YOUTH SEXUAL AND REPRODUCTIVE HEALT H SERVICES AND RIGHTS

PEER EDUCATORS MANUAL

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COWHLA

CONTENTS

UNIT 1: PEER EDUCATION FOR YOUNG PEOPLE

LEARNING GOAL: To help participants to understand the nature and purpose of peer education and to gain insight into the mechanisms of behaviour change and how these relate to peer education.

MATERIALS: Flip charts, markers, pieces of paper, sticking gums/masking tape

ACTIVITY 1.1: PEER EDUCATION DEFINITION

TIME: 10 minutes

Instructions

Conduct three consecutive group 'call-outs' (an activity similar to brainstorming, in that participants call out their responses) on the following questions:

- What do we mean when we say 'peer education'?
- What are the possible advantages of peer education?
- What are the possible disadvantages of peer education?

Record all responses on the flip charts. When agreeing on a working definition of peer education, it is important to come as close as possible to the following description:

Talking Points

A **Peer** is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.
Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour because of the learning process.

Peer (health) education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health.

A young person's peer group has a great influence on the way he or she behaves. This is true of both risky and safe behaviour. Peer education makes use of peer influence in a positive way.

The credibility of peer educators in the eyes of their target group is indeed an important base upon which peer education can be built. Young people

exposed to peer education initiatives often praise the fact that information is transmitted more easily because of the educator's and the audience's shared background and interests. They share interests in areas such as music and art, use of the language, family themes (brother and sister issues, struggle for independence etc.) and role demands (student, team member, etc.). Youth peer educators are less likely to be seen as authority figures 'preaching' about how others should behave from a judgmental position. Rather, the process of peer education is perceived more like receiving advice from a friend 'in the know', who has similar concerns and an understanding of what it is like to be a young person.

Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education is also a way to empower young people: it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

ACTIVITY 1.2: ADVANTAGES AND DISADVANTAGES OF PEER EDUCATION

TIME: 15 minutes

Instructions

Divide participants in groups of two, assign some group to discus in their seats the advantages of Peer Education while the other groups discuss on disadvantages of Peer Education. Allow the groups to present in plenary and consolidate their answers on flip charts.

When discussing major advantages and disadvantages of peer education over other forms of education, have the following table at hand to add essential points if necessary:

Talking Points

Advantages

- Young people take on programmatic responsibilities
- Educators and target group members often use the same slang terms
- Peer educators gain skills that are important for their continued personal development
- Peer education can supplement other educational interventions, such as the work of teachers, social workers, and health service providers
- Peer education is a community-level intervention that can provide a link to other community services
- Peer educators can gain access to groups that are otherwise difficult to reach
- Peer education can be relatively inexpensive when compared to other interventions

Disadvantages

- As peer educators age, they grow out of their role; new people always have to be recruited and trained

- Peer education programmes pose large management burdens on NGOs, Government, schools, etc., and require skilled supervisors to be on the staff of a programme
- It is difficult to evaluate the impact of peer education, especially when proper monitoring and evaluation budgets have not been set aside for the programme
- If educators are not well trained, peer education can have a harmful effect (misinformation and unprofessional advice)
- If not properly targeted, activities called peer education may really be outreach or general education interventions

Note: At the end of this activity, the peer educators should emphasize that peer education is not the solution to every problem, and sometimes it may be better to use other approaches. The objectives of the intervention, the characteristics of the target group, and the specific setting are all elements when considering whether peer education is appropriate.

ACTIVITY 1.3: CHARACTERISTICS OF A GOOD PEER EDUCATOR

TIME: 15 minutes

Instructions

Give participants a piece of paper and instruct them to write at least 2 characteristics of a good Peer Educator. After 5 minutes, allow them to stick their answer sheets on the wall in front. Spend 5 minutes going through the answers and conclude the activity by stating the following points.

Talking Points

Ideally, a recognized Peer Educator is someone who has undergone training in particular fields for youth health such as youth SRH, Life Skills Education and/or Comprehensive Sexuality Education. Furthermore, a Peer Educator must have the following characteristics;

- Aged within the range of his/her peers
- Be a role model of risk reduction behaviour
- Be responsible
- Be able to keep confidentiality
- Have guardian's permission if under 18
- Demonstrate leadership abilities
- Have an interest and desire to help other people
- Share some aspects of identity with target group e.g. marital status, age, occupation, level of education, etc.
- Be open to expanding self-awareness and willing to take risks
- Ability to apply principles of interpersonal communication and counseling skills in providing peer education.
- Must be trained and be knowledgeable in various needs and problems of young people, particularly in the following topics.
  Sexual and Reproductive Health

- HIV/AIDS
- STIs
- Sexual Abuse
- Nutrition and Young people
- Substance abuse
- Mental health and young people and many other emerging issues such as climate change, etc.

* Ability to motivate fellow youths.
* Should be able to read and write

ACTIVITY 1.4: PEER EDUCATION TECHNIQUES

TIME: 30 Minutes

Instructions

Post an already prepared flip chart on some of the techniques used in peer education especially among young people as follows:

Talking Points

Peer education uses a range of interactive techniques: brainstorming, small group discussions, case studies, role-plays, quizzes, etc. Below is a tabular presentation on Peer Education techniques and their descriptions:

Technique	Description
Role-Plays	Role-play is a multipurpose tool used to illustrate a scenario, show challenges and model important/required skills among young people.
Small Group Discussions	These are discussions held in small groups of young people using guided questions
Case Studies	
Quizzes	
Brainstorming	
Buzz Sessions	
Debates	

UNIT 2: VALUES, RIGHTS AND RESPONSIBILITIES

LEARNING GOAL: to introduce participants to the concept of personal, family and community values and how they affect positively and negatively on one's behavior in life.

MATERIALS: Flips charts, markers, masking tape, coins and bank notes

ACTVITY 2.1: DEFINITION OF VALUES

TIME: 10 Minutes

Ask participants to define the term **'Value'**. Write the answers on a flip chart. Explain to participants the meaning of the term **'Value'** as follows:

- It is the actual worth of an object or an item i.e. monetary value of a car in Kwacha;
- It is how important certain belief, principle or idea are to someone;
- The things, ideas, beliefs and principles that are worthy to you and shape your life; and
- The qualities, principles, beliefs and ideas we strongly feel about.

Explain to participants the following:

Different people value different things differently. The same thing may have a higher value to one person and less value to another. Things, ideas, beliefs and principles that are worthy to you shape your values. Values help to define who we are and help determine our behavior.
For example:

- An individual who values his/her family cares about his/her spouse, children and home life;
- A person who values health will have a healthy diet, exercise regularly and avoid alcohol, tobacco and other drugs;
- A person, who values his or her education, will work hard and study to pass examinations.

It is important to be aware of one's personal values so that one does not judge other peoples values.

Young people need to be supported so that they do not feel pressurized by the values and opinions of their peers. Values can change from time to time based on new information or a new outlook (way of looking at an issue).

ACTIVITY 2.2: IDENTIFYING ONE'S VALUES

TIME: 5 Minutes

Instructions

Explain to participants that sometimes young people have difficulties in identifying their values. Here are some tips on how one can identify his/her values:

- Things one feels strongly for
- Things one feels strongly against
- Things chosen freely and not forced by anyone
- Things one believes in and are willing to stand up for
- Things that guide one's behaviour and life.

ACTIVITY 2.3: SOURCES OF VALUES

TIME: 5 Minutes

Instructions

Ask participants to mention sources of values that they know. Write the answers on a flip chart. Then explain to the participants that some of the sources of values are as follows:

* Family
* Religious teachings
* Culture
* Friends
* Media

ACTIVITY 2.4: CAUSES OF YOUNG PEOPLE'S FAILURE TO UPHOLD THEIR VALUES AND ITS EFFECTS

TIME: 10 Minutes

Instructions

Ask participants to mention and elaborate on some of the reasons why young people fail to uphold their values. Write them on a flip chart. Thereafter explain to participants that some of the reasons why young people fail to uphold their values can be as follows:

* Family members do not speak openly about some of their values;
* Some values are communicated to young people nonverbally resulting in failure of young people to clearly understand the values;
* Women and men communicate different and sometimes conflicting values to young people;

* There are no strong mechanisms to enable parents and the community instil some values in young people.

Thereafter, explain to the participants that failure by youths to uphold values their parents and communities hold dear results in their:

* Copying of foreign cultural values
* Failure to communicate the values they hold for fear of reprisals
* Lack of trust in youths by parents
* Strained relationship with parents and elders who either reward behaviour that reflects the values or punish behaviour that is contrary to their values.

ACTIVITY 2.5: VALUES AND BEHAVIOUR

TIME: 30 Minutes

Instructions

Tell participants that in this activity, they are going to discuss the relationship between values and behaviour. Ask them:

* If someone says that family is one of the most important things in life, how will they act? What things will they do? (Take care of their family members, spend time with them, help when there are problems.)
* If a person values their health, what will they do? (Have a healthy diet, not drinking, not smoking, exercise.)

Divide participants into groups of four. Give out a **Case Study of Meri** and ask one of them read Meri's story out loud and then tell them to discuss the questions in their groups. (If your group does not have strong literacy skills, read the story to them yourself and then read the questions out loud.)

WORKSHEET: MERI'S STORY

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

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

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

After about 10 minutes or when they have finished, call their attention back to the front and have different groups answer each question. Discuss their answers by asking the other groups if they have anything to add and/or if they agree with the answer. Generate a discussion about why Meri did not act according to all of her values. (Probing questions: What was she thinking about when she had to decide what to do?)

Then ask:

* How do you feel when you do something that is against your values? Probing question: How do you think Meri felt later?
* Why do people sometimes behave in ways that are not in line with their values? (Possible answers: encouragement or pressure from friends or peers; fear of losing friends; fear of losing a relationship; wanting to make someone else happy; feel unsure about own values or choices – feel conflicted; feel insecure; curiosity – wanting to 'try' something or try someone else's values.)
* What helps people to behave in ways that are in line with their values? (Possible answers: It feels good; having strong clear beliefs; want to please parents and other adults.)

ACTIVITY 2.6: GLOBAL VALUES AND HUMAN RIGHTS

Time: 60 Minutes

Instructions

Tell participants that this activity is about human rights. Ask: **"Can someone tell me what a right is?"** Give positive feedback and use their responses to come up with a definition similar to the following and write it on flipchart paper:

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

Ask them for a couple of examples of some human rights. Tell participants that our human rights have been agreed upon internationally in treaties developed by the United Nations. One example is the Convention on the Rights of the Child that lists all the rights of children. There is another one (the Convention on the Elimination of All Forms of Discrimination against Women) just on women's rights.

Explain that these treaties include the rights that all people have related to gender, sexuality and health.

Now explain that they are going to work in small groups. Each group will pick one right that is related to health, sexuality and gender. They will discuss the following questions in their groups:

- What does the right mean to you and other young people for your life? In other words: How should you be treated? What should not happen?

Divide participants into nine groups. Have each group pick one of the following rights rights out of the bag.

- The right to be treated equally and with dignity
- The right not to be discriminated against for any reason
- The right to feel safe
- The right to control our bodies
- The right to privacy in our personal life
- The right to marry, when we are legally old enough, and have a family
- The right to ask for, receive and share information
- The right to have a healthy life.
- The right to education

Give them 15 minutes to discuss in their groups and develop their presentation. After 15 minutes, call their attention back to the front of the room. Call the group with the first right and ask them to present.

After each presentation, ask the other participants if they have any questions for the group. If there is anything in the presentation that is not clear or that is inaccurate, ask the group questions to clarify or make corrections. Help the group to answer questions from others or to clarify as needed. Use the Peer Educator Answer Key below to guide you.

Peer Educator Answer Key

1. **The right to be treated equally and with dignity.**
   - All (young) people should be treated the same way. No one should be treated differently. It doesn't matter who or what they are.
   - We all have exactly the same rights.
   - We should be treated with respect. We should be treated as a person with value and worth. We should not be disrespected or treated as a worthless person.
2. **The right not to be discriminated against for any reason.**
   - No one should treat any of us differently from any others for any reason – it doesn't matter what our race, ethnic group, colour, sex, language, religion, political or other opinions, family background, social or economic status, birth or nationality, or any other characteristic or status.
   - All of us should be treated fairly and like all others.
   - There is no justification or reason for discrimination (different or unfair treatment).
3. **The right to feel safe.**

- We should feel safe and not in danger.
- Our lives should be free from violence and fear. Violence includes sexual violence, intimate partner violence and other forms of gender-based violence.
- We should not be hurt, harmed or humiliated (shamed).

4. **The right to control our bodies.**
   - Our bodies belong to each of us.
   - We are the ones who make decisions about what happens to our bodies – for example, if we have sex, get pregnant, have an HIV test, take medicine, drink alcohol, have an operation, get circumcised, get female genital mutilation, get a tattoo, get piercings, or any other change to our bodies.
   - We can decide for ourselves whether to have sex or not.
   - We should choose our partners and spouses.
   - We should not be abused or injured or have our bodies violated in any way. We should not be forced to have sex.
   - No one can alter our bodies without our agreement.
   - We cannot be forced to sell our bodies for money.
5. **The right to privacy in our personal life.**
   - No one has the right to harm or attack our reputation (good name).
   - No one can invade our privacy or interfere with or bother our family without a good reason.
   - Our privacy should be respected when we go for health care. Confidential information given to health care workers should not be shared with others without our permission (unless in an emergency or absolutely necessary, and then only with a parent or guardian if we are minors)
   - Our medical information, including our HIV status, must be kept private.
   - We are the only ones who can tell others about our private affairs.
6. **The right to marry, when we are legally old enough, and have a family.**
   - When we reach the legal age of marriage, we can marry the person of our choice.
   - Nobody can force us to marry someone.
   - No one can force us to marry when we are underage.
   - No one can choose our partners for us.
   - We can decide to have children if we want to.
   - We can decide not to have children if we do not want to.
   - We can decide for ourselves how many children to have.
   - We can decide when to have our children.
   - **Note to Peer Educator: If not mentioned, add:** In marriage, both partners have the same rights. If a married couple separates, they both still have the same rights.
7. **The right to ask for, receive and share information.**
   - We can ask for any information that we need.
   - If we ask for information, we should get that information.
   - We should get information about our health and sexuality.

- We can share any information that we receive.
- No one can decide to withhold information from us.

8. **The right to have a healthy life.**
   - We should enjoy the healthiest life possible, including in our sexual and reproductive health.
   - We can go to get sexual and reproductive health services, including family planning services, and testing, treatment, care and support for STIs and HIV.
   - No one can refuse to give us health care we need.
   - No one should accuse us or treat us badly if we go to health services as young people.
   - **Note to Peer Educator: If not mentioned, add:** We deserve to have a satisfying, safe and pleasurable sexual life, free from pressure or force.
9. **The right to education.**
   - We should be educated, including about health and sexuality.
   - We should all have the chance to school or to get more training and education.
   - We should have the opportunity to develop all of our talents and our mental and physical abilities.
   - We should not be forced to drop out of school in order to get married or because we got pregnant.

Ask them if they have any additional questions about any of these rights. Answer their questions.

Then explain that rights come with responsibilities. Ask them to mention some of the responsibilities that young people should observe. Consolidate their answers by focusing on the following statements:

Our rights come with responsibilities.

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

To conclude the Unit, ask the following questions:

- Which rights are the most important to you?
- What does having the responsibility to respect the right of others mean?
- Why is there a special human rights convention just for children? **(Answer: Because children are vulnerable (cannot defend themselves) and need to be protected.)**

- What about the one just for women? **(Answer: Because women have traditionally been discriminated against and treated unequally.)**
- According to human rights, is there anyone with more rights than others?

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

UNIT 3: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

LEARNING GOAL: To define sexual and reproductive health and rights and understand the relevance of adolescents' access to sexual and reproductive health and rights

MATERIALS: Flip charts, markers, masking tape

ACTIVITY 3.1: DEFINITIONS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

TIME: 30 Minutes

Present definitions of the terms on a flip chart and post to the participants. Allow for questions and answers as you go through the presentation:

Reproductive health implies that people are able to have a satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide when and how often to do so. Implicit in this last part of this statement are the rights of men and women on issues of SRH.

Access to SRHR means that individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children; and to access the information and means to make these choices. Another SRHR is the right of individuals to sexual health. A more comprehensive list of SRHR includes the following:

* Right to seek, receive, and impart information related to sexuality
* Right to receive sexuality education
* Right to have respect for bodily integrity
* Right to choose one's partner
* Right to decide to be sexually active or not
* Right to have consensual sexual relations
* Right to have consensual marriage
* Right to decide whether or not and when to have children
* Right to pursue a satisfying, safe, and pleasurable sexual life

ACTIVITY 3.2: BARRIERS TO YOUNG PEOPLE HAVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE

TIME: 40 Minutes

Instructions

Divide the participants into two groups. Give each group one of the case studies below but ask them to read both case studies to prepare for the plenary. Tell them that they will have 30 minutes to read and discuss the case studies in the groups:

CASE STUDY 1: Chimwemwe, a 14-year-old girl in Lilongwe, from a rural village in Mchinji, attended a girls' boarding school. Her closest friend Maria was in the same class; they were the two star students. Chimwemwe came from a rural village in Mchinji. Maria was the daughter of a prosperous businessman in Lilongwe. They were both virgins and members of the Student Christian Organisation of Malawi (SCOM). One weekend in their final year in secondary school, they became friends with two boys from the nearby school while attending a student camp. They ended up having sex for the first time. This was one month before the school holidays. The following month they missed their menstrual periods. Could they be pregnant?

Maria's mother, being well to do, took her for an abortion; Maria continued with school. Chimweme's teachers started suspecting that she might be pregnant. She kept her fear that she was pregnant to herself. She was frequently unwell and moody, and her performance in class deteriorated. The school nurse was summoned to examine her, and the nurse sent her to a clinic. Chimwemwe had to miss class to get to the clinic during working hours. Her pregnancy was confirmed and, according to the school's policy, she was immediately suspended and given a letter to take to her parents. Chimwemwe was devastated. She had no money to go home. Her parents were elders in their church and would be horrified if they knew what had happened.

Terrified, she went to the local clinic to seek help. Being the only young woman in the clinic, she felt self-conscious because all of the adult patients and workers kept staring at her. The health workers said they could not help her. The nurse on duty scolded her for her immoral behaviour and told her that she would not receive any services without her parents' consent. Chimwemwe left school and travelled to Mtandire to see her uncle, a construction worker. When her uncle returned from work in the evening, Chimwemwe feigned sickness and told him that she had been sent away because of school fees. The uncle sympathised with her but could not raise any money. He then sent a letter by post to Chimwemwe's parents, asking them to send the money.

Chimwemwe was now four months pregnant and her condition became more difficult to hide. At six months, her uncle's wife noticed the pregnancy. Her uncle was furious and chased her out of his house. Lonely, with no money and nowhere to go, Chimwemwe accepted accommodation from a young man in the neighbourhood. Two months later, at a nearby health centre, Chimwemwe delivered a boy prematurely. The baby had to be kept in the nursery for two weeks. When Chimwemwe was discharged from the hospital, she found that the young man who had accommodated her had moved. She was now desperate: a 15-year-old with a premature newborn, no money, and

homeless. Chimwemwe took refuge in the only place that would accept her. A business woman selling gin in a slum employed her to help serve her customers. That became Chimwemwe's life.

CASE STUDY 2:; Malita, a 12-year-old girl, lived with two younger brothers and her parents in Blantyre. Hers was a middle-class family, and her parents cared for and loved their children very much. Malita was a happy child. She was a good student and liked by her teachers and her classmates.

One day, when Malita was in class, she noticed that her underpants were wet and she was uncomfortable. When she looked down at her dress, she saw that it was stained with blood. The girl sitting beside her noticed this, too, and told the teacher about it.

The teacher stopped the lesson, took Malita to the staff room, and asked her to use the toilet to clean herself and apply a pad. Malita was bewildered and shocked. Her teacher explained the situation to the other teachers who were present, told her to sit in a corner of the staff room, and went back to her class. None of the other teachers took any notice of her. Malita sat in silence for two hours until the school day came to an end.

She did not know what was happening to her, and prayed hard that there was nothing seriously wrong with her. After all the teachers had left, she tiptoed outside to check if the whole school was clear, went to her classroom, took her things, and walked home, covering her soiled dress.

When she reached home, she burst into tears and told her mother what had happened. Her mother signaled her to be silent, chased Malita's brothers out of the room, and took her to the bathroom. Her mother told her that this was a sign that Malita was no longer a girl. Her mother told her what to do and said that the bleeding would last for a few days.

She also told her that this would happen every month for the rest of her life. Malita went to bed with her mind in a whirl. She had many, many questions and decided to speak to Ulemu, a girl in a senior class whom she knew.

