishes and goals, trust and honesty, support in achieving goals, fairness, communication etc
- Finish off with the presentation below



#### Presentation notes

Suggestions on making the decision to delay sex easier

1. Go to parties and other events with friends.
2. Decide how far you want to "go" (your sexual limits) before being in a pressure situations
3. Decide your alcohol / drug limits before being in a pressure situation or don't use alcohol or drugs at all
4. Avoid falling for romantic words or arguments.
5. Be clear about your limits and don't give mixed messages or act sexy when you don't want sex.
6. Pay attention to your feelings; when a situation is uncomfortable, leave
7. Get involved in physical and mentally challenging activities that will take your mind off sex (e.g. sports, clubs, and hobbies, church).
8. Avoid "hanging out" with people who might pressure you to have sex
9. Be honest from the beginning, by saying you do not want to have sex
10. Avoid going out with people you cannot trust.
11. Avoid secluded places where you could not get help if/when you need it
12. Do not accept lifts from those you do not know or cannot trust
13. Do not accept presents and money from people you cannot trust
14. Avoid going to someone's room when there is no one else there
15. Explore other ways of showing affection than sexual intercourse.



The final suggestion on this list may raise a number of questions or a great deal of interest. If the group wants to talk about different ways to show affection other than sex, really take this opportunity to explore what they believe to be other options. Spend time creating such a list and analyzing the suggestions for possible risk activity. This may lead you to further discussions about alternatives to sex, as well as risk behaviour and the different levels of risk.

### ACTIVITY 3.6.3 BEING FAITHFUL

**Objectives** By the end of the activity the participants should be able to list at least 3 benefits of faithfulness

**Methodology** role play

**Materials** flip chart, marker pens



30 minutes

### Steps

- Ask the participants what they understand by faithfulness in a relationship/marriage. What are some of the key principles in defining faithfulness  
*Include: monogamy/having only one partner, devotion to that partner, resisting temptation, respecting ones vows/promises*
- Get volunteers to act out the following role play.



#### *The Role Play*

*Aisha got married to Masudi when she was 16 years old. Masudi is usually away on business for long periods of time and comes back home once a month, so Aisha is usually home alone most of the time. Recently an old friend and school mate of Aisha's called Abdi moved into their neighbourhood. They had met a few times and Aisha always had 'intense feelings' whenever she saw him or was close to him. He invited her for dinner Wednesday night and soon one thing led to another ...*

- Ask the participants to volunteer and play this out...to the most common conclusion in their setting



( ! Steer the role play to end in the two having sex)

- Why do the participants think this happened? What are Aisha's reasons for being unfaithful?
- Abdi clearly knows Aisha is married. What are his likely reasons for having sex with her?
- Why should Aisha be faithful anyway? Are there any benefits associated with being faithful?

*You may include: deepening trust in your partner; peace of mind in knowing you are not being put at risk; stronger commitment and deeper love; security in knowing each others status and reduced risk of HIV/STI infection*

- What are some of the challenges in remaining faithful?
- How would you guide/advise a young couple in remaining faithful?
- What can you say to someone to convince them to reduce the number of partners they have?



*You can let the participants each give a phrase aimed at convincing someone to reduce their number of partners and the rest choose the best responses!*

- By borrowing from the previous activities on abstinence, can we draw a plan/strategy for fidelity/remaining faithful to our partners?

### ACTIVITY 3.6.4 THE CONDOM LINE UP

**Caution:** *this activity is recommended for youth >15, sexually active youth, and married youth within the target age range*

**Objective:** by the end of this session, participants should have accurate information regarding condom use

**Description/methodology:** Group work, presentation on using a male condom and additional discussion on the female condom.



20 minutes

### Steps

- You will place a pile of cards labelled thus:
  - MAKE SURE THE PENIS IS ERECT
  - PINCH AIR OUT OF THE TIP
  - ASSESS THE PACKET
  - SMOOTH OUT ANY BUBBLES
  - CAREFULLY SLIDE THE CONDOM OUT TAKING CARE NOT TO SPILL SEMEN
  - CAREFULLY OPEN THE PACKET
  - CAREFULLY ROLL IT DOWN TO THE BASE OF THE PENIS
  - WITHDRAW WHILE HOLDING THE BASE OF THE CONDOM
  - TIE A KNOT OF THE USED CONDOM AND CAREFULLY DISPOSE OF IT

Ask the participants to each come forward and pick a card.

They should then try to rearrange themselves into the proper sequence of events.

#### The Proper Sequence

1. *ASSESS THE PACKET*
2. *CAREFULLY OPEN THE PACKET*
3. *MAKE SURE THE PENIS IS ERECT*
4. *PINCH AIR OUT OF THE TIP*
5. *CAREFULLY ROLL IT DOWN*
6. *SMOOTH OUT ANY BUBBLES*
7. *WITHDRAW WHILE HOLDING THE BASE OF THE CONDOM*
8. *CAREFULLY SLIDE OUT THE CONDOM TAKING CARE NOT TO SPILL SEMEN*
9. *TIE A KNOT OF THE USED CONDOM AND CAREFULLY DISPOSE OF IT*



Presentation notes

### **THE MALE CONDOM**

The condoms in the market are usually made of latex, are quite thin (0.03 –0.09 mm) and contrary to popular belief, have no pores/holes. When used properly they prevent HIV and STI infection and unwanted pregnancies. They do this by preventing contact or passage of infected blood or semen, pre-ejaculate or vaginal fluids.

#### **How to use a male condom**

- You must use a condom consistently, that is, each time you have sex
- You must wear a condom even during fore play

Correct use of a male condom is:

1. First assess the packet, ensure it has neither passed its expiry date, nor is it torn or damaged in any way.
  - If it has, throw it away and get another.
  - If the packet does not feel fluctuant it may mean that air/fluid has leaked out from a puncture /micro tear. Do not use it.
2. Carefully open the packet.
  - Do not use your teeth and take care not to damage it by your nails or jewellery.
3. Pinch the air out of the tip.
  - This is important as trapped air leads to increased pressure when one ejaculates

and therefore greatly increases chances of the condom bursting.

4. Roll it carefully onto an erect penis away from your partner's genital area. Do so up to the base of the penis.  
Note: Do not put more than one condom as friction between the 2 condoms is enhanced and chances of tears are increased.
5. If extra lubrication is wanted, use water based lubricant. Any other type will damage the condom. The lubricant should be applied on the condom when it is on the erect penis.
6. Once you have ejaculated, you should hold on to the base and pull out. While still erect, so that the condom does not slip off.
7. Carefully slide the condom out, away from your partners' genital area. Wrap it up in paper/ tissue and dispose of it carefully (dustbin, pit latrine, burning).  
Do not try to flush it down the toilet as it may lead to blockage.

*Does a person with HIV need to use condoms any more?*

Yes. To prevent STI, pregnancy; avoid re-infection; and avoid infecting partner

### **The female Condom**

Though still not very common, their biggest advantage is that they give some power to the women in sexual negotiation (where the man refuses to put on a condom) and they can be used even where the man has an incomplete erection.

They are made from plastic rather than latex and can therefore use either water or oil based lubricants.

They have inner and outer rings, with a thin plastic sheet stretching between.

It is important to practice how to insert one before actually using it.

1. Assess the packet carefully so as to confirm the integrity of its contents.
2. Carefully open the packet and pull out the condom.
3. Holding the inner ring between thumb and finger(s), from the outside, insert it into the vagina slowly and gently. This can be done standing astride or lying down with knees up and feet astride.
4. Once the inner ring is inside, pull your hand out and then insert only the pointing and middle finger into the condom and push the inner ring inwards until you feel it fit snugly over the cervix.
5. The outer ring is then fitted over the vaginal lips.
6. It is important to guide the penis into the condom otherwise it may go down the side of the condom.
7. Once done, the outer part is twisted and the condom slowly pulled out and properly disposed off.



### **COMMONLY ASKED QUESTIONS ON THE MALE CONDOM**

*What are male condoms made of?*

*The ones commonly in circulation are made of latex but others can be made of polyurethane or natural animal membranes such as lambskin*

*Which condoms are recommended for preventing HIV infection?*

*Latex condoms*

*How thick are condoms?*

*Standard condoms are 0.066 mm thick. WHO requires them to be between 0.04-0.08 mm thick.*

*Is wearing 2 condoms safer than wearing one?*

*No. the friction between 2 condoms is likely to tear them.*

*What sort of organisms does the male latex condom prevent?*

*These condoms block sperm (3000 nanometres in size), N gonorrhoea (800 nm), Chlamydia (200 nm), HIV (100-125 nm), Hepatitis B virus (40 nm) etc*

*How are condoms tested for leakage?*

*An electric current are used to test each condom; if there is a hole, current passes through and is detected*

*Randomly selected condoms are filled with water, hung and inspected for leakage*

*Randomly selected condoms are filled with water, tied off and rolled on absorbent paper. If there is a leak, the paper will get wet*

*Should circumcised men use condoms the same way as uncircumcised men?*

*Men who are not circumcised should push their foreskin back before putting on a condom; by doing so they will allow the foreskin to move freely without breaking the condom.*

*How many sizes of condom are there?*

*WHO and USAID specifications for condom width have 2 range requirements; 51-55 mm (which are commonly/locally marketed) and 47-51 mm which are mostly marketed in Asia*

*What is the size of HIV?*

*HIV is about 100-125 nanometres wide*

*How effective are condoms in preventing HIV infection?*

- *Condoms can reduce the rate of HIV transmission by about 85-90%*
- *Even in couples where one partner is infected with HIV (discordant couples), if they use condoms correctly and consistently, the HIV infection rate is less than 1% a year. If they do not use condoms consistently the rate jumps to 10-15% a year.*
- *A study among sex workers in Kenya (1985-1986) found that none of those who used condoms all the time (100%) became infected; 30% of those who used condoms more than half the time but not all the time got infected; and 70% of those who did not use condoms at all got infected*

*Under what conditions do latex condoms break?*

*Most condom breaks are the result of incorrect usage. The common reasons are: not using enough lubrication, using oil-based lubricants, tearing the condom while opening, not leaving enough space for semen at the tip, unrolling and wearing the condom the 'wrong side out', improper storage (exposure to heat and light), using an expired condom or condom slippage during sex.*

### **ACTIVITY 3.6.5 MALE CIRCUMCISION AND HIV PREVENTION**

**Objective:** by the end of this session, participants should have accurate information regarding male circumcision and HIV prevention

**Description/methodology:** presentation and discussion



30 minutes



## Steps

- Use the following question and answer guide to stimulate discussion on male circumcision and HIV prevention



- What is male circumcision?  
*This is the removal of all or part of the foreskin of the penis*
- Why is it done?  
*Individuals and communities that do it do for a variety of reasons; medical, social, religious and/or cultural*
- Why now and what is the relation with HIV prevention?  
*Research data from a range of studies have shown that circumcised men have a lower prevalence of HIV infection than uncircumcised men. More recent studies have shown that following circumcision by a well trained medical professional, the incidence of HIV infection in men was reduced by more than half.*
- How does male circumcision reduce the risk of HIV infection for men?  
*Several reasons have been put forward;*
  - *Removing the foreskin leads to toughening of the inner aspect of the remaining foreskin thus reducing the ability of HIV to penetrate the skin of the penis*
  - *The inner part of the foreskin has specialised cells that are usually targets for HIV. Some of these are removed with the foreskin, so less cells can be targeted by HIV*
  - *The foreskin usually suffers abrasions or inflammation during sex that could facilitate infection by HIV. Removing the foreskin removes this risk*
  - *Ulcers that are characteristic of some STI and which can facilitate HIV transmission often occur on the foreskin. By removing the foreskin, the likelihood of acquiring those infections is reduced*
- Are there any other health benefits of circumcision?  
*Other benefits of male circumcision include:*
  - *Reduced urinary tract infections in circumcised male infants*
  - *Prevents inflammation of the glans (head of penis) and foreskin*
  - *Easy to maintain hygiene*
  - *Lower prevalence of some STI*
  - *Lower risk of penile cancer*
  - *Female partners of circumcised men have lower rates of cancer of the cervix*
- Does male circumcision provide complete protection?  
*NO! Male circumcision reduces the risk of HIV infection, but it only provides partial protection. Circumcised men ARE NOT IMMUNE to the virus and so they must still avoid unsafe sexual practices, reduce the number of their sexual partners and use condoms consistently and correctly*
- What about female circumcision?  
*Female circumcision/female genital cutting/female genital mutilation has serious adverse effects on the health of females and on obstetric outcomes; and unlike male circumcision, has NO DEMONSTRATED medical benefits*



*It is important to emphasize that male circumcision is only partially protective and one must still use other effective measures of prevention.*

*There is insufficient evidence to recommend circumcision for HIV positive males*

*Resuming sexual relations before complete wound healing may increase the risk of acquisition of HIV infection among recently circumcised men. Men who undergo circumcision should therefore abstain from sexual activity for at least 6 weeks and thereafter, other preventive strategies should be used.*

### ACTIVITY 3.6.6 PREVENTION OF MOTHER-CHILD TRANSMISSION

**Objective:** by the end of this session, participants should be able to discuss at least 2 ways in which PMTCT can be ensured.

**Description:** Lecture and guided discussion.



15 minutes

#### Steps

- Review ways in which an infected mother can infect her baby.
- Lead a discussion on the prevention of mother to child transmission of HIV.



#### Presentation notes

*PMTCT*

*Involves 5 strategies*

- + *Primary Prevention –preventing the mother from getting infected in the first instance.*
- + *Prevention of unplanned pregnancies (that is if the couple decides not to have children after knowing their positive status).*
- + *Reducing risks during pregnancy –through attending antenatal clinic and getting quality care including counselling and testing, teaching on self-care, assessment and treatment for infections. This includes provision of vitamin & mineral supplements. She may also be started on anti retroviral drugs.*
- + *Reducing risks during delivery.*
- She should plan to deliver in a health facility with qualified staff.*
- The baby may be given Nevirapine, an antiretroviral drug reputed to be effective in reducing transmission of HIV from mother to child.*
- + *Promotion of good breast feeding practices*
- Avoid breastfeeding if HIV positive and give the baby substitute feeds (powder milk, cow or goat milk). However, if substitute feeds are not available, then exclusively breastfeed for 4 - 6 months and then wean the child abruptly rather than gradually as is normally done. Research has proved that this method has less risk of transmission as compared to the traditional method of gradual weaning mixing breast milk with other foods.*

### ACTIVITY 3.6.7 PREVENTION OF INFECTION THROUGH BLOOD CONTACT.

**Objective:** by the end of this session, participants should be able to list at least 2 ways of prevention/ risk reduction in case of blood contact.

**Description/methodology:** Lecture and guided discussion.



15 minutes

## Steps

- Ask the participants to volunteer several situations where blood contact is likely to occur (E.g. needle prick, needle sharing, circumcision, tattooing).
- List these out on a chart/ board.
- How risky are these practices or incidences?
- Brainstorm on how the risks of transmission from blood contact in these ways can be prevented/ reduced/ avoided.



## Presentation notes

### FIRST AID AND AIDS

*Remember, when giving first aid:*

- ☑ *The risk of getting HIV or catching other disease is extremely unlikely*
- ☑ *Disease transmission occurs both ways- so protect yourself and the casualty*
- ☑ *Unbroken skin is a good barrier to HIV infection*

### Basic Hygiene

- ✚ *Wash your hands properly with flowing water and soap before and immediately after giving First Aid. Be careful when towelling so as not to contaminate your hands after washing.*
- ✚ *Avoid touching or being splashed with blood or body fluids. Do not directly touch any objects that may have been soiled.*
- ✚ *Take care not to prick yourself or others with broken glass or sharp objects found on or near the casualty or used sharp instruments and devices.*
- ✚ *Cover exposed cuts or bruises with waterproof dressing. If your hands are chapped or you have a chronic skin condition, avoid direct contact unless clean gloves are available.*
- ✚ *Use appropriate protective barriers; tissue, clean dry cloth, clean polythene bag, gloves, gowns, masks, protective eye wear, change between patients –do not disinfect or wash these gloves for re-use.*

### Mouth-to-Mouth Resuscitation

- ✚ *Is a life saving procedure*
- ✚ *Use a clean cloth or handkerchief to wipe away any blood or secretions from the person's mouth.*
- ✚ *If available, use a mouth cover or a face shield or kitchen cling film, but be sure you know how to use them*
- ✚ *Masks, mouthpieces, resuscitation bags and ventilation equipment should only be used by those specially trained.*
- ✚ *The absence of such equipment should not be a reason to withhold mouth-to-mouth resuscitation.*
- ✚ *THERE IS NO DOCUMENTED HIV TRANSMISSION IN THIS MANNER.*

### Wounds & Bleeding

- ✚ *This requires immediate action.*
- ✚ *Instruct the person to apply pressure to the wound himself/ herself.*
- ✚ *If the person is unconscious, confused or uncooperative, or has a large wound or*

*severe bleeding, or cannot reach the wound with his/her own hands, then use a clean thick cloth, clothes or any other barrier to apply pressure.*

- ✚ Use gloves if available.*

### **Contact with a casualty's blood**

- ✚ Don't touch your eyes or mouth with blood*
- ✚ Wash your hands with soap & water, after stopping the bleeding.*
- ✚ If your nose, mouth or eyes are splashed on, wash with copious amounts of water.*
- ✚ If a sharp object that you suspect is contaminated injures you, encourage bleeding and wash thoroughly with soap & water.*
- ✚ Seek further medical advice.*

### **Spilt Blood**

- ✚ Avoid direct skin contact.*
- ✚ Soak up with absorbent material (cloth, rag, tissue, saw dust) and dispose off in a plastic bag that should be burnt or buried.*
- ✚ Decontaminate the area with Sodium Hypo chlorite (bleach)*
- ✚ Wear general-purpose utility gloves when cleaning and decontaminating materials.*
- ✚ Wash hands with soap and water after cleaning up blood or body fluids.*

### **Contaminated Clothes**

- ✚ Wear gloves*
- ✚ Minimize handling*
- ✚ Wash in detergent and hot water.*

*Follow policies and regulations with regards to waste management.*

*Preventing HIV infection through blood transfusion requires:*

- ✚ Preventing anaemia (low levels of red-blood cells) through proper diet, regular de-worming and enhanced personal hygiene.*
- ✚ Blood donors with a history of risky behaviour or are HIV positive should not donate blood.*
- ✚ The donated blood is tested for HIV.*
- ✚ Blood transfusion should only be undertaken where absolutely necessary. If other alternatives can be safely used, then they should be tried (e.g. Iron tablets, iron injections).*
- ✚ If surgery is contemplated or planned, then one can donate blood in advance for safe storage.*

## SESSION 3.7 SEXUAL ABUSE

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 3.7.1 DEFINING SEXUAL VIOLENCE AND ABUSE

**Objectives:** By the end of the session, the participants should be able to define sexual violence and abuse

**Description:** presenter- led discussion.



15 minutes

#### Steps

- Ask: what do the participants know about sexual violence or abuse? How can they define it?
  - Sexual violence or abuse involves the 'private parts' such as the breasts, buttocks, thighs, genital area etc ;
  - and whatever is done is without consent (abuse)
  - violence involves harm or injury
  - sexual harassment in general terms includes verbal and non-verbal actions with sexual undertones, or verbal abuse, displays etc of a sexual nature directed to someone else against their wishes
- Ask: how does the definition differ from unintended/unwanted or coerced sex?
  - Unintended/unwanted sex means having sex when you had not planned to or did not originally want to
  - Coerced sex means being forced to have sex
- Ask: Is it true that only women and girls can be victims of sexual abuse/violence?
  - Anyone can be a victim but young people and women are especially vulnerable
- What are some of the situations in which sexual violence or abuse can occur?

### ACTIVITY 3.7.2 CASE STUDIES ON SEXUAL ABUSE

**Objectives:** By the end of the session, the participants should be able to better define sexual abuse and give different scenarios in which sexual abuse may occur.