Instructions:

Using the questions below as a guide, discuss the two case stidues:

Case Study 1: Why did Chimwemwe's status change from that of a bright 14-year-old school girl to that of a 15-year-old single, homeless and destitute young mother of a premature baby? What could have been done to enable Chimwemwe obtain the SRH information and services she needed?

Case Study 2: Why was Malita so unprepared for this important event in her life? What could have been done to enable Malita obtain the SRH information and services she needed?

Ask each group to cite one action that could have been taken in relation to Chimwemwe and one in relation to Malita, and record the responses on a flip chart paper.

Allow each group to present its work and open the floor for discussion. Ask each group in turn to briefly explain why they believe the actions they propose could have helped Chimwemwe and Malita. Invite questions and comments specifically for clarification.

Use the checklist below to highlight the issues raised in the case studies if they have not already been raised by the participants.

Talking Points

These case studies highlight several issues, including the following:

* Inadequate communication on SRH topics between adolescents on the one hand and their parents and other adults around them on the other
* Inadequate access by adolescents to the reproductive health information and services they need
* Punitive school policies regarding student pregnancy, which are harmful to the affected students at many levels

ACTIVITY 3.3: RELEVANCE OF ADOLESCENT'S ACCESS TO SRHR

TIME: 30 Minutes

Instructions

Present in plenary the following points written down on a flip chart paper as conclusion to the Unit:

* Information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and corrects inaccuracies.
* Adolescents need social skills that will enable them to say "no" to sex with confidence and negotiate safer sex if they wish to. If they are sexually active, they also need physical skills, such as knowing how to use condoms.
* Counselling can help adolescents make informed choices, giving them more confidence and helping them feel more in control of their lives.
* Health services can help well adolescents stay well and ill adolescents get back to good health.

* As adolescents undergo physical, psychological, and social change and development, supportive families and communities can enable them to undergo these changes in safety, with confidence, and with the best prospects for a healthy and productive adulthood.

UNIT 4: ADOLESCENT DEVELOPMENT

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

MATERIALS: Flip Charts, Markers, Posters

ACTIVITY 4.1: WHAT IS ADOLESCENCE?

Time: 10 Minutes

Instructions

Ask participants to brainstorm what adolescent and adolescence means. Write their responses on the flipchart. Most of the following points should come out:

Talking Points

An **adolescent** is any person aged between 10 to 19 years of age.

Adolescence is a period between childhood and adulthood, a period of physical, emotional and social change, sexual development, a time for finding out who you are and what is important to you and a time to think about and plan for your future.

Instructions

Ask participants:

* What do you think is difficult during adolescence? What challenges do young people face during adolescence?
* What is exciting during adolescence?

Thereafter, ask participants to summarize the discussion. Add any of the following points that are not mentioned:

Talking Points

* Adolescence is the time in life when we move from being a child to becoming an adult.
* Adolescence is both challenging and exciting.
* Adolescence can be confusing because sometimes you feel or are treated more like an adult and sometimes you feel or are treated more like a child.

ACTIVITY 4.2: CHANGES DURING ADOLESCENCE

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

TIME: 60 minutes

Instructions

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

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

Thereafter take three pieces of flipchart paper and draw a figure of a boy on one, a figure of a girl on one and a half boy/half girl figure on one. Write **'PHYSICAL'** above the body, write **'SOCIAL'** on the left side and **'EMOTIONAL'** on the right side, as shown:

SOCIAL PHYSICAL EMOTIONAL

SOCIAL PHYSICAL EMOTIONAL

SOCIAL PHYSICAL EMOTIONAL

Tell the participants that this activity is about the changes that take place during puberty and adolescence. Post the pictures that you prepared at the front of the room. Divide participants into seven groups. Tell them that each group will get four pieces of paper that have some changes written on them. In their groups, they will discuss and decide if the change is something that happens to only boys, only girls or both boys and girls. Then they will decide if the change is physical, social or emotional.

Give them 5 minutes to discuss in their groups. Ask the first group to have one of their members come to the front with one of the changes and tell everyone where the group decided it should be posted. Ask if the others agree. If it is correct, have them post it in the correct place. For physical changes, they should post them on the body shown in the picture. As you go through the changes, ask them if they have any questions and discuss as needed.

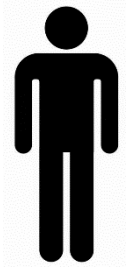
Move from group to group taking one change from each group and following the same process until you have gone through all of the changes. Keep the activity moving at a rapid pace:

CHANGES THAT HAPPEN DURING ADOLESCENCE

Which changes during puberty happen only to males, only to females and which happen to both? As you discuss the changes that occur during adolescence during the session, write the changes in the correct place on the pictures below.

Male

SOCIAL PHYSICAL EMOTIONAL



Female

SOCIAL PHYSICAL EMOTIONAL

Both

SOCIAL PHYSICAL EMOTIONAL

…

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

Ask them if they have any questions about any of the changes. Then ask the following questions:

- What do you notice about the changes that are different for boys and girls? **(Answer: They are all physical.)**
- Are the changes mostly the same for boys and girls or mostly different? (**Answer: They are mostly the same.)**
- How do these social and emotional changes make you feel? (**Possible answers: Shy, confused, worried, happy, excited, among others.)**

Talking Points
Girls start changing about two years before boys.
Individuals will start changing at different ages this is normal.
Some positive ways to manage the moods and emotions they experience during adolescence include:

- Exercising or doing some physical activity
- Eating well
- Discussing emotions with family, friends or religious leaders
- Listening to music
- Laughing
- Crying
- Doing something you enjoy, like a hobby
- Participating in community activities
- Reading or watching TV

Some of the physical changes that take place during puberty prepare young adolescents' bodies for having children in their future. The next activity is going to tackle the sexual and reproductive parts of the body - those that are involved with having sex and making babies.

ACTIVITY 4.3: THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM

Time: 30 Minutes

Instructions
In plenary, brainstorm what the word 'reproduce' means. Possible answer could be "to have children or offspring"

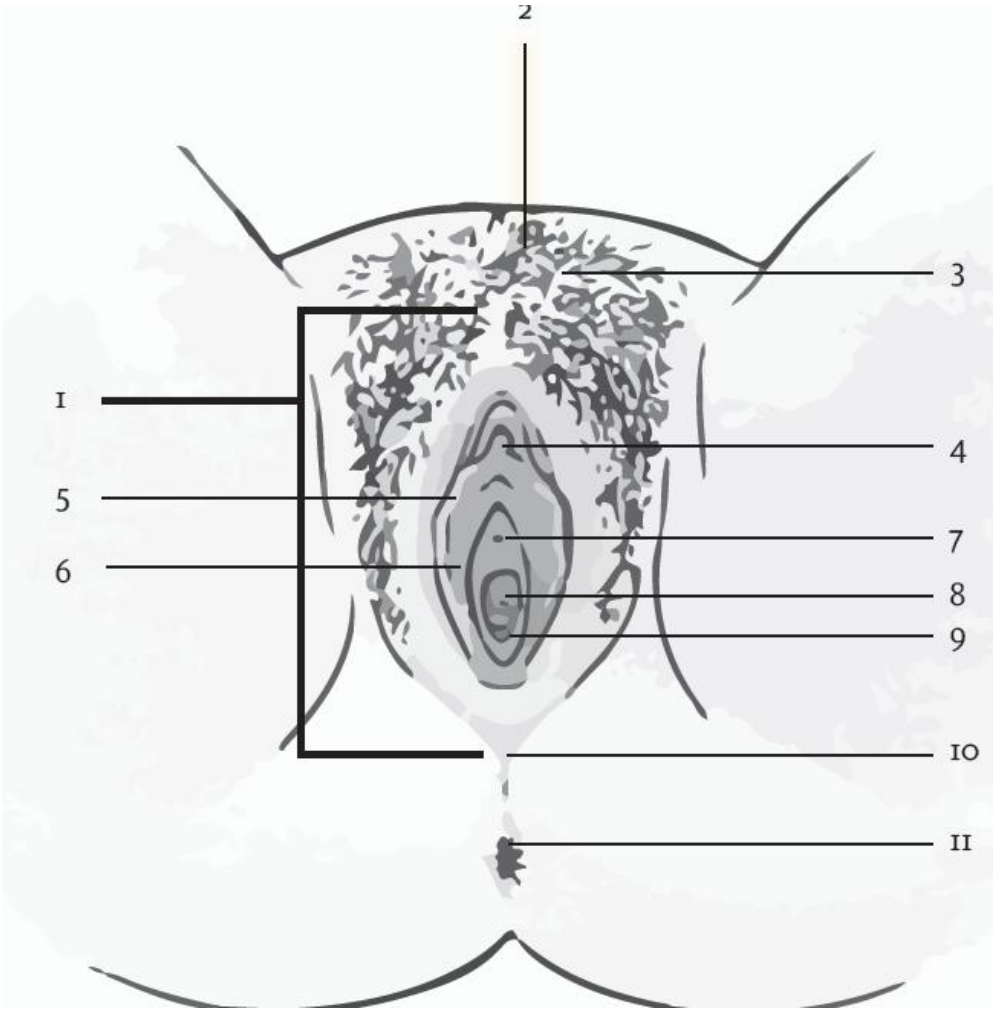
Tell participants that that this activity is about the female reproductive and sexual system. Write the following words onto the flipchart:

- Vulva
- Mons pubis
- Outer lips
- Inner lips
- Clitoris
- Urethral opening
- Vaginal opening
- Hymen

Divide participants into groups of four or five. Tell them to turn refer to the poster on Outer Female Reproductive System in front of them. In their groups,

they should discuss the words listed on the flipchart paper and label the parts on the picture.

THE OUTER PARTS OF THE FEMALE SEXUAL AND REPRODUCTIVE SYSTEM



Go through the answers by pointing to each body part and asking the following two questions for each one.

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

Talking Points

The following are the parts and their functions:

1. Vulva	7. Urethral opening
2. Pubic Hair	8. Vaginal opening
3. Mons pubis (pubic mound)	9. Hymen (not visible to the eyes)

4. Clitoris	10. Perineum
5. Outer lips or labia	11. Anus
6. Inner lips or labia	

When you have finished, tell participants that the notes on the female reproductive system are presented as below:

Talking Points

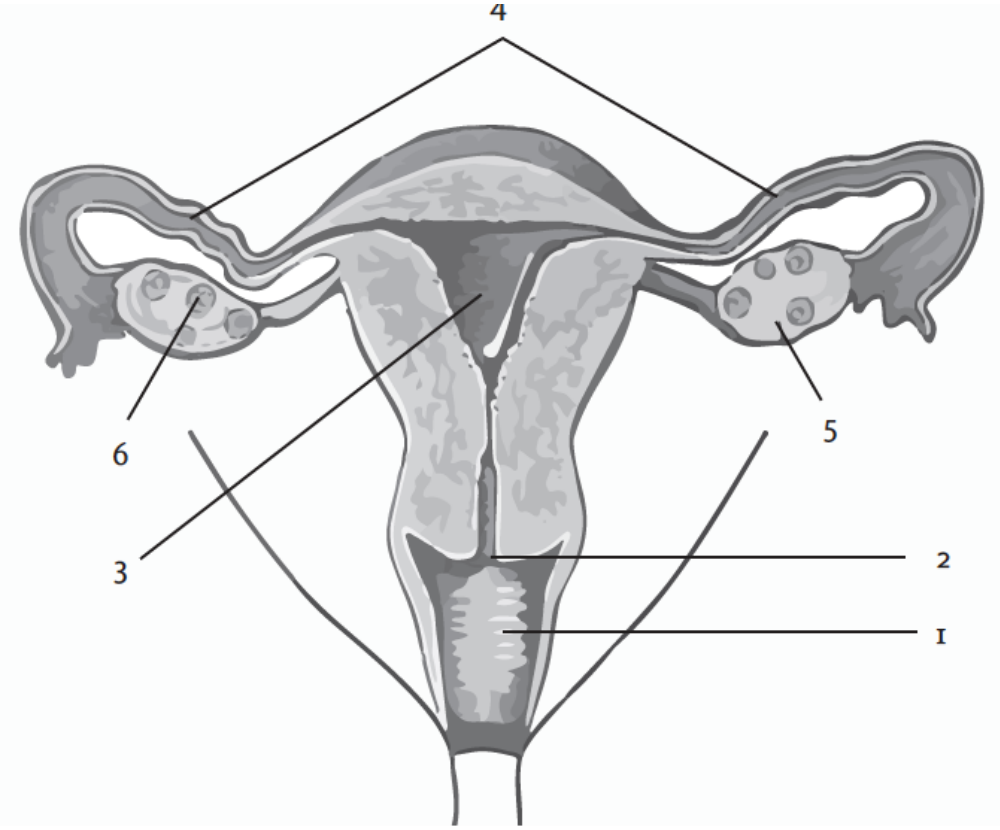
Outer Female Sexual and Reproductive parts

Vulva is the word for *all* of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:

The **mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.
Outer lips (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.
Inner lips (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.
Clitoris is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the **glans.** It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the body part in females whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.
Vaginal opening is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.
Hymen is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.
Perineum is the area between the vaginal opening and the anus.
Anus is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

Put up the poster of the Female Sexual and Reproductive Systems, Internal and go through each part, asking the participants the following questions for each:

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



Talking Points

The following are the parts and their functions:

1. Vagina	1. Fallopian tubes
2. Cervix	2. Ovary
3. Uterus	3. Ova

Inner Female Reproductive parts

The **vagina** leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have many nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.

The **cervix** is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also

protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.

The **uterus** is a hollow muscular organ. It is about the size and shape of an upside down pear. The fetus grows here during pregnancy. The **endometrium** is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.

The **fallopian tubes** are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in the picture). The fallopian tubes have ends like fingers (called **fimbria**) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like **cilia** that move the egg slow down the tube towards the uterus.

The **ovaries** are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (oestrogen and progesterone), store immature eggs, and produce mature eggs.

At the end of the discussion, remind participants that if they have questions that they do not want to ask in front of others, they can put them in the Anonymous Question Box.

ACTIVITY 4.4: UNDERSTANDING MENSTRUATION

TIME: 60 Minutes

Instructions

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

Menstruation begins.
During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.
The follicle (or sac) that holds the maturing egg releases oestrogen that causes the lining of the uterus to start to build up.

Ovulation - the ovary releases a mature egg.
The egg is pulled into the fallopian tube.
If sperm do not fertilize the egg, it disintegrates.
If the egg is not fertilized, the level of hormones goes down causing menstruation and the next menstrual cycle to begin.

Write the word **'Menstruation'** on flipchart paper. Ask participants, **what is menstruation**? Answers could include **the breaking down of the lining of the uterus; Process of discharging of blood and lining of the uterus usually at monthly intervals from puberty to menopause.**

Ask for seven volunteers to come to the front of the room. Give each volunteer one of the A4 papers that you prepared with the parts of the menstrual cycle on them. Tell them to hold the papers up in front of them and stand facing the others. Tell them that these papers show what happens during the menstrual cycle. Ask the participants who did not volunteer to put them in the correct order by telling the volunteers holding the papers, which order they should stand in. After they have finished, check the order and make sure it is correct (the correct order is shown below). Then post them in order on the wall and allow the volunteers to sit down.

1. Menstruation begins.
2. During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.
3. The follicle (or sac) that holds the maturing egg releases oestrogen that causes the lining of the uterus to start to build up.
4. Ovulation - the ovary releases a mature egg.
5. The egg is pulled into the fallopian tube.
6. If sperm do not fertilize the egg, it disintegrates.
7. If the egg is not fertilized, the level of hormones goes down causing menstruation and the next menstrual cycle to begin.

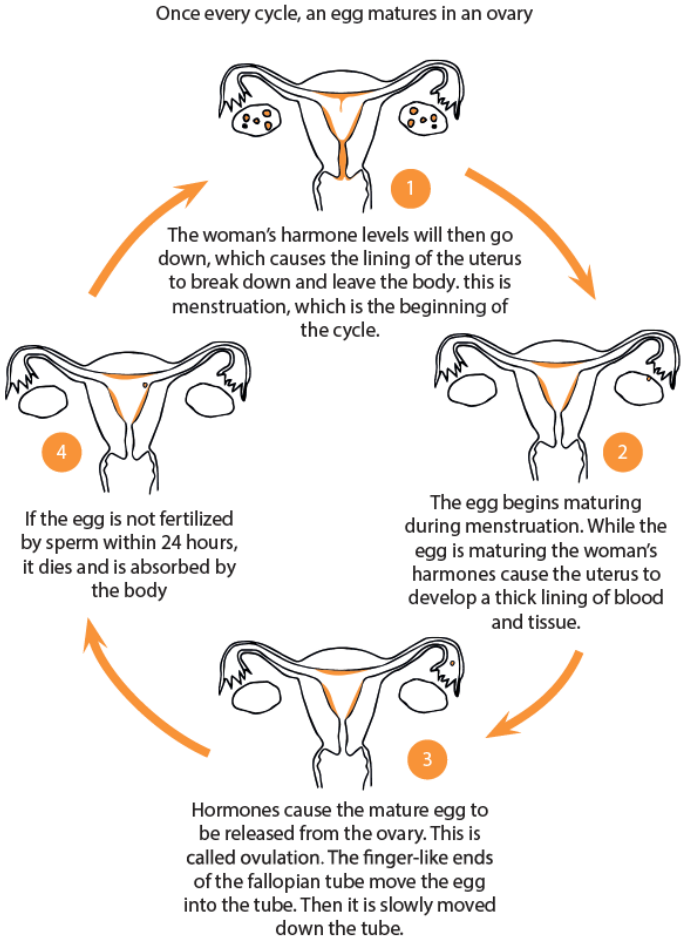
Tell participants that although many eggs may start to mature in step 2, usually only one becomes fully mature.

Then ask the participants the following questions:

- What is the first day of the menstrual cycle? **(Answer: The first day of bleeding)**
- How long is menstruation? **(Answer: Usually from 3-7 days.)**
- How long does it take the eggs to mature? Point to the third card. **(Answer: 10-20 days)**

- How long is it between the beginning of menstruation, card 1 and ovulation, card 4? (**Answer: It depends on the woman and on her cycle. It can be from 10 to 22 days long. This is the part of the cycle that can vary a lot.)**
- How long is it between ovulation, card 4, and menstruation starting again, card 7? **(Answer: It depends on the woman, but it is usually 12-16 days and is usually the same length in every cycle.)**

Refer to the picture below to explain the menstrual cycle



Ask if they have any questions and answer them.

ACTIVITY 4.5: FACTS ABOUT MENSTRUATION

TIME: 15 Minutes

Instructions

Tell the participants that they are now going to do a true-false activity to see how much they know about menstruation. Put up two signs in different places in the room, one that says **'TRUE'** and one that says **'FALSE.'** Tell them that you will read out a sentence and they should go stand next to the sign that they think is the correct answer.

Read the following statements one at a time. After participants have moved to their signs, ask each group why they are standing at that sign. Then give the correct answer, **confirm why it is correct**, and provide any additional information, using the information provided, as needed.

Talking Points

Ovulation always falls in the middle of the menstrual cycle.
Answer: False. Ovulation usually happens 12-16 days before menstruation begins. If a woman's cycle is shorter or longer than 28 days, ovulation will not occur in the middle of her cycle.

A woman cannot get pregnant from sex during her period.
Answer: False. Sperm can live inside the woman's body for up to seven days. If a woman with a short cycle has unprotected sex during the last two days of her cycle, for example, and ovulates 3-4 days later, the sperm can still be alive and waiting to fertilize the egg. If they ask questions, you can use the chart below to show how this can happen. For example, if a woman has unprotected sex on the last day of her period and ovulates four days after finishing her period, sperm could still be alive in the fallopian tubes when she ovulates.

Women get their period once a month.
Answer: False. Different women have different cycle lengths. The length of the cycle can be anywhere between 21 and 35 days or even longer. So how often a woman gets her period will depend on the length of her cycle. It can be shorter or longer than one month. Her cycle can also be regular (always about the same length) or irregular (often different lengths). More than 4 out of 10 women have cycles that vary by more than 7 days.

Medication can change the length of the menstrual cycle.
Answer: True. Medication, illness, stress, depression, poor nutrition, and travel can all change the menstrual cycle.

During the first two years of menstruation, girls often have irregular cycles or miss periods completely.
Answer: True. When they first start menstruating, their bodies are still adjusting to the changes.

It is 'safe' to have unprotected sex in the days immediately after a girl's period ends – she will not get pregnant.
Answer: False. The days immediately after the period ends can be very risky for getting pregnant, depending on the girl's cycle. The only safe time during the menstrual cycle is the days after ovulation. However, it is difficult to know exactly when ovulation has occurred unless you have special training.

> ***Note to Peer Educator:*** Emphasize that for young women, it is too risky to try to estimate the "safe days". Their cycles are often irregular and knowing when your safe days are is complicated and requires

taking a special course. Most important: **There are no safe days when it comes to STIs and HIV.**

Having painful periods is more common during adolescence.
Answer: True. Many adolescents have painful periods. They can take a common pain medication like Panadol or ibuprofen. Taking contraceptive pills also reduces period pain. Periods usually get less painful when women are older.

Some women and girls experience other physical and emotional changes before their periods start.
Answer: True. In the days before menstruation, some girls and women get tender breasts, stomach cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed or irritable. This is called pre-menstrual syndrome or PMS.

To know what is normal for her, a girl needs to keep a record of her own menstrual cycle.
Answer: True. Every woman has her own cycle. It is useful for a woman to know her own cycle. To keep a record of your periods, write down the day that bleeding starts in a notebook. You can then count how long your cycle is. You can also write down the day the bleeding stops to find out how long your periods usually last.

Address any local or traditional myths on menstruation. Emphasize that menstruation is a completely natural process and one that is necessary for people to have children. There is nothing to be ashamed of or to make fun of.

Although boys do not have periods, they need to understand how periods happen so that they don't believe stories they hear about menstruation. Both boys and girls need to understand how their reproductive parts work and how pregnancy happens

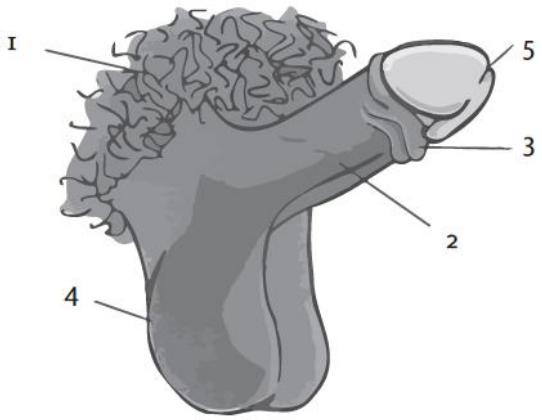
Invite questions and comments from the participants and allow general discussion on issues raised.

ACTIVITY 4.6: THE MALE SEXUAL AND REPRODUCTIVE SYSTEM

TIME: 45 minutes

Instructions

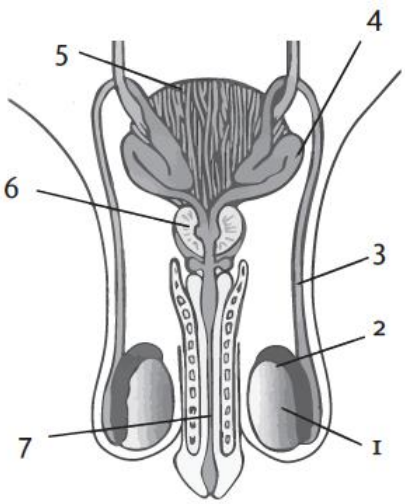
Tell participants that that this activity is about the male reproductive and sexual system. Explain that the names of the parts are on pieces of paper. Ask for twelve volunteers to come up and take one piece of paper each. Tell them they will see if they can put the name on the correct part of the male sexual and reproductive system. They can get help from others if they have difficulty.



Talking Points

The following are the parts and their functions:

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



Talking Points

The following are the parts and their functions:

1. Testicles (or testes)	5. Bladder
2. Epididymis	6. Prostate Gland
3. Vas deferens (sperm duct)	7. Urethra
4. Seminal vesicles	

Have one volunteer, at a time, put in the correct place on the poster. If they have trouble, ask the other participants to help.

PEER EDUCATOR AND PARTICIPANT INFORMATION: THE MALE SEXUAL AND REPRODUCTIVE SYSTEM

The external parts of the male sexual and reproductive systems are:

The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, making it the most sexually sensitive organ in males. When stimulated, the penis fills with blood and becomes larger and harder (erect). The head or tip of the penis, called the **glans,** is the most sensitive part of the penis. In uncircumcised men, a fold of skin, called the **foreskin**, covers the glans. It can be rolled back to show the head of the penis. This skin is removed during circumcision. Both semen and urine leave the penis through the urethral opening at the tip of the penis. The three functions of the penis are urination; sexual pleasure, and reproduction.

The **scrotum** is a loose bag of skin that hangs behind the penis between the man's thighs. It holds and protects the testicles and the epididymis. The scrotum holds the testes or testicles outside of the body to keep their temperature low, so that they can make and store sperm. When it is cold, the scrotum pulls the testes up close to the body to keep them at the right temperature.

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

The internal reproductive and sexual organs of males are:

Testes or testicles are two oval-shaped glands, each the size of a small egg, that are inside the scrotum. They produce testosterone (the main male hormone) and sperm. The scrotum and testes are sensitive to touch and can be a source of sexual pleasure.

The **epididymis** is a small organ, made of many tiny tubes, that sits on top of each testicle. The sperm mature in these tubes and stay there until the man ejaculates. If sperm are not ejaculated after 4-6 weeks, they die and are absorbed into the body.

The **vas deferens** (also known as the sperm ducts) are two long, very thin tubes that go from the epididymis to the seminal vesicles. When a man is about to ejaculate, the sperm move from the epididymis and travel through the vas deferens to the seminal vesicles.

The **seminal vesicles** are two small glands that produce about 60% of the semen. When the sperm arrive at the seminal vesicle, they mix with this fluid, which nourishes and protects the sperm.

The **prostate gland** is found just below the bladder. It produces a thin, milky fluid that is a lubricant for the sperm. This fluid mixes with the fluid from the seminal vesicles and with the sperm to make up semen. The prostate is also very sensitive and can give sexual pleasure when massaged.

The **Cowper's glands** are two small glands near the urethra, which produce a basic (non-acidic) fluid. This fluid, called **pre-ejaculate,** comes out of the penis before ejaculation. Urine leaves the urethra acidic; the pre-ejaculate neutralizes the urethra before the semen passes through it to protect the sperm.

The **urethra** is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation.

Other (not part of the sexual and reproductive systems)

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

As each part is labelled, ask the participants what its function is. Ask the following questions:

- Where do the fluids in semen come from? **(Answer: The epididymis (sperm), the seminal vesicles (nourishing fluid) and the prostate gland (lubricating fluids).**
- When do boys start having erections? **(Answer: Before they are born.)**
- When do boys start ejaculating? **(Answer: During puberty.)**
- What happens during an ejaculation? **(Answer: The sperm leave the epididymis and move through the vas deferens. The mix with the fluid from the seminal vesicles and then with the fluid from the prostate and then they leave the body through the urethra.)**
- How many sperm are in one ejaculation? **(Answer: A single ejaculation has between 150 and 500 MILLION sperm in it.)**
- When can a boy start making girls pregnant? **(Answer: As soon as he starts ejaculating.)**

Write the words ‘wet dreams’ on flipchart paper and ask the participants “**What are wet dreams**”? Use the following notes to add to what the participants say as needed.

Wet Dreams

Many, but not all, boys and some men have wet dreams. A wet dream is when a boy or man has an orgasm and ejaculates while sleeping. They start after the boy begins to produce sperm during puberty. When a boy has a wet dream, he may wake up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. You cannot stop wet dreams, but boys and men who do not masturbate or have sex are more likely to have wet dreams.

UNIT 5: ADOLESCENT SEXUALITY

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

MATERIALS: Flip charts, markers, masking tape, plain papers

ACTIVITY 5.1: SOURCES OF SEXUAL LEARNING

TIME: 30 Minutes

Instructions

Write the words **'Sex'** and **'Sexuality'** on flipchart paper. Ask participants what they understand the words to mean. Write the responses on flipchart paper under the respective word.

Then use their responses to come up with definitions similar to the following:
Sex is the biology of being male or female. A person's sex is determined by their chromosomes, hormones and genitals. A person's sex is usually assigned at birth based on their genitals. The term **'sex'** is also short for sexual intercourse. Sex is an important part of one's sexuality.

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

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

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

- Friends and peers
- Parents
- Other family members (aunties, uncles, brothers, sisters, cousins, grandparents)
- Boyfriends, girlfriends and sexual partners
- Teachers
- Health workers
- Ourselves (our own experiences)
- Religion
- Books
- Media (radio, TV, newspaper, magazines)
- Social media (Facebook, WhatsApp)
- Internet, websites
- Music and art (for example, movies, dramas, dances and songs)

- Cultural rites, such as initiation ceremonies
- Pornography
- Trainings and workshops
- Youth clubs and organisations
- Laws and policies

Furthermore, ask the participants the following:

- Which of these sources of information about sexuality are the most important sources to you (where you got the most information)?
- Which are the most reliable? Check those that are reliable.
- Which are not reliable? Mark these with a red "X".
- Which do you wish gave you more information?
- What are some examples of the different types of information you get from different sources? **(Possible answers: Friends can give you misinformation. Religion gives information on values and morals. The law tells us the age at which we can have sexual intercourse and get married.)**
- What do you think about what you learn from pornography (or blue movies)? Is it real? **Emphasize that most of what you see in pornography is not like real life. A lot of it is fake. The bodies are fake, the pleasure is faked, the sexual acts are exaggerated and often no one is wearing a condom, so they are not safe.**
- What would you do if you heard something and you were not sure if it was true or not?

Summarize the activity by emphasizing on the following points:

- Sex is the biology of being male or female. It also refers to sexual intercourse.
- Sexuality is much broader than sex. It includes sexual behaviour, but also includes the feelings, thoughts, and behaviours of being male or female.
- We learn about sexuality from many different people, places and things, including our own experiences.
- We need to make sure the source is reliable before we believe what we hear about sexuality and sexual health.

ACTIVITY 5.2: COPING WITH ATTRACTION

TIME: 45 minutes

Instructions

Write a story about Kondwani and Betty on a flip chart and post it in front of the group. Then ask a volunteer to read it aloud to the whole group. Ask another participant to read the questions.

Betty and Kondwani

Betty is 14 years old. She met 15-year-old Kondwani at the school sports festival two months ago and they have become good friends. Lately Betty has been thinking about Kondwani a lot and feels like she always wants to text him or be with him. Both Kondwani and Betty think that they are falling in love with each other. They spend a lot of time doing things together and they sit close to each other and hold hands a lot. Kondwani feelings for Betty are getting stronger too. Sometimes when they are together he wants to kiss and touch her. Betty too is longing to kiss Kondwani and to be in his arms – it just seems like the right thing to do.

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

Divide the participants into small groups and tell them to discuss the questions. After 10 minutes, bring participants back together to share their responses to the questions.

Generate a discussion by asking the participants the following questions:

* If Kondwani starts feeling sexually excited when he is with Betty, what will happen to his body? **(Answer: He will get an erection, his heart may start beating faster.)**
* What about Betty – what will happen to her body? **(Answer: Her vagina may get wet, her clitoris may get hard, her heart may start beating faster.)**
* If they get sexually aroused, do they have to have sex? **(Answer: No.)**
* What is the age in Malawi at which a young person can legally agree to have sex? **(Answer: 16 years.)**
* Do you think Kondwani and Betty are ready to have sex? Why or why not?
* What other things can they do instead of having sex?
* What does our society expect Kondwani to do as a boy when it comes to sex? Probing questions: What do people say about guys and sex? How are boys supposed to behave when it comes to sex?
* What does our society expect Betty to do as a girl when it comes to sex? Probing questions: What do people say about girls and sex? How are girls supposed to behave when it comes to sex?
* What effect do these messages have on boys? Probe for effects on their attitudes, desires, expectations and behaviours. What are the bad effects on them?
* What effect do they have on girls? Probe as above.
* What is your opinion about expecting one thing from boys and the other from girls (e.g. that boys should be sexually experienced; girls should be virgins)? Generate a discussion about whether this makes

sense by asking questions that make the participants think and challenge gender norms. Such as, does it make sense to have two different standards? If both boys and girls follow this, who will boys have sex with?

Summarize the activity by emphasizing the following points to the participants:

- **Being attracted to someone is part of starting and building relationships and friendships.**
- **Sexual desire and excitement does not have to lead to sexual activity of any kind.**
- **Only YOU can make decisions about what you will and will not do.**
- **Society gives different messages about men and women's sexuality. These affect our sexual attitudes, desires, expectations and behaviours.**
- **If you are getting into an intimate, romantic relationship with someone, it is important to talk to him or her about your sexual feelings, values and how you want to handle them. If you cannot talk about sex with someone, you are not ready to have sex with them!**

ACTIVITY 5.3: LET'S TALK ABOUT SEX

Time: 60 minutes

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

This activity is recommended for older adolescents i.e. those aged 15-24 years

Instructions

Divide participants into same sex groups and give each person a slip of paper. Tell them that this is their chance to ask any question about sex that they wish to ask members of the opposite sex. No one will know who wrote which question. Give them a few minutes to write their question. Then ask them to fold the paper.

Collect all the girls' questions in one bowl, and all the boys' questions in another bowl. Hand the girls' questions to the boys and the boys' questions to the girls.

Ask the groups to discuss each question together and come up with an answer. Circulate while they are working to help them as needed. Come back together and share the questions and answers in the big group. Allow the group to respond or clarify points, if necessary. Correct any misinformation that comes up.

After the exercise, ask participants:

- How did you find the exercise?

- What did you learn?
- What were some differences in the questions and answers of the boys and the girls?

After the discussions, emphasize that:

- **Because of culture, religious beliefs and attitudes, sex has been a difficult or taboo subject to talk about.**
- **We need to learn to talk about sex more openly.**
- **Talking more openly can help us take care of sexual health and to enjoy our sexual relationships more.**

ACTIVITY 5.4: SEX – WHAT'S THE TRUTH?

TIME: 45 minutes

Instructions

Tell participants that you are going to read statements about sexual behaviour and they will decide if the statements are true or false. Then you will discuss together and sort out the myths or wrong information from the facts.

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

	Sex, What's the Truth?
1.	**Masturbation is harmful.** **False.** Masturbation is not harmful. It is a safe way to satisfy sexual desire. However, it is a personal choice. Some people choose not to masturbate and some feel that it is wrong.
2.	**If a girl is a virgin, she will bleed the first time she has sex.** **False.** Bleeding happens when the hymen is torn. However, some girls are born without hymens. Hymens can also easily stretch or tear during normal physical activity or sports and can be stretched open by fingers or tampons. Therefore, not bleeding does not mean a girl has had sex before.
3.	**It is the man's role to initiate sex.** **False.** In many cultures, traditional gender roles assign initiating sex to men. However, there is no reason for this. This belief promotes inequality between men and women. Women can initiate sex when they want it.

	Even those who follow traditional gender roles often have a way to indirectly communicate their desire for sex to their partners.
4.	**Many women do not have orgasms from vaginal intercourse alone.** **True.** Many women, about 70-75%, do not reach orgasm from vaginal intercourse alone. Most women need to have their clitoris stimulated to achieve an orgasm. Women are more likely to have orgasms if they or their partner stimulates the clitoris directly before, during and/or after vaginal intercourse.
5.	**The first time a woman has sex, it will hurt.** **False.** The first time a woman has sex, it may or may not hurt. To reduce any discomfort or pain, her partner should take time to touch her and make sure she is fully aroused and her vagina is very wet before intercourse. If a woman feels nervous or afraid, the couple may want to wait.
6.	**Masturbation helps people learn about their body's sexual response.** **True.** Masturbation is one of the ways to learn about and understand how one's body responds to sexual stimulation. It can help women learn how to have orgasms.
7.	**Once a man gets sexually excited, he cannot control himself.** **False.** He may not want to control himself or stop, but all humans, male and female, can always stop at any point in a sexual experience. Some men believe that if they get sexually excited, they have to have an orgasm, but this is not true. Stopping may cause some discomfort, but it will go away on its own.
8.	**The easiest way to learn to please your partner is to talk to them about what they like and what feels good to them.** **True.** Every person has his or her own preferences and things, which **'turn them on.**' Rather than guessing what one's partner likes or finds pleasurable, it is quicker and more reliable to ask them. Communication is one key to having a positive sexual relationship that is pleasurable and satisfying to both partners.
9.	**Most men will at some time lose their erection during a sexual experience in their lives.** **True.** Most men will have this experience at some point in their lives. It is normal and nothing to worry about. Worrying about it can make it more likely to happen again.
10.	**If the man has a big penis, his partner will feel more pleasure.** **False.** Penis size does not mean that the woman will feel more pleasure. Although every woman is different, most women say that it is what the

	man does, not his size that is important. In fact, very large penises may be uncomfortable or even painful for some women. Also, remember that most women do not have orgasms from vaginal sex alone.
11.	**The right age to have sex is 18.** **False.** There is no right age to have sex. Each person has to decide for himself or herself when they feel ready to have sex. It may depend on their relationship, values, and feelings. However, it should be noted that all countries have laws that say how old a person has to be to be able to agree to have sex. Before that age, the person is considered too young to make this decision.
12.	**If a man can keep vaginal intercourse going long enough, the woman will have an orgasm.** **False.** As noted before, many women do not have orgasms from vaginal intercourse. For those that do, this statement may or may not be true. For those that do not, it does not matter how long the man keeps going. Honest communication between partners will make sex pleasurable for both partners.

As a follow on, ask participants:

* What else have you heard about sex that you are not sure if it is true or not?
* Why are there so many myths about sex and sexual behaviour?
* How can we make sure that we have the right information?

UNIT 6: PREGNANCY AND PREGNANCY PREVENTION

LEARNING GOAL: This unit describes the how pregnancy happens and explores the consequences of an unintended or unwanted pregnancy on a young person's life. It teaches decision-making skills by looking at the options that a young woman has when she becomes pregnant and emphasizes how to prevent unintended pregnancies.

MATERIALS: Flip charts, markers, masking tape, posters

ACTIVITY 6.1: HOW PREGNANCY HAPPENS

TIME: 45 Minutes

Introductions

Ask participants to close their eyes and sit back in their chairs. Tell them to think about their hopes, dreams and plans for the future. Then ask:

- What do you hope will happen in the next few years?
- What are you dreaming about?
- What are your plans for the future?

After at least a minute, say: **There has been a change in your circumstances. If you are a girl, you just found out that you are pregnant. If you are a boy, you just found out that your girlfriend is pregnant and you are going to be a father. What will happen now?** After about 30 seconds, tell them to open their eyes. Ask them:

- If this happens to you now, what will happen to your hopes, dreams and plans?
- Do you want to get pregnant now? Why or why not?
- What responsibility do boys have for their children if they get a girl pregnant?

Tell participants that they are now going to learn about how a woman gets pregnant. Ask for ten volunteers (get an equal number of males and females) and ask them come to the front of the room.

Give each volunteer one of the following cards that you prepared earlier and tell them that the process that leads to a pregnancy is written on these cards in steps. They have two minutes to put themselves in the correct order so the cards describe how a woman gets pregnant.

- Sperm travel through the cervix
- Fertilized egg is moved down the fallopian tube
- Fertilized egg reaches the uterus
- Ejaculation in the vagina
- Sperm travel up the fallopian tube

- Sperm travel through the uterus
- One sperm enters the egg
- Unprotected vaginal sex
- Fertilized egg implants in the lining of the uterus.
- Sperm meet the egg

Tell the rest of the participants to observe how the group does the task. When the volunteers are in order, ask the others to review the final order and help them to get it correct.

Correct Order:

1) Unprotected vaginal sex
2) Ejaculation in the vagina
3) Sperm travel through the cervix
4) Sperm travel through the uterus
5) Sperm travel up the fallopian tube
6) Sperm meet the egg
7) One sperm enters the egg
8) Fertilized egg is moved down the fallopian tube
9) Fertilized egg reaches the uterus
10) Fertilized egg implants in the lining of the uterus.

When the order is correct, post the cards on a chalkboard or wall. Ask the participants the following questions:

- How long is it between step 2, ejaculation, and step 3, sperm travelling through the cervix? **(Answer: A few seconds.)**
- So if, immediately after sex, you run to the toilet and wash out the vagina, can you get all of the sperm out and not get pregnant? **(Answer: No, it is already too late. Once sperm are in the cervix, they cannot be washed away.)**
- Can you jump up and down to make the sperm come out of the vagina? (**Answer: No, it is already too late – they are through the cervix and on their way to the egg. No amount of jumping will make them turn around!)**
- How long is it between step 7, the fertilization of the egg, and step 10, the egg implanting in the uterus? **(Answer: Five or six days.)**
- Is there *ANYTHING* you **can** do in those five days after unprotected sex that could help prevent a pregnancy? Probing questions: Have you ever heard of emergency contraception? The **'morning after'** pill? **(Answer: You can take emergency contraception.)**

Emphasize that emergency contraception is the ***only*** method you can use to help prevent an unintended pregnancy ***after*** sex. Emergency contraception is a special dose of concentrated oral contraceptive pills that are meant to be taken within 5 days of unprotected sex but the sooner after the unprotected sex, the more effective emergency contraceptive is. The effectiveness of emergency contraception varies by the type the woman takes and by when

she takes it. The sooner she takes it, the more effective it is. The longer she waits the less effective it will be.