**Description:** Case studies.



45 minutes

#### Steps

- Divide the participants into several groups and distribute the following case studies
- Give them a few minutes to read and discuss the cases, and answer the questions
- Let the participants then present to the larger group



Neema had got lifts from Abdulla's Daladala most mornings and evenings as she went to/from school. Abdulla would occasionally give her some money to spend. One day he drove past

her home to his and told her that she owed him for all that he had done for her. He forced her to have sex with him.

Neema was hurt but she thought "After all, did I not owe him for the lift and the gifts ...

Q: Was this rape?

Q: Did she owe him sex?

Q: What could she have done?

Q: what can she do now?



**B**

Kibibi had just got home from school and changed into a miniskirt and t-shirt when her aunt asked her to get something from the shops. On her way back, she decided to use a short cut through a dark part of the estate. She was stopped by a man with a knife and forced into having sex. She was so afraid that she just lay still.

When she got home bruised, bloody and with torn clothes, she told her aunt about it.

Her aunt told her that with her clothing, she was probably asking for it.

Q: Was this rape?

Q: Should she have fought?

Q: Was she asking for it?



**C**

Bomba and Kasichana have been dating for a while now. Bomba is 18 while Kasichana is 15. One time when they are out, they agree to have sex. He tells her that from now on she has to stick to him as she is now fully his.

Kasichana then falls pregnant and her parents press her to tell them who was responsible. They then have Bomba arrested and charged in court for rape.

Q: Was this rape?



**D**

Mwanadada heard her uncle getting into her room and immediately begun to cry softly. She knew what her uncle wanted. Several times for the last 1 year, he had been coming into her room when their mother was not around and making her sit on his lap and do "bad things". She hated it. But she was afraid of her uncle and what her parents would say. Her uncle said that she made him do it because of the way she walked and dressed. Of late she had noticed him looking at her younger sister and was very afraid.

Q: What do you think is happening?

Q: What can you advise Mwanadada to do if she came to you for help?



**E**

Pendo was in a Daladala. It was full with passengers already standing along the aisle but she did not have a choice. She found herself sandwiched between an elderly lady and a bespectacled man. As the Daladala moved on she felt someone touching her bottom but she was not sure. Then she felt it again, a long squeeze of her bottom and turning quickly around she saw the bespectacled man trying to move his hand away.

Q: What do you think about this situation?

Q: What should Pendo do?



## Presentation notes

### **Case A**

*This is a case of rape. Neema did not consent to having sex with the man. She did not owe him anything. She received the money/ gifts from him but not on the understanding that they would have sex in exchange. She could have refused his offers of taking her home everyday. She should not have accepted money and gifts from him. She could have insisted on only being given a lift in the company of friends. She should tell her parents, the police and see a doctor. The man should be arrested and charged or he may do this to someone else. The doctor will check her up and give her medicine to prevent pregnancy, STI or HIV infection. The doctor may also refer her for counselling. Her parents may need to be counselled too.*

### **Case B**

*This was rape because she did not give consent to having sex. Lying still and doing nothing is not consent. If she thought that there were people who could have come to her aid, then she should have fought and screamed. But probably she might have been scared for life on seeing the knife. Nobody asks to be raped; even if their dressing may seem inappropriate. To prevent this she should not have used a dark/ unused path back home. On seeing the man, she might have tried running back in the direction she had come from while screaming*

### **Case C**

*Yes this was rape –Statutory rape, as defined by law. Even though she “loved” him, she was below the legal age where she can give consent. She is still considered to be a minor.*

### **Case D**

*This is a case of abuse and molestation. If he forced her to have sex with him, it is also incest and rape. She should share this with a trusted adult and the police. She may need to get away from that environment and her uncle will need to be investigated by the police and possibly charged in court.*

### **Case E**

*This is sexual assault. The man had touched Pendo in a sexually suggestive manner without her consent. It may happen in a Daladala as in this case, in class, or on a date and it is wrong. She should confront the man and enlist help in order to report him to the police.*

## **ACTIVITY 3.7.2 AVOIDING RAPE: PLENARY DISCUSSION**

**Objectives:** By the end of the activity, the participants should be able to give at list 3 strategies they can employ to avoid risk regarding rape, as well as 3 things one ought to do once rape has occurred.

**Description:** Discussions on what can be done to avoid rape and what should be done after rape has occurred.



30 minutes

### Steps

- Ask the participants to share opinions/views on how one can avoid situations where sexual harassment/abuse/violence can take place
  - *Trust your instincts and move away from situations that don't feel right*
  - *Dress sensibly*
  - *Avoid being alone with an older man/woman in isolated places*
  - *Don't allow yourself to be pressured into saying Yes*
  - *Don't drink alcohol or take drugs*
  - ...
- Ask the participants to share opinions/views on how one can avoid/prevent rape from happening.

#### *Some suggestions*

1. *Avoid going out alone at night*
2. *Do not use dark streets, alleys, and paths at night.*
3. *Avoid shortcuts that you are not familiar with or that are rarely used.*
4. *Always let someone know where you are going, whom you are going with and when you expect to come back.*
5. *Avoid going out on solo dates with people you do not know well.*

#### *In the event that you are attacked*

1. *RUN!*
2. *Shout/scream for help as loudly as you can.*
3. *Blow your whistle/activate your beeper if you have one.*
4. *You can spray your can of irritant; make it direct into your attackers face.*
5. *You can attempt to poke him in the eyes-this will lead to temporary blindness, allowing you to escape.*
6. *In case he has pinned you down, bid your time and then knee him in the genitals as hard as you can. Make good your escape as he writhes in pain.*
7. *You can negotiate in order to get a better chance at escape e.g. say ok. Let me undress first. As the attacker puts his weapon down get ready, you can grab the weapon, hit him and run.*
8. *Get help and report to the nearest police station.*

- **Ask: What should one do if they have been raped?**

1. *You may get emergency aid if for example you are choking, have broken bones etc but the first aiders should be careful not to interfere with any evidence (real or potential) that may help in catching and convicting the offender*
2. *Inform your parent or responsible adult you can trust.*
3. *Cover yourself but Do not bathe or change until you have reported to the police and have also been examined by a medical doctor*
4. *Go with them or with a friend to the police and make a report.*
5. *Go to the hospital where you'll be examined, put on emergency contraceptives to avoid pregnancy if you are female, and put on treatment to prevent you from getting STI and HIV. You may also be referred to a counsellor for follow up and psycho-social support.*



## SESSION 3.8 SUBSTANCE ABUSE

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 3.8.1 WHAT IS IT?


**Objectives:** By the end of the session, the participants should be able to list the commonly abused drugs and how they are used

**Description/methodology:** the facilitator mimes the different substances that are commonly abused in the region, and assists to correctly identify the substance and how it is taken.



15 minutes

#### Steps

- Explain to the participants that in this session we are going to discuss about drug/substance abuse
- Write out the words 'drug/substance abuse'
- Brainstorm with the participants to come up with an understanding/definition of the terms  
*Drug: chemical substance that is taken as medication or that is taken as and can stimulate the brain.*  
*Drug abuse: excessive and addictive use of chemical substances and narcotics leading to clinically significant impairment.*
-  Mime the following and Let the participants try to guess the drug/substance being taken:  
*Taking alcohol*  
*Cigarette/bhang smoking*  
*Snorting cocaine*  
*Injecting heroine*  
*Chewing khat/Qat*  
*Sniffing glue*
- Ask the participants to share the names of other substances that they know are abused in their communities.
- Inform the participants that there will be an opportunity to discuss these and other drugs of abuse later on in the session.

### ACTIVITY 3.8.2 WHAT DO YOU KNOW ABOUT SUBSTANCE ABUSE?

**Objectives** by the end of the activity, the participants should be able to name some of the push factors for drug abuse, as well as some of the general effects of drug /substance abuse on health

**Methodology:** group activity and discussion



30 minutes

**Materials** flip chart, markers

## steps

- Ask the participants to stand in the middle of the room.
- Next, place a sign labelled 'AGREE' in one corner and 'DISAGREE' in the opposite corner.
- Explain that as you read out a statement, they should quickly go to the corner that most closely describes their initial reaction/what they know. There is no room for not being sure.
- Read out the statements one by one. Discuss these with the participants in the different corners providing their reasons/arguments, and provide further information where necessary



The AGREE/DISAGREE statements

### ***Alcohol is an addictive substance not a drug***

*Alcohol is a drug*

### ***Driving after taking marijuana is much safer than driving after drinking***

*Marijuana affects your coordination, slows your reflexes and affects your judgment and perception. Any of these changes makes it more likely that you may have an accident if you drive while you are drunk.*

### ***Drugs help people handle their problems***

*Drugs may help people forget their problems temporarily or reduce the pain caused by the problems. However the problems don't go away; they are likely to get worse*

### ***Inhalants, the drugs you breathe in, don't cause any real harm***

*Using inhalants e.g. glue, petrol etc, can cause permanent damage to organs such as the liver, brain or nerves. They can cause death by altering the heart beat and can also easily catch fire.*

### ***Tobacco use is the leading cause of preventable deaths***

*Smoking is linked with 90% of lung cancer deaths, 75% of bronchitis deaths and 25% of heart disease deaths among men under 65 years of age. Out of 1000 young people who smoke, 6 will die on the roads and 250 will be killed by tobacco.*

### ***Cigarette smoking will hurt a pregnant woman but not her baby.***

*Smoking has a bad effect on the growth of the baby. Smoking by pregnant women may cause premature birth, low birth weight or even death of the foetus.*

### ***Smoking is not harmful if you only smoke a cigarette every now and then.***

*As soon as you start smoking, you start killing thousands of lung cells. Addiction to nicotine occurs quickly and people who smoke for a long time have a greater risk of lung cancer and other lung diseases, cancer of the mouth, tongue and throat, and heart diseases.*

### ***Taking snuff or chewing tobacco, rather than smoking, is safe***

*They can also cause cancer of the mouth, tongue, lips, cheeks, gums and throat in people who use them often. They can also cause heart disease.*

### ***Qat/khat/mirungi helps you to stay awake and concentrate while driving.***

*Like alcohol, Qat affects motor coordination, slows reflexes and affects perception.*

### ***The risks of smoking are exaggerated. I know of people who smoke but they don't have any health problems***

*There have been thousands of studies that link cigarette smoking with lung and heart diseases, and lung cancer.*

### ***People should be allowed to smoke when and where they wish; it is their right***

*Smokers not only endanger their own life but of those around them as well. Passive smoking has been linked to lung diseases and cancer in children and adults.*

**Smoking is not as serious a risk as unprotected sex**

*In the USA, more people die each year from smoking related diseases than from AIDS, drug abuse and car accidents combined*

**Smoking is for kids**

*Smoking is not for anybody. Most smokers start the habit at a younger age than ever before while more adults are giving it up. If you can avoid starting the habit, then you can escape it altogether.*

**Everything in life is dangerous, even crossing a road.**

*Risk taking is a part of life and it is true that everything has an element of danger. However, we have to choose between those risks that are necessary or unnecessary, acceptable or unacceptable.*

**People who take drugs should be punished**

*More important is to find out why and how they started, and to help them to stop, and to prevent others from starting*

**Smoking tobacco is more dangerous than smoking marijuana**

*They are both very dangerous*

**Drug takers have only themselves to blame if they get sick**

*Although people deliberately start experimenting with drugs, many are enticed or pushed into it by their peers or drug dealers. Whatever the reason, once addicted, they need a lot of help and support to help them overcome the addiction.*

**People will always experiment with drugs; you can't stop them**

*The more information becomes available and the more people realize the dangers of drug addiction, the more young people turn away from them.*

**Now use the following questions and answers to explore and discuss further on substance abuse**

**WHAT MAKES YOUNG PEOPLE TAKE DRUGS?**

- *Peer pressure.*
- *Experimentation or curiosity*
- *Tradition e.g. taking alcohol at social events*
- *Family pressures.*
- *Financial and work/school related pressures.*
- *Availability.*
- *The influences could be from within (e.g. loneliness, wanting recognition as one of the group, having problems at home, wanting to show that you are grown up etc) or from without (peers, advertisements, films, admired parents or relatives who abuse these drugs etc)*
- *Young people also usually start with the "GATEWAY DRUGS". These are the legal drugs (alcohol and cigarettes) that young people have easier access to and normally experiment with before moving to harder illegal drugs.*

**WHAT WOULD AROUSE SUSPICION OF DRUG ABUSE?**

- *Reduced school or work performance.*
- *Unusual monetary demands.*
- *Getting new unusual friends.*
- *Seclusion and secretiveness.*
- *Poor personal hygiene.*
- *Change in sleeping habits.*
- *Change in eating habits.*
- *Loss of household items.*

### WHAT BEHAVIOUR PATTERNS ARE DISPLAYED IN PROGRESSION TOWARDS ABUSE AND ADDICTION?

1. *Exposure*
2. *Small amounts infrequent periods*
3. *Larger amounts for longer periods*
4. *Persistently wants to stop*
5. *Spends more time, money, and effort in getting the substance.*
6. *Everything revolves around the substance*
7. *Withdraws from family, society.*
8. *Continued use.*

### WHAT ARE THE EFFECTS OF DRUG ABUSE?

- *Poor health.*
- *Inability to properly manage ones money.*
- *Family and social disturbances.*
- *Risk of getting unwanted pregnancy, STI and HIV because sexual decision-making is impaired.*
- *Toxic additives that poison the body.*

### AND WHAT IS THE LINK BETWEEN SUBSTANCE ABUSE AND HIV?

- When one is drugged/intoxicated, their decision making including sexual decision making, is impaired and as such they may chose to have unprotected sex
- In some cases, sex may be transactional to get money to buy the substance or to get the actual substance in exchange
- The environments in which these substances are obtained are also risky environments
- Injectable substances have an additional risk if needles used are shared
- Some substances like heroin may stimulate or increase sexual arousal and may lead to unsafe sexual practices

### ACTIVITY 3.8.3 COMMONLY ABUSED SUBSTANCES

**Objectives** By the end of the activity, the participants should be able to list at least 2 effects of abusing each of the drugs being discussed

**Description/methodology:** lecture and discussion.



60 minutes

#### Steps

- Present the following lecture and lead the discussion



#### Presentation notes

*WHAT IS COMMONLY ABUSED?*

#### **(a) ALCOHOL**

**Definition of alcohol abuse:**

*Alcohol abuse describes a pattern of drinking that is harmful to the individual or his or her family.*

**Alcohol dependence:** *is characterized by the subjective compulsion to drink, priority of drinking over other activities, tolerance, repeated withdrawal symptoms and the relief of withdrawal symptoms by further drinking.*

## **Problems caused by Alcohol**

### *Social problems*

*Absenteeism from school, college or from other responsibility*  
*Unemployment*  
*Family problems*  
*Child abuse*  
*Financial difficulties*  
*Problems with the law (violence, traffic offences)*

### *Psychological problems*

*Depression*  
*Jealousy (imagination that someone's partner is cheating on them)*  
*Withdrawal symptoms (tremors, relieved by drink! Epilepsy, delirium tremens with confusion, hallucinations, memory disturbances and seizures)*  
*Direct toxic effects on the brain (periods of amnesia, forgetfulness)*  
*Indirect effects on behaviour (resulting from head injury, low blood glucose)*  
*Vitamin deficiencies*

### *Physical problems*

*Affects virtually all systems in the body e.g.*  
*Brain: bleeding, dementia*  
*Lungs: pneumonia, TB*  
*Heart: Muscle disease, high blood pressure*  
*Stomach: inflamed lining*  
*Oesophagus: Tears, cancer, varicose*  
*Muscle disease*  
*Other: low blood sugar, infertility, reduced gonad function, gout*

### *Management of Alcohol abuse*

- 1. Straightforward advice about the harmful effects of alcohol and safe levels*
- 2. Advise to change friends or school or change leisure activities if these are contributing to the problem.*
- 3. Supportive counselling*
- 4. Drug treatment.*
- 5. High dose vitamin supplementation.*

## **(b) NICOTINE (CIGARS, CIGARETTES)**

*Prevalence increasing in the developing countries.*

*Use usually begins in teenage years.*

*When one becomes dependent it is very hard to stop, and one continues to use them despite knowing its' risks.*

*Stopping to use the drug leads to lack of sleep, irritability, anxiety, and difficulty in concentration.*

*Physical effects include: lung disease, cancers, and heart disease, wrinkling of the skin.*

## **(c) CANNABIS (BHANG)**

*From the plant Cannabis sativa.*

*Usually smoked mixed with tobacco.*

*Quickly produces a sensation of relaxation and well-being.*

*Attention and concentration decreases.*

*It also causes a dreamlike state, red eyes, dry mouth and throat, increased appetite and confusion*

*Psychological dependence is common.*

*Heavy consumption usually results in madness or a state of confusion and in damage of the lungs.*

*Long-term effects include brain degeneration and finally madness.*

**(d) MIRAA (KHAT)**

*From the fresh leaves and tender stalks of the Khat tree.*

*It is a stimulant that is chewed.*

*It increases alertness, lack of sleep and high moods.*

*Prolonged use commonly causes apprehension, reduced attention span, feelings of unreality, and appreciation of colour and shape gets distorted.*

*Withdrawal symptoms include anxiety and depression.*

**(e) ORGANIC SOLVENTS (GLUE SNIFFING, GASOLINE, THINNER, SPRAY PAINT)**

*Liquid in nature*

*Increasingly popular.*

*70 – 80% of the users are male and most are street children.*

*Quickly produces excessive excitement, dizziness and a floating sensation.*

*Further sniffing leads to restlessness, confusion and later on to loss of consciousness.*

*Death can occur from the direct poisonous effect of glue or from lack of air/oxygen if inhaled from a plastic bag.*

*Long term effects include; red bloodshot eyes, nose bleeding, personality changes and brain damage.*

**OPIATES (MORPHINE, HEROIN)**

*Heroin can be taken by mouth, inhaled or injected.*

*It gives a rapid, intensely pleasurable experience, often accompanied by heightened sexual arousal.*

*Physical dependence develops within weeks of regular use resulting in the need for higher and higher doses and a life that is centred on obtaining and taking the drug.*

*Users of Injectable forms are more likely to get bacterial infections, hepatitis B and HIV through needle contamination.*

*Accidental overdose is common.*

*The withdrawal syndrome presents with intense craving, running nose, tears, yawning, sweating, shivering, vomiting, diarrhoea, cramps, a fast heartbeat and high blood pressure.*

**COCAINE**

*Taken by needle injection, sniffing, or snorting. Crack cocaine can be smoked.*

*Gives a rapid stimulating effect.*

*Madness may occur with high levels of use and hallucinations of touch are common.*

**End with the following questions**

- If someone was to offer or try to persuade us to try cigarettes or alcohol or other drugs, how would we react?
- Do you think it is possible to refuse and still remain friends?
- How do you think practicing saying 'no' may help you make better decisions?
- What do you think are some of the most serious obstacles people might encounter in actually saying 'no'?
- How do you think one person saying 'no' might affect others in similar situations?

## PART 2 MODULE III

### SKILLS THAT PROTECT



## SESSION 4.1 FROM KNOWLEDGE TO BEHAVIOR CHANGE

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 4.1.1 the bridge

**Objectives:** by the end of the activity the participants should be familiar with the bridge model

**Description/methodology:** role play and discussion

#### Materials

Bridge Model (on a flipchart or on the board)

Pencil, pens or chalk



30 minutes

#### Steps

- Before the session begins, you should have chosen two of your participants to act in a role-play.
- Choose two females to act in the scene, and make sure you rehearse it with them a couple of times before they actually present it. This role play will be the basis for your discussion of the Bridge Model, so it is essential that it be performed well and cover the topics you wish to highlight.



*The Role Play  
(Two Characters)*

*Mcheku: A Form 4-year girl who has dropped out of school due to teenage pregnancy.*

*She has been advising her friend, Mwasu, to stay in school and to avoid boyfriends, sex, etc, before completing her education*

*Mwasu: A Form 1 girl who is doing very well in school. Despite her friend's warning, she has fallen pregnant and has come to break the news to her friend*

*Mcheku: is sitting outside her house on the mat. She is rocking her baby in her arms. As she sits alone with the baby, she talks about how tired she has been*

- Stop the role play when it is clear that the point has been made-Mwasu was exposed so much information to keep her safe from pregnancy, STDs and HIV/AIDS, yet she got pregnant anyway. Explore with the participants as to how/why this could have happened?
- Is it a realistic situation?
- Did the character know/understand the risks?
- Why did she still take the risk?
- What will happen now?
  
- Unroll/uncover the Bridge Model flipchart.
- Discuss the model with the participants.



- Point out that the young people are standing on top of all lot the knowledge they need to keep themselves safe from risky behaviours.
- **Ask:** Does that mean they do not engage in risk behaviour?
- Explain: We want young people to move to the healthy side/ if we do not find a way they may fall into a sea of problems: HIV, STI, unplanned pregnancy, substance abuse etc. with only knowledge, they may stumble and fall. What then is missing/ is needed?
- Suggestions should include reformed attitudes (awareness of danger/risks) and life skills
- Brainstorm on what these life skills could be...you may look at the presentation notes and suggest these as well



### **Presentation notes**

Reforming your attitudes enables you to beware of the likely dangers and helps you to begin preparing for them/to be more careful

#### ***The life skills include:***

##### *Skills of Knowing and living with oneself*

- ✚ *Self awareness: understanding yourself, your feelings, emotions, strengths and weaknesses. It is having a clear sense of identity, where you come from and the culture into which you have been born.*
- ✚ *Self esteem: awareness of the good in oneself, how you feel about personal aspects such as appearance, abilities etc. it is strongly influenced by relationships with others, which can develop or destroy it.*
- ✚ *Assertiveness: knowing what you want and being able to take the necessary steps to achieve what you want within specific contexts.*
- ✚ *Coping with emotions: fear/anger/love/disgust etc. Emotions are impulsive and unpredictable and can lead to behaviour that one may later regret.*
- ✚ *Coping with stress: Stress can be destructive. One must therefore know the causes and effects, and how to handle stress.*

##### *The skills of knowing and living with others*

- ✚ *Interpersonal relationships: relationships with parents/relatives/peers and how to act appropriately.*
- ✚ *Friendship formation: forming and developing friendships of mutual benefit and recognizing and resisting those that can lead to dangerous or unnecessary risk behaviour.*
- ✚ *Peer resistance: standing up for ones values/beliefs in the face of conflicting ideas or practices from peers.*
- ✚ *Effective communication: listening, and understanding how to communicate effectively*
- ✚ *Negotiation: involves assertiveness, empathy and interpersonal relationships. It is compromising on issues without compromising on principles.*
- ✚ *Non-violent conflict resolution: ensures that conflicts do not become destructive.*

##### *The skills of making effective decisions*

- ✚ *Creative thinking: new things, new ideas, new ways*
- ✚ *Decision making: being aware of choices and consequences.*
- ✚ *Problem solving*

## SESSION 4.2 DECISION MAKING SKILLS

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 4.2.1 DECIDE: THE DECISION MAKING MODEL

**Objectives:** By the end of the activity the participants should be able to appreciate the processes that lead to good decision making, and practice using the decide model to solve problems

**Description/methodology:** Presentation; The DECIDE model and the 3 'C's, and Group work; using case studies to explore different problems and solve them using the model.



45 minutes

#### Steps

- Write out the phrase 'decision making'
- Tell the participants that in this session we are going to learn and practice decision making
- Ask them under what situations we make decisions
- List their responses on a chart

*Possible responses include:*

*When faced with a difficult situation*

*When faced with more than one choice*

*When faced with a challenge or a challenging situation*

*When faced with a problem*

- Tell them that decisions are made everyday; some are fairly simple but some are difficult
- Ask them whether they have made any decisions since morning
- Ask them whether they have made any decisions with serious consequences and whether they can share these
- Explain that adolescents face more tough decisions than children because adolescence is the time when they are becoming independent. They are making their own decisions and also learning to live with the consequences or effects of their decisions.
- Explain that we make decisions every day without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process that we go through. This is sometimes done so quickly that we are not aware of it.
- Participants should think about all of the decisions past and present that are affecting their lives. They should then make the following three lists:
  - "Decision that have been made for me" (past)
  - "Decisions I have made for myself" (now)
  - "Decisions I will have to make in the future"
- Encourage the participants to write down all kinds of decision-regardless of how large or how small. After making these lists, ask the participants to take a moment to think about all of these decisions and how they have impacted/are impacting on their lives
- Present the following:



### **Presentation notes**

*Often, the decisions we make are based on what we want out of life ... our goals and our beliefs profoundly affect all of our decisions. Have the participants make a list of all what they want in the future e.g. work, family, friends, home, etc. Then have each participant share their list with a partner and discuss. How can an understanding of what we want in the future help in the decision-making process? How can understanding what we want and the decisions that will be needed to achieve those things translate into avoiding risk behaviour?*

*For a young person, it can be helpful to have a formula to help learn how to make a good decision. What steps should a young person take if he/she has to decide something crucial to his/her life? What should he/she do first? What next? Should he/she seek advice? From whom?*

*Explain that every decision making process is as follows:*

- Defining the challenge*
- Exploring the available choices*
- Identifying the consequences of each choice, both positive and negative*
- Choosing and going through with the choice that has been made*
- Evaluating the decision made*

*Clarify that decision making is at times done at individual level and at other times people seek other's opinions before making a decision.*

- Divide the participants into small groups. Give each group one card with one decision-making scenario on it. The groups should do the following:
  1. · Discuss the situation
  2. · In trying to make the decision, what should the person/people do first?
  3. How would you recommend that the people involve process the decision that they have to make?
  4. · List the steps that the person/people should take in trying to reach their decision.
  5. · Finally, as a group, discuss the situation and make a decision for the scenario on the card.
  6. · On the flipchart or paper, write the steps to making a decision and also what decision the group would make for the scenario and why.



### **Situation #1**

*Pendo and her friends live in the same neighbourhood, go to the same school and are at the same class grade. Some of her friends have sugar daddies. They talk about their 'buzi men-friends' and Pendo feels out of place. They have asked Pendo to join them next weekends so that they can introduce her to a 'man-friend'*

### **Situation #2**

*Neema who is at Mwananyamala Secondary school normally has to leave home early to beat the traffic jam. One day she sat next to Daladala driver and they began talking. The driver told the conductor not to charge her any fare. He later asked Neema to wait for his Daladala after school for a free ride back home.*

*Situation #3*

*Daudi and Mwanamali are boyfriend and girlfriend. Daudi's friends are sexually 'experienced' and have been pressurizing Daudi to tell them whether he has had sex with Mwanamali yet. Daudi goes to demand sex from Mwanamali*

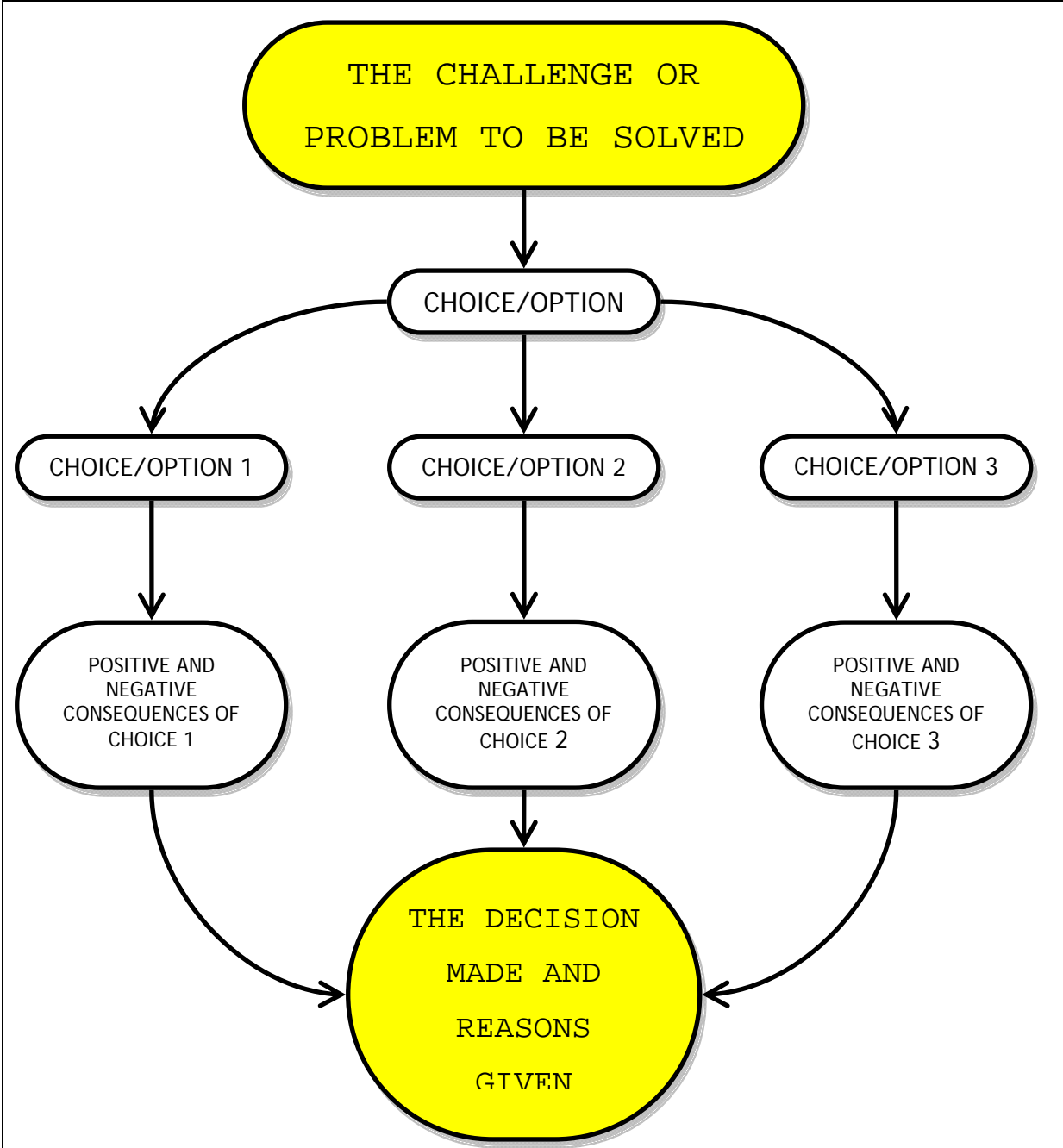
*Situation #4*

*Salim is out of school. He got poor grades and has no job. He spends most of his time at 'Kijiwe' with friends, most of whom have begun smoking bhang. They tell Salim that bhang is good because it will clear his thoughts and help him forget his problems*

*Situation #5*

*Sikujua is an orphan girl. She lives with relatives who are unkind and who keep on asking her to fend for herself rather than being an extra mouth and burden. She has no skills with which to get a job and she is thinking of running away and going to look for a rich man to marry her*

- Have each group present its ideas for the larger group. Discuss each situation in turn. After all groups are finished, display the decision making model below and take the participants through its main points.



***What is the CHALLENGE you are faced with?***

Define the problem/Identify the problem, Think about the situation, Seek advice from others, and Listen to the advice given

***What CHOICES do you have?***

Consider family values and personal values  
Consider cultural, practices and religious beliefs  
Consider all of the options/alternatives available

***What are the CONSEQUENCES of each choice?***

***Positive consequences***

***Negative consequences***

- Imagine the consequences and possible outcomes of each option
- Consider all of the consequences involved
- Consider the impact of your actions on other people

***How did your values influence the decision you made?***

***What decision have you made?***

Choose the best alternative and act on it

***Why have you chosen to make this decision?***

Accept responsibility for your actions

- *Now, pick any of the previous scenarios, and use the model to arrive at a decision.*
- End with the following questions
- Is it easy or difficult to make good decisions?
- What makes it difficult?
  1. E.g. influence of emotions, pressure of peers
- What makes it easy?
  1. E.g. knowing how to resist peer pressure, having clear values/goals, getting good advice from people you trust
- Are there some consequences that are so bad that you immediately realize that you should make a different choice?
  1. E.g. risk to health/life, risk of arrest, risk of losing your integrity
- What negative consequences relate to a person's feelings or values?
  1. E.g. guilt about going against your own values or against your parents wishes, shame at doing what others would disapprove, feeling used or exploited
- When facing a tough challenge, how could you find other choices?
- How can you explore all the possible consequences of a particular choice?
- Have you made a decision in the past that has affected other people? What happened?
- What do you do if one of your decisions turns out badly?
- Are you facing a decision now? Can you use this model to help you?



**Presentation notes**

- We must think of all the consequences before making decisions, more so the negative consequences.***
- Good decisions are not always easy to make but we must make efforts to***

*achieve our goals.*

- + We can at times make wrong decisions. The important thing is to realize this and take corrective measures.*
- + It is not always possible to go through this process each time we make a decision. Sometimes we have to make a quick decision to ensure our safety or survival. We must therefore do what is appropriate for the time and situation.*
- + Peers do not have all the answers. Adults may provide us with things that peers can not. We should therefore know who or where to go to get information or help in relation to certain issues or problems e.g. professionals such as doctors or nurses, community resource people such as village elders etc*

## SESSION 4.3 COMMUNICATION SKILLS

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 4.3.1 THE BROKEN TELEPHONE

**Objective:** By the end of the activity the participants should be able to appreciate how messages get distorted through intermediaries

**Description:** The facilitator whispers a phrase to one of the participants who in turn whispers what he/she heard to the next and so on. This acts as an energizer and sets the tone for the rest of the discussions on communication.



15 minutes

#### Steps

- Divide the participants into 3 teams and to arrange themselves in a line.
- Each team is to have a leader who is to be first in line and an 'artist' who is to be seated a short distance from the last person in line. This 'artist' should have a pen and paper.
- Explain to the participants that this is a communication game. You will call the leader of each team individually and explain to them what you want drawn. When you have explained to all the leaders, allow them to call the next person in line and to pass on the same information. This should be repeated until it gets to the last person and the artist who then draws what he/she has been told.
- Do not repeat the instructions you give and do not allow more than one person to inform/correct the next-in-line.
- To make the game more interesting, tell the participants that the first team to draw correctly wins.
- The instructions for the drawing are:



*Draw a round table. In the middle of the table is a plate of biscuits. To the left of the plate there is a spoon and to the right there is a cup without a saucer. Under the table there is a cat with four kittens.*

- When the drawings are complete, pass them round for viewing; they will probably be different from the original explanation.
- Discuss what went wrong with the communication e.g. too many details, rapid explanation, memory, failure to listen carefully
- Get the group settled to continue with the rest of the session.

### ACTIVITY 4.3.2 THE COMMUNICATION MODEL

**Objectives:** By the end of the activity the participants should be able to sketch the communication model, and be able to properly list out the various elements of communication.

**Description/methodology:** Lecture on the communication model followed by role-play.



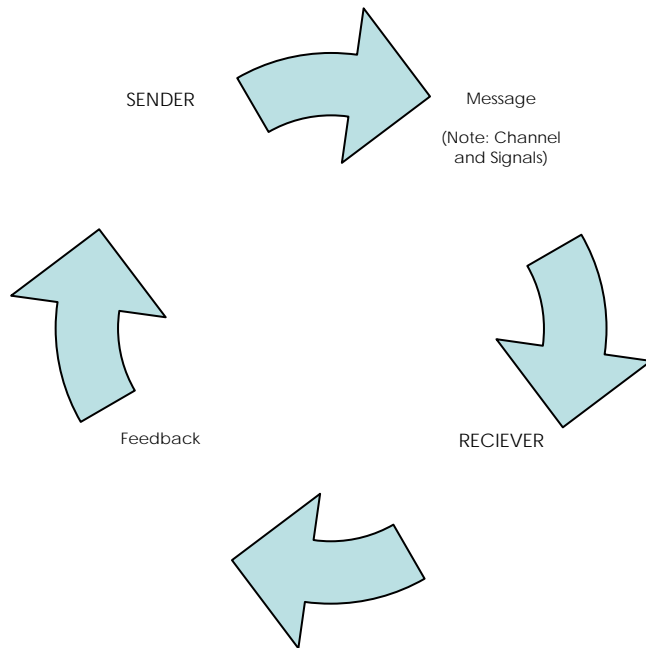
30 minutes

#### Steps

- Write out the word 'COMMUNICATION'



- Brainstorm with the participants to come up with a definition
  - *The art of passing information/opinion/feelings/thoughts from one person to another through a medium. The medium could be speech, action or signs.*
  - *It should be done in a way that the meaning/purpose does not change.*
- Draw the model of communication



- Ask for volunteers to describe how the model works
  - *The sender: has the message/creates and sends the message. He/she must know what he/she is talking about, establish a rapport and choose an appropriate channel to pass on the message.*
  - *The message: is developed by the sender. It is what the sender wants to communicate. It should be at the level of the receiver and must be clear, accurate, relevant and timely. It should also be able to stimulate feedback. The meaning can be understood in the same way or differently by the receiver.*
  - *The channel and signals of communication: speech/signs/actions/printed matter. Whichever format should be appropriate, accessible and appealing in order to stimulate feedback. Others include space, touch, motion and clothing.*
  - *The receiver: is the person who receives or responds to the message. He/she should understand the value of the message and should be interested and pay attention.*
  - *Feedback: is the response from the receiver directed towards the sender. It is the way the receiver shows that he/she has received the message, and how he/she has understood it.*
- Read this example of communication:  
*Zuhra says to Salma: 'I am not going to school anymore. I do not know why I should go hungry just for the sake of getting an education. I am going to town to get a job.'*
- Ask the following Questions:
  - Who is the sender? (*Zuhra*)
  - Who is the receiver? (*Salma*)
  - What channel is used? (*verbal/speech*)
  - What is the message? (*There are several possible messages: 'I want to get a job and earn money', 'I am tired of going hungry everyday', and 'it is not worth going hungry just to get an education'.*)



*Point out that the message is not just what the person says but the meaning behind the words. This meaning can be understood correctly or incorrectly by the receiver and this will be displayed by the feed back.)*

- What do you think Salma would say? (Salma could reply in several ways: she could ask a question e.g. 'why do you want a job when you are so young?', or she could ask Zuhra to explain more, or she could repeat the message to make sure that she has understood properly, or she could respond directly to Zuhra and advise her not to leave school.)



*Any of these feed backs would provoke Zuhra to speak some more. Some feedback e.g. the last one in the example above, may stop the continuous process of communication. This is especially the case when an elder/senior person gives advise as the younger person may be reluctant to go against their elder.*

- Tell the group that poor communication results from a breakdown in the communication model. This could be because:
  - The sender does not send a clear message. The words are not clear or there is conflict between the words and the way in which the sender speaks or behaves while speaking.
  - The receiver does not listen or understand the message e.g. whereas Salma may be sympathetic, she may not fully understand Zuhra's circumstances or why she should leave school
  - The sender does not acknowledge or respond to the feedback
- End with the following questions:
  - What do you think about the communication model?
  - By using the communication model, can you say what went wrong with the communication game at the beginning?
  - Have you ever had difficulty sending a message? What happened?
  - Why is it sometimes difficult to express what we want to say?
  - What are the consequences of breakdowns in communication?

### ACTIVITY 4.3.3 ACTIONS AND WORDS

**Objectives:** By the end of the activity the participants should be able to appreciate that in communication, words and gestures/expressions complement each other.

**Description:** Participants get to mime a conversation, first with words only without gestures/expressions, then with gestures/expressions only without words, then with both words and expressions. The activity forms the basis of discussion.



15 minutes

#### Steps

- Act out the following scenarios



- A person claiming to be interested in what is being discussed but yawning all the while

- A person smoking or chewing 'mirungi' or drinking alcohol and talking about the dangers of substance abuse
- A girl refusing a man but with a shy/submissive behaviour
- Discuss which language shows the real feeling of the person more: spoken or body language
- Ask whether there are any situations that have happened that they know of that are similar to these. What effects did that have on the overall message?
- Ask which body parts can be used to communicate feelings
- Which different emotions can be communicated by our bodies? (Write these out on a chart and you can ask a few participants to demonstrate these.)
- Do these actions add to the communicated word?

In summary:

- Which is a more effective way of sending a message, body language or words? Why?
- What are some body language messages that are particularly positive? Negative?