Ask them if they have heard of any other way to prevent pregnancy after unprotected sex. Dispel all of the myths that they have heard. There is NO other way to prevent unintended pregnancy after unprotected sex. Also explain that if the couple has unprotected vaginal sex but the man pulls out of the vagina before ejaculating, there is still a chance the woman can become pregnant. The reason is that in most men, a small amount of fluid comes out of the penis before ejaculation. This is call pre-ejaculate or pre-cum and it may have sperm in it from a previous ejaculation.

Ask participants the following questions to generate discussion and bring out key points:

- What is an **'emergency'**?
  - When a condom bursts or breaks
  - If you are raped or forced to have sex
  - If you did not use a condom or other contraception
  - If you did not use your contraception correctly, for example, if you forgot to take 3 or more pills or are late getting your contraceptive injection.
- So if you are going to have sex and do not want to get pregnant, what should you do? **(Answer: Use a condom and/or another contraceptive method to prevent pregnancy.)**
- But if you ***do*** have unprotected sex for any reason and you do ***NOT*** want to get pregnant what should you do? (**Answer: Go to a clinic (or pharmacy) as soon as possible to get emergency contraception.)**

Tell participants that they will learn more about protecting themselves from pregnancy in an up-coming session. Ask participants if they have any questions about pregnancy and discuss them.

ACTIVITY 6.2: DECISION-MAKING ABOUT PREGNANCY OPTIONS

TIME: 60 Minutes

Instructions

Remind the participants that one of the possible consequences of unprotected sexual intercourse is an unintended pregnancy. Ask:

- How does a girl or a woman know that she is pregnant? What are the signs? **(Answers: missed period, a positive pregnancy test, nausea and vomiting, breast tenderness, unusual tiredness, mood swings, irritability and emotional sensitivity, greater hunger and weight gain, food cravings or aversions to foods, sensitivity to aromas, frequent urination, heartburn and/or constipation, dizziness and/or fainting, low back pain, bloating, or sometimes no signs at all, or a girl does not recognise the signs as a possible pregnancy.)**

* Where can a pregnancy be confirmed? (**Answer: at a (youth friendly) health facility and home tests are available at pharmacies but results need to be confirmed at a health centre.)**

Tell the participants that in this activity, they will learn about how to make good decisions and then apply that process to deciding what to do about an unintended pregnancy. Ask the group:

- When do people make decisions? **(Answer: Everyone makes many decisions every day, for example, what to wear to what to eat.)**
- When do we need to take more time make decisions? **(Answers: when the decision is important or big; when faced with a difficult situation or problem; when there's more than one choice; when faced with a challenge or challenging situation.)**

Introduce the decision-making model using the following presentation. Write out each highlighted word, systematically, on the flipchart, as you introduce and describe it.

Whenever we are facing an important decision or difficult problem, we can go through a conscious process to help us make the best decision. This decision-making process is made up of the following steps:

1. **Problem:** Identify the problem or challenge you are facing.
2. **Choices:** List all the options or choices or that you have.
3. **Consequences:** For each choice, list all the possible consequences, both positive and negative
4. **Decision:** Look at the choices and their consequences and make your decision.
5. **Evaluation:** Ask yourself why you made this decision and if it is the best one to make. Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If after answering these questions, you do not think you made the best choice, make another decision and evaluate it.

Ask participants if they have any comments or questions and discuss these. Tell participants that they will now practice using the model.

Divide participants into groups of four distribute an already prepared case study for them to work on. Have a volunteer read the situation below.

GOOD DECISION-MAKING

Instructions: Read through the situation below and use the decision-making process you just learned to come to a decision by following the steps listed.

Situation: Stella and Paul are both 16 years old and neither of them has a job. They have been together for about six months. They started having sex about two months ago. They were using condoms but six weeks ago they had unprotected sex once when they didn't have a condom. They have just found out that Stella is pregnant. Imagine that you are Stella. What will you do?

Step 1: What is the **problem** that you are facing**:**

Step 2: What are your **choices**? List all of the options that you can think of. Write them in the space below.

Choice 1:

Choice 2:

Choice 3:

Choice 4:

Choice 5:

Step 3: What are the **possible consequences** of each choice? Write these in the spaces below

Choices	**Positive or Good Consequences**	**Negative or Bad Consequences**
1		
2		
3		
4		
5		

Step 4: Decide what to do. What is your **decision**?

Step 5: **Evaluate your decision.** Why did you make this decision?

Is this really the best choice? Does it suit you and your values? Does it respect others? Are you taking responsibility for your past actions? If not, go back and make another choice.

Do the first two steps as a whole group. Ask them:

- What is the problem?
- What are the possible choices that Stella has? (Answer: Single parenting, marriage and parenting, adoption, abortion, and fostering.)

Then tell them to complete the activity in their groups. Circulate as they work and help them as needed.

Note to Peer Educator: For semi-literate youth, do the following:

* Read the situation out loud.
* Identify the problem and their choices as a whole group.
* Tell the participants to get into pairs or groups of three and use the model to make a decision about what they would do.
* Tell them to prepare a short role play to present their decision.

Go through Steps 3, 4, and 5 asking several groups to share their responses to each step. Challenge their thinking as needed to make sure that they fully understand the consequences of each option.

Ask participants:

* Were the final decisions of the groups the same or different? Why?
* What was it like to use this model?
* Was it difficult to make a final decision? Why or why not?
* Who can help a teenage couple decide what to do about an unintended pregnancy?
* What are the pressures a teen couple might face while making this decision?
* Who has the right to make the final decision about an unintended pregnancy? **(Answer: The pregnant woman or girl has the right to make the final decision because it is her body.)**
* Do you think it is important to use a model like this when making big decisions like this one? Why or why not?
* Why do people sometimes make bad decisions? How can you avoid that?
* What is different about making a decision with another person, for example, when you are in a relationship? **(Answer: You need to consider their needs, feelings, desires and solutions; you may need to compromise.)**

PEER EDUCATOR AND PARTICIPANT INFORMATION: PREGNANCY OPTIONS

The options available to teenagers who become pregnant are: abortion, adoption, single parenting, marriage and parenting; and fostering. In some countries there are homes for unmarried pregnant girls where they can stay during the pregnancy.

Adoption: There are two types of adoption: adoptions in which the mother and others know the identity of the adoptive parents, and adoptions in which the identity of the adoptive parents is not known to the mother.

Facts to consider:

- Giving up a child for adoption may or may not be a traumatic decision for the mother, the father and their families. The mother may experience additional emotional stress after the adoption if she was pressured into the decision; if she spends time with the baby before putting it up for adoption, or is rejected by her family or community.
- The teenage mother has the final decision. Whether she is 11 years old or 18, she has to sign the legal papers. In some countries, the baby's father may also have to give consent.
- Once legal papers are signed, the adoption is considered final. However there is usually a period of time during which the woman can withdraw her consent.

Some reasons women choose adoption include:

- Termination of pregnancy is against the girl's principles, illegal or too risky.
- To finish her education.
- To please her family.
- To try to start a new life.
- Thinking the child may have a better chance in life with another family.
- Because the father doesn't want to marry her, or she doesn't want to marry him.

Marriage and parenting: The couple decides to marry because of the pregnancy. They may be pressured to marry by the girl and/or boy's families.

Facts to consider:

- Few teenagers realize the enormous responsibility of parenting. The pressures of parenthood may lead to marital conflict.
- Few teenagers have the emotional maturity to marry. They may be unable to cope and/or face instability or violence in the relationship.
- If they have to leave school early in order to parent, they may have poor employment opportunities and financial difficulties.
- They may feel trapped and isolated from friends and resent the child.
- They may mourn their missed opportunities.
- If they live with their parents, they may have no privacy.

Some reasons couples choose marriage and parenting include:

- Their parents pressure them to do it.
- To give the child a name or to keep their child from being illegitimate or born out of marriage.
- Believing it is their payment for making a mistake.
- Thinking it was 'meant to be.'
- Being in love and thinking that they can handle it.

Single parenthood: Single parenthood is a common choice among teenagers but a very challenging one. Becoming a single parent often limits education, career, and marriage opportunities.

Facts to consider:

- A child is a 24-hour 7-day a week responsibility. Young people may not consider this seriously enough.
- A young parent's earning capacity is limited, often resulting in greater poverty.
- Single parenthood, especially in adolescence, can results in social isolation and loneliness. The young person may not be able to visit or go out with friends.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother lives at home, it may result in confusion of roles with her own parents, and eventually lead to conflict and power struggles.
- The adolescent father:
  - May not know his rights or his rights may be disregarded.
  - May be forgotten or ignored.
  - May have to pay child maintenance. If he does not do this voluntarily, the mother can get a court order that says he has to pay.

Some reasons women or men choose single parenthood include:

- Believing that it is the most acceptable choice.
- Wanting to have a baby even though their ideas about being a mother or father may not be realistic.
- Thinking it is her or his 'payment' for making a mistake
- Not wanting to marry the mother or father of the child.
- Her or his parents offered to help raise the child.
- Her or his parents want a grandchild.

Fostering: Fostering is when someone raises the child until the biological parents are able to care for it. Some people think it is traumatic for both the child and the foster parents when the biological mother or father retrieves the child.

Some reasons women or couples choose fostering include:

- To be able to finish their education.
- To ensure the baby is well cared for until they are more mature and ready to take on the responsibility.

Abortion (or termination of pregnancy): Although legally restricted in many African countries, illegal abortions (sometimes called 'back street abortions') are common. When abortions are done in conditions that are not hygienic (unsafe abortions), the risk of infection is higher, which can result in infertility and sometimes death. Some people have very strong feelings for or against abortion.

Facts to consider:

- Abortion is legally restricted in most African countries. It is allowed without restrictions up to 13 weeks in South Africa and up to 12 weeks in Mozambique.
- In some countries, it is allowed in cases of rape and incest, if the life or health of the woman is in danger, or if the baby has a condition that means it cannot live.
- Some religions do not support abortion.
- Without counselling, the emotional risks may be higher.

Some reasons women choose abortion include:
- To finish education;
- To save the family name;
- To keep the pregnancy a secret;
- To please the man who caused the pregnancy;
- To pursue other goals;
- To avoid raising a child in poverty or as a single parent;
- To protect their own health;
- In cases of rape, sexual abuse or incest.

ACTIVITY 6.3: PREVENTING PREGNANCY

TIME: 75 Minutes

Instructions

Ask the group how pregnancy can be prevented and allow them to quickly brainstorm the methods that they know. List these on flipchart paper. Then ask them to identify any that are myths and to explain why they are myths. If necessary, give factual information yourself about those that are not scientific methods.

Add any of the following methods that are missing from the list below:

* Abstinence
* The pill (oral contraceptives)
* Injectables
* Intra-uterine device or IUD
* Male and female condoms

Ask participants which methods are suitable for young people and mark those **(These are the ones on the list above)**. Show the participants the example of emergency contraception that you brought with you and pass it around so they can see it.

Then tell them that you will now discuss each method listed on the flipchart paper one at a time (do them in the order listed above). For each method, ask:

* How does this method work?

- What do you think are the advantages of (or good things about using) this method?
- What do you think are the disadvantages (or bad things)?
- What questions or concerns do you have about it?

Make a note of key words from their responses. After each question add to what they have said and give additional factual information on each method using the Peer Educator Information below.

When you discuss **abstinence**, note that for most people this is the most recommended method during a certain part of life, such as adolescence. The transition from abstinence to sexual intercourse is often a gradual one for young people. The period of transition, whether long or short, is risky for young people if they are not prepared and making conscious decisions about their sexual behaviour and getting protection.

When you discuss **the pill (oral contraceptives), injectables and the IUD,** show them the example of the method, if you have one, and pass it around the room for them to look at.

For male and female condoms, ask (separately for each):

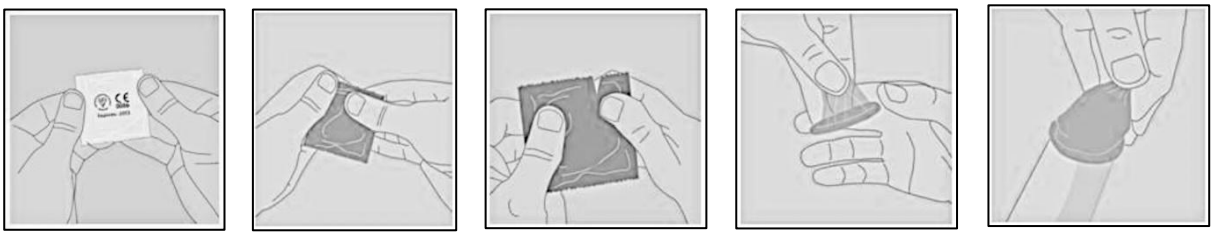
- How many of you know how to use a male (female) condom correctly?
- Who thinks that they can show us the exact right way to use a male (female) condom?

Ask a volunteer to show participants the right way to use the male and female condom separately. Ask the other participants to observe and make sure that they do it 100% correctly.

HOW TO USE A MALE CONDOM

Practice putting a condom on by following these steps:

1. **Check the expiry date** on the package. **Squeeze the condom package** and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, don't use it.



Step 1 Step 2 Step 3 Step 4 Step 5

2. When the penis is hard or erect, **carefully open the condom package** along the side with the jagged edge (not the smooth side). Do not use your teeth or a sharp object, like a knife or scissors; this could accidentally damage the condom.

3. **Remove the condom and determine the correct side to unroll**. Make sure it looks like a hat, with the tip coming up through the rolled edges so it will roll down. **If the man is not circumcised**, make sure the foreskin is rolled down before putting the condom on.

   Tip: To increase the man's feeling when using a condom, put a drop or two of water-based lubricant or saliva in the tip before putting it on. Do **not** use body lotion, oil or Vaseline – this could cause the condom to break.

4. Place the rolled condom on the head of the penis and **pinch or hold the tip of the condom tightly** to remove the air. Leave a centimetre of space for the semen to make sure the condom does not burst or break when the man ejaculates.

5. While pinching or holding the tip with one hand, **unroll the condom all the way down** to the base of the penis with the other hand. Smooth out any air bubbles. You are now ready to have sexual intercourse.


Step 6


Step 7


Step 8

6. After ejaculation and before the penis gets soft, **hold the condom firmly at the base of the penis and carefully withdraw** from your partner. This prevents the condom from coming off the penis when you pull out and any spilling of the semen.
7. **Tie the condom** to prevent the semen from spilling out. Put it into the rubbish bin or pit toilet. Don't try to flush it down the toilet. Wipe any semen off the penis. Use a new condom every time you have sex.

For the female condom, make sure the points in the information below are mentioned. If they are not, discuss them with the participants.

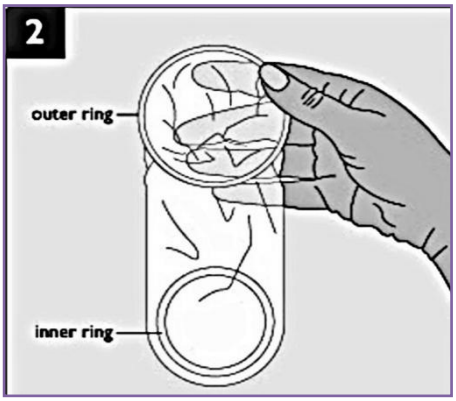
WORKBOOK INFORMATION: HOW TO USE A FEMALE CONDOM

Follow these steps to use a female condom:

1. **Check the expiry date** on the package. **Squeeze the condom package** and make sure there is still air in it. If there is no air, there is a hole in the package. If it is too old or has no air in it, **don't use it**.

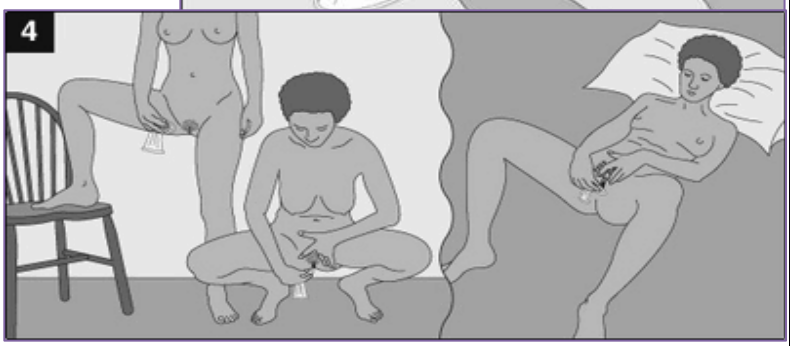
2. When you are ready to insert the condom (up to 8 hours before sex), **carefully open the package** and remove the condom. Tear the package at the notch on the top right – see picture 1. Do not open the package with your teeth or a sharp object like a knife or scissors.

The female condom is a long polyurethane bag with two rings. The outer ring is attached to the edge that opens. The inner ring is loose inside the bag. The outer ring will cover the area around the opening of the vagina. The inner ring is used for insertion and to help hold the condom in place during intercourse. See picture 2 below.

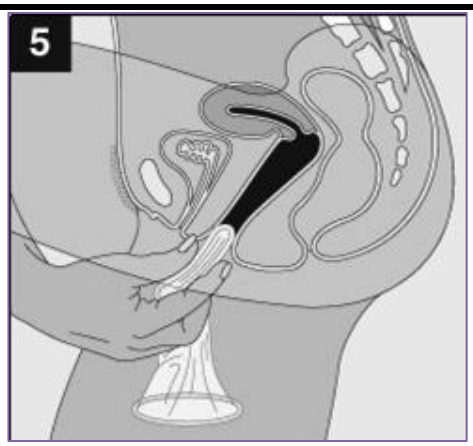


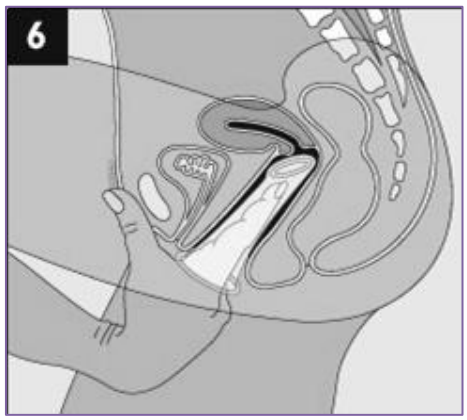
3. Hold the condom with the **open end hanging down** and **squeeze the inner ring at the closed end** with two fingers so it becomes long and narrow or turns into a figure eight. See picture 3.

4. **Choose a comfortable position** – raise one leg, sit or lie down. See picture 4.

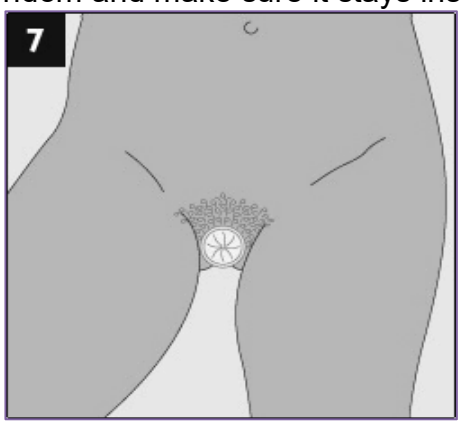


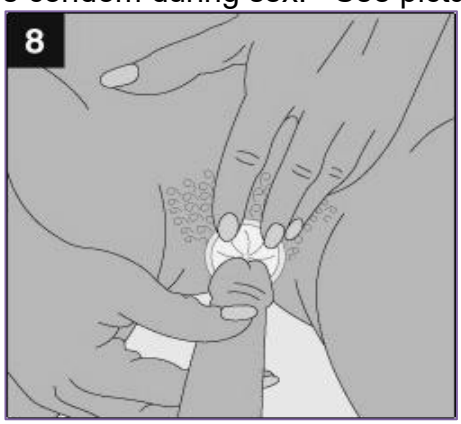
5. With your other hand, spread the lips open and **gently insert the inner ring into the vagina**. Place your index finger inside the condom, and **push the inner ring up as far as it will go**. Make sure the outer ring is outside the vagina and the condom is not twisted. See pictures 5 and 6.



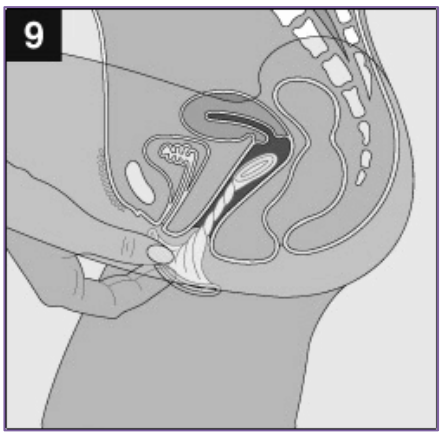


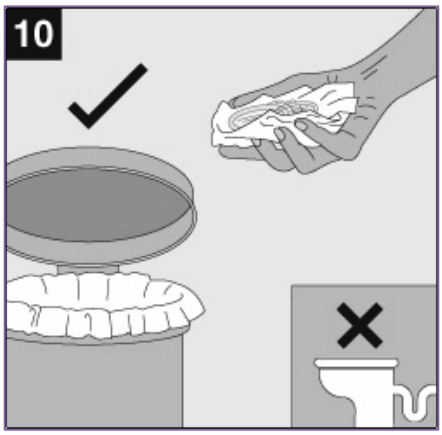
6. The condom is now in place – see picture 7. When you are ready to have sex, **guide the penis inside the condom**. Be sure the penis does not go to the side of the condom and make sure it stays inside the condom during sex. See picture 8.