#### ACTIVITY 4.3.4 THE barriers and bridges to EFFECTIVE COMMUNICATION

**Objective:** By the end of the activity the participants should be able to name the important barriers to communication as well as how to overcome them.

**Description:** Presentation and discussion



30 minutes

#### Steps

- Point out that there are positive and negative ways of communication. Ask everyone to think of negative ways of communication/barriers to communication, that is things that people say or do that make it difficult to understand one another or reach an agreement.
- List these answers down.
- Brainstorm with the participants on the challenges posed by these barriers.

*Barriers from the sender*

- Credibility*
- Age*
- Sex*
- Dress*
- Method*
- Cultural differences*
- Socio-economic status*

*Barriers associated with the message*

- Could be ambiguous or unclear*
- Irrelevant*

*Barriers associated with the channel*

- Disturbances*
- Complicated or technical*
- Could be a language that is not understood*

*Barriers from the receiver*

- Different level of understanding*
- Attitude*

- Lack of interest
- Prejudice
- Cultural differences

*Different expectations*

- Divide the participants into small groups of 4-5
- Distribute the following case study
- Ask them to discuss the case presented and discuss the questions listed after the case



*Abdi is in class 4. During the lunch break he overheard some of the class 7 boys saying that Yusuf, another class 7 boy, had an STI. In the evening after getting home from school, Abdi asks his mother.*

*Abdi: "mother, I heard the bigger boys at school saying that one of them has an STI. What is an STI?"*

*Mother: "what are you asking? You should not be talking about such things at your age. Go and finish your homework!"*

*The next day on his way to school, Abdi meets his neighbour who works at the local hospital, and decides to ask him.*

*Abdi: "Good morning Mr. Doctor; sorry to bother you but can you please tell me what an STI is?"*

*Mr. Doctor (who appears to be in a hurry): "Ah. STI means Sexually Transmitted Infections and they affect the private parts. Now let me hurry off to work; I am late."*

*Abdi tries to repeat what he has been told but without much success. When he gets to school, he tells his friend Abdullahi that Yusuf has got 'Several Tribal Injections' that have now affected his private parts. They decide to run away before the next ceremony when tribal markings/scarring/tattooing will be done as they do not want to be affected.*

#### *QUESTIONS*

*What channels of communication were used?*

*Was the communication effective?*

*What barriers to effective communication can they identify? (age, condescending attitude, complex language, the feed back was not waited for etc)*

*How can such barriers be overcome? (being aware of, and sensitive to such barriers, modifying the language etc)*



#### **Presentation notes**

*Overcoming Barriers from the sender*

- Know your audience
- Time your message
- Make good eye contact
- Itemize and summarize
- Use appropriate aids
- Avoid information overload

*Overcoming Barriers associated with the channel*

- Use a familiar channel or language

- ☑ *Use an appropriate channel*
- ☑ *If using different channels, they should reinforce each other*

*Overcoming Barriers from the receiver*

- ☑ *The receiver should pay full attention*
- ☑ *Be patient*
- ☑ *Avoid unnecessary interruption*
- ☑ *Avoid unnecessary criticism*

*Overcoming barriers to giving feedback*

- ☑ *Make sure you understand; summarize and paraphrase, reflect and acknowledge, praise and encourage*
- ☑ *Your questioning should be open-ended e.g. can you tell me more...how does X feel about...what have you thought about...*
- ☑ *Probing questions e.g. why? how?...can be used to help your understanding*

## SESSION 4.4 LISTENING SKILLS

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 4.4.1 DIALOGUE OR MONOLOGUE?

**Objective:** By the end of the activity the participants should understand the importance of listening and be able to list at least 2 barriers to effective listening.

**Description/methodology:** Role-play depicting barriers to listening



30 minutes

#### Steps

- Divide the participants into 3 groups. Let the first group be 1's the second 2's and the third 3's
- Explain that all the 1's will be speakers, the 2's listeners and the 3's observers
- The speakers (1's) should talk for 2 minutes about anything that interests them
- The listeners (2's) should select an instruction card from the first pile. They should then start by first listening to the speakers and then follow the instructions on the cards they have picked. The observers will watch how the process works.

#### *Pile 1 INSTRUCTION FOR NEGATIVE LISTENING*

*Yawn and doze*

*Look bored and gaze around*

*Look impatient and look frequently at your watch*

*Interrupt and try to give a better story of your own*

*Lean the other way and start whispering to the observer*

*Disagree with the speaker each time he/she says something*

*Make negative comments regarding what you are being told*

*Look somewhere else but not at the speaker, and day dream*

*Laugh for no reason*

*Examine the contents of your pocket/bag*

- After 2 minutes ask the participants to change positions; the observers become speakers, the speakers become listeners and the listeners become observers.
- Ask the listeners to pick a card from the second pile and repeat the process as above

#### *Pile 2 INSTRUCTIONS FOR POSITIVE LISTENING*

*Give verbal support*

*Nod in agreement*

*Look directly at the speaker and make positive eye contact*

*Lean forward to listen better*

*Ask questions to clarify what is being said*

*Compliment the speaker on what he/she is saying*

*Summarize and re-phrase*

- After 2 minutes get everyone settled and ask the observers of the first round what they observed.
- Ask the listeners what/how they felt when they realized they were not being listened to.
- Draw up a list of negative listening practices and the ways in which they affect people

- Ask observers of the second round what they noticed.
- Ask the speakers what they felt this time round
- Use their responses to draw up a list of positive listening practices

*Positive listening Practices*

- ✚ *Showing interest*
- ✚ *Being understanding*
- ✚ *Being patient*
- ✚ *Encouraging*
- ✚ *Listening for ideas and themes*
- ✚ *concentrating on the message rather than the speaker*

*Not...*

- ✚ *Arguing*
- ✚ *Interrupting all the time*
- ✚ *Passing judgment in advance*
- ✚ *Jumping to conclusions*
- ✚ *Giving advise unless requested*

- End with the following questions
- How do you feel when you tell someone something and they don't listen?
- Have you ever used negative listening? Why? What happened?
- Which of the positive listening skills do you think you can use?
- If someone wants to talk to you about something serious and you are not in the mood, what can you do?



Presentation notes

| <b>IF YOU ARE A PERSON WHO...</b>   | <b>THEN...</b>  |
|---|---|
| Looses attention quickly and/or frequently...<br>(ON/OFF LISTENER)  | Try to pay attention to other aspects of communication  |
| Is sensitive to certain words e.g. clan, condom, sex, tribe<br>Listens out for these words that make you judge or label the speaker and then switch off...<br>(RED FLAG LISTENER) | Find out which words these are and try to listen even when they are mentioned.  |
| Decides early that the subject is boring or makes no sense or that you know what is going to be said and therefore sees no need to listen<br>(OPEN EARS AND CLOSED MIND LISTENER) | Listen to find out whether this fear will be realized or not. You may not necessarily learn something new about the content but you may learn something about presentation or other aspects |
| Comes to listen but with your mind on other things<br>Daydreams a lot<br>(GLASSY EYED LISTENER)   | Try to be observant and keep energized  |
| Decides early that the information is   | Make a real effort to understand  |

| <i>IF YOU ARE A PERSON WHO...</i>   | <i>THEN...</i>  |
|---|---|
| too hard/technical/difficult<br>Makes no real effort to understand<br>(TOO DEEP FOR ME LISTENER)  | Ask for clarifications where needed   |
| You don't like what you believe/know<br>being challenged<br>You usually become defensive and<br>start planning a counter attack<br>(DON'T ROCK THE BOAT LISTENER) | Wait.<br>Try to understand better so that you can<br>respond more constructively. |

## SESSION 4.5 ASSERTIVENESS

### ACTIVITY 4.5.1 WHAT WOULD YOU DO...?

**Objectives:** By the end of the activity the participants should be able to define assertive, aggressive and passive behaviour, and list at least 2 attributes of each of these types of behaviour.

**Description/methodology:** Role-play and discussion.



30 minutes

#### Steps

- Read out the following situation:  
*Neema had been standing in the queue at the money-changer for about 20 minutes. She is getting anxious because she may miss the bus taking her to school in Morogoro, but now there are only 3 people in front of her. A woman and a man enter and warmly greet the man standing in front of Neema. He is clearly a close friend of theirs. They take places in the queue in front of her.*
- Ask everyone to write one sentence about what they would do if they were *Neema*.
- After 2 minutes, ask people to form 4 groups based on the following:

Group 1: those who would not do anything/suffer in silence/get angry but do nothing  
 Group 2: those that would shout or push or make other angry actions  
 Group 3: those who would make their point in a polite way e.g. by pointing out that there is a queue  
 Group 4: those who would use body language to show that they are annoyed or other actions such as saying loudly about how other people behave, without necessarily doing anything

- Ask each group to discuss why they gave those responses.
- Ask someone from each group to share with the whole group their reasons for responding the way they did
- Discuss the good and bad things about each response
- Write out the terms 'AGGRESSIVE', 'PASSIVE', 'ASSERTIVE', 'PASSIVE-AGGRESSIVE' and explain their meanings



- *AGGRESSIVE BEHAVIOR: this is attacking and demanding behaviour. An aggressive person insists on their rights while denying others theirs. The displayed behaviour includes: demanding, arguing, pointing, fighting, shouting, threatening etc*
- *PASSIVE BEHAVIOR: this is avoiding behaviour. The person gives in easily and lets others decide. The displayed behaviour includes: being silent or quiet and apologetic, submissiveness, uncertainty, sagging shoulders, and avoidance of others and of confrontation.*
- *ASSERTIVE BEHAVIOR: this is to be confident, firm and polite without being pushy or threatening. One who is assertive is straight looking, attentive, has clear and certain speech, and uses 'I' rather than 'You' statements.*
- *PASSIVE-AGGRESSIVE BEHAVIOR: these are negative but indirect behaviours and include using body language to show displeasure, talking about your displeasure to others but not directly at the offending person etc. they do not necessarily get you what you want and may/often make the other person angry*

- End with the following questions:
- Explain to the participants that what we have been discussing is what they would have done if they were *Neema*, however, how do they think *Neema* would have reacted? Why?
- Do you think a boy would have reacted differently? Why?
- Can you think of situations where being passive may be the best way even if it means you do not get what you want?
- Have you ever behaved aggressively? How did it work out? Would things have been different if you had been assertive instead?
- Have you ever behaved assertively? What would a passive response have been? And an aggressive response?
- When is it easier/more difficult to be assertive?
- If you act assertively will you always get what you want?
- Have you ever heard of people getting a negative reaction for speaking assertively? Explain.

#### ACTIVITY 4.5.2 HOW ASSERTIVE ARE YOU?

**Objective** by the end of the session, participants should be able to determine their level of assertiveness

**Description/methodology:** questionnaire and discussion.



15 minutes

#### Steps

- Tell the participants that since being assertive is the best way of communicating in many situations, it is important for everyone to find out just how assertive they are.
- Distribute the following questionnaire to the participants

#### QUESTIONNAIRE:

| HOW ASSERTIVE ARE YOU?  | MOST OF THE TIME | SOME OF THE TIME | ALMOST NEVER |
|---|------------------|------------------|--------------|
| <i>If I disagree with a friend, I say so, even if it means s/he might not like me</i> |                  |                  |              |

| <i>HOW ASSERTIVE ARE YOU?</i>   | <i>MOST OF THE TIME</i> | <i>SOME OF THE TIME</i> | <i>ALMOST NEVER</i> |
|---|-------------------------|-------------------------|---------------------|
| <i>I ask for help when I am hurt or confused</i>  |                         |                         |                     |
| <i>I do what I think is right even if I know it may make me unpopular</i>                       |                         |                         |                     |
| <i>I let people know when they disappoint me</i>  |                         |                         |                     |
| <i>If a friend borrows money and is late paying it back, I remind him or her</i>                |                         |                         |                     |
| <i>I say no when classmates want to copy my homework or test answers</i>                        |                         |                         |                     |
| <i>If a friend is talking or making noise during class, I ask him/her to be quiet</i>           |                         |                         |                     |
| <i>If I have a friend who is always late, I tell him or her how I feel about it</i>             |                         |                         |                     |
| <i>I ask my friends for a favour when I need one</i>  |                         |                         |                     |
| <i>When someone asks me to do something that goes against my values, I refuse</i>               |                         |                         |                     |
| <i>I express my views on important things, even if others disagree</i>                          |                         |                         |                     |
| <i>I don't do dangerous things with my friends</i>  |                         |                         |                     |
| <i>When I don't understand what someone is telling me, I ask questions</i>                      |                         |                         |                     |
| <i>When it is clear that a certain point needs to be made and no one is making it, I say so</i> |                         |                         |                     |
| <i>When people hurt my feelings, I let them know how I feel</i>                                 |                         |                         |                     |

- Ask them to think about how often they do what the statement says. For each statement they should mark either of the responses 'MOST OF THE TIME', 'SOME OF THE TIME', or 'ALMOST NEVER', that indicates how often that statement is true for them.
- After they are done, ask them to add up the number of 'MOST OF THE TIME' that they have filled
- Next, display the following Assertiveness Score Card:  
0-5: you are not very assertive. You need to practice more at being assertive.  
6-10: you are doing OK but you still need to practice.  
11-15: you are doing well at being assertive. Keep it up.

Explain the following:

- Many adolescents and adults get fairly low scores on this survey.
- People with scores higher than seven should be glad that they have learnt to speak up for what they want and to say no to the things they do not want.
- In our society, boys and men generally score higher than women on assertiveness.

- ☑ People are often more likely to treat others with respect when they have self-respect and can stand up for themselves
  - ☑ People with scores below six can improve their score by practicing assertive behaviours.
- End with the following questions:
  - What makes it so difficult to be assertive?
  - Can you think of a situation in life in which you would like to be more assertive? Describe the situation.
  - Do you know someone who is particularly good at being assertive and standing up for his/her rights?
  - Can you remember a time that you were assertive? How did it work out?
  - How can you be assertive and avoid sounding like you are being aggressive?
    - ☑ E.g. Being firm, normal tone of voice, relaxed body language, use of 'I' statements
  - Do you have a friend who needs to learn to be more assertive? Explain. How can you help?

### ACTIVITY 4.5.3 PRACTICING ASSERTIVENESS AND CONVERTING 'YOU' TO 'I' STATEMENTS

**Objectives:** By the end of the activity the participants should be able to construct non-judgemental sentences that begin with 'I feel...'

**Description/methodology:** Presentation and discussion on the conversion of judgemental to non-judgemental sentences ('you...' to 'I...') followed by group work/practice.



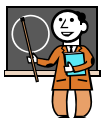
30 minutes

#### Steps

- Write out the following statement:
  - YOU ARE A LAZY GROUP.
- Read it out loudly to the participants.
- Ask the participants what they feel when the statement is read out to them (annoyed, hurt, angry, defensive...)
- Now write another statement:
- I FEEL UNHAPPY WHEN WORK IS NOT DONE ON TIME.
- Get responses from the participants on their feelings about this other statement.

#### Discussion points

- Is there any difference in meaning between the 2 statements?
- Is there any difference in the manner they have been said? What differences?
- Which ones do they feel allows for dialogue?
- Now introduce the concept of you and I statements



### CONVERTING 'YOU' STATEMENTS TO 'I' STATEMENTS

'You...' statements are  
Judgemental

Annoying  
Makes the other person defensive  
Prepares you for confrontation

e.g. **YOU ARE ALWAYS PRESSURING ME TO HAVE SEX**

`I...` statements allow you to express yourself clearly without prejudice.

They...

Avoid making one defensive  
Are not annoying  
Prepare you for discussion by stating your expectations without demanding that they are met.  
Suggest the change you would like.

E.g. when you pressure me about sex, I feel sad because I feel my priorities in education/schooling are not being respected; leave alone the risks we will be putting ourselves into. What I'd like is for us to wait until we are mature enough as when will be married.

### ***THE FORMULA FOR CONVERTING YOU TO I STATEMENTS***

(adapted from stepping stones, strategies for Hope, {A. Welbourn})

**Action: when.....(non judgemental and specific)**

Examples: when you come home drunk,  
when you hit me,  
When you pressure me for sex.

**My response: I feel.....(Keep it your own feeling)**

Examples: I feel disappointed,  
I feel sad,  
I feel unappreciated

**Reason=because.....**

**Suggestions: what I'd like...(saying what you want not demanding)**

Examples: What I'd like is for us to discuss,  
What I'd like is for us to settle this problem,  
What I'd like is to make rules we can both follow.

*Practise by giving `YOU` statements and letting the participants convert them to `I` statements without changing the meaning.*

*E.g. you are so lazy (I feel so unhappy when work is not done)*

*You always want to get your way (when we discuss issues I feel unhappy because my views are not considerate)*

*You are not supportive.*

#### ACTIVITY 4.5.4 ASSERTIVENESS: RESPONDING TO PERSUASION

**Objectives:** By the end of the activity the participants should have had opportunities to practice responding assertively to persuasive statements

**Description/methodology:** group activity.



30 minutes

##### Steps

- Introduce the topic as follows: we have addressed the issue of assertiveness and provided techniques to help participants deliver an “assertive message.” But assertiveness is not always easy. Other people will not always agree with you when you are assertive. In fact, they may interrupt you, get you off the topic, threaten you or argue and try to convince and persuade you to do something you don’t want to do. They may even put you down; to make you feel different so that you agree to their wishes. Therefore, it is important to learn how to respond to such situations
- Divide participants into groups of three.
- Each group will have to think up or be given by the larger group, a different situation in which they have to pretend to be a person who is trying to persuade someone else into doing something he/she doesn’t want to do. Each group member should decide entirely by himself/herself what his/her opening “pressure line” will be. For instance, if in a group I am told that I am supposed to be an older man proposing to a schoolgirl, my opening line might be, “Did you know you are very beautiful? Would you like a ride in my car?”
- The first participant turns to the person on their left and states very briefly the relationship and the situation ... such as “I am a sugar daddy and you are a young girl. I want to propose you”. She/he then states the pressure line that he/she has just thought up and the person on his/her left has to give an immediate assertive response, trying to state his/her position without accepting the offer. For example, “Thank you for the compliment, but I do not want a ride in your car.” Give everyone the chance to use their own line and to respond to someone else’s.

## SESSION 4.6 NEGOTIATION SKILLS

### ACTIVITY 4.6.1 INTRODUCING NEGOTIATION

**Objectives:** By the end of the activity the participants should be able to correctly identify steps in negotiation.

**Description/methodology:** group activity.



30 minutes

#### Steps

- Point out that understanding someone else's point of view is useful for several reasons:
  - It helps you to appreciate and respect what the other person has to say
  - It reduces the risk of hurt and conflict
  - It is the most effective way of negotiating more effectively with that person. If you recognize their point of view, you make them more willing to recognize yours
- Divide the participants into groups and ask them to consider how best to negotiate the positions below:

#### SCENARIOS FOR NEGOTIATION

- 1 *Your friend insists on playing very loud music when you are trying to study. He says that it helps him to concentrate but you find it a disturbance.*
- 2 *a group of youth mock you for attending life skills sessions. They call you the AIDS guy and pay no attention when you want to share your ideas with them.*
- 3 *your partner wants to have a baby but you don't think you are ready yet.*
- 4 *you are a domestic worker. When you came to work you were promised a salary but 6 months have now passed and you have not been paid.*
- 5 *your step mother pays all her attention to her own children and makes you do all the household chores.*
- 6 *there is a new teacher who thinks that the only way to establish his authority is to cane the students as much as possible.*
- 7 *your father often beats up your mother even for very small/trivial reasons*
- 8 *the latest consignment of beans to the school is full of insects and you want to complain to your head teacher*

- Ask the participants to role-play the negotiations; being as realistic as possible (the person in authority rarely accepts the voice of reason immediately)
- Encourage those watching to make recommendations
- Questions for discussion
- How easy was it to negotiate these situations?
- How do negotiations change when you are negotiating with someone in authority?
- Do negotiations always work? If they don't, what else can you do?



#### Presentation notes

*A Step-by-step guide that the group may wish to consider is as follows:*

- ☑ *Say what you want or need. State your position assertively (not aggressively or passively) using 'I' statements.*
- ☑ *Listen to the other person's position. Find out what they want or need, and make sure you understand this.*
- ☑ *Encourage the other party to brainstorm with you to find solutions that are satisfactory to both sides; that is solutions that consider the needs of each side.*
- ☑ *Agree on a way forward and try it out*
- ☑ *Evaluate. If it doesn't work out, try again or try other options*

## ACTIVITY 4.6.2 SAYING NO

**Objective:** By the end of the activity the participants should know how to firmly refuse a proposal/request they are not comfortable with.

**Description/Methodology:** Presentation/Discussion and role-play.



30 minutes

### Steps

- Explain that one way of being assertive is to make a very clear statement when you don't want something. However we are usually not good at being clear, leading to a lot of misunderstanding.
- Ask for volunteers to role play the following scenarios:



Actor 1 puts his hand over actor 2's hands and asks him/her to come with him (Actor 1)

*Scenario 1: actor 2 says no shyly and does not move away*

*Scenario 2: actor 2 says 'no' while swinging about and moving closer to actor 1*

*Scenario 3: actor 2 shouts 'no' and pushes actor 1 away*

*Scenario 4: actor 2 says 'no' firmly, removes actor 1's hands and then walk's away*

- Ask the participants what they have learnt from the activity
- What are the advantages/disadvantages of each style of saying 'no'?
- Which one is more likely to be understood to mean 'no', and which one misunderstood to mean 'yes'?
- How do they think the different sexes say 'no'? Is it similar or different?



*In addition to saying 'no', one can:*

- ☑ *Make an excuse*
- ☑ *Make reference to a higher authority*
- ☑ *Use facial expressions and body language to support your statement*
- ☑ *Make the proposition bounce back*
- ☑ *If the proposition is repeated or rephrased, repeat your statement of refusal again in a firm manner*

- Ask the participants to pair up, and then read the situation given. One person should give a convincing line/try to persuade the other, and the other should respond by saying 'no' in any one of the manners previously discussed.

- You may want to include other, more specific examples:



***For Women's Groups you can use the following scenarios***

*Being approached by a Sugar daddy*

*Partner wanting to have sex with you when you know he has another lover*

*Boyfriend or husband or new partner wanting you to have sex with him without a condom when you want to use one*

*School teacher bribing student with higher grades in return for sex*

*Man at market suggesting sex in return for groceries*

*Boyfriend putting pressure on you to have sex with him*

*Husband or boyfriend wanting you to have sex with him when it is late and you are tired*

*Being laughed at for not wanting to have a boyfriend or get married yet*

*Being laughed at for wanting to study, instead of moving about with your friends*

*Uncle wanting you to have sex with him, in return for money*

*Bwana Boss saying you will get promoted if you have sex with him*

*You want to have sex with someone, but no condoms available*

***Scenarios for men's groups***

*Being encouraged by your friends to drink too much*

*Being laughed at for not having sex with your girlfriend*

*Being laughed at for wanting to use a condom*

*Being ridiculed for not having several girlfriends*

*Being laughed at for sticking with one woman, or not wanting a girlfriend*

*Being laughed at for wanting to study*

*Being proposed to by an older woman, maybe in return for money or alcohol*

*Being proposed to by an attractive young woman*

*Young woman not wanting to use condom because she thinks it means you think she's a prostitute*



All the responses should start with an assertive "NO!..."

**ACTIVITY 4.6.3 MORE SKILLS ON RESPONDING TO PROPOSITIONS**

**Objective:** By the end of the activity the participants should know how to respond to difficult propositions

**Description/methodology:** Presentation/Discussion and role-play.



45 minutes

**Steps**

- On a flipchart or on the board, write, "What do you say when they try to get you off the topic?" Brainstorm with the group on some statements they might use if someone is using distracting statements, trying to change the subject, or trying to get them off topic. Possible suggestions might be.
  - "Please let me finish what I was saying"
  - "Please don't stop me until I'm finished"
  - "That's fine, but please listen to what I have to say"
  - "I know you think ..., but let me finish what I was saying"



- "Thank you, but ..."
- Next, have the group sit in a circle, pick up the following cards and distribute them.
- Inform the participants that the exercise will require quick thinking. Each person with a card should turn to his/her left and read out the persuasive statement on their card. The respondent should answer quickly, using any of the methods we have learnt, without agreeing or compromising their situation.



*Use this exercise to reinforce assertive message responses, use of 'I' rather than 'You' statements and ways of saying 'No'.*



**PERSUASION CARDS**

- |                       |   |
|-----------------------|---|
| Put you down cards    | "You're just afraid"<br>"Aren't you grown up enough to do this?"  |
| Argue                 | "Why not? Everyone's doing it!"<br>"What do you think can happen?"<br>"What do you know about ..... anyway?"                          |
| Threaten:             | "Do it or goodbye".<br>"I'll find someone else who will".<br>"I can hurt you if you don't?"   |
| No Problem            | "Nothing will go wrong"<br>"Don't worry."<br>"I'll take care of everything".<br>"I've got it all handled."                            |
| Reasons               | "But we're getting married anyway".<br>"You can't get pregnant if you have I just once".<br>"You owe me".<br>"You're old enough now". |
| Getting Off the Topic | "You have nice eyes".<br>"I like you when you're angry".<br>"You know that love you   |

**ADDITIONAL PRESSURE LINE STATEMENTS**

- "Everybody is doing it."
- "If you truly love me, you will have sex with me".
- "I know you want to -- you're just afraid".
- "Don't you trust me? Do you think I have AIDS?"
- "Girls need to have sex. If no, they develop rashes."
- "We had sex once before, so what's the problem now?"

"But I have to have it!"

"If you don't have sex with me, I won't see you anymore."

"Girls need to have sex. Boys give them vitamins (to make their breasts grow)."

"If you don't someone else will!"

"Practice makes perfect".

"You can't get pregnant if you have sex only one time!"

"You don't think I have a disease, do you?"

"But I love you. Don't you love me?"

"Nothing will go wrong. Don't worry."

"But we're going to be married anyway. Why not jus this once?" Aren't you curious?"

#### ACTIVITY 4.6.4 NOT WITHOUT A CONDOM

Session for youth 15 years and older, sexually active and married youth

**Objective:** By the end of the activity the participants should have practised their negotiation and assertiveness skills with regard to persuasion on having sex without using a condom.

**Description:** Role-play whereby one group is challenged to come up with statements designed to convince the other to have sex without a condom; where as the other group is challenged to come up with effective responses.

**Methodology:** group activity



30 minutes

#### Steps

- This activity is similar to the previous one.
- Create a list of persuasive lines someone might use to keep from using a condom during sex.
- Follow the same steps for delivering an assertive message/use of 'I' statements , as well as how to say 'no' and have your group members practice delivering that message and responding to persuasion.
- You can think of many more situations but here are some examples:



*"We're both clean... we don't need to use a condom!"*

*"I still don't want to have sex with a condom. They're not natural!"*

*"I'd be embarrassed to use a condom".*

*"I don't want to use a condom. I don't like condoms".*

*"I don't have a condom. Let's do it just this once."*

*"Your chances of getting a disease doing it just once are about zero!"*

*"A condom would make it so awkward".*  
*"It's like eating a sweet in the wrapper"*  
*"They spoil the mood."*  
*"They don't feel good."*  
*"You think I have a disease"*  
*"They have HIV in them"*  
*"They make me feel dirty."*  
*"You're already using family planning"*  
*"I'd be too embarrassed to get them from the health centre"*  
*"It's against my religion"*  
*"A condom would make it so awkward."*  
*"It's like eating a sweet in the wrapper."*  
*"They spoil the mood".*  
*"They don't feel good".*  
*"You think I have a disease".*  
*"They have HIV in them".*  
*"They me feel dirty".*  
*"You're already using birth control".*  
*"I'd be too embarrassed to get them from the health centre".*  
*"It's against my religion".*

**PART 2 MODULE IV**

**REVIEW AND CLOSE**



## SESSION 5.1 SUPPORTING BEHAVIOR CHANGE

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### Activity 5.1.1 SUPPORTING BEHAVIOR CHANGE

**Objectives:** by the end of this activity the participants get to understand their role as behaviour change agents

**Description/methodology:** group activity



30 minutes

#### Steps

- Introduce the activity thus: Sometimes young people take risks that can be quite dangerous for their health and well-being. These risks may lead them to unwanted/unplanned pregnancy, STI or HIV infection among others. Young people who make the choice to abstain, or delay sex, or use a condom, or not to get involved in substance abuse, need the support of their peers to sustain the behaviour change.

Ask:

- Is it easy for young people to make healthy choices? Why or why not?
- Do young people usually receive the support of their peers and friends when they choose a healthy decision e.g. not to drink alcohol, not to have sex etc
- What challenges might you face if you support a friend who has chosen to live a healthier life?
- How might you overcome these challenges?
  
- Divide the participants into groups and distribute the following discussion cards:
  - 1 Pendo and Salim are in love. Salim has been persuading Pendo to have sex. Of late he has been more and more insistent. Pendo feels their relationship has been drifting because of her refusal to have sex. She asks you to walk her home as you discuss. You discuss.
  - 2 Paulo has been going out with Anita. They have had sex before but with a condom. Now that they have been 'steady' for a while, Paulo is thinking of stopping condom use. He discusses this with you.  
*(Note: This story is for ages 15 and above only)*
  - 3 During your sister's send-off party, you notice your older cousin's bullying/teasing another to take alcohol in stead of soda. You go to them and say/do...
  - 4 You have gone back to school after the holidays. You find your classmates in a group talking about parties, alcohol and sex during the holidays. Most appear to support and appreciate these activities. You say...
- Ask them to read and discuss the situations in the cards, and decide what they would say or do to give support to the young character in the situation.
- Ask them to role play the situations plus how they would offer support.





#### Conclusion:

Supporting peers when they make healthy decisions is an important but usually difficult task. It is important that as peer educators we offer this support as only then will other young people begin to see such behaviour as being cool, and it will become easier for more and more to adopt such safe behaviour.

### ACTIVITY 5.1.2 ROLE MODELS/ THE PERSON I ADMIRE

**Objectives:** by the end of the activity, the participants get to understand their position as future role models

**Description/methodology:** group activity



45 minutes

#### Steps

- Tell the participants that in building the "me I want to be" it is important to think about the qualities of a strong, healthy person. To begin a discussion about building a positive, healthy life as a strong, motivated person, we are going to do an exercise called "Exchanging Stories."
- Have the participants brainstorm about the meaning of the term "role model" By the end of the brainstorming session, you should arrive at something like this for definition: "Someone whose example you follow in your life" --or-- "Someone you admire and wish to be like."
- Ask each; participant to think about the person that they most admire in the world. Who is their role model? Who would they most want to be like in the world? It can be a famous person or someone that they know personally. It can be from anywhere in the world, or at the any time in history.
- Give the participants a few moments to think quietly about the person that they will choose.
- Now, tell each participant to turn to a partner and share the "story" about person she/he most admires. After about 5 minutes, the pair should switch so that both get a chance to tell their stories.
- Next, ask each pair to choose 1 of their 2 stories. Only 1 story should be chosen in each pair. The participants should pick the story about the role model that they would most want to share with the group.
- After the two stories are told, each group of four should pick one of the two stories that they most want to share with the entire group. They should join up with another set of four -- each set telling one story. Continue in this way, adding two groups together, until you are finally left with two or three groups only (this will depend on the number of participants).
- Finally, have 1 representative of each of the groups stand up and tell the story of the role model the group most admires to the entire group. Two or three stories will be told -- one from each group.

- Now use a blank sheet of flipchart paper or the blackboard to process this exercise.
- Ask the participants to reflect on all of the stories told. What qualities do these people share? What do they have in common? What makes us admire these people? How are they alike? What characteristics do they share, etc?
- Brainstorm, with the whole group and write each response on the flipchart.
- Lastly, discuss with the group the importance of "role models" such as the people they admire. State that the goal of every young person should be to have the qualities listed on the flipchart. Indicate that this is the time in life to start developing those qualities so that they may become strong, healthy, happy adults.
- Point out that since they have been chosen as Peer Educators, other young people in their community or school will look them to, as "role models". Point out what a big responsibility that is, and the importance of taking it seriously and modelling good behaviour for the other students to follow.



*Note: In a Girls Club Training or any All Girl environments*

It is often effective to adapt this exercise from "role Models" to "Woman I Admire." Instead of discussing a person one admires or wishes to be like, the young women should discuss the woman they admire or wish to be like. This can be an incredibly empowering exercise for the girls, as it gives them a chance to reflect on the many strong, powerful, "together" women in their lives - something they probably do not do very often

## SESSION 5.2 FUTURES

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 5.2.1 PLANNING FOR THE FUTURE

**Objectives:** by the end of the activity, participants should have had an opportunity to think through their possible futures

**Description/methodology:** Individual and group activity

#### Materials

Flipchart paper or Sheets of paper  
Cards with Future Scenarios printed on them



45 minutes

#### Steps

- Explain to the participants that one of the most crucial "planks" in the Bridge Model" is having goals or planning for the future. Young people who have clear and specific goals are much less likely to fall into risky behaviours because they are usually focused and determined to reach their objectives.
- Divide the group into small, single-sex groups. Each group should make two lists:
  - List 10 careers in order of preference that group would like to pursue after you leave school
  - List your group's ambitions, like travel, marriage etc, in order of preference.
- Each group should read out their list to the larger group. Lead a discussion addressing the following questions:
  - Are the boys' and girls lists quite similar?
  - Which careers and ambitions were similar?
  - Were there any differences between the sexes in the ranking or order in which careers and ambitions were placed?
  - What are the reasons for these differences?
  - Did anyone say that they wanted to become an alcoholic or prostitute? Why not?



*Our goals for the future are in many ways influenced by our values or what we believe in. Knowing your values can help when deciding about your future.*

- Next, give each group a "Future Scenarios" card or slip of paper. Have the groups discuss the situations.



Future Scenarios

#### Mamlughu's Marriage Plans

Mamlughu, a 17-year old girl, is going to write her "O" level examinations at the end of the year. She feels that passing the "O" level exams (which she is sure to do) is enough for her. After she



leaves school she feels she has to begin thinking about getting married. After all, a woman is not complete unless she is married.

#### Shemahonge & His deals

Shemahonge is 19 and in Form 3. His elder brother left school after Standard 8 and now runs a minibus service. Shemahonge therefore feels that there is no need for him to get into Form 4. If he leaves school right away, he can make a lot of money through "dealing". After all, Kariakoo is full of goods that people need and want. Anyway, a number of students from his school have still not found employment after passing their "O" level examinations.

#### A Career for Ntandu

Ntandu is a 16-year-old Form 4 student at a rural village in Singida. He has got ideas about his future after "O" level studies. He has noticed how the local restaurant at the trading centre is always bringing frozen chicken in from town. He is longing to start up his own poultry project similar to the one they did in Form 2. He is sure he will make a good living and be able to repay his family for all they have done for him.

#### Chiku's Job

Chiku is 18 years old girl and waiting for her "A" level results. She has only one ambition--to get a job, any job, as soon as possible, in order to earn some "real" money. When she has money, she will be able to buy some beautiful clothes and shoes, and she can then go about with her friends. She won't have worry about anything ever again!

#### Mhagama's Ambition

Mhagama is 18 years old and is in Form 4 at his school. His father is secondary school teacher and his mother works as a private secretary in a big company. There are six children in the family and he is the first-born. Two of Mhagama's friends have brothers in America, so they will be going there to study after they have passed their exams. Mhagama has heard so much about the United States that his main ambition now is to go and study there. He has already started applying to some universities and he says he won't bother to apply for a place at a local university. He is determined to go to America!

- The groups should answer the following:
- What are some of the reasons that the young people in these situations think the way they do?
- Do you agree with their thinking?
- What advice would you give them?
  
- Now tell the participants that it is time for us to think about our own futures, our own "life stories."? Ask participants to close their eyes and imagine their lives next year. Who will you be living with? Who will you have a special friend of the opposite sex? What will you do in your spare time? Will you Smoke, drink, or *take hard drugs*? How might HIV/AIDS enter your life at this time? Will you know anyone who is HIV positive or has AIDS?
  
- Next imagine yourself in five year's time. (Ask some of the same questions from above.)
  
- Then think about your life in your middle to late 20s. Will you be married? What work will you be doing? How might AIDS enter your life at this time?
  
- Finally, imagine that you have your own children of 13 or 14. How might HIV/AIDS affect their lives? What kind of lifestyle would you wish for them? What fears about AIDS will you have for them?

- Encourage the group to think about what decisions they might make along the way to change their futures positively or negatively.
- Lastly, give the group an assignment (either in their workbooks or just on paper). They should write their own "life story", imagining their futures keeping in mind the questions they have thought about during this session. They can either keep this story to themselves or share it with you--whatever they choose. The important thing is for them to go throughout the process of imagining their lives and the possible successes/obstacles they will face.

### ACTIVITY 5.2.2 SETTING INDIVIDUAL GOALS

**Objectives:** by the end of the session, the participants should have learnt a process for setting goals

**Description/methodology:** individual activity and discussion



30 minutes

#### Steps

- Now discuss the meaning of the word "goals." State that someone can have many different goals--some short - term (like "I am going to clean the house today." Or "I am going to pass the exam.") In setting goals, it is important to define what you want to accomplish. What do you want out of this week, this year, your life? What are your plans for the future?
- Go over the "Goal Chart" with the group. Review each step to ensure that everyone understands.

|                              |
|------------------------------|
| Short -Term Goal             |
|                              |
| Benefits in Reaching My Goal |
|                              |
| Major Obstacles              |
|                              |
| Skills & Knowledge Required  |
|                              |
| My Accountability            |
|                              |
| Plan of Action               |
|                              |

|                              |
|------------------------------|
| Long-term Goal               |
|                              |
| Benefits in Reaching My Goal |
|                              |
| Major Obstacles              |
|                              |
| Skills & Knowledge Required  |
|                              |
| My Accountability            |
|                              |
| Plan of Action               |
|                              |

|                 |
|-----------------|
|                 |
| Completion Date |
|                 |

|                 |
|-----------------|
|                 |
| Completion Date |
|                 |

- **Identifying your goals**  
*Decide what your goals are right now. Choose one short-term goal (within this year) and one long-term goal (plan for the future)*
- **Benefits in reaching your goals**  
*What are some of the good things that may happen if you reach these goals?*
- **Major Obstacles**  
*What stands in the way of reaching these goals? Examples are early pregnancy, negative attitude, lack of fees, etc.*
- **Skills & Knowledge Required**  
*What do you need to reach your goal? More schooling? Advice from your parents? A trip to the Resource Centre?*
- **My Accountability**  
*Goals can be easier to reach if you have someone helping and supporting you. Encourage everyone to tell his or her goal to someone else (sister, best friend, etc.) so that this person can help support him or her in reaching his or her goals.*
- **Plan of Action**  
*Decide what actual steps you will take to reach your goals.*
- **Completion Date**  
*Give yourself a deadline for completing the goal. This will help you to work towards and more seriously.*

- Explain to the participants that setting goals allows them to be more focussed on what they do.
- Ask the participants to take a few minutes to think through and attempt/start the process of setting their goals. It is a process that takes time...but they can start here and continue later.
- And wish them luck.

## SESSION 5.3 CLOSURE

*Age range recommendation: THIS SESSION IS RECOMMENDED FOR ALL AGE RANGES (10-24)*

### ACTIVITY 5.3.1 REVIEW OF HOPES AND FEARS

**Objective:** To review whether the participant's hopes have been realized and their fears manifest or dispelled.

**Description:** Participants will revisit their lists on hopes and fears, and the group will again discuss each of them.

**Methodology:** Group discussion



15 minutes

#### Steps:

- Turn to the flipchart you previously had that listed the hopes, fears and expectations of the participants at the beginning of the workshop.
- Ask the panel (or if you can remember the individual participant) to comment on whether their hopes were fulfilled and/or their fears/expectations realized.
- Positively discuss any negative points that may arise and note them for future reference.

### ACTIVITY 5.3.2 Mental Gifts

**Objective:** To show appreciation to the whole group for their contributions

**Description:** After sitting in a big circle, each participant will turn to the person on their left and present an imaginary gift explaining what it is and what it is for.