7. To remove the condom after sex, **squeeze and twist the outer ring** to keep the semen inside the pouch. See picture 9 Then gently pull the condom out of the vagina. Throw it away in a rubbish bin or pit toilet. Do not flush it down the toilet.





Female condoms are not difficult to use, but they may take some practice to get used to Women should practice putting the condom in and removing it prior to using it for the first time during sexual intercourse. Research has found that women may need to try the female condom up to three times before they become confident and comfortable using it. When first trying to insert the female condom, try a different body position (for

example, lying down, crouching, sitting) each time to find the most comfortable one. If someone has difficulties, they can ask for advice and assistance at a family planning clinic.

After they do their demonstration, ask the other participants if they showed how to use a condom correctly. Have them make any corrections needed or make them yourself.

> **Note to Peer Educator:** For younger adolescents, aged 10-14, you should do the demonstration yourself, rather than asking one of the participants to do it.

Then ask participants:

- Which of the methods that you know prevents pregnancy **AND** STIs **AND** HIV? **(Answer: Abstinence, male and female condoms.)**
- Why do some couples use condoms **and** another contraceptive method? **(Answer: To be sure to prevent pregnancy if the condom bursts.)**
- Who is responsible for making sure that a couple is using contraception – the boy, the girl or both? Why? **(Answer: Both partners are responsible.)**
- Who is responsible for deciding which method to use? Why? **(Answer: They can discuss it together. If they want to use a method that the girl must take, then she should be the final decision-maker about which method, because it is her body.)**
- Who is responsible for getting the contraception? **(Answer: For condoms, either one can get them. For hormonal methods, the girl must go to the clinic, but emphasize that they can go together so they both understand how to use the method.)**
- If you have the opportunity to have sex, but you do not have a contraceptive method with you, what would you do?
- Boys, if your girlfriend tells you that you do not need to worry because she is using the pill, what would you say?
- Where are youth-friendly sexual and reproductive health services available in this community?
- Are you comfortable going there if you needed contraception? Why or why not?
- Where else can you get contraception if you do not feel comfortable going to the places we just discussed?

PEER EDUCATOR AND PARTICIPANT INFORMATION: PREGNANCY PREVENTION

There are four main types of methods that prevent pregnancy:

1. Methods that rely on your behaviour, like abstinence**,** are called **behavioural methods;**

2. Methods that use hormones to interfere with ovulation, change the cervical mucus and the lining of the uterus to prevent sperm from meeting an egg and implantation, are called **hormonal methods;** and
3. Methods that prevent the sperm and egg from meeting, are called **barrier methods;**
4. Methods that cannot be reversed are called **permanent methods.** They require surgery and are only recommended for people who already have all of the children that they want to have.

Methods Suitable to Young People

The methods for preventing pregnancy that are recommended for young people are:

- Abstinence and outercourse (a type of abstinence)
- Male condoms
- Female condoms
- The pill (oral contraceptives)
- Injections
- Intra-uterine device (IUD)
- Emergency contraception
- Vaginal ring
- Contraceptive patch

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them result in infertility. No method is completely effective, although there are many that are highly effective. Therefore, there is some risk involved when using any method. Ideally, the decision about which contraceptive method to use should be made by both partners.

Abstinence means completely avoiding vaginal, oral and anal sexual intercourse. It is a good choice for adolescents who are not ready for sexual intercourse and the risks of pregnancy and STIs. Abstinence requires self-discipline and respect for each other's wishes. The responsibility rests with both partners. It is 100% effective in preventing pregnancy and STIs, including HIV, if used correctly (which means the couple sticks to their decision and does not have sex).

Outercourse means being sexually intimate without having oral, vaginal, or anal sex. It is a type of abstinence. Outercourse can include many sexual behaviours, for example, holding hands, hugging, kissing, caressing, heavy petting, and masturbating each other, among others. Outercourse can be 100% effective against pregnancy, as long as semen does not enter the vagina. It is also very effective against many STIs, including HIV.

Some **advantages of abstinence and outercourse** are: the most effective way to prevent pregnancy, if followed; the most effective protection from sexually transmitted infections (STIs) and HIV, if followed; no physical side effects; and is free. Some **disadvantages of abstinence and outercourse** are: it may be difficult not to have sex for long periods of time; and you may lose control and forget the decision not to have sex (in which case, you may not be prepared to use protection against pregnancy and STIs).

Male condoms are latex sheaths that are rolled onto the erect penis before sexual intercourse. They are a barrier method because they prevent the semen and hence, the sperm, from entering the vagina. When used properly, every time a person has sex, condoms are effective in preventing pregnancy and STIs, including HIV. Some **advantages of the male condom,** in addition to being the most effective way to prevent STIs and HIV for people who are having sex, are: doesn't require clinic visit or prescription; free or cheap and easily available; can be carried easily and discreetly by men and women; allows men to participate in preventing pregnancy and infections; may decrease early ejaculation and make intercourse last longer; nothing drips from the vagina after intercourse; has few side effects; and does not affect the menstrual cycle. Some **disadvantages of the male condom** are: can interrupt sexual activity; can reduce feeling during sex for men; and a few people may develop an allergy or sensitivity to latex (they can use female condoms which are not made from latex).

Female condoms are narrow polyurethane bags that are inserted into the woman's vagina before sexual intercourse. A ring holds the condom in place during intercourse and the bag catches the man's semen so that it does not enter the vagina. If used properly, every time a person has sex, female condoms are effective in preventing pregnancy and STIs, including HIV. Because the female condom covers the outer lips of the vulva, it also offers some additional protection from STIs that are spread by skin-to-skin contact.

Some **advantages of female condoms,** in addition to providing protection against STIs and HIV, are: do not require clinic visits or a prescription; protect female fertility by preventing STIs; allow women to protect themselves from STIs and HIV without relying on the men; protect more of the skin than the male condom because they cover the vulva and the base of the penis; the outer ring may stimulate the clitoris and makes intercourse more enjoyable; may increase the woman's understanding of her body; do not have physical side effects; do not affect the menstrual cycle; and can be put in before intercourse so that they do not interrupt sexual activity. Some **disadvantages of female condoms** are: not as effective in preventing pregnancy as male condoms or hormonal methods; expensive and may not be easily available; can be noisy if there is not enough lubrication; can take some practice to learn to use; and the outer ring causes discomfort for some women.

Oral contraceptives or the pill: These include the combination pill and the mini-pill. The mini-pill is not recommended for young people. Contraceptive pills contain hormones that prevent pregnancy by suppressing ovulation, changing the movement of the fallopian tubes, making the mucous in the cervix thick, which prevents the sperm from entering the uterus and by reducing the thickness of the lining of the uterus before menstruation. When used correctly, the pill is highly effective in preventing pregnancy. Some **advantages of the pill** are: lighter or more regular periods; less pain during periods; easy to use; does not interrupt sexual activity; reduces cysts (fluid-filled sacs) on the ovaries or in the breasts; reduces symptoms of premenstrual syndrome (PMS); may protect against cancer of the uterus and ovaries; and may reduce acne or pimples. Some **disadvantages of the pill**

are: does not protect against STIs, including HIV; must be taken every day at the same time (may be difficult for some women to remember); may have side effects; and requires a prescription.

Contraceptive injections are hormonal methods that work similarly to the pill. There are different types of injections that work for different lengths of time. When used correctly, contraceptive injections are highly effective in preventing pregnancy. Some **advantages of contraceptive injections** are: private - no one needs to know that the woman is using it except the health care worker; does not require regular supplies or daily attention; is effective after twenty-four hours; does not interrupt sexual activity; is safer for women who are breastfeeding or who have other health risks associated with the hormone oestrogen; may decrease the risk of cancer of the ovary or uterus. Some **disadvantages of contraceptive injections** are: does not protect against STIs, including HIV; may cause changes in the menstrual cycle; may cause irregular bleeding or heavy spotting; menstruation may not occur (called amenorrhea); may result in weight gain; side effects can last for a long time due to the amount of the hormone injected into the body; requires injections on a monthly or tri-monthly basis; and when a woman stops using it, there may be a delay in her fertility coming back.

The **intra-uterine device (IUD or coil)** is a small device that is inserted into the uterus by a trained health worker. It prevents the man's sperm from fertilizing the woman's egg. Depending on the type, it can work for up to 10 years before it must be replaced. Some IUDs contain the hormone progestin and use hormonal methods to help prevent pregnancy as well. It is highly effective in preventing pregnancy. Some **advantages of the IUD** are**:** immediate starts preventing pregnancy; regular attention is not required; effective for 5-10 years; no interference with sexual activity; low cost over time. Some **the disadvantages of the IUD** are: does not protect against STIs, including HIV; requires a visit to a clinic to be inserted or removed; can come out or change position; and can cause heavier than normal menstrual periods.

Emergency contraception is pills that are taken within five days of unprotected sexual intercourse. The sooner they are taken, the more effective they are. They may cause a disruption in the menstrual cycle. Emergency contraception is especially useful if the woman has been raped, if the couple was using a condom and it broke, and if the couple had unprotected sex.

A couple should seek counselling when choosing a contraceptive method other than condoms. Counselling will provide them with all the facts they need to make a decision about which method is most suitable for them and how to use the method properly. Young people can use both a condom and another method of contraception to increase their protection from pregnancy.

Common side effects and symptoms vary with the different methods but generally may include: headaches; irregular menstrual cycles; stomach cramps; nausea and sometimes vomiting; and/or weight loss or gain.

ACTIVITY 6.4: DISCUSSING CONTRACEPTION

TIME: 45 Minutes

Divide the participants into groups of 3 or 4. Assign each group one of the scenarios. Then ask a volunteer from each group and read the scenarios and instructions within their groups.

WORKSHEET: TALKING ABOUT CONTRACEPTION

Instructions: In your groups:

- Read the scenario.
- Discuss how you would deal with or discuss the situation.
- Prepare a five-minute role-play to show the scenario and your solution.
- All group members must play a role.
- You have 20 minutes to do this.

Scenario 1: You are a 15-year old teenage girl who has painful cramps when you menstruate. A health worker who visited your school last week told you that using the contraceptive pill could stop the cramps or make them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

Scenario 2: You and your girlfriend have been having sex regularly for a few weeks. You have not used a condom every time. You were hoping that she is using the pill or something so that she does not become pregnant. Now you are suddenly afraid because you know you have been taking a big risk. You realize that you need to talk to her about how the two of you can protect yourselves.

Scenario 3: A number of your friends have become pregnant. Your boyfriend wants to have sex with you and you think you might be ready, too. However, you have not discussed protection with him yet. You realize that the two of you need to talk about protection now, before you have sex.

Scenario 4: Your mother finds a condom in the pocket of your trousers in the dirty clothesbasket. She calls you and starts asking you about your sexual activities. She knows you have a girlfriend but does not think that you should be having sex. You and your girlfriend are not having sex. You have decided that you are not ready for sex until you have a job. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

After 20 minutes bring the groups back together. Have each group present their scenario in a role-play. At the end of each performance invite questions and comments from the observing participants about the approach and solutions shown. Ask them what strategies the young person used to bring up or discuss contraception.

After all the presentations have been done, use the following questions to generate a discussion:

- Do most youth want to be able to discuss issues of contraception with their parents? What about with their partners?
- Why is it difficult for teens to raise these issues with parents? What about with their partners?
- What can you do to overcome these difficulties?
- Do you think it is important to talk about contraception with your sexual partners? Why?
- When should you talk about it? **(Answer: Before you start having sex; when you are not in a sexual situation)**
- Who is responsible for bring up the topic? **(Answer: Both partners are responsible.)**
- What are some things a young person or young couple should consider when deciding which method of contraception to use? (**Answer: their lifestyle – how often they have sex, partner's involvement in using method, remembering to use the pill; how convenient it is to use; how effective it is; how safe it is; and if it provides protection against STIs and HIV or not.)**

Stress to the participants that they are responsible for protecting themselves, so they need to take all the necessary actions to do so **before starting to have sex**. Remind participants that if they can't **talk** about sex and protection with their partner, then they aren't ready to **have sex** with their partner.

UNIT 7: SEXUALLY TRANSMITTED INFECTIONS

LEARNING GOAL: This unit aims to help participants understand the facts about sexually transmitted infections (STIs). It challenges myths and presents facts about how STIs are transmitted, their signs and symptoms and possible consequences.

MATERIALS: Flip charts, markers, masking tape, posters.

ACTIVITY 7.1: MYTHS AND FACTS ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIs)

TIME: 60 Minutes

Instructions

Write **'STI'** at the top of flipchart paper. Ask the participants:

* What does STI stand for? Write their responses on flipchart paper.
* How do you get an STI? (Answer: By having unprotected sexual intercourse with an infected person.)

Explain that STIs are usually transmitted through unprotected sex, but some can be transmitted from skin to skin contact alone (e.g., herpes and genital warts (HPV).

Ask the group to brainstorm the following and list their responses on the flipchart paper:

* STIs they know
* Any other names for those infections (slang)

If any of the following are missing, add them: **gonorrhoea; chlamydia; syphilis; herpes; genital warts or human papillomavirus; hepatitis B; pubic lice; and scabies.** These are the most common STIs.

Write three signs with the words, 'TRUE', 'FALSE' and 'UNSURE/DO NOT KNOW' and post them around the room/meeting place. Ask the participants to stand up and explain that you are going to read a statement and they should move to the sign that shows how they feel about each statement – if they think it is true, they will move to the 'True' sign and so on.

Read the first statement below and give participants time to move. Ask each group why they are standing under that sign. Then give the correct answer and add to the explanations or information given by the participants as needed. Use the Peer Educator Answer Key: STIs – True or False below as a guide to the answers. Give the explanations and additional information as you go through the answers.

True or False Statements

- You will not get an STI if you only have oral sex.
- Only people who have lots of sex partners get STIs.
- You can get an STI from a toilet seat.
- Many STIs can be transmitted to babies during pregnancy or birth.
- You can have an STI even if you do not have any signs or symptoms.
- Some signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge.
- Females have more noticeable signs and symptoms of STIs than males.
- STIs caused by viruses cannot be cured.
- Passing urine after sex protects you from STIs.
- If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners.
- STIs cannot lead to cancer.
- STIs that are not treated can result in problems getting pregnant.

Read out a second statement and repeat the same process. Continue for all of the statements. Ask participants what other things they have heard about STIs that they think may be wrong. Discuss these and any other questions or comments that they have.

Ask participants: What should people who think they may have an STI do?

Make sure the following key points come out in the discussion:

- Go to a clinic and get tested as soon as possible
- If you have an STI, tell all of your sexual partners to get tested
- Take all of the medicine prescribed even if you feel better
- Go back to the clinic to make sure the infection is gone
- Use condoms every time you have sex
- If you have an STI that cannot be cured, tell all of your future sex partners about it before you have sex with them.

Ask them:

- If you think that you might have an STI or you just want to get checked to make sure, where can you go?
- Which of those services is youth-friendly?

PEER EDUCATOR ANSWER KEY: STIs - TRUE OR FALSE

1. **You will not get an STI if you only have oral sex**. **False:** STIs can be transmitted through oral sex. You can get gonorrhoea in your throat, for example. Herpes and syphilis can also be spread through oral sex.
2. **Only people who have lots of sex partners get STIs**. **False:** Anyone who has unprotected sexual intercourse can get an STI, even if you have only one partner.

3. **You cannot get STIs from toilet seats. True:** The germs that cause STIs cannot live in the open air or outside the human body so you cannot get an STI from a toilet seat.
4. **Many STIs can be transmitted to babies during pregnancy or birth. True:** Many STIs, including gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. (Human papillomavirus (HPV) and chancroid are not transmitted to babies during pregnancy or birth.)
5. **You can have an STI even if you do not have any signs or symptoms**. **True:** In more than **half of all cases**, a person with an STI has no signs or symptoms that they notice. Because many people do not have signs or symptoms that are noticeable, just looking at their genitals will not tell you if they have an STI or not. However, some people will have signs of STIs that you can see, like sores or warts.
6. **Some common signs of STIs on or around the genitals are unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. True:** These are the most common signs of having an STI.
7. **Women have more noticeable signs and symptoms of STIs than men. False:** Women are more likely not to have any noticeable signs or symptoms than men. They may have signs that are inside the vagina or they may have no signs at all.
8. **STIs caused by viruses cannot be cured. True:** STIs caused by viruses (herpes, genital warts (HPV), hepatitis B and HIV have no cure. Those caused by bacteria (gonorrhoea, chlamydia, and syphilis) or by parasites (pubic lice and scabies) can be cured.
9. **Passing urine after sex protects you from STIs. False**: During sex, the bacteria and viruses that cause STIs enter the body very quickly. Urinating does not eliminate them but can help protect women from urinary tract infections, though.
10. **If you have an STI, you are at greater risk of getting HIV and of spreading HIV to your partners. True:** If you have an STI, the skin or mucous membranes of your genitals may have a sore or be inflamed, making it easier for HIV to enter the body. If you have an STI and HIV, it is more likely that you will transmit the virus when you have sex. In addition, having an STI is a sign that you are not using condoms correctly every time you have sex.
11. **STIs cannot lead to cancer. False:** Some STIs can lead to cancer. Some types of genital warts (HPV) lead to cervical cancer. Hepatitis B can lead to liver cancer.
12. **STIs that are not treated can result in problems getting pregnant. True:** Untreated STIs can cause infections in the upper reproductive tract of both men and women. These infections may cause scarring that blocks the vas deferens (sperm duct) in men and the fallopian tubes in women. They can also make tubal ectopic pregnancies (when the fertilized egg attaches itself to the fallopian tube) more likely.

PEER EDUCATOR INFORMATION: SEXUALLY TRANSMITTED INFECTIONS

The table below lists some of the most common STIs and provides information about each of them.

	Gonorrhoea	**Chlamydia**	**Syphilis**	**Chancroid**
Common names	Drip, clap, dose		The pox	Soft sore or soft chancre
Infectious agent	Bacteria	Bacteria	Bacteria	Bacteria
How do you get it?	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact From mother to child	Sexual contact Skin-to-skin contact
When will it start to show?	1 – 10 days	1 – 3 weeks	**Stage 1:**1-3 months **Stage 2:** 3 – 6 months **Stage 3:** Many years	3 – 14 days
What are the symptoms?	**Women:** pelvic pain, painful urination, vaginal discharge; fever; most will have no symptoms. **Men:** painful urination, discharge or drip from penis **or** no symptoms	**Women:** pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse **or** no symptoms **Men:** discharge from penis, painful urination; most have no symptoms	**Stage 1**: a painless sore **Stage 2**: fever, headache and a rash **Stage 3**: very ill. The cause is not always easy to find.	Soft painful sore on the genitals (less noticeable in women) Swollen lymph glands in the groin
Treatment	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics	Curable with antibiotics
What are the effects if untreated?	• Pelvic infection • Infertility • Blindness in baby • Sterility in men • Risk of tubal pregnancy • Facilitates HIV transmission	• Severe infection of reproductive organs (PID) • Facilitates HIV transmission	• Infertility • Skin diseases • Paralysis • Mental illness • Arthritis • Baby born blind or stillborn • Death • Facilitates HIV transmission	• Scarring, thickening of tissues, fistula (passages or holes between organs, such as the vagina and the urethra)

	Herpes	Human Papillomavirus	Hepatitis B	Pubic lice	Scabies
Common names	Blisters, cold sores	Genital warts, HPV	Jaundice	Crabs	
Infectious agent	Virus	Virus	Virus	Parasite	Parasite (a small mite)
How do you get it?	Sexual contact Skin-to-skin contact with or without a sore From mother to child	Sexual contact and Skin-to-skin contact	Sexual contact Exchange of body fluids (blood, saliva and urine)	Sexual contact, close physical contact, sharing a bed or clothes	Sexual contact Close physical contact
When will it start to show?	2 – 20 days	1 – 6 months	1 – 6 months	Immediately	1 month
Symptoms	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. Sometimes there are no signs or symptoms.	Small painless bumps on the genitals with slight itching or burning. They can be inside the vagina in women or the urethra in men with no outward signs. Women need a pap smear or acetic acid test to detect lesions.	**Stage 1:** Flu, fatigue, weight loss, painful joints **Stage 2:** Jaundice – the skin and whites of the eyes become yellow	Itching in the area of the chest, genital hair. Lice crawling and small eggs (nits) on hair and clothing.	Itching at night Red lines in the skin as the scabies burrow. Ulcers develop after scratching.
Treatment	Not curable. Medications can help prevent the sores from reappearing.	Not curable. Warts can be removed by burning, freezing or minor surgery. A vaccine is available.	Rest and healthy food. Lifelong infection. A vaccine is available to prevent this infection.	Special shampoos or lotions. All bedding and clothing must be washed in hot soapy water.	Special cream Wash all clothing and bedding before applying. Repeat after three days
What are the effects if no treatment?	• Sores go away without treatment, but may reappear when person is ill or stressed. • Can pass to baby. • Facilitates HIV transmission.	• Can grow large and spread • Some types can lead to cervical cancer • Can pass on to baby	• Can cause liver disease, liver cancer and death. • Can pass on to baby	• Skin irritation	• Spreads all over the body

PARTICIPANT INFORMATION: BASIC FACTS ABOUT STIS

How STIs are spread: STIs are spread mostly through unprotected vaginal or anal sex. Some can be spread through oral sex, like herpes, genital warts and gonorrhoea. Some STIs, like herpes and genital warts (HPV), can be spread through skin-to-skin contact of the genitals. Some STIs, like gonorrhoea, chlamydia, syphilis, herpes, HIV, and hepatitis B and C, can be passed to a baby during pregnancy or birth. STIs are passed more easily from men to women than the reverse (because of a woman's anatomy).