**Methodology:** Group activity



15 minutes

#### Steps:

- Get everyone into the circle again.
- Explain that now having shared and learnt from each other the last few days/sessions you would like to show your appreciation.
- Turn to the person next to you, call them by name and pretend to hand them a gift. Say what the imaginary gift is and why you are giving it to them. E.g. Michael I would like to give you this radio as appreciation for your active contributions/for what I have learnt from you/for making us laugh e.t.c
- That person then turns to his or her neighbour and offers an imaginary gift that they like and so on until it comes back to you.
- Remember to thank them all for their contribution, hard work dedication and support.
- If you have anything to present you can do so now!

### ACTIVITY 5.3.3 STRATEGIES TO MAKE IT WORK

**Objective:** to challenge the participants to come up with a project or advocacy plan based on what we have been learning in the sessions.

**Description:** Let the participants brainstorm and come up with a project or advocacy plan that you will encourage them to develop and implement.

**Methodology:** brainstorming



30 minutes

**Steps:**

- Get the participants to divide themselves into groups of 4 or more.
- Distribute to each group, 4 sheets of sugar paper/ flip chart paper, crayons/ markers, manila cards of various colours, manila cards cut out into circular shapes as buttons, tape, twine, scissors.
- Now ask each group to think about what they have learnt as peer educators.
- Then ask them to think about what can make:
  - The peer education programme to succeed or fail.
  - Their project/ advocacy plans to succeed or fail.
- Explain that you now want them to express these ideas on a poster that they will design and present.
- On one part/sheet they indicate what can make their program/ project/ advocacy plan succeed and on the other, what can make them fail.
- Tell them that these posters will be displayed and presented by them.
- Give the groups 20-30 minutes to prepare.
- Then let them present their work.
- Discuss with them other strategies they can put in place to ensure their success.

#### ACTIVITY 5.3.4 COMMUNITY RESOURCE MAPPING

**Objective:** By the end of the session, the participants should be able to identify resources in their community, both people, facilities and services, which can support them and other young people

**Description:** the participants will work in groups to discuss and detail the above

**Methodology:** group work and presentation



30 minutes

**Steps:**

- Present the activity objectives
- Explain that in this activity we shall be looking at community resources for young people. These are places where we can either refer young people directly or young people themselves can access for information and services related to reproductive health, HIV and any other issues that affect young people
- Divide the participants into several groups. If you are training people from different localities e.g. different wards./locations/counties etc, you can sub-divide them based on this geography. Give each group flip chart paper and markers and ask them to draw a

map of their communities and to label key areas that offer services for young people such as health facilities, VCT and other counselling centres,, centres that deal with substance abuse, centres that deal with rape and sexual abuse, organizations that work for and with youth, educational and vocational institutions, entrepreneurship or business centres etc

- Ask each group to present their work after 15 minutes
- Discuss with the following pointers: which services are youth friendly? Are there any that are specifically for males? Females? Which one offers good/quality care? What are their opening hours? Are there any charges/fees paid to access the service? How can young people access the service? Does anyone know who's in charge?
- Thank the participants and ask them to find out about the resources in better detail so that they can refer the young people they encounter more effectively should they need the service

### ACTIVITY 5.3.5 CODE OF ETHICS, ROLES AND TASKS

**Objective:** to have the participants come up with a code of ethics detailing proper behaviour as peer educators as well as a list of roles and tasks that they will perform

**Description:** the participants will work in groups to brainstorm and detail the above

**Methodology:** group work



30 minutes

#### Steps:

- Present the activity objectives
- Get the participants to divide themselves into 2 groups
- Ask the first group to discuss and write up a list of roles/tasks and responsibilities regarding their work as peer educators



*Some examples for inclusion:*

*To increase awareness on HIV and issues related to youth SRH including STI and unplanned pregnancy through:*

*Interpersonal communication*

*Formal and informal small group discussions*

*Organizing sessions with external facilitators*

*Making presentations in schools and in the community*

*Holding regular educational meetings*

*Presenting informative videos followed by discussion*

*Organizing music/dance/drama/sports activities followed by discussion*

*Distributing IEC/BCC materials and display posters*

*Participation in commemorative days and events e.g. WAD, Youth days*

*Participation in the training of new peer educators*

*Participation in media campaigns to promote the organizations activities*

*To motivate and support behaviour change by/through:*

*Conducting one-to-one and small group sessions*

*Referrals for VCT or specialized services*

*Teaching on self-risk assessment*

*Life skills development*

*Peer counselling*

*Mentoring and supporting those they have reached*

*Additional Activities will include: participation in local, national and international youth and Reproductive Health forums, advocacy on identified issues etc*

- The second group should discuss and come up with a code of ethics. Give this group the following questions to assist them with their task;
  - What do they propose as the acceptable behaviour for a peer educator?
  - What are unacceptable behaviours?
  - Should there be any action taken if one is found conducting themselves in an unacceptable manner? What?
  - Should a peer educator invite someone of the opposite sex into their home alone?
- The group may consider the following:
  - *Respect: for different opinions, views, values and cultures*
  - *Non-judgemental: of peoples backgrounds, experiences, environments*
  - *Provision of correct and factual information*
  - *Truthfulness in acknowledging what one does not know and consulting or referring to others*
  - *Confidentiality: to keep what has been disclosed by young people, that is of a personal nature, confidential*
  - *Be gender sensitive*
  - *Not to abuse their position or take advantage of others*
- After the groups are done, let someone from the first group present their work. Facilitate a discussion and get the participants to agree on a final 'job description'.
- Let the second group present its work on the code of ethics. Again let the group come up with a final code of ethics.
- Finally arrange with your organization to have these typed and copies presented to all the training participants.

### ACTIVITY 5.3.6 INDIVIDUAL ACTION PLANNING

**Objective:** BY THE END OF THE ACTIVITY the participant should develop an individual action plan for their outreach activities as peer educators

**Description:** the participants will work in groups to brainstorm and detail the above

**Methodology:** brainstorming and individual work



30 minutes

#### Steps:

- Ask the participants to recollect what they have just agreed on as their roles/tasks. How can they conduct outreach to young people in their communities?  
*Examples: interpersonal through individual conversations, Formal and informal small group discussions, Making presentations in schools, Organizing*

*music/dance/drama/sports activities followed by discussion and/or Distributing IEC/BCC materials and display posters*

- Remind them that in doing their outreach activities, it is important to:
  - Know their audience, their needs and level of understanding
  - Give small amounts of information at a time in order to avoid confusion
  - Always check for understanding
- Prepare the following sample action plan and display it

| Sample individual action plan         |   |  |   |                     |           |  |
|---------------------------------------|---|--|---|---------------------|-----------|--|
| ACTIVITY<br>(Description of outreach) | Activity Objectives                           | Key Information & Messages   | TARGET GROUP (Who)                        | VENUE (where)       | WHEN      | Resources needed                                     |
| Individual conversations              | To pass on key messages related to abstinence | Sexual abstinence is possible and it is the only 100% method for avoiding pregnancy, STI and HIV infection | Age 10-19<br>Male and female<br>unmarried | Wherever approached | As needed | Abstinence only brochures<br>Assertiveness brochures |
| Club meeting                          |   |  |   |                     |           |  |



*First present the blank chart, then fill in the example provided above*

- Explain the different sections and give the participants 15-20 minutes to prepare
- Ask a few to share their plans with the greater audience
- Ask them to refine these later with their supervisors or team leaders

### ACTIVITY 5.3.7 Evaluation

**Objective:** to evaluate the program sessions and the facilitator

**Description:** participants will fill out evaluation forms and hand them back to you.

**Methodology:** questionnaire

**Time:** 15 minutes

**Steps:**

- Now explain that you would like to pass on evaluation forms that would help you assess the sessions and your performance, and again help you improve in such a program in future.
- Allow a few minutes for this exercise.



POST TEST QUESTIONNAIRE

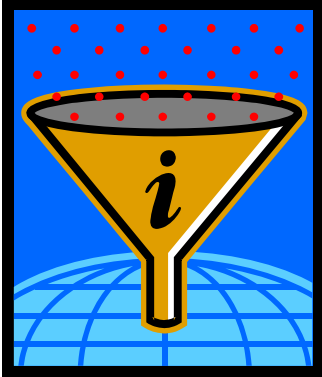
1. What is sexual abstinence?  
a. \_\_\_\_\_
2. Choose one option: Having many sexual partners puts one at high/low/no risk of HIV infection  
a. \_\_\_\_\_
3. Sexual intercourse is not the only way to get HIV; True or False  
a. \_\_\_\_\_
4. HIV can also be transmitted during breast feeding; True or False  
a. \_\_\_\_\_
5. HIV can be cured in the early stages but not in the later stages; True or False  
a. \_\_\_\_\_
6. Name any 2 signs or symptoms of STI in men  
a. \_\_\_\_\_
7. From what age can a girl become pregnant?  
a. \_\_\_\_\_
8. Only women and girls can be victims of sexual abuse/violence; True or False  
a. \_\_\_\_\_
9. In Africa half of all new HIV infections occur in young people under the age of 24; True or False  
a. \_\_\_\_\_
10. Name any 2 ways by which youth can prevent unintended pregnancy, STI and HIV  
a. \_\_\_\_\_
11. When talking about the AB of HIV prevention, B refers to...  
a. \_\_\_\_\_
12. True or false: When young people use drugs or alcohol, they are more likely to make poor decisions about their reproductive health.  
a. \_\_\_\_\_

*PRE & POST TEST QUESTIONNAIRE (ANSWERS)*

1. *What is sexual abstinence?*
  - a. *Not having sex, in any form, whatsoever.*
2. *Choose one option: Having many sexual partners puts one at high/low/no risk of HIV infection*
  - a. *Having many sexual partners puts one at high risk of HIV infection*
3. *Sexual intercourse is not the only way to get HIV; True or False*
  - a. *True. Others include mother to child transmission during pregnancy, birth or breastfeeding; blood transfusion; contact with blood and infectious fluids through cutting instruments, shared needles etc*
4. *HIV can also be transmitted during breast feeding; True or False*
  - a. *True*
5. *HIV can be cured in the early stages but not in the later stages; True or False*
  - a. *False; HIV infection has no cure at any stage*
6. *Name any 2 signs or symptoms of STI in men*
  - a. *Painful urination, Urethral discharge, Sores or ulcers around the genital area, Growths around the genital area, Swollen or painful testicles, itching around the genital area*
7. *From what age can a girl become pregnant?*
  - a. *When a girl starts having menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby, only that she is physically capable of becoming pregnant*
8. *Only women and girls can be victims of sexual abuse/violence; True or False*
  - a. *False; anyone can be a victim but young people and women are especially vulnerable*
9. *In Africa half of all new HIV infections occur in young people under the age of 24; True or False*
  - a. *True; Research from the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that HIV infections in Africa occur most often in young people. Girls and young women are at greater risk for HIV than boys and men for biological, social, and economic reasons.*
10. *Name any 2 ways by which youth can prevent unintended pregnancy, STI and HIV*
  - a. *Abstaining from sexual intercourse and using a condom consistently and correctly during sexual intercourse.*
11. *When talking about the AB of HIV prevention, B refers to...*
  - a. *Be faithful*
12. *True or false: When young people use drugs or alcohol, they are more likely to make poor decisions about their reproductive health.*
  - a. *True*

PART III

ANNEXES



**Annex 1    INFORMATION CARDS**



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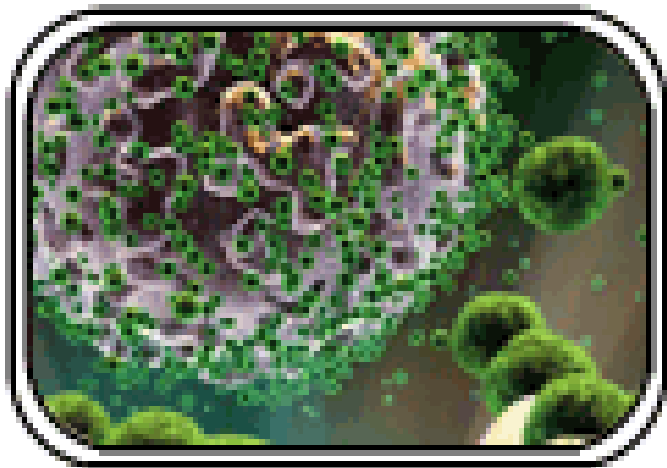
## HIV INFORMATION CARD 1

### WHAT IS HIV?

HIV stands for Human Immune-Deficiency Virus. This is the virus or germ that causes AIDS by reducing the body's ability to defend itself against infection.

There are two main types of HIV although other types and subtypes exist. HIV1 is common worldwide (including Tanzania, Uganda and Zambia) whereas HIV2 is mainly found in West Africa

### Scanned picture of the virus



### HIV...

#### Human...

meaning that it is a virus that targets human cells

#### Immune-deficiency...

deficiency means a reduction or lack of something. Immune/immunity refers to the body's protection against 'germs' that may cause disease. Immune-deficiency therefore means a reduction or lack of the ability to fight off or protect oneself against 'germs' that may cause infection and disease.

#### Virus...

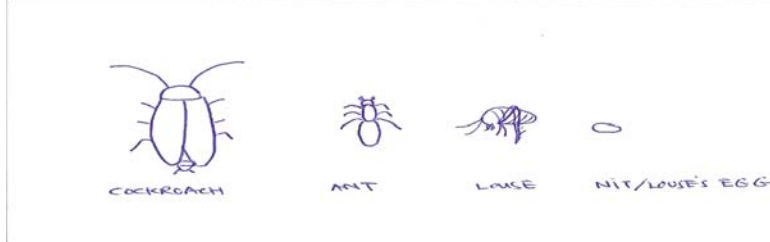
one of a group of 'germs', small organisms that cause infection and disease. Other 'germs' are fungi, parasites and bacteria. Of all these, viruses are the smallest. Some viruses even infect bacteria!

**HIV is therefore** a small micro-organism that targets and infects or damages human immune-responsive cells and causes a reduction in their ability to fight off other diseases.

## LIVING THINGS

### Small living things

Living things are many and vary in size. Large living things include animals and birds. Small living things include insects and even these vary greatly in size as shown below. Even smaller living things include the eggs of these insects and the baby insects growing inside these eggs! Extremely tiny living things that cannot be seen by the eye are called micro-organisms.



### Micro-organisms

These are tiny living things that **can only be seen with microscopes**. They are found everywhere; in the body, outside, in the air, on soil etc. they are of different types; fungi, bacteria, parasites and viruses and are commonly referred to as germs

Their sizes are also different.



**Note:** Nm is a unit of measure that stands for nanometre; that is, one-millionth of a millimetre

### What is HIV exposure?

This is when someone has put themselves/been put at risk of getting HIV infected e.g. by having unprotected sex with someone who is HIV positive, by contaminated blood getting into contact with their soft tissues or cuts and bruises on their skin etc

Someone may be exposed to HIV but may not get infected e.g. the spouse of someone who has died of HIV, is highly likely to have been exposed but may not be infected.

### And what is HIV Infection?

HIV infection is when HIV actually enters the body and attacks/infected the body's cells.

### What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. This is a condition in which the person infected with HIV develops signs of repeated, often prolonged illnesses resulting from the body's (immune system) lowered ability to defend itself against disease.

**Acquired...means** something you get

**Immune...means** the resistance against infections

**Deficiency...means** the lack of (in this context, lack of protection against infection)

**Syndrome...means** a collection of signs and symptoms, or diseases



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## HIV INFORMATION CARD 2

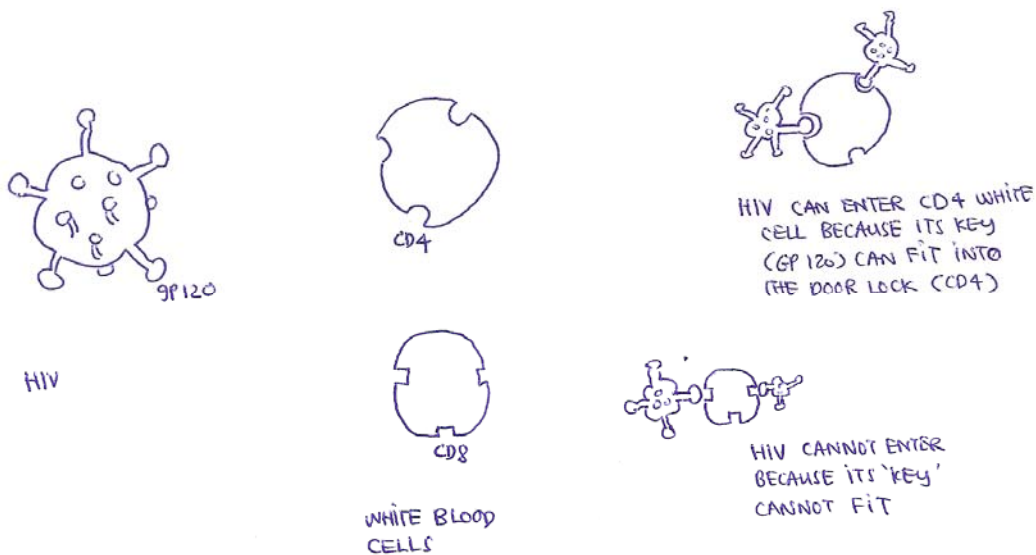
### HOW DOES HIV CAUSE DISEASE?

HIV causes disease by killing immune responsive cells/protective cells in the body. The end result of these attacks is overwhelming immune system failure. One therefore gets opportunistic infections, diseases and secondary cancers (cancers directly related to HIV infection)

#### *How does HIV identify immune cells?*

HIV has chemical bumps/swellings on its outer coat. HIV uses these chemical bumps much like the way keys are used to open doors. This key (bump on HIV) can open 'doors' (called CD4) on white blood cells.

Not all white blood cells in a person have these 'doors' (CD4 markers); some white blood cells have them and others do not. It is only those that have CD4 markers that can be attacked by HIV.



#### *How are the body's immune responsive cells organized?*

The body's immune cells are many, and each individual type has a different responsibility.

We can simply divide them into two main groups: those that are CD4 positive and those that are CD4 negative.

The CD4 positive cells identify, initiate and conduct the rest of the cells and the body's defence against the invading germ. They are therefore much like the conductor of a choir (does not sing but directs how the singing is done so that the music comes out well) or like the military general (does not fight but directs the other ranks and soldiers on how to fight the enemy). Their role is therefore very important for a coordinated defence against germs like HIV.

The other white blood cells (those without CD4) are the effectors...they are the ones who actually fight off infection but they need to be told who to fight, when to fight and how to fight

(in our choir example they are the singers with different voices; in the army example they are the soldiers)

***What cells are attacked by HIV?***

HIV attacks white blood cells that are CD4 positive. These cells once infected, damaged or killed by HIV, can no longer identify, initiate and coordinate the body's response to infectious/disease causing organisms. It is therefore very easy for many different germs to come in and cause infections.





## HIV INFORMATION CARD 3

### HIV TRANSMISSION

HIV transmission is the movement of the virus from one infected person to another (infected or uninfected)

#### Where is HIV found?

##### In HIV infected persons, HIV is...

- ...Commonly found in high quantities in blood (in plasma and in CD4 positive white blood cells) and semen (in the fluid part, not inside the sperm!)
- ...Present in sufficient quantities to cause infection in vaginal secretions and breast milk
- ...Seldom (that is, occasionally low quantities) found in saliva, tears and urine
- ...Never been found in sweat

#### *What are the factors that govern transmission of the virus*

For transmission to occur, several factors need to be in place.

#### **1**     ***The Source:***

There must be an infected person as the source of the virus. Within this person, the virus exists in various concentrations in the body fluids. Those with highest concentrations and therefore most risky in terms of transmission are semen and pre-ejaculation fluid, vaginal secretions, blood and blood product. Those body fluids with minimal or no concentration of virus and therefore pose no or negligible risk include sweat, tears, saliva, vomit, stool and urine.

#### **2**     ***The Mode:***

There are 3 main ways in which the virus moves from one to another. These are sexual, mother to child (during pregnancy, at childbirth or during breastfeed) and blood borne (transfusions, surgeries, contamination).