Types of STIs: STIs are caused by bacteria, viruses and parasites. The most common STIs caused by bacteria are: gonorrhoea, chlamydia, chancroid and syphilis. They can be cured. The most common STIs caused by viruses are: human papillomavirus (HPV) or genital warts, herpes, hepatitis B and C, and HIV. They cannot be cured, but most can be treated. The most common STIs caused by parasites are: trichomoniasis, scabies and pubic lice. They can be cured.

Signs and symptoms of STIs: In more than half of all cases, STIs do not have any noticeable signs or symptoms. The most common signs and symptoms of STIs on or around the genitals are: soreness, unusual sores or lumps, itching, pain, pain when urinating, bad smells, and/or an unusual discharge. Women have fewer noticeable signs and symptoms than men. Because STIs often don't have signs and symptoms, many people are not aware that they have one. So if you have had unprotected sex, you could have an STI and not know it.

STIs and HIV: STIs that cause sores (like chancroid, syphilis and herpes) or inflamed or irritated skin make it easier for HIV to be transmitted. When a person has HIV and an STI, they are more likely to pass the virus to their sexual partners.

Consequences of untreated STIs: Having an STI can be irritating, uncomfortable and very embarrassing. Because of shame and embarrassment, some people do not seek testing and treatment and hope the STI will go away on its own. This can lead to serious problems. When STIs are not treated early, they may cause problems like serious infection of the reproductive system (PID - pelvic inflammatory disease in women, inflammation of the testicles in men), infertility (not being able to get pregnant), cervical cancer (from HPV), liver cancer (from hepatitis B and C), serious damage to the nervous and cardiovascular system (from syphilis) and even death (from syphilis and HIV).

Genital warts (HPV) and cervical cancer: The virus that causes genital warts (HPV) is an important cause of cervical cancer in women. There is now a vaccine against genital warts, so all young women should get vaccinated against genital warts, if possible. Women who have not been vaccinated can get a test, called a Pap smear, or the acetic acid test to detect pre-cancerous lesions or other signs of cervical cancer. All women should get this test every

three years if they can, but it is especially important for women who have genital warts and for women who are HIV-positive because they are at higher risk for cervical cancer.

Preventing STIs: Abstinence or not having sex is the surest way to avoid getting an STI. For those who are having sex, using male or female condoms correctly every time you have sex is the only way to reduce the likelihood of getting an STI. In addition to the vaccine for genital warts (human Papillomavirus), there is a vaccine for hepatitis B.

Candidiasis: Candidiasis, also called yeast infections, candida, white discharge or thrush, is usually not sexually transmitted. In women, it is the result of an increase in the natural yeast in the vagina. It is rare in men. Pregnancy, taking antibiotics, diabetes and illnesses that suppress the immune system, like HIV, make it more likely that a woman will get candidiasis. Signs of candida include thick white, lumpy discharge; bright red skin on the vulva and in the vagina; intense itching of the vulva and vaginal opening; and discomfort or pain during sex. It can be easily treated and will also go away on its own.

If you think you may have an STI: Do the following:

1. Go for testing and treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Traditional medicine is usually not effective in treating STIs.
3. Tell anyone with whom you've had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
4. Take all of the medicine given to you by the doctor, even if you feel better. You can start to feel better before the infection is completely gone.
5. Go back for a check-up to make sure the infection is gone, even if you feel better.
6. Avoid sex or use a condom each time you have sexual intercourse until you are cured. After you are cured, continue to use condoms to protect yourself from getting another STI.
7. If you get an STI that cannot be cured, always tell your sex partners about the infection before you have sex with them and always use condoms.

Remember that anyone can get an STI.

UNIT 8: HIV AND AIDS

LEARNING GOAL: This unit aims to help learners understand the facts about HIV and AIDS. It challenges myths and presents facts about how HIV is transmitted. It also increases understanding about how HIV attacks the body and causes AIDS, why everyone should get tested for HIV, and the benefits of antiretroviral treatment (ART) if you have HIV. The unit also emphasizes living positively with HIV and challenges participants to understand and reduce stigma and discrimination in general, as well as stigma and discrimination associated with HIV.

MATERIALS: Flip charts, markers, masking tape, papers

ACTIVITY 8.1: MESSAGES FROM HIV POSITIVE YOUTH

TIME: 20 Minutes

Instructions

Ask participants to read the messages from fellow young people who are HIV positive that you prepared beforehand. Tell them that some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers. The stories are real but their names have been changed.

Ask a volunteer to read the first message. Then ask the following questions:

- What does **[name of the young person]** want you to understand?
- What does s/he suggest that you do? Why?

INFORMATION: WHAT I WANT TO TELL YOU: MESSAGES FROM YOUNG PEOPLE LIVING WITH HIV

Instructions: Some young people living with HIV were asked what they wanted to tell other young people. These are some of their answers. Read what they had to say and think about it.

Stella, 25 years old, has known she has HIV since she was in secondary school. She says:

People will say it's normal to have HIV because you have options. But it isn't normal to live with HIV. You can't have that fun you used to have, fun like normal sex and having a baby without fear. The fear of death is always

in you, even though we will all die. And if you are not in a relationship, you won't find the real one. HIV has a lot of stigma and discrimination attached to it. The best way not to feel the pain of being stigmatized and rejected by your peers is **not to get HIV**. Always use condoms and get tested with your partner if you are serious. Girls, don't leave it up to the man -- you also need to say, 'Let's use a condom.' Protect yourselves, guys!

If you are HIV-positive, live your life and make the best out of it. You have a future. It is not the end of the world. HIV is a manageable virus. ARVs (antiretrovirals) are here at the state hospitals and there are mobile services in rural areas.

Johnson, 20 years old, says:

Young people are more afraid of pregnancy than the virus. You should concentrate on avoiding both pregnancy **and** the virus. We tend to believe that if we are with a boyfriend or girlfriend for three months, then we are a couple and there is no need to use a condom. Meanwhile, the other one is cheating on us. Looking at some grown up people, too, they are getting HIV because one is faithful but the other one isn't. You need to look out for yourself, man, and just use condoms all the time. If you are negative, get serious! Maintain your status – don't get the virus!

Justine, a 23 years old student at the university, says:

Young girls like me come from villages to the university and suddenly, you know, you aren't with your relatives anymore. And there is a lot of peer pressure -- you see how others are living – this one has this and that – clothes from Foschini, cell phones. It's a trap that is easy to fall into. There are a lot of pregnancies and some girls have unsafe abortions. Or like me, they end up pregnant and HIV-positive. Don't think it can't happen to you like I did. I am telling you – that is what is propelling HIV– the temptation, especially money. Ladies, I hope you will listen and understand me: If you hear about money or cell phones, **please, don't forget about your own life**.

Max is 13. He says:

Don't forget that there are children born with HIV. When you sing songs like 'AIDS is a Killer,' it hurts us. Think about how we feel. Don't hurt people who have the virus!

Follow the same procedure for the rest of the quotes, one at a time until all have been read. Ask participants the following questions: Whose message stood out to you? Why?

ACTIVITY 8.2: HOW MUCH DO YOU KNOW ABOUT HIV?

TIME: 45 Minutes

Tell the participants that they are going to play a game now called **'How Much Do You Know?'** Ask them to count off from **One** to **Four**. Have them form four teams. Have each team pick a name for themselves and write their names on a piece of flipchart paper in order to keep score.

Explain the game to the participants:

- Each team will pick a statement out of the bag and read it aloud. They will consult with each other **briefly** and decide if the statement is **true** or **false.** After **15 seconds** I will ask the team for their **final answer.**
- If their answer is **correct,** they get one point.
- The team with the most points remaining at the end of the game will win. If there is a tie, there will be tiebreaker statements, until one team wins.
- Ask if there are any questions and clarify as needed.

Note to Peer Educator: Keep the time yourself or ask your co-Peer Educator or someone on another team to keep the time.

Explain that the first set of statements is about how HIV is transmitted. Have the first team pick a statement out of the bag and read the statement aloud. After 15 seconds, ask them for their final answer.

Bag One: Statements is about how you get HIV

A person can get HIV if they have sex without using a condom.

A person can get HIV by using needles or razors that were used by someone else.

A person can get HIV from a mosquito that bit someone with HIV before.

An HIV-positive woman who is pregnant can pass HIV to her baby.

An HIV-positive woman who breastfeeds can pass HIV to the baby. (True)

HIV can be transmitted through witchcraft.

I can get HIV by being around people who are HIV-positive

Condoms can spread HIV

A person with a sexually transmitted infection can get infected with HIV more easily.

Bag Two: Statements is about preventing HIV

Not having sexual intercourse is one way to protect yourself from HIV.

Using contraceptive injections is one way to protect yourself from HIV.

Always using condoms correctly with sex partners greatly reduces your risk of getting HIV.

Pulling the penis out before the man ejaculates is one way to protect yourself from HIV.

Having sex only with your regular partner will protect you from HIV.

If a person is not in a high-risk group, they don't need to worry about getting HIV.

A person doesn't need to worry about getting HIV because there is now a cure.

There is a vaccine to prevent HIV infection

A person taking medicines for HIV cannot spread the virus.

A pregnant woman who is HIV-positive can take medicine to protect her baby from HIV.

If a person and their partner both have HIV, they don't need to use condoms.

Having unprotected sex with a person who looks healthy and fit is safe.

Bag Three: Tiebreaker statements

If you have HIV, you will know you have it.

Getting circumcised will protect a man from HIV.

An HIV-positive woman can have a baby who does not have HIV.

HIV can survive outside the body for about a day.

If you have a negative HIV test, you may still be HIV-positive.

If you have HIV, you can get infected with HIV again.

Then have the next team pick a statement out of the bag and continue in this way. Praise correct answers. If there are incorrect answers, ask if anyone can explain why it is incorrect. If no one can, explain it. Keep the game moving along quickly.

When all the statements have been taken from the first bag, tell them that the next set of statements is on how people can protect themselves from HIV.

Have the next team pick a statement out of the second bag and continue in the same way.

After all the statements in the second bag have been answered, see which team has the most points. If you have a tie, tell them that they will now move on to the tiebreaker statements. Tell them that they now also have to **explain their answer correctly to stay in the game.** Any team that gives a wrong answer will be out!

> **Note to Peer Educator:** Use the Peer Educator Information below as a guide to the correct answers.

Go through the tiebreaker statements until there is a winner. If there is still a tie by the end, tell them that you are very impressed – they have so much knowledge of HIV that you cannot even declare a winner! If you have a prize, give it to the winning team or teams.

Have a participant read the statement on the worksheet that you will provide to the participants and ask the whole group for the answers. Write the correct answers on flipchart paper. Use the Peer Educator Information below as a guide to the correct answers.

Participant Worksheet with Answers: Important Information about HIV and STIs

HIV stands for human immunodeficiency virus. HIV is a virus that lives in humans and attacks the immune system.

AIDS is acquired immune deficiency syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when his or her immune system is so damaged by HIV that it is too weak to fight off infections.

A. The **three ways** that a person **can get HIV** are:

1. From **sex without a condom** with someone who has HIV (vaginal, oral or anal sexual intercourse)
2. From the **exchange of blood** with someone who has HIV (usually from a used needle or something sharp, like a razor); and
3. From an **HIV-positive woman to her baby** during pregnancy, birth or breastfeeding.

You **cannot get HIV** from mosquitoes, curses, or living or working with someone who has HIV.

B. The five body fluids that **can transmit HIV** are:

1. Semen
2. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)

3. Vaginal fluids
4. Blood; and
5. Breast milk

You **cannot get** HIV from tears, saliva, sweat, sneezing and coughing.

C. The two ways to **protect yourself from getting HIV from sex** are:

1. Do not have sex (abstain)
2. Use condoms **correctly** and **every time** you have sex.

Tell participants that in sub-Saharan Africa, including Malawi, young women aged 15-24 are twice as likely to have HIV than young men of the same age. Ask them why do they think this happens? Allow them to discuss and ask them questions, such as 'What effect do gender roles have on young women's ability to protect themselves from HIV?' to bring out the following points:

* Biologically, women are more likely to become infected with HIV through unprotected heterosexual intercourse than men. Young girls, whose reproductive systems are not fully mature, are even more likely to become infected if they have unprotected sex.
* Because of gender inequities, women have less power in relationships and therefore are less able to negotiate condom use. This is especially true for young women who are in relationships with older men.
* Young married or partnered women may not be able to abstain from sex or refuse unprotected sex. This is especially true if they fear violence from their partners.
* Women and girls are more likely to be raped.

PEER EDUCATOR INFORMATION: BASIC FACTS ABOUT HIV TRANSMISSION AND PREVENTION

HIV stands for human immunodeficiency virus. HIV is a virus that lives in humans and attacks the immune system.

AIDS is acquired immune deficiency syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when his or her immune system is so damaged by HIV that it is too weak to fight off infections.

Transmission of HIV

The three ways that HIV can be transmitted are:
1. Through sex without a condom with someone who has HIV (vaginal, oral or anal sexual intercourse);
2. Exchange of blood with someone who has HIV (usually from a used needle or something sharp, like a razor); and
3. From an HIV-positive woman to her baby during pregnancy, birth or breastfeeding.

You **cannot** get HIV from mosquitoes, curses, witchcraft or living or working with someone who has HIV. Mosquitoes do not transmit HIV because HIV does not survive inside a mosquito (it is digested); and mosquitoes take blood from a person when they bite them, but they **do not** inject blood into the person they bite. So, there is no exchange of blood.

The five body fluids that can transmit HIV are:
1. Semen
2. Pre-ejaculate or pre-cum (the fluid that comes out of the penis when a man has an erection before he ejaculates)
3. Vaginal fluids
4. Blood
5. Breast milk

Any time these fluids are exchanged between two people there is a risk of HIV being transmitted. For example, if there is an exchange of semen or vaginal fluids (with someone who is HIV-positive) during sexual intercourse without a condom, or an exchange of blood (with someone who has HIV) from sharing needles or other sharp instruments that have fresh blood on them. A person with a sexually transmitted infection (STI) can get infected with HIV more easily because STIs can cause sores and irritations of the skin that allow HIV to enter the body more easily. STIs also make it more likely that they will pass HIV on to their partners. Therefore it is important for anyone with an STI and their partners to get treated.

Anyone who exchanges these body fluids can get HIV, whether they are in a high-risk group or not. There is still no cure or vaccine for HIV. However, there are medicines called antiretrovirals that enable many people with HIV to live long, healthy lives. Although medicines for HIV reduce the amount of HIV in the body fluids and therefore make it less likely that the person will transmit HIV, it does not eliminate the risk completely. So a person taking medicine for HIV can still transmit HIV.

Protection from HIV

The two best ways to protect yourself from getting HIV from sex: are
1. Do not have sex (abstain);
2. Use condoms correctly **every time** you have sex.

Not having sex at all prevents the sexual transmission of HIV. If you don't have sexual intercourse, semen, pre-ejaculate and vaginal fluids cannot be exchanged. However, the person may still get HIV from sharing needles or sharp, bloody instruments with a person who is infected.

Condoms are very effective protection when they are used correctly every time you have sex since they prevent the transmission of semen and vaginal fluids. However, other contraceptive methods (including the pill and contraceptive injections) do not prevent the transmission of HIV. Condoms do not transmit HIV.

Pulling the penis out before the man ejaculates (also called 'dipping') does not protect the man or the woman from HIV. The pre-ejaculate (the fluid that comes out of the penis

before a man ejaculates) may have HIV in it (if he is HIV-positive). The man will also have contact with the woman's vaginal fluids, which may HIV in it (if she is HIV-positive).

Having only your regular partner prevents the sexual transmission of HIV **ONLY IF** that partner does not have HIV already and also has no other sex partners. You cannot be completely certain that another person does not have other partners. Many people have more than one sex partner and do not tell their other partners. Having only one partner does reduce the risk of getting HIV.

A man who is circumcised can still get HIV. Circumcision reduces, but does not eliminate, his risk of getting infected. He may still transmit HIV to his sex partners if he is infected. Medical male circumcision offers more protection and safety than traditional circumcision. Some traditional circumcision is partial, and sometimes unsafe or unhygienic.

If you have HIV, you can get infected with HIV again. There are different types of HIV. If you have one, you can get infected again with another type of HIV. So even if both partners have HIV, they should still use condoms to protect themselves from getting infected again.

To protect yourself from getting HIV from blood:

* Do not share needles for injecting drug use;
* Do not get body piercings, tattoos, or get cut or pricked with needles, razors, or other sharp objects that have been used and not sterilized;
* Avoid direct contact with blood by using gloves or plastic bags.

A baby born to an HIV-positive mother may be HIV-negative. If pregnant women are not taking HIV medicine, one in three babies born to them will be HIV-positive; two out of three will be HIV-negative. If women with HIV take medicine when they are pregnant, the chance of the baby having HIV is much lower: only about 1 baby in 20 will be born HIV-positive.

How to know if a person is HIV-positive

It is impossible to know if a person has HIV by the way they look. Many people who are infected with HIV do not know that they are infected because they feel and look healthy. Many live for years without developing signs or symptoms of HIV infection. Meanwhile, it is damaging their immune system. Eventually, the immune system is so damaged that the person becomes ill from other diseases and can't get better. Some of the most common signs that the person may eventually have include: weight loss; severe diarrhoea; sores in the mouth; thrush; coughs that take a long time to go away; fever; sweating; and severe headaches. The only way for a person to know if they have HIV is to have an HIV test.

You can have a negative HIV test and still be HIV-positive. The HIV test measures the antibodies to HIV. It takes several weeks (or longer - up to three months) after a person is infected for the body to develop these antibodies. This is called the window period. If a person has an HIV test after being infected but before developing antibodies, the test will be negative, even though the person has HIV. That is why if you test negative for HIV, it is recommended that you have a second HIV test three months later.

HIV cannot survive outside of the body for long. As soon as the fluid that is carrying HIV dries, the HIV dies.

ACTIVITY 8.3: HOW HIV MAKES YOU SICK

TIME: 60 Minutes

Tell the participants that in this activity, they are going to act out a play about the immune system and about how HIV attacks a person's body and affects the immune system.

Tell participants that first you will look at how the immune system usually works.

- For the first drama, you will need to have 12 participants to act the following roles: 1 Chris, 6 Guards, 3 TB, 2 Special Soldiers TB
- For the second drama**,** you will need to have 26 participants to act the following roles: 1 Chris, 9 Guards (CD4 cells), 13 HIV, 2 Special Soldiers HIV Fighters (HIV antibodies), 1 TB bacteria.
- Make name tags using A4 paper for each of these as follows: Chris, Guard 1, Guard 2, Guard 3, Guard 4, Guard 5, Guard 6, Guard 7, Guard 8, Guard 9, HIV 1, HIV 2, HIV 3, HIV 4, HIV 5, HIV 6, HIV 7, HIV 8, HIV 9, HIV 10, HIV 11, HIV 12, HIV 13, Special Soldiers HIV 1, Special Soldiers HIV 2, TB 1, TB 2, TB3, Special Soldiers TB 1, Special Soldiers TB 2.
    - To do the drama with only 20 participants, reduce the Guards to 7 and the HIV to 9. In the second drama, in step 2, Guards 1-5 should enter; in step 6, HIV 2-3 should enter; in step 7, HIV 4-6 should enter; in step 11, Guards 6-7 should enter; and in Step 12, HIV 7-9 should enter. Adjust the answers to the questions embedded into the drama accordingly.

Ask for 13 volunteers and assign the participants' their roles the first drama. Give them their name tags and pins or have them secure the papers to a button if they have one as follows:

- Chris (one participant)
- Guard 1, Guard 2, Guard 3, Guard 4, Guard 5, Guard 6 (6 participants)
- TB 1, TB 2, TB 3 (3 participants)
- Special Soldiers TB 1, Special Soldiers TB 2 (2 participants)

Make a table the "Immune System Headquarters" and ask the Special Soldiers to stay behind it until they are called. Have everyone stand up and clear a large space in the middle of the room for the drama. Ask the participants to act out their roles as you explain what happens. Read the drama below **slowly**, stopping and making sure everything is okay between steps.

DRAMA: HOW THE IMMUNE SYSTEM WORKS

1. This is **Chris.** Chris loves partying with friends and is enjoying life to the fullest.

2. Chris has Guards in his blood that are on the watch for any invaders that make him/her sick, like bacteria or viruses. **Guards 1-6** come and stand around Chris.
3. TB enters Chris lung. **TB 1** enter the scene.
4. The **Guards** see the **TB** and send a message to their Headquarters to create Special Soldiers TB Fighters who only know how to fight and kill TB; however, they have to wait many days for the first Special Soldiers to arrive.
5. The TB in Chris' body starts making copies of itself. **TB 2 and 3** enter the scene.
6. The Special Soldiers TB fighters finally arrive! Enter **Special Soldiers TB Fighters 1 & 2**. They find the TB and kill it. **TB bacteria 1-3** die.
7. Chris is healthy again.

Ask the participants: How did Chris' immune system fight off TB? Probing question: What happened in the drama?

Tell them that now they will see what happens when HIV enters someone's body. Keep the same Chris, the Guards 1-6 and TB 1. Handout the other roles as follows and ask them to attach the name tags:

- Guard 7, Guard 8, Guard 9 (3 participants)
- HIV 1, HIV 2, HIV 3, HIV 4, HIV 5, HIV 6, HIV 7, HIV 8, HIV 9, HIV 10, HIV 11, HIV 12, HIV 13 (13 participants)
- Special Soldiers HIV 1, Special Soldiers HIV 2 (2 participants)

Ask the participants to clear a large space in the middle of the room for the drama. Read the drama below **slowly**. Stop and make sure everything is okay between each step. Ask the questions where indicated.

DRAMA: HOW HIV WORKS IN THE BODY

1. This is **Chris.** Chris loves partying with friends and is enjoying life to the fullest.
2. Chris has Guards in his blood that are on the watch for any invaders that make him/her sick, like bacteria or viruses. **Guards 1-6** come and stand around Chris.
3. Chris has unprotected sex and HIV enter his/her body. **HIV 1** enters the scene.
4. The **Guards** see the **HIV** and send a message to their command center to create Special Soldiers fighters who only know how to fight and kill HIV. However, they have to wait many days for the first Special Soldiers to arrive.
5. The **HIV** in Chris' body attaches itself to a **Guard**. HIV attach yourself to one Guard by holding their arm and keep holding it. Only one HIV per Guard. HIV disables the Guard, enters it and hides inside.
   Ask:
   - How many Guards are affected? **(Answer: One)**
   - How many are not affected? **(Answer: Five)**

6. **HIV 1** turns the Guard into an HIV making factory and starts making more HIV. **HIV 2-4** enter Chris's blood and attach themselves to any Guards that have not been affected. Only one HIV per Guard.
   Note to Peer Educator: If necessary, repeat that the HIVs should attach themselves by holding onto the arm of a Guard and keeping hold. Make sure that only one HIV is attached to each Guard.
   Ask:
   - How many Guards are affected now? **(Answer: Four)**
   - How many are not affected now? **(Answer: Two)**
7. The first **Guard** that was disabled by HIV 1 dies (one Guard dies) and releases more HIV into Chris' blood. **HIV 5-8** enter the scene.
8. **HIV 5-8** attach themselves to any free Guards and hide inside.
   Ask:
   - How many Guards are affected now? **(Answer: All)**
   - How many HIV are not attached? **(Answer: Two)**
9. The **three Guards** that were taken over by **HIV 2-4** now die.
   Ask the HIV attached to Guards to stand behind their Guards while still holding their arms. Tell them this is to show that they are hidden inside the Guard.
10. The Special Soldiers HIV Fighters are finally ready and they arrive! Enter **Special Soldiers HIV Fighters 1 & 2**. They kill any **HIV** that are **<u>not</u>** attached to and hidden inside a Guard.
    Ask:
    - How many HIV die? **(Answer: Two.)**
11. Chris' body makes more Guards. **Guards 7-9** come into the scene.

12. But the Guards taken over by HIV are still making more HIV. **HIV 9-13** come on the scene. **HIV 9-13** attach themselves to any free **Guards** (only one per Guard).
    Ask:
    - How many Guards are free of HIV now? **(Answer: None.)**
13. Now TB comes into Chris' body. Enter **TB 1.**
14. The **Guards** are few and they are not free and they don't notice the TB, so they don't send a message to the command center to tell it to make Special Soldiers TB Fighters.
15. No Special Soldiers TB fighters are made, so TB increases in Chris' body. Tell all the remaining participants (if any) to be TB bacteria and enter the scene.
16. Chris becomes sicker and sicker until s/he dies.

At the end of the drama, ask the participants:

- How did HIV attack the immune system?
- What was different about what HIV did in the body compared to TB? **(Answer: the biggest difference is that HIV attaches itself to and hides inside the Guards (or CD4 cells) where the Special Soldiers HIV Fighters, or antibodies, cannot find it and kill it. Eventually it kills the Guard, so over time there are fewer and fewer Guards.**

* In the immune system, the Guards are called CD4 cells. What is the role of CD4 cells? **(Answer: They keep watch or look out for any invaders, such as viruses or bacteria. When they see an invader, they immediately send a message to the immune system command center, which orders special fighters to be produced who know how to kill only those invaders.)**
* In the immune system, the Special Soldiers Fighters are called antibodies. What is the role of antibodies? **(Answer: They are cells that are specially developed by the immune system to fight specific viruses or bacteria. They only fight the virus or bacteria that they are made to fight.)**
  Explain that they remain in the immune system and if the virus or bacteria returns, they are ready to fight it off.)

Explain that in our drama there were only a few HIV, a few Guards or CD4 cells, and a few Special Soldiers or antibodies. In the actual immune system, there are many millions of them and more are constantly being produced.

The reason that HIV is able to destroy the immune system over time, is that it can hide inside the CD4 cells while at the same time turning the cell it is hiding in into a HIV-making factory and then killing it. Over many years, there are fewer and fewer CD4 cells until the immune system does not work properly and cannot protect the person from diseases anymore.

Invite general comments and questions and discuss them. Make sure that participants' concerns have been addressed and that they understand the immune system and how it works.

PARTICIPANT INFORMATION: FROM HIV TO AIDS

CD4 or T-cells are part of the immune system. They are like the body's Guards because their job is to keep watch and identify any germs, like bacteria or viruses, that cause diseases when they invade the body. A healthy person has a high CD4 count. So at the time a person becomes infected with HIV, they have a high CD4 count, but as HIV starts to attack and destroy their immune system, their CD4 count slowly goes down.

Soon after they first get HIV, some people may feel like they have the flu, but it goes away. Many people are HIV-positive for as long as 5-10 years or more without knowing that something is wrong.

When HIV enters a person's body, it attaches itself to the CD4 or T-cells and enters them. It turns each T-cell into an HIV making factory, producing thousands of new HIV. These new HIV are released into the person's body and attach themselves to more T-cells and the T-cell eventually dies. At this stage, the number of viruses in the person's body goes up very, very fast.

When the CD4 cells notice that HIV is in the body, it sends a signal to the immune system to start to making antibodies to HIV. Antibodies are the cells that the immune system produces to fight off specific infections. So HIV antibodies only attack and kill HIV.

The HIV test detects the antibodies to HIV. For up to 12 weeks after becoming infected with HIV, the blood test for HIV will not show that the person is HIV positive. The reason is that during this time, there may not be enough antibodies in the blood yet for the test to detect them. Even so, the person can still spread the virus through unprotected sexual activity.

As the virus also continues to destroy the CD4 cells, the immune system also continues to produce millions more CD4 cells. However, this doesn't really help because HIV enters those cells and causes them to make and release more HIV and then to die. Although the person does not feel or look ill yet, the immune system is slowly getting weaker and losing its ability to fight off infections.

Overtime, there are more and more viruses in the body and fewer and fewer CD4 cells. When there are many HIV in the body and the few CD4 cells, the person is said to have a high viral load and low CD4 count. When there are not enough CD4 cells to fight infections, sicknesses, like tuberculosis (TB) and pneumonia, can easily attack the body.

So when the CD4 count is low, the person starts to get sick and is diagnosed with AIDS. The longer the person stays without knowing that they are HIV positive, the more likely it is that they will develop AIDS. When someone doesn't know they have HIV, a health care worker cannot monitor their health and give them antiretroviral medicine (ARVs) when they need them. Without antiretroviral medicine, it is likely that the person will eventually die from AIDS.

ACTIVITY 8.4: TO KNOW OR NOT TO KNOW YOUR HIV STATUS

TIME: 60 Minutes

Instructions

Tell participants that this activity is about HIV testing. To review what participants already know about HIV testing and to add to and correct their knowledge, ask participants the following questions.

- How can a person know if they are HIV-positive or not?
- What is the HIV test? What does it measure? **(Answer: It measures the presence of antibodies to HIV, not the virus itself.)**
- Why does a person who tests negative need to go back for a second test? What is the window period?
- Where can you get tested for HIV in this community?
- What happens when you go to get tested for HIV?

* Why do people get tested for HIV?

Divide the participants into four groups. Give each group a marker and direct each group to go and stand by the sheet of paper with the number of their group on it. When they are ready, give them the following instructions for the activity:

* Read what is written at the top of their sheet – for example: 'If you are **negative** and you **know** it, how will you feel? What will you do? What will happen?' Then write all the answers you can think of. If you can't think of anything, do not write anything.
* After two minutes, I will tell you to move to the next sheet. Then Group 1 will go to sheet 2, group 2 to sheet 3, group 3 will go to sheet 4 and group 4 will go to sheet 1. When you get to a new sheet, read what is written there first and only add anything that is missing.
* Each time, I call time, move to the next sheet.
* Make sure you read what is written at the top **carefully!**

Ask if they have any questions. After responding to questions, tell them to begin.

Group 1: If you are **HIV-negative** and you **know** it,

Group 2: If you are **HIV-negative** but you **don't know** it:

Group 3: If you are **HIV-positive** and you **know** it:

Group 4: If you are **HIV-positive** but you **don't know** it:

After two minutes, tell them to move to the next sheet. Do this three times until each group has gone to each sheet. Ask them to bring the sheets to the front of the room and then sit down. Put up the sheets next to each other on the wall at the front of the room, in order from 1-4.

Start with sheet 1, 'If you are **negative** and you **know** it, how will you feel? What will you do? What will happen?' Ask a participant from Group 1 to read how they will feel. Then ask another to read what they will do. Then ask another to read what will happen.

For all of the sheets, if there is anything that is **not correct**, **question it**.

Use the information below to guide you during the discussion.

Group 1: If you are **HIV-negative** and you **know** it,

- How will you feel? Happy, relieved; feel sure, no wonder or worry about my status; want to stay negative, want to protect my self
- What will you do? Use condoms to stay negative, practice outercourse or abstain from sexual activities; can have baby without worrying
- What will happen? Nothing, if you continue to protect yourself

Group 2: If you are **HIV-negative** but you **don't know** it:

- How will you feel? Worried, uncertain (for no reason); unsure or worried if you want to get pregnant
- What will you do? May use condoms; may take risks, depends on the person
- What will happen? Could get infected if you don't protect yourself

Group 3: If you are **HIV-positive** and you **know** it:

- How will you feel? Feel sad, depressed; worried about passing HIV to partners or your children; fear of being rejected by partners family or others
- What will you do? Get health care; take medicines when you need them; join a support group, find support; protect your partners, use condoms; tell your partners; protect your baby from HIV if you are pregnant
- What will happen? You can stay healthy if you take ARVs; live; may experience stigma and discrimination; may be rejected

Group 4: If you are **HIV-positive** but you **don't know** it:

- How will you feel? Worry; feel uncertain
- What will you do? Infect others; may pass HIV to your baby; won't get health care and medicine to stay healthy and alive
- What will happen? Eventually will get sick or get AIDS, could die from AIDS

Ask participants from Group 2 to read the responses to the three questions on Sheet 2. Then tell participants to look at sheets 1 and 2. Ask them to raise their hand if they think it is better to know their status if they are negative. Then ask: Why do you think it is better? **(Answers: There are no benefits to NOT KNOWING your status if you are negative; you will not worry; you will want to protect yourself; and you can have children without worrying.)** Ask participants from Group 3 to read the responses to the three questions on Sheet 3. Then have participants from Group 4 read the responses on Sheet 4.

Tell participants to look at sheets 3 and 4. Then tell them to raise their hands if you think it is better to know your status if you are positive. Ask them: Why do you think it is better to know? **(Possible answers: It is better to know because, even though there are some downsides, the benefits are greater than the difficulties, especially, being able to get medicine and stay healthy and alive.)**

Note to Peer Educator: If some participants still think it is better NOT to know your status if you are positive, ask those who think it is better not to know, the following questions:

- Why do you think it is better not to know your status?
- What are the most serious consequences of **not knowing that you** are HIV-positive? **(Getting sick and dying since you can't get medicine for HIV if you don't know your status; infecting your partners and your children.)**
- Is getting sick and dying better than knowing you are positive and getting treatment so you can live?
- If you don't know your status, does that **change** your status? **(Answer: No.)**
- So, it doesn't change the fact… eventually, you will know when you get sick, right?
- What do you know about the medicines that can treat HIV? **(If necessary, emphasize that the medicines allow most HIV-positive people to stay healthy for a very long time.)**
- Let us answer the question again, how many of you think it is better not to know your status if you are positive?

Discuss until **all or nearly all** participants think that it is better to know if you are positive. Depending on their reasons for thinking it is better not to know, you may need to come up with other questions to challenge their thinking.

Generate a discussion by asking participants the following questions:

- If a person has had sex, even with a condom, should they get tested for HIV?
- How often should they get tested? **(Answers: It is recommended that all adolescents and young people should be tested at least once. If they take risks, like having unprotected sex, they should get tested at least once a year. If they take many risks, they should be tested every 3-6 months.)**
- Why might a couple in a serious relationship get tested? Why would they want to know their status? (**Answers: If they want to get pregnant or they are pregnant; to have children safely; before getting married; to decide if they will get married; before having sex without a condom.)**
- Is it better for a couple to get tested together or separately? Why? **(Answers: It is better for them to get tested together: so they know each other's status; so if one or both is positive, they can get counselling together.)**
- Why should all pregnant women get tested for HIV? **(Answer: so that they can take medicine to protect the baby from HIV if they are positive).**

PEER EDUCATOR INFORMATION: HIV TESTING

How can a person know if they have HIV or not? The only way for a person to know for sure if they have HIV or not is for them to get tested for the virus. A person can have HIV and still feel perfectly healthy. One cannot rely on symptoms to tell if you are infected. The symptoms of HIV are similar to many other illnesses and many people have no symptoms at all for many years.

What is an HIV test? The HIV test is a blood test that looks for antibodies to HIV in the blood. When HIV enters the body, the body starts to make antibodies right away to fight the virus. The test can usually find these antibodies in the blood 2 to 8 weeks later, but it may take as long as three months for the body to make enough of them to show up in a test. In very rare cases, it can take up to 6 months. For this reason, if the HIV test is done during the first 3 months after possible exposure to HIV and is negative, a second test needs to be done more than 3 months after the possible exposure to HIV.

What is the window period? The window period is the time between infection and when the body has produced enough antibodies for the test to find them. During this time, if a person with HIV gets tested, the results may not be accurate. They may get what is called a 'false negative' result. A false negative result means the test is negative, but the person actually has HIV and is positive. To avoid false negative results, it is recommended that a person get tested three months after they may have been exposed to HIV.

Where can you get tested for HIV? HIV testing services are usually available at centres called HIV Counselling and Testing Centres, which are also known as HTC. HIV testing services may also be available at clinics and hospitals.

What happens when you go for an HIV test? When a person goes to get tested, they first see a trained counsellor in private. The counsellor explains the process for doing the test and what the results mean. The test results are always strictly confidential, which means that the counsellor must not reveal the test results to anyone except the person who was tested. HIV tests are voluntary, which means that it is the person's choice to get tested. No one can force them. If they agree to be tested, a blood sample will be taken.

The results will usually be given within half an hour or less. When the results are given, the counsellor talks to them about their results. If the test is positive, a second test will be done to confirm the results and the counsellor will allow the person to express how they feel, help them to cope with the news and to make immediate plans, discuss how they can avoid passing the infection to others, and refer them about services so they can stay healthy, get more information and talk to others living with HIV, as needed. If the result is negative, the counsellor will help the person develop a plan to stay negative.

Why do people get tested for HIV? People get tested to find out their HIV status. People may want to know their HIV status:

* Before having sexual intercourse with a new partner;
* Before marriage;
* Before stopping to use condoms with a partner;
* Before getting pregnant;
* Because they put themselves at risk by having sex without a condom;
* Because they are worried about their status and want to know for sure;
* Because they think their partner may have had other partners and put them at risk;
* Because they are pregnant and want to be able to protect the baby if they are HIV positive;
* Because they don't feel well or the doctor suggested it or because they, their partner or baby have signs of AIDS;
* To be able to get care and treatment and protect their partners if they are positive;
* Because they have to provide HIV test results for an official reason. Nowadays it is uncommon to be asked for an HIV test for employment or a visa nowadays. Note that in most countries, it is illegal to be asked for an HIV test for employment.

ACTIVITY 8.5: TELLING OUR PARTNERS

TIME: 45 Minutes

Tell the participants that this session is about deciding when we should tell our partners that we have HIV, who is responsible for protecting our own health, and practicing how to tell someone.

Ask the participants:

* If you have HIV, when do you think you SHOULD or MUST tell your partner about it?

Take a few answers but do not dwell on this question at length at this point.

Tell the participants that we will look at this question from two perspectives. Let's first put ourselves in the shoes of a young person living with HIV who is thinking about having a sexual relationship with someone.

* If you are a young person living with HIV, what are some possible cons or negative sides of telling a potential partner about your status? Why would you decide NOT to tell? **(Answers: Fear of rejection or loss of relationship; person may leave you, so why tell them; may be discriminated against because of it; can be beaten, violence; loss of opportunity to have sex; fear that the person may tell others; don't know how to tell; feel embarrassed; relationship is not serious; person didn't ask about one's status.)**

- If you are a young person living with HIV, what are some possible pros or positive sides of telling a potential partner about your status? **Possible answers: Being honest and open feels good (not hiding who you are); find out if the person really wants to be with you, really likes or loves you; thinking it is better to tell now and know how the person is before starting a sexual relationship (becoming more intimate).**
- Given this list of positive and negative sides of telling the partner, do you think a young person living with HIV will tell their potential partner that they are living with HIV?
  Note to Peer Educator: Emphasize that they may or may not. (Do not dwell on this question.)
- What responsibility does the person living with HIV have when deciding to have sex? **(Answer: To use a condom to protect their own and the other person's health.)**
- If a person living with HIV gets into a serious relationship, when should they tell the other person about their status?

Note that there is no right or wrong answer to this question. It depends on the person and how they feel. Some people prefer to tell right away because they don't want to get more serious with someone they like if the person will reject them. Others prefer to wait because they think that the person may accept them if they have stronger feelings already or they prefer not to tell anyone they aren't very close to and believe they can trust. The person living with HIV needs to think carefully about why, when, where and how.

Tell the participants that we will now look at the question from the perspective of a young person who is deciding whether or not to have sex with someone. The young person does not know if their potential partner has an STI or HIV or not. What should they do if they want to stay healthy?Depending on what the young people say, probe using the following questions:

- Should the young person ask the other person if they have ever had an STI or have HIV? **(Answer: Yes.)**
- Can a young person be sure that the other person will tell them if they have an STI or HIV? **(Answer: No.)**

Ask:

- Who is responsible for protecting their health? **(Answer: Themselves.)**
- If it is YOU, who is responsible for protecting your health? **(Answer: YOURSELF)**

Emphasize that every person is responsible for protecting their own health. If you put your health in someone else's hands, they may or may not protect you. Remind participants that when we talked about STIs, one of the things we said that a person who gets an STI has to do is to tell anyone with whom they had unprotected sexual intercourse that they may be infected. Ask them:

- Why is it important to tell your past partners? **(Answer: They need to get tested to know if they are also infected and get treated; your partner needs to get treated so you do not get re-infected; they have a right to know about the infection because it can affect them – STIs have long-term consequences on health and women often have no symptoms and don't know about the infection, so it is important that a partner let them know that they might be infected.)**

Emphasize that in the case of an STI that we may have given a partner, we have is a **responsibility** to tell that partner. It is our partners' **right** to know so that they can get tested and treated if they have the STI.

Divide participants into groups of three or four and give them paper to write on. Ask them to read the following scenario that you prepared beforehand.

WORKSHEET: HARD TALK

Read the following scenario and follow the instructions below.

Scenario: You have been diagnosed with herpes, an STI that cannot be cured. The doctor told you to tell your past and current partners about it. She said that if you have any new partners, you will need to tell them before you have sex and you will have to use a condom. You have fallen in love someone that you have been seeing for some time and you want to have sex with them. You know you need to tell them about the infection.

Instructions:

1. Discuss how you would tell a sexual partner that you have herpes.
2. Prepare a role play to show this. The role play must involve all members of your group (characters may include a doctor or nurse or STI test counsellor, one of more former and/or current sex partners, your new love, friends or others). The role play should be no more than **five minutes** long.
3. You have 15 minutes to prepare.

Have the groups perform their role-plays at the front of the room. Other participants should observe and listen without interruption. Do as many as you have time to do.

At the end of the role plays discuss by asking the following questions:

- How easy or difficult is it to tell a partner you have an STI as shown in the role plays?
- Do you think that a man would react differently to this news than a woman? Why or why not?

- What assumptions do you think the person receiving the news may make? Are they accurate?
- How do you think you would react, if you were told this by someone you are in love with? Why?
- How would you want someone you are in love with to react if you told them you had an STI or HIV?

Note to Peer Educator: Make sure that it comes out in this discussion that not everyone says 'no' to sex with a person who has an STI that cannot be cured or HIV. It is important to use protection, though.

Emphasize again, if necessary, that it is everyone's responsibility to protect their own sexual health. If you rely on anyone else, you may be putting your health at risk.

ACTIVITY 8.6: TREATMENT FOR HIV

Time: 45 Minutes

Instructions

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

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

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

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

1. ARVs kill the virus in the blood.	**False.** All HIV drugs work by preventing HIV from infecting new cells. When HIV cannot infect new cells, it cannot make copies of itself. So the amount of HIV goes down. This allows the immune system to stay strong or to become strong again.
2. ART can cure HIV.	**False.** ART is a very effective treatment, but it cannot get rid of HIV completely. Some HIV remains in the body. There is no cure for HIV
3. Viral load is the number of viruses in the blood of a person with HIV.	**True.** Viral load is measured to see how far HIV has progressed or how well the ART is working in reducing the amount of HIV in the blood.
4. The goal of ART is to reduce the amount of HIV in the body's fluids to the point where the viral load test cannot find them anymore.	**True.** When the virus can no longer be found by the test, the person is said to have an **undetectable viral load.** This is called **viral suppression** and it is the goal of ART.

5. Everyone who is HIV-positive should be given ART.	**True.** The World Health Organization says that as soon as a person tests positive, they should start treatment.
6. If your viral load is undetectable, it means that HIV is no longer in the body.	**False.** An undetectable viral load means that test cannot find the virus. However, HIV can still be in the body. It hides in the cells.
7. It is OK to miss ARV pills sometimes.	**False.** It is important not to miss any ARV pills. When a pill is missed, the virus has the chance to change itself so that the medicine won't work anymore. This is call **resistance.**
8. Adherence means taking the medicine exactly as the doctor tells you to.	**True.** Adherence is very important when taking any medication.
9. If a person has side effects from ART, they should stop taking the medication.	**False.** If a person has side effects from any drug, they should see their doctor. They should stop taking it only if the doctor tells them that it is okay to stop.
10. Taking ART helps to prevent the spread of HIV to another person.	**True.** The transmission of HIV to another person is most likely when a person has a lot of virus in their body fluids. Because ART greatly reduces the amount of virus in the body fluids, it makes it less likely that the person will transmit the virus to others. However, the person should still use condoms every time they have sex.
11. A person taking ART has to take it every day for the rest of their lives.	**True.** ART is a lifelong daily medicine for people living with HIV.
12. ART can be taken at any time of the day, as long as you take it once a day.	**False.** ART has to be taken at the same time of day, every day. This keeps the amount of the drugs in the person's body even so that HIV does not have the chance to become resistant to the drug.
13. A person living with HIV who is taking ART can live a long and healthy life.	**True.** By taking ART, most people living with HIV will live a healthy and long life.

When you have finished, ask the participants if they have any comments or questions and respond to them. Then tell them that you want to recap a few points. Ask them the following questions. Make sure the listed points are mentioned.

* Why is treatment important for people living with HIV?
  - It reduces their viral load and protects their immune system.
  - It allows them to live a long and healthy life.
  - It makes it less likely that they will transmit the virus to their sexual partners.
  - It makes it less likely that a pregnant or breastfeeding woman who is positive will transmit the virus to her baby.
* What does a person need to do to take ART in the way the doctor told them to (called adherence)?
  - They need to take their pills exactly as they were told to take them, every day for the rest of their lives.
  - It means eating and drinking the right things with the pills, as instructed by their health workers.

- They also need to take medications to treat other illnesses such as TB.
- They need to be motivated and committed to their treatment and to their health.
- They need to be knowledgeable about their treatment.
- They need to be supported by family, friends, and their doctor to overcome any difficulties they have.

* Why is treatment adherence so important?
  - If a person skips pills or starts and stops taking ART, it gives the HIV that is still in the body a chance to change itself and adapt to the medicine.
  - Once HIV has adapted to the medicine, the medicine will no longer work. This is called treatment resistance. (You can note that this is not only true for HIV, it is also true for other diseases, like TB and gonorrhoea.)
  - If the person does not follow the instructions about taking the pill, like whether to take the pill on a full or empty stomach, they will have more side effects. Side effects may discourage them from continuing to take the medication.
* Why can adherence be difficult? What can get in the way?
  - People can forget to take their pills. They need to make it a habit.
  - When something disrupts their daily routine, like travel, they may leave their medicine at home or forget to take it.
  - They get drunk and forget to take it.
  - They feel better and stop taking it, not understanding that it is a lifelong treatment.
  - They may have side effects that make them want to stop treatment.
  - The clinic may run out of their medication so that they can't get it.
  - The clinic is far and transport expensive.

PEER EDUCATOR INFORMATION: ANTIRETROVIRAL TREATMENT

Antiretroviral drugs (ARVs) are the drugs used to treat HIV. Because HIV is a retrovirus, drugs used against HIV are called antiretroviral.
Antiretroviral Therapy (ART) is the combination of drugs prescribed by the doctor to treat HIV. It may also include support to take the drugs correctly. HIV is always treated by taking multiple drugs at the same time, which is called **combination therapy.** All of the drugs may be in one pill to make it easier for the person to take it.
How ARVs work: There are different types of ARVs that work in different ways, but all of them help to stop HIV from making copies of itself (replicating) within the immune system. If HIV cannot replicate, it is unable to damage the immune system and the person's immune system becomes strong again. This allows the person to remain healthy or to regain their health.
The goals and benefits of ART: The goal of ART is to reduce the amount of HIV in the blood as low as possible and to increase the number of CD4 cells in the blood as much as possible. Viral load and CD4 counts are two terms used to describe the health status of a person with HIV. **Viral load** is

the amount of HIV in a person's blood. On ART, the viral load can be reduced to the point where HIV can no longer be detected in the blood by the HIV test. When there is very little HIV in the blood it is called **viral suppression**. When there is little HIV in the blood, it cannot attack and damage the person's immune system, so their CD4 count will go up and they will be healthy. The more CD4 cells a person has, the healthier he or she is. When a person's viral load is very low, they are also much less likely to transmit HIV to their sexual partners.

When to start ART: The World Health Organization now recommends that everyone with HIV should be taking ART. So as soon as a person tests positive for HIV, they should begin treatment. However, some countries may not be implementing this yet. A person living with HIV who is not taking ARVs should talk to an HIV specialist about getting treatment.

Adherence: Adherence means taking the drugs exactly as the doctor or health care worker told them to take them. It also means taking them every day for the rest of one's life. In ART, adherence involves taking medications in the correct amount, at the correct time and in the way they are prescribed, for example, on a full or empty stomach and eating and drinking the right things with the pills. It also means taking medications prescribed to treat other illnesses such as TB.

Adherence requires that the person living with HIV is motivated and committed to their treatment and health over the long term. Adherence is improved when people are knowledgeable about their treatment and when their family, friends, and health care workers support them and help them overcome any challenges.

Some barriers to treatment adherence include:

- Experiencing side effects to ART drugs;
- Stopping taking ART because they feel better;
- Not understanding of the importance of adherence;
- Forgetting to take their medication due to alcohol consumption or for other reasons, like disruptions of daily routines, travel;
- Fear of stigma, discrimination, and rejection especially by partners and family, leading to not disclosing their HIV status and then fearing being found out if they are seen having or taking the medication;
- Not enough food to support ART (Many ARVs require the person to take them on a full stomach. If they do not, they experience severe pain);
- Believing that they can be healed after being prayed for and therefore thinking they don't need to take the treatment.

Things that make adherence easier include:

- Getting into a regular routine of taking the ARVs;
- Using clocks and alarms to remind them to take their medication;
- Knowledge of and belief in the effectiveness of ART;
- Having told others of their HIV status;
- Having access to social support;
- Having access to nutritional support;
- Using treatment supporters who provide those living with HIV with on-going adherence counselling and make referrals for further support;
- Having ART services close by;

- Being motivated by their improved health.

Positive Living: Positive living refers to the attitude and actions taken by people living with HIV to enhance their lives and increase their health. Key components of positive living are:

- Having a positive attitude about oneself and one's life;
- Taking ART as prescribed by their doctor or health care team;
- Eating a healthy, balanced diet;
- Having good personal hygiene and a clean working and living environment;
- Carefully preparing and storing food;
- Preventing or avoiding new infections (STI, HIV, TB);
- Exercising regularly.
- Not drinking and smoking.

PEER EDUCATOR INFORMATION: PRE- AND POST-EXPOSURE PROPHYLAXIS

Post-exposure prophylaxis or PEP is the use of antiretrovirals by a person who may have recently been exposed to HIV to prevent that person from becoming HIV positive. The person neds to take ARVs right after they may have been exposed (for example, during a rape or IF a condom breaks).

Pre-exposure prophylaxis or PrEP is the use of antiretrovirals by a person who does not HIV but who is at high risk of getting HIV to prevent that from happening. The person needs to take antiretrovirals every day. Therefore it is only for high risk groups, like the negative partner in a discordant couple, and key populations like sex workers.

ACTIVITY 8.7: POSITIVELY ALIVE!

TIME: 60 Minutes

Instructions
Tell participants that this activity is called 'Positively Alive.' It is about living with HIV. They are going to read two stories about young people living with HIV. Share with them a worksheet titled **'Positively Alive!'** Have different participants read each paragraph of the story. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.

WORKSHEET: POSITIVELY ALIVE!

Instructions: Read Patience's story and answer the questions.

After graduating from secondary school, Patience went to the university to study business. She did well in her classes and she also loved to have fun and never missed a party. Of course, she had heard about HIV, but she didn't worry about it much. She was young and beautiful and middle class – how could she get HIV? After university, she got a job as an accountant. She earned a good salary and was happy to stay in the capital. She enjoyed shopping for the latest fashions -- and she went to all the parties and had lots of boyfriends. There was a lot of drinking and many wild nights.

Then, in 2007, she started feeling ill. She lost weight and got black spots all over her body. She went to several doctors and they all told her to have an HIV test. But she said no. HIV was something older people in the village got. Not her! She was a young, pretty college graduate with her whole future ahead of her! In the back of her mind, she realizes now, she knew it could be HIV, but she was afraid of the stigma. 'The only thing I knew was that if I had AIDS, people would reject me and then I would die,' Patience explains. 'Finally, I was so sick, I couldn't work and I had to go home to my parents. My mother took me to another doctor and he again told me to get tested for HIV. Then he said, "If you have HIV, you can get treatment and get healthy again."' That changed everything. She agreed to have the test: she was HIV positive.

She started treatment and soon felt physically better. Even so, knowing that she had HIV was difficult: she had an incurable illness that she got from having sex! She stayed on living with her parents, feeling ashamed and depressed and dirty from the inside out. She felt so lonely but she just couldn't tell any of her friends. She felt like she wanted to die and started drinking. A few months later, she took a whole bottle of pills and tried to finish the job that HIV had started. When she woke up in the hospital, she was close to death. 'Suddenly, I realized that I actually wanted to live,' she says. With the help of her doctor, she got her health back once again.

One day she saw an advert for a job working for a programme that cared for people living with HIV. She applied and got the job. At work, she met other HIV-positive people, who had accepted their status and decided to live fully and positively. She says, 'I thought, "If they can do it, so can I." And, you know, I found that people who face death, live differently. We are always aware of the value of life. We love every moment.' One day, someone sent a young guy who had just tested positive to talk to her and soon they began going out. 'It's difficult to tell people, especially someone you are interested in, that you are HIV-positive,' she says. 'With Michael, it was easy, because we already knew each other's status. It's a wonderful feeling to be in love -- and he's just so gorgeous! And who knows, maybe we'll even decide to have a child one day.'

1. Why did Patience refuse to get an HIV test at first?
2. Why did she agree to get tested in the end?
3. What difficulties did she experience after finding out that she was HIV-positive?
4. How was her health before she got tested and started treatment? How was it afterwards?
5. What good things have happened to her? What gives her hope?
6. Do Patience and Michael have the right to have children? Explain your answer
7. If she and Michael decide to have a baby, what should they do to have a healthy baby?

Note to Peer Educator: One of the reasons that Patience refused to get tested for HIV was because she was afraid of the stigma of having HIV. If participants do not know what stigma is, tell them: Stigma is when something about a person causes them to be viewed badly by themselves and/or others.

Patience and Michael have the right to have children. Everyone has the right to have children and all people with HIV have the right to live a full life.

If she and Michael decide to have a baby, they should talk to a doctor at a clinic for HIV and AIDS about how to get pregnant safely. Patience should continue taking her antiretrovirals and be monitored by a doctor so that her baby will be less likely to have HIV.

Now share with participants a worksheet titled **'My Name is Sunday'**. Have one participant read each paragraph of the story. Then ask participants the questions on the worksheet and discuss their answers. Tell them to note the answers in their workbooks.

WORKSHEET: MY NAME IS SUNDAY…
Instructions: Read Sunday's story and answer the questions.

My name is Sunday. I am fifteen years old. I was born with HIV. I live with my mother - she also has HIV. My father now lives in the north. When I found out I was HIV positive, I did not even feel bad about this because it is part of life. I think I was twelve years old. My mom told me because I asked, 'Why am I drinking my medicals?' And she told me the reason why and I found out the way I am. I am drinking my medicine until now to protect me from the bad guys. I collect them from the hospital.

Some young girls with HIV don't feel good because even at school, some of their friends, they tease them. But me and my friends, we are good. We don't tease each other. Even our school teaches that if you tease someone like that you will be just let out from school. Everywhere we go, we go together. There is no reason like, 'Leave that one out. She is like that and like that.' They know that I have HIV because, in 2004, I was in the newspaper and on TV. That was when we were chased out from the house. My father's brother didn't want to stay with us, just because of HIV. So, they decided to chase us from the house. Even our medicals, my medicals, were just lying on the sun. And we had nowhere to go because we were not even ready for that. We just thank Mrs Nangula because she found a place for us to stay. Then her support group secured for us some money and we bought our things and we built our house, yeah.

When people got to know, to me, it was bad. The first week when they saw me, they were teasing. Some of them, they were only asking me, 'Are you HIV? Is it true? How did you get it?' Like that. Me, I was not even answering them anything, just quiet. It was just pupils in Standard 7. And when I came in Standard 5, they were already gone. So the ones I was left with, they did not know everything.

To me, having HIV is not difficult. Mrs Nangula and some women from an NGO give me support by giving school uniforms, some foods and even just to lend us some things. She told us, 'As adolescents living with HIV, even as your friends are teasing you like that, don't feel bad. You can share your problems with someone, so that they can help you. Don't stop your education. Just because you have HIV and you will no longer go to school? You have only to continue and finish your school.' When I grow up I want to be a doctor and even help others that are living with HIV.

I would tell young people that are living with HIV, they must just continue as I am. And the others, they must stop teasing others. Maybe they were not even tested and they don't know if they have HIV or not. So they can stop to teasing the others.

1. How did Sunday get HIV?
2. What discrimination or difficulties has she experienced because of being HIV-positive?
3. What support does she get from others?
4. How does she feel about being HIV-positive? Why does she have that attitude?

Ask participants the following questions:

- If someone is living with HIV, does it mean that they got it from sex? How else could someone have got HIV? **(Answers: Some people are born with HIV, they get it from their mother; some get it from dirty or used needles or other activities where blood is exchanged.)**
- What challenges do young people with HIV experience in love relationships? **(Answers: They need to tell their partners that they have HIV before they have sex; they may get rejected; people may judge them and their partners if they know; they always have to use a condom.) If they do not mention sex, ask: What about in sex?**
- We read about Sunday's experience with her uncle. What is another example of discrimination that a person with HIV might experience? **(Answers: Some people reject them (a loved one leaves them, their friends leave them); they may be teased, gossiped about, insulted, called names; some people may be afraid of them – not want to touch them; they may lose their job.)**
- What rights to people living with HIV have? **(Answer: The same rights as everyone else.)**
- What responsibilities do they have? **(Answer: The same responsibilities as everyone else; the responsibility to respect the rights of others; to take care of themselves; to take their medicine as prescribed.)**
- How should people living with HIV be treated? Why? Probing questions: If you had HIV, how would you want to be treated? **(Answers: They should be treated like all other people – with respect, kindness and caring; as an equal; with love; as usual; fairly. They should be treated as capable people with potential and a future ahead of them.)**
- Is there any reason **at all** to discriminate against someone who has HIV? **(Answer: No.)**

Note to Peer Educator: If anyone says anything that indicates that they are stigmatising people with HIV, discriminating against people with HIV or in any way treating them differently, make sure to question it. You can ask them why they said what they did. Ask the others if they agree and correct any misunderstandings.

- What can a person with HIV who feels depressed or sad do to feel better again? Probing questions: What helped Patience? What helps Sunday? (Answers: Tell some people about their HIV status (so they are not alone); meet other people who have HIV for support and understanding; accept their status; getting treatment (medicine or ARVs); get support, join a support group.)
- Where can people with HIV get support and help around here?
- HIV and AIDS used to mean death and dying. Why can someone with HIV have hope today? (Answers: They can live a long and good life if they get treatment (take ARVs).)

ACTIVITY 8.8: UNDERSTANDING AND CHALLENGING STIGMA

Adapted from Understanding and Challenging HIV Stigma, International HIV/AIDS Alliance, Academy for Educational Development and ICRW

TIME: 30 Minutes

Instructions

Tell participants that you want them to get serious now for a little while. Ask participants to find some space alone, at a distance from other participants. If possible, use outside space. Then tell them that you want them to spend a few minutes alone thinking about a time in their life when they felt isolated or rejected for being seen as different from others. Explain that this does not need to be about HIV. It could be feeling isolated or rejected for being seen as different in any way. Ask them to think about:

- What happened;
- How it felt; and
- The impact it had on them.

After about **4-5 minutes** (make sure you give them enough time), call the participants back together. Have them arrange chairs in a close circle. Begin the discussion by asking:

- How was the exercise?
- What kind of feelings came up?

Invite participants to share their stories in the large group. Give them time and do not rush – they do not have to share, but those who feel comfortable will share.

After four or five participants have shared or when no one else seems to want to share, ask participants to stand and show their support for each other by holding hands or putting arms around shoulders. Thank those who shared and remind them that some of us are still feeling the pain of being rejected and that we should think about how we treat each other.

Then post a piece of flipchart paper and ask them to call out all of the **feelings and emotions** that these experiences made them feel and write them down.

Note to Peer Educator: It is essential to focus on and list the common feelings of being rejected and isolated.

Tell them that they have just described what it feels like to be stigmatized. Note that all people who are stigmatized feel like this – it does not matter what the stigma is.

Ask participants the following questions:

* What does stigma mean? Probing questions: What are some examples? What are some local words that describe it? How would you define it?

Use their responses to come up with a group definition of stigma that is similar to the following:

Stigma is when something about a person causes them to be viewed badly by themselves and/or others. It is a spoilt identity.

List any local words they came up with to describe stigma.

* How do people treat those that they stigmatize? (**Answers: Avoid them, shun them, reject them, call them names, send them away, isolate them and so on.)**
* What is self-stigma? **Self-stigma** is when a person feels self-hatred, shame, and/or blames themselves for something about themselves that they think is undesirable. It is when we judge ourselves and feel bad about ourselves for who we are.
* What do we do when we stigmatize ourselves? (Some answers: do things that harm us (drinking, taking drugs, suicide), neglect ourselves, isolate ourselves, hide who we are, lie about ourselves.)
* Stigma