##### *Which is the most common mode of transmission?*

|  |        |
|--|--------|
| Unprotected sexual intercourse with an infected person | 70-80% |
| Injection with needles carrying infected blood         | 5-10%  |
| Transfusion of blood or blood products                 | 5-10%  |
| From infected mother to child                          | 2-3%   |

#### **3**     ***The Recipient:***

Just as there has to be a source, it follows that there must be a recipient. This could be someone already exposed to HIV or it could be someone never previously exposed.

#### **4**     ***Quantity and Quality***

Just like any other infection, there must be sufficient concentration of the virus to cause infection. The virus also needs to be in a good state. When it is killed or inactivated e.g. by decontamination or sterilization procedures it cannot cause infection.

##### *Can you get infected if only 1 HIV particle enters your body?*

A single virus cannot cause HIV infection in a person.

In the laboratory setting, through experiments, it has been shown that it takes about 1000 HIV particles to cause an infection. This is what is called an infective dose.

In real life, when a person has unprotected sexual intercourse with an infected person, several hundred thousand infective doses can easily enter that persons body through small breaks or open wounds in the skin, mucus membranes or other tissue; yet it takes a mere 15000 HIV particles to make a person HIV positive

A single small drop of blood from an infected person could contain as many as 4.2 million HIV particles.

#### *How long can HIV survive?*

10 minutes after heating at 56°C

5 days in dried blood (but the number of infectious particles drops dramatically)

7 days storage at room temperature

11 days storage at 37°C

Up to 14 days in a dead human body (even one that has been refrigerated)

Up to 4 weeks in a used syringe

### **5 The Route**

For HIV transmission to occur there has to be exchange/contact of body fluids. These could be through minor abrasions or cuts that occur in the normal course of sex; or through abrasions/cuts on the skin or injuries and pricks from infected needles, or through direct transfusion.

#### **Can a person get infected from a mosquito, bedbug or other insect bite?**

No there is no documentation of infection in this manner.

Both bedbugs and mosquitoes have digestive enzymes that neutralize or kill HIV and make it impossible for HIV to infect humans through biting.

In addition the virus stays within the gut of these insects and do not find their way into their saliva

#### *Can a person get infected through kissing?*

The risk is theoretical rather than real because:

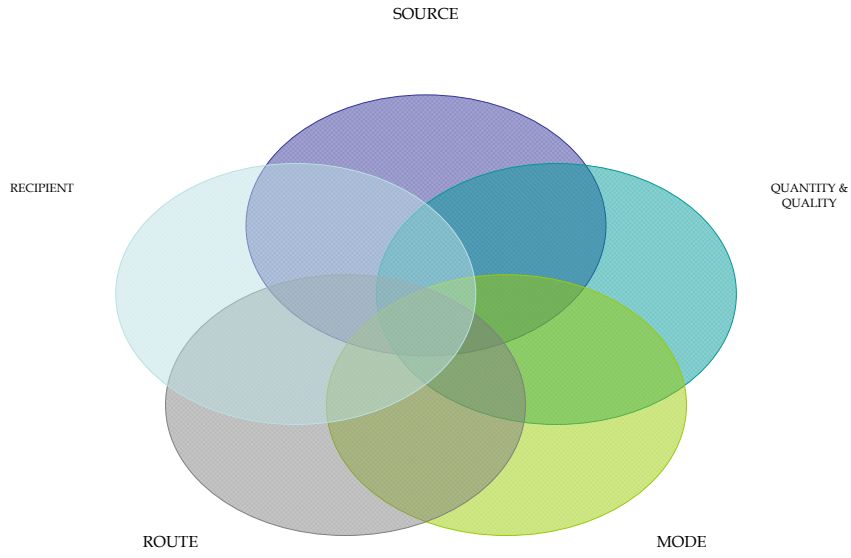
- There are very low quantities of HIV in human saliva
- Human saliva contains a chemical called thrombospondin that is concentrated in saliva and which prevents HIV from infecting human cells, even inside a test tube
- However when there is blood or breast-milk or semen is mixed with saliva (as during breastfeeding or oral sex), these fluids protect HIV from being affected by saliva and thus infection may be possible

So far there has only been 1 documented case of someone infected through deep kissing (CDC, 1994-5)

#### *Can you get infected by handling the body of a person who has died of AIDS?*

There are no documented cases of a person getting infected by HIV while handling the body of a person who has died of AIDS...but this does not mean that there is no risk.

HIV can remain active and infectious for between 6-14 days in a dead human body, even one that has been refrigerated in the mortuary.





## HIV INFORMATION CARD 4

### HIV IS TRANSMITTED BY...

**SEX** between man and woman (heterosexual sex)

Chances of transmission are higher if there are STD, injury/tears and bleeding as may occur during forced sex or rape or in a woman who has undergone FGM

Younger youth and children are also at greater risk as their genital tracts are not mature enough and are easily damaged during sex, thus opening channels for HIV to get through

**SEX** between man and man (anal/homosexual sex)

The chances of HIV transmission through anal sex is 20 times higher than through heterosexual sex

**FROM INFECTED MOTHER TO CHILD** in the womb, at birth or during breast feeding

**TRANSFUSION:** The risk is almost 100% if the blood or blood products (packed cells, plasma) are not properly screened. The virus gets into the recipient through the injected vein.

**ACCIDENTAL OCCUPATIONAL EXPOSURE** where the virus from contaminated body fluids infects another person through cuts and wounds, compromised skin, needle pricks etc

**MINOR TRADITIONAL SURGERIES** that include circumcision, tattooing, FGM/FGC, and others. They are a mode of transmission where they are done in groups, with no precaution, cleanliness or sterility observed.

**TISSUE TRANSFER/ORGAN TRANSPLANT:** Organs or tissues transplanted normally have blood within them. For this reason they pose a risk to the recipient.

**IVDU:** This stands for Intravenous Drug Use and it as a term that encompasses both proper users and abusers. Because IV drugs are administered using hollow needles, and because flushing (sucking blood into the needle before pushing out) normally occurs, these hollow needles contain blood and if this blood is contaminated and the needle shared with another person then transmission is a strong possibility.

### HIV IS NOT TRANSMITTED...

By everyday casual, non-sexual contact: For example;

Handshakes/pats/hugs/cuddles

Sharing clothing

Sharing a bed

Sharing a cup/plate/spoon

Sharing a toilet

Coughing

Cleaning linen soiled by urine or stool (however care is taken against other infectious diseases).



## HIV INFORMATION CARD 5

### DISEASE PROGRESSION

This is how the disease changes from HIV infection to having the disease that we call AIDS.

|                             |                      |   |  |
|-----------------------------|----------------------|---|--|
| <b>EXPOSURE &amp; ENTRY</b> |                      | One has been exposed to HIV through unprotected sexual intercourse with someone with HIV (or through any of the modes discussed previously), and they have been infected with HIV. A HIV test done at this time will be negative. |  |
|                             | <b>WINDOW PERIOD</b> |   | Though infected, the virus is still in low quantities and has not stimulated enough immune response to enable diagnosis. A <b>HIV test done at this time may be negative</b> even though the person has HIV. This period could last between 6-18 weeks.  |
|                             |                      | <b>ASYMPTOMATIC BUT WITH HIV</b>  | With time the virus has reproduced itself to large enough amounts in the body to produce an immune response that can be detected in the blood. If the person goes for a HIV test the result will be a positive test. Despite this test the person shows no signs or symptoms although a number of such persons may have persistently enlarged lymph nodes. <b>He/She looks and feels well and is normally unaware of infection.</b> Because they are unaware they could easily infect others. It is estimated that between 56-92% of HIV infections are transmitted during the window and asymptomatic positive period. This period may lasts 8-10 years on average. |
|                             |                      | <b>HIV+ WITH SYMPTOMS</b>   | Immune system begins to collapse causing various infections and diseases, and the person begins to show signs and symptoms of infections related to AIDS   |
|                             |                      |   | <b>AIDS</b><br><br>This is the terminal stage of HIV infection. The persons immune system has totally collapsed and opportunistic infections/diseases are more pronounced, last longer (chronic) and occur more frequently.  |



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## HIV INFORMATION CARD 6

### HOW CAN A PERSON KNOW THAT HE/SHE IS INFECTED BY HIV?

HIV infection cannot be detected by the way a person looks or feels; neither can it be detected by magic. There are no signs and symptoms that are specific and unique to HIV infection. The only way to detect HIV infection is by doing a HIV test. The test may look for antibodies to HIV (it is assumed that a person with HIV antibodies has HIV), HIV itself or both HIV and antibodies to HIV. Counselling is/should be done before and after the test

Anyone who has practiced high risk behaviour (e.g. had sex, shared injection needles, got into contact with risky body fluids etc) should consider going for the test

### COUNSELING & TESTING

Counselling may be defined as a helping relationship that assists one in making personal decisions and facilitates preventive behaviour change. Problems are explored and self-grown solutions are found. This goes hand in hand with the development of a positive attitude towards life, getting a workable solution and dealing with outcomes.

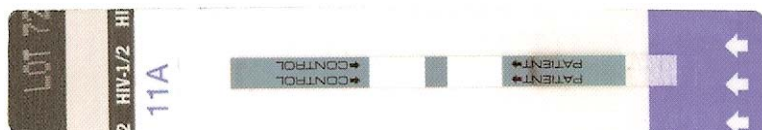
In the context of HIV/AIDS, counselling is done in 3 blocks/ phases. Confidentiality is assured in all stages.

1. Pre-test counselling  
This is counselling done before the test. It involves self-risk assessment, discussion on the test and expected results, thinking through the possible results, and the conveyance of basic facts on HIV, transmission and risk reduction techniques.
2. Post test counselling  
This follows conveyance of the results. Reinforcement of preventive education as well as issues to do with partner notification, medical care and referrals are discussed.
3. Follow up counselling  
Specific issues related to the person and his conditions are normally discussed and explored e.g. inheritance, finances etc. as well as compliance with medication.

### TESTING

Testing for HIV involves a laboratory search for antibodies on blood specimens.

The detection of these antibodies results in a positive test.



### *What are the benefits of testing?*

1. One gains access to information about their health/ status
2. One may be able to reduce transmission to their partners/ children
3. One may be able to explore choices for their future and for their children.
4. It enables the clinician to diagnose HIV related diseases.

### *Testing and window period*

During this time, a test done may be negative though the person has the virus.

A retest is normally done after 3-6 months so as to confirm one's status. In some centres, an antigen test (detecting virus particles) may be done. This type of test will demonstrate that one has the virus in their body even though they have not begun expressing antibodies.

### *Can a person have HIV antibodies in the blood but no HIV?*

This can happen in the case of babies born to HIV+ mothers.

The baby is normally well protected by the uterus which allows nutrients and beneficial substances including antibodies to pass through, but blocks most germs and poisons

Therefore at birth these children have their mother's antibodies and when tested it is actually these antibodies that are detected. With time (usually up to 15 months), these antibodies wear out/die off, and as the child does not have HIV they will now test negative.

### *How is the test done?*

A blood sample is taken and tested in the laboratory

### *How soon can one get the results?*

This can be as soon as one hour

### *What does a positive test mean?*

A positive test means that the virus is in the body and the body has begun to defend itself.

Once one has tested positive, it means that they have the virus for life. It is therefore important that counselling is done before one is tested.

A positive test **does not mean** that one already has **AIDS**, and neither does it mean that the person is about to die, has no hope or has become useless.

### *What does a negative test mean?*

A negative test may mean that one has been exposed but not been infected, or that they have been infected but are still within the window period.

A negative test **does not** mean that one is 'resistant' to HIV.

### *What might a person feel after testing positive for HIV?*

**Denial:** refusing to accept the result; asking for a retest; refusing to talk about it; telling themselves and others that it is a mistake

**Depression:** seclusion, extreme sadness; behaving like life has no meaning

**Anger:** blaming others for the infection; becoming vindictive and vengeful; going to infect others

**Negotiation:** bargaining with God; getting 'saved' so that you can live a model life

**Acceptance:** coming to terms; deciding to add life to your days

Counselling helps to move from denial to acceptance

### *Where can I get tested?*

Most hospitals have testing facilities. In addition VCT centres can be found almost countrywide.



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## HIV INFORMATION CARD 7

### PREVENTION OF SEXUAL TRANSMISSION

Prevention of sexual transmission essentially echoes the ABC's of safer sex.

The strategies for prevention of sexual transmission are:

**Abstinence:** This means not having sex all together.

Each single act of abstinence ensures that one delays their onset of sexual activity, protects their sexual and reproductive health and secures their possible future

Even though you have had sex before, you can chose to stop sexual activity from thenceforth and practice abstinence.

**Being faithful:** One should be faithful to an un-infected partner who is also faithful to them. Mutual fidelity goes hand in hand with reduction of casual sex partners; it is counterproductive when you are faithful to your current partner but you change them every so often, a practice called serial monogamy. This practice will put you at a very high risk especially if you are having unprotected sex.

**Condom use:** condom use (male or female) should be consistent (worn each time one has sex), and correct (worn properly).

**Avoiding risky practices:** Cultural practices revolving around sex e.g. wife inheritance, sex as a rite of passage and other sexual practices that have been shown to put one at a higher risk should be stopped all together.

**Prompt and effective STD treatment:** STDs have been shown to greatly increase the risk of HIV infection (in addition to being evidence of risky sexual behaviour). They should be treated the soonest possible by a qualified medical practitioner and the prescription /recommendations should be strictly adhered to.

### PREVENTION OF MOTHER TO CHILD INFECTION (PMTCT)

PMTCT involves five strategies

- 1) Primary prevention  
This is prevention of infection of the mother in the first instance.
- 2) Prevention of unwanted pregnancies  
A couple may decide, after knowing their serostatus, not to have children.
- 3) Reducing Risk during pregnancy  
This hinges on quality antenatal care provision, counselling and testing, and where possible, antiretroviral therapies. Teaching on self-care, and behaviour modification is a must, and a decision on where and how delivery should be done, must be made early enough.  
Feeding options for the baby once born should also be discussed during antenatal clinic visits.
- 4) Reducing risk during delivery  
Delivery should be conducted in a hospital environment, by a person knowledgeable on universal precautions and on methods of risk reduction.
- 5) Promotion of optimal feeding



Provision of substitute / alternative feeds is the only way of ensuring zero risk of transmission through infant feeding. However adequate sanitation and safe water is a must. These substitutes include powder milk, cow's milk, and goats' milk.

A dietician / nutritionist should be consulted on what to give, how to prepare and when to give.

*Where alternative feeds are not possible, exclusive breastfeeding (for 4-6 months) is much less risky as compared to mixed feeding (Breast milk and other).*

## **PREVENTION OF OTHER MODES OF TRANSMISSION**

### ***Prevention relating to transfusions and organ transplants***

- Prevention of anaemia in the first instance (e.g. proper diet, regular de-worming, personal/ environmental hygiene and health) would obviate the need to transfuse
- Self-deferral of donors on the basis of risk behaviour
- Screening: Both of the donor and of the donated blood.
- Where surgery is not emergent, but rather planned, then autologous/self donation and transfusion of own pre-donated blood is recommended.
- Where possible, at the doctors' discretion, alternatives such as injectable iron should be used.

### ***Prevention relating to minor and traditional surgeries***

Traditional surgeries include circumcision, tattooing, scarification, body piercing.

These are normally done in large group settings.

- Universal precautions should be taken to protect oneself, such as, proper dressing, gloving, and use of sterile instruments that should be limited to that person only; no sharing of needles, blades, etc.
- Proper disposal of contaminated wastes.

### ***Prevention relating to occupational exposure***

This means exposure in the course of duty, or while carrying out home-based care. Contamination could arise from infected fluids splashing on to mucosa (mouth, eyes), or onto compromised skin (abraded, chapped skin, open sores/cuts), or in cases of needle or blade / instrument pricks.

- (i) One should handle all body fluids as potentially infectious and therefore should protect themselves by gloving, wearing an apron/gowning, having footwear, whenever carrying out such duties.
- (ii) Proper decontamination should be done: soaking in jik, washing in detergent, sun drying of linen etc.
- (iii) Proper disposal of contaminated items and wastes.

In the event of contamination of mucosa (eyes, mouth): Wash with large amounts of flowing water and seek medical advice

In the event of skin contamination: Wash with large amounts of water and soap, Do not rub alcohol or spirit as these may abrade your skin further, and seek medical advice

In the event of needle prick or instrument injury: Encourage active bleeding, wash with flowing water and soap, and seek medical attention



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## HIV INFORMATION CARD 8

**Caution: this card is for youth aged 15 years and older, sexually active youth or married youth**  
**THE MALE CONDOM**

The condoms in the market are usually made of latex, are quite thin (0.03 –0.09 mm) and contrary to popular belief, have no pores/holes. When used properly they prevent HIV and STI infection and unwanted pregnancies. They do this by preventing contact or passage of infected blood or semen, pre-ejaculate or vaginal fluids.

### How to use a male condom

- You must use a condom consistently, that is, each time you have sex
- You must wear a condom even during fore play

Correct use of a male condom is:

1. First assess the packet, ensure it has neither passed its expiry date, nor is it torn or damaged in any way.
  - If it has, throw it away and get another.
  - If the packet does not feel fluctuant it may mean that air/fluid has leaked out from a puncture /micro tear. Do not use it.
2. Carefully open the packet.
  - Do not use your teeth and take care not to damage it by your nails or jewellery.
3. Pinch the air out of the tip.
  - This is important as trapped air leads to increased pressure when one ejaculates and therefore greatly increases chances of the condom bursting.
4. Roll it carefully onto an erect penis away from your partner's genital area. Do so up to the base of the penis.
  - Note: Do not put more than one condom as friction between the 2 condoms is enhanced and chances of tears are increased.
5. If extra lubrication is wanted, use water based lubricant. Any other type will damage the condom. The lubricant should be applied on the condom when it is on the erect penis.
6. Once you have ejaculated, you should hold on to the base and pull out. While still erect, so that the condom does not slip off.
7. Carefully slide the condom out, away from your partners' genital area. Wrap it up in paper/ tissue and dispose of it carefully (dustbin, pit latrine, burning). Do not try to flush it down the toilet as it may lead to blockage.

*Does a person with HIV need to use condoms any more?*

Yes. To prevent STI, pregnancy; avoid re-infection; and avoid infecting partner

## How to use a male condom



## The female Condom

Though still not very common, their biggest advantage is that they give some power to the women in sexual negotiation (where the man refuses to put on a condom) and they can be used even where the man has an incomplete erection.

They are made from plastic rather than latex and can therefore use either water or oil based lubricants.

They have inner and outer rings, with a thin plastic sheet stretching between.

It is important to practice how to insert one before actually using it.

1. Assess the packet carefully so as to confirm the integrity of its contents.
2. Carefully open the packet and pull out the condom.
3. Holding the inner ring between thumb and finger(s), from the outside, insert it into the vagina slowly and gently. This can be done standing astride or lying down with knees up and feet astride.
4. Once the inner ring is inside, pull your hand out and then insert only the pointing and middle finger into the condom and push the inner ring inwards until you feel it fit snugly over the cervix.
5. The outer ring is then fitted over the vaginal lips.
6. It is important to guide the penis into the condom otherwise it may go down the side of the condom.
7. Once done, the outer part is twisted and the condom slowly pulled out and properly disposed off.



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## HIV INFORMATION CARD 9

### POSITIVE LIVING WITH HIV

Positive living encompasses what one needs to do to stay healthy longer. It involves the conscious decision that though one has tested positive; life can and should still go on.

According to us, there are five basic /essential 'L's:

- Belief in oneself: that you can do it
- Learning all you can do
- Listening to your doctor/ health care provider
- Leaning on others
- Letting be (stress, anger, negative emotion)

#### 1. Maintain Body weight

##### ***Nutrition***

Eat wholesome balanced food so as to:

- Maintain body weight and enhance social acceptance
- Improve well being both mental and physical
- Repair out worn out body cells
- Provide energy
- Boost the body's immunity

You should

- Eat the correct foods
  - From the three main food groups: proteins (meat, beans, eggs, milk etc.), carbohydrates (maize, millet, cassava, wheat etc.), vitamins (fruits and green vegetables)
  - Mineral supplements if available
- Eat the correct amounts
  - Avoid overstuffing yourself or eating too much from one food group and too little of another
- Eat at the correct times
  - Try to maintain at least three meals in a day and where possible 3 snacks in between
- Take plenty of fluids
- Ensure personal and food hygiene by washing hands, fruits and vegetables before preparation

#### 2. Maintain personal hygiene

Good hygiene will prevent diseases that can worsen ones condition.

- Wash your hands after visiting the toilet, after contact with body fluids
- Wash you hands before handling foods and after meals
- Keep your nails short
- Take regular baths
- Maintain oral hygiene
- Cover your mouth when coughing and always spit into a handkerchief/tissue/cloth/leaf

#### 3. Exercise

Aerobic and strength training will lead to improved physical fitness, increase social acceptance and boost immune system function.

4. Behaviour modification

Responsible sexual behaviour implies protecting oneself from re-infection and from sexually transmitted infections.

It also means protecting one's spouse or sexual partner

Abstinence is the only sure way of not contracting any infection.

However if one cannot give up sex all together, one should use a condom each time they have sex.

We should also remember that there are many other ways of showing love and affection.

5. Work or school

Work/school is important as a means of raising income and as a way of channelling your energies and helping you forget your worries.

6. On social life

Socialize as much as possible. However, you should avoid alcohol and tobacco and any addictive drugs.

7. Medication

Seek a medical consultation the earliest possible as soon as you detect a problem. Follow your prescriptions to the letter.



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## HIV INFORMATION CARD 10

### STIs AND HIV

Both are sexually transmitted.

Both imply high-risk behaviour

STDs increase susceptibility to HIV infection

HIV leads to a weakened immune system and therefore;

One has a higher chance of contracting an STI.

If one gets an STI, the infection is more severe

Greater difficulty in treating the STI

### RECOGNIZING STD RISK

#### FROM SEXUAL HISTORY

Do you have more than one partner?

Does your partner have more/ or other partners?

Changed partners in the last 6 months?

Sometimes sex without a condom?

#### ON SIGNS AND SYMPTOMS

Painful urination

Unusual discharge

Sore or ulcers in or around the genitals

Growths in or around the genitals

Swelling of the genitals

### SIGNS AND SYMPTOMS OF STDs IN MEN

Painful urination

Urethral discharge

Sores or ulcers around the genital area

Growths around the genital area

Swollen or painful testicles

Itching around the genital area.

### SIGNS & SYMPTOMS OF STDs IN WOMEN

Painful Urination

Unusual vaginal discharge

Itching around the genital area

Sores or ulcers in or around the genitals

Abdominal pain

### STIs THAT CAUSE PAINFUL URINATION OR UNUSUAL DISCHARGE

**Gonorrhoea:** this is a sexually transmitted infection that can be passed on during anal, vaginal and oral sex. It can therefore affect the anus, penis, cervix and throat.

Symptoms of gonorrhoea usually appear within a week of infection. Some may not realize that they have the infection as the presentation is usually varied; symptoms may be mild or may not be there at all. In men, the symptoms include yellowish or greenish discharge from the penis, and burning sensation while passing urine. The testicles may also hurt and swell.

In women, the symptoms include a coloured or bloody discharge from the vagina, and a burning sensation while passing urine.

If the infection is rectal, both men and women may notice a mucous or bloody discharge from the anus, pain in the anus or pain when having anal sex. Gonorrhoea in the throat can cause a sore throat.

If left untreated gonorrhoea can cause pelvic infections in women leading to pain, and later on infertility or ectopic pregnancy. Men may experience testicular problems and infertility.

Untreated gonorrhoea can make a person with HIV more infectious as gonorrhoea increases the number of HIV-infected cells in the genital area and in the mucus membranes of the mouth and throat. Having gonorrhoea can also make it more likely that an HIV negative person will be infected if they are exposed to the virus.

Gonorrhoea can also be passed on from the mother to the baby during child birth and can cause infection in the baby's eyes, resulting in blindness if left untreated

**Chlamydia:** this is a sexually transmitted infection. It is caused by bacteria and can be transmitted during anal, oral or vaginal sex if no condom is used, and can affect the anus, penis, cervix, throat and eyes. Symptoms normally occur 1-3 weeks after infection, although most people who have Chlamydia are unaware that they have the infection (as many as 75 %) where symptoms do occur, in men it usually consists of a milky discharge from the penis, especially in the morning, and a burning sensation when urinating. Chlamydia can also cause the testicles to swell. If a person has been infected anally, there may be soreness around the anus and a discharge. Women with Chlamydia may notice a milky discharge from the vagina and/or lower abdominal or back pain, or pain when having sex. There may also be vaginal bleeding during sex and bleeding between periods. If Chlamydia is left untreated it can lead to pelvic inflammation (PID) in women, which can cause ectopic pregnancy, infertility, and even death in extreme cases. Men are less likely to develop serious complications, though untreated Chlamydia may cause infertility.

Untreated Chlamydia can make a person with HIV more infectious as Chlamydia can cause breaks in the mucus membranes of affected areas. Having Chlamydia can also make it more likely that an HIV-negative person will be infected with HIV if they are exposed to the virus. Chlamydia can also be passed on from mother to child during child birth and can affect the baby's eyes as well as cause pneumonia

**Candidiasis:** Candida is a common fungus that is normally controlled by the body's immune system. HIV negative persons may experience Candidiasis when their immune systems are temporarily depressed/lowered by factors such as stress or alcohol, or medical conditions such as diabetes. Candidiasis may also affect women taking antibiotics as the antibiotic therapy temporarily kills some of the harmless bacteria that inhabit the body, providing an opportunity for Candida to take their place. Genital Candidiasis may occur in the vagina in women and under the foreskin in men, causing itching and/or slight pain. In women a white curd-like discharge is easily noted, while in men, creamy white flakes may be seen under the foreskin. It may or may not be an STI.

#### **Trichomoniasis**

This is a sexually transmitted disease caused by a protozoan that is most apparent in females. Symptoms include a frothy, greenish-yellow foul smelling discharge. Other symptoms are vaginal soreness, pain during sexual intercourse and bleeding after sexual intercourse

#### **STIs THAT CAUSE SORES OR ULCERS**

##### **Syphilis**

This is a complex infection that is caused by bacteria. In the early stages (primary and secondary) it is highly contagious. It can be contracted from contact with syphilitic sores during unprotected anal, oral or vaginal sex. It can also be transmitted by close physical contact with syphilitic rashes and lesions, which can be anywhere on the body, and from contact with blood. Syphilis can also be transmitted from mother to baby.

Syphilis can cause no symptoms or a range of symptoms. In the early stage of the disease symptoms may be easily missed. It can progress more quickly and severely in people with HIV, and may present slightly different symptoms. Shortly after being infected with syphilis, a small sore/spot/ulcer (called a chancre) may appear at the site of infection, usually on the penis, in or around the anus or vagina or in the mouth. The sore does not hurt and usually heals quite quickly. It can be accompanied by swollen glands. Secondary syphilis (occurs 6 months later) can cause a rash, swollen glands, fever, muscle pain, headache. Dark brown sores may also appear on the hands and feet. Tertiary syphilis develops within 10 years of infection and can cause damage to almost all the internal organs especially the heart and brain. If left untreated, syphilis can cause death.

Syphilis can be harder to cure in people with HIV. It is also likely that untreated primary and secondary syphilis can make a person more infectious. Having syphilis may also make it more likely that an HIV negative person will be infected with HIV if exposed to the virus.

##### **Genital Herpes**

This is caused by a virus that leads to the eruption of painful sores/blisters/ulcers that affect the genitals or anal region, sometimes accompanied by fever, headache, muscle ache and

malaise. The lesions often start as numbness of the affected region, tingling or itching. On the skin small bumps appear that rapidly develop into small inflamed fluid-filled blisters. These then burst and crust over.

The virus can be passed from person-person by contact between these lesions and mucus membranes e.g. through kissing or sexual contact

Once infected, the virus stays in the skin and nerve cells for life. One may not know that they are infected as the virus stays dormant for a long time and cause no symptoms. From time to time, flare ups may occur especially under stress or a weakened immune system.

#### **STIs THAT CAUSE WARTS**

##### **Genital warts**

Are a sexually transmitted infection caused by a virus and can be contracted during unprotected anal, vaginal or oral sex. It can also be transmitted by close physical contact with the genital warts themselves, as these may shed the wart virus.

Genital warts look like small dark nodules with a slightly rough texture. Some people may not notice their presence. In women, warts may appear on the inside or outside of the vagina, or on the neck of the cervix or around the anus. In men, warts may appear on the tip or the shaft of the penis, or around the anus.

Some forms of genital warts are associated with an increased risk of cervical or anal cancer. This risk is higher in people with HIV.

A woman with genital warts may infect her baby during delivery leading to oral warts inside the baby's mouth.

#### **GETTING TREATED FOR STIs**

Seek prompt medical attention from a qualified health professional.

Take medication in the prescribed doses at the required times and for the whole duration of time prescribed.

Get your partner treated.

Abstain from sexual intercourse until at least 3 days after you have completed your drugs and all the symptoms are gone.

Be responsible in your sexual life from then on.

#### **PREVENTION OF STDs**

Abstain from Sex

Be mutually faithful

Have only one partner

That partner must be faithful to you

That partner must not have an STI

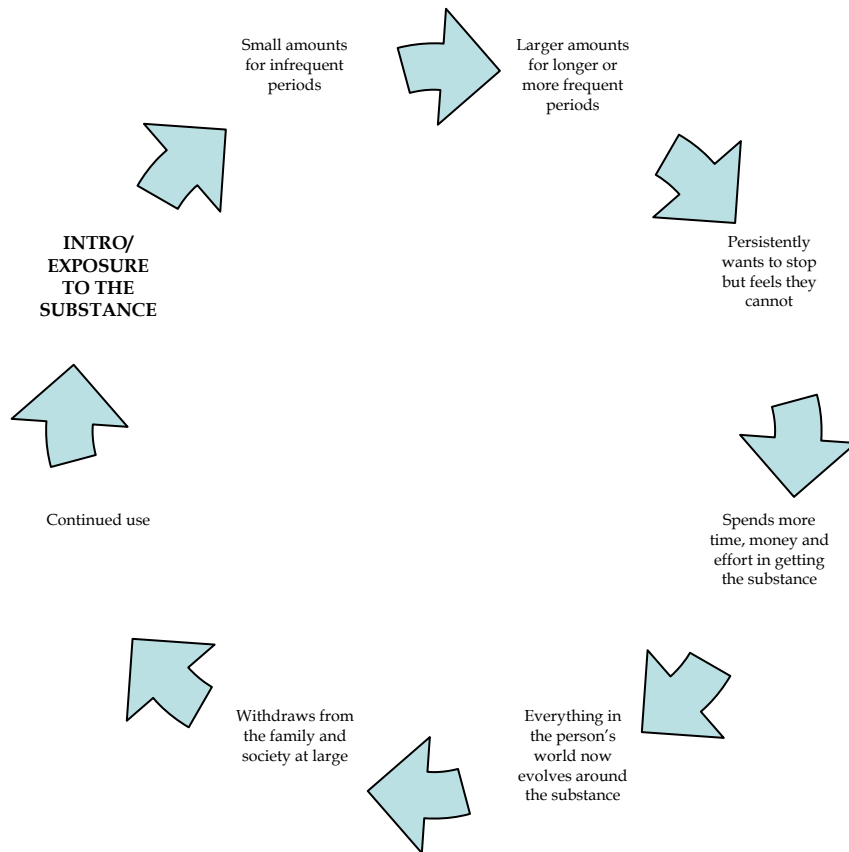
Consistent and Correct condom use

Early and effective drug treatment



International Youth  
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## SUBSTANCE ABUSE INFORMATION CARD





## WHAT MAKES YOUNG PEOPLE TAKE DRUGS?

The reasons are varied but include:

- Peer pressure.
- Experimentation or curiosity
- Tradition e.g. taking alcohol at social events
- Family pressures.
- Financial and work/school related pressures.
- Availability.
- .....

Alcohol and tobacco (cigarettes) are referred to as the gateway drugs because young people have easier access to and normally experiment with them, before moving to harder/illegal drugs.

## WHAT WOULD AROUSE SUSPICION OF DRUG ABUSE?

1. Reduced school or work performance.
2. Unusual monetary demands.
3. Getting new unusual friends.
4. Seclusion and secretiveness.
5. Poor personal hygiene.
6. Change in sleeping habits.
7. Change in eating habits.
8. Loss of household items.

What behavior patterns are displayed in progression towards abuse and addiction?

## WHAT ARE THE GENERAL EFFECTS OF SUBSTANCE ABUSE?

1. Poor health.
2. Inability to properly manage ones money.
3. Family and social disturbances.
4. Risk of getting unwanted pregnancy, STIs and HIV because sexual decision-making is impaired.
5. Toxic additives that poison the body.

## WHAT IS COMMONLY ABUSED?

### ALCOHOL

*Definition of alcohol abuse:*

Alcohol abuse describes a pattern of drinking that is harmful to the individual or his or her family.

Alcohol dependence: is characterized by the subjective compulsion to drink, priority of drinking over other activities, tolerance, repeated withdrawal symptoms and the relief of withdrawal symptoms by further drinking.

*Problems caused by Alcohol*

#### Social problems

- Absenteeism from school, college or from other responsibility
- Unemployment
- Family problems
- Child abuse
- Financial difficulties
- Problems with the law (violence, traffic offences)

#### Psychological problems

- Depression
- Jealousy (imagination that someone's partner is cheating on them)
- Withdrawal symptoms (tremors, relieved by drink! Epilepsy, delirium tremens with confusion, hallucinations, memory disturbances and seizures)
- Direct toxic effects on the brain (periods of amnesia, forgetfulness)
- Indirect effects on behaviour (resulting from head injury, low blood glucose)
- Vitamin deficiencies

#### Physical problems

- Affects virtually all systems in the body e.g.
  - Brain: bleeding, dementia
  - Lungs: pneumonia, TB
  - Heart: Muscle disease, high blood pressure
  - Stomach: inflamed lining
  - Oesophagus: Tears, cancer, swollen veins that can easily bleed

Muscle disease

Other: low blood sugar, infertility, reduced gonad function, gout

Management of Alcohol abuse

6. Straightforward advice about the harmful effects of alcohol and safe levels
7. Advise to change friends or school or change leisure activities if these are contributing to the problem.
8. Supportive counselling
9. Drug treatment.
10. High dose vitamin supplementation.

### **NICOTINE (CIGARETTES)**

Use usually begins in teenage years.

When one becomes dependent it is very hard to stop, and one continues to use them despite knowing its' risks.

Stopping to use the drug leads to lack of sleep, irritability, anxiety, and difficulty in concentration.

Physical effects include: lung disease, cancers, and heart disease, wrinkling of the skin.

### **CANNABIS (BHANG)**

Cannabis can be smoked (sometimes with tobacco), eaten, drunk in a tea or snorted as snuff

It affects the brain leading to experiences such as pain relief, light headedness, relaxation or sleepiness. It can also stimulate appetite.

It is known to impair coordination, cause nausea and vomiting, as well as anxiety and paranoia

Short term risks include anxiety, panic and paranoia. Memory, attention and the ability to control machinery may be affected.

If smoked, long term use may lead to smoking-related respiratory and CVS diseases such as asthma, bronchitis and heart disease, as well as brain degeneration and finally madness (especially if started at a young age). Smoking can also lead to cancers of the mouth, throat and lungs; and chronic loss of memory and shortened attention span has been observed. Psychological dependency may also occur.

### **ORGANIC SOLVENTS (GLUE SNIFFING, GASOLINE, THINNER, SPRAY PAINT)**

These solvents are usually liquid in nature and are becoming increasingly popular.

70 - 80% of the users are male and most are street children.

Quickly produces excessive excitement, dizziness and a floating sensation.

Further sniffing leads to restlessness, confusion and later on to loss of consciousness.

Death can occur from the direct poisonous effect of glue or from lack of air/oxygen if inhaled from a plastic bag.

Long term effects include; red bloodshot eyes, nose bleeding, personality changes and brain damage.

### **COCAINE**

Taken by needle injection, sniffing, or snorting. Crack cocaine can be smoked.

Gives a rapid stimulating effect.

Madness may occur with high levels of use and hallucinations of touch are common.

## STI PICTURES

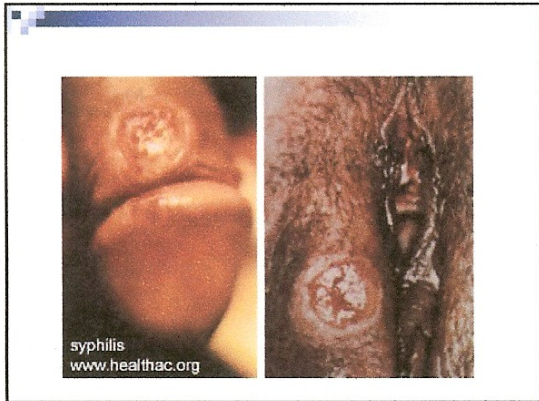
**Caution:** The following slides are for youth 15 years and older, sexually active and married youth

## STI THAT CAUSE PAINFUL URINATION/UNUSUAL DISCHARGE

- Gonorrhea
- Chlamydia
- Trichomonas
- Vaginosis
- Candidiasis

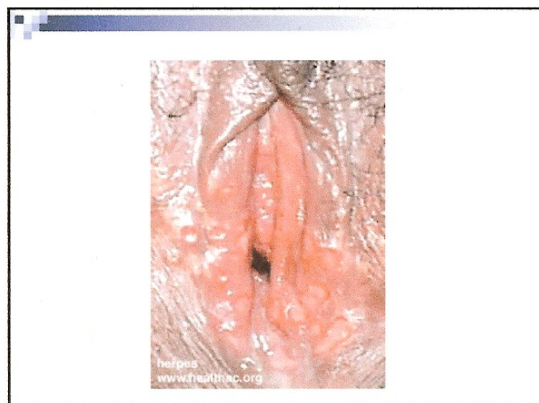
## STIS' AND STDS'





**STI THAT CAUSE SORES OR ULCERS**

- Syphilis
- Herpes
- Chancroid





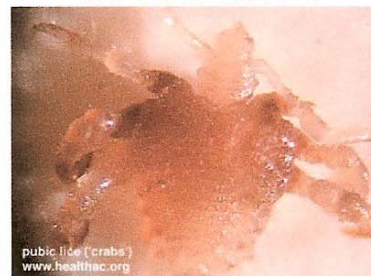
## GENITAL WARTS



## MOLLUSCUM



## INFESTATIONS



## NOTES ON CONTRACEPTIVES

**Caution:** This is reference for youth aged 15 and older, sexually active youth and married youth of whatever age

### EMERGENCY CONTRACEPTION

- Description: Pills that are taken soon after unplanned or unprotected sex, after rape or where the condom broke so as to avoid pregnancy.
- Advantages: Protects against pregnancy.
- Disadvantages: Does not protect against HIV and STIs.  
Should not be used regularly.

### INJECTABLES

- Description: A hormone injection given deep into the muscles so as to protect against pregnancy.
- Advantages: Protects against pregnancy for 2 – 6 months depending on the injection used.
- Disadvantages: Does not protect against HIV and STIs.  
May cause a person to bleed a lot, irregularly or not at all.  
May make a person gain weight.  
One MUST remember to go for the next injection.  
Normal fertility does not return for a month.

### NORPLANT

- Description: Small capsule containing hormones that is inserted right under the skin on the underside of a woman's upper arm.
- Advantages: Protects against pregnancy for as long as 5 years.
- Disadvantages: Does not protect against HIV and STIs.  
Implantation and removal can only be done by a trained person.  
May cause a person to have bleeding problems.

### INTRA UTERINE CONTRACEPTIVE DEVICE (IUCD)

#### Coil, Copper T, Loop

- Description: A metal device inserted into the uterus that blocks contact between the egg and sperm thus preventing fertilization and pregnancy.
- Advantages: Protects against pregnancy.  
Can last up to ten years.
- Disadvantages: Does not protect against HIV and STIs  
Needs insertion by a trained medical person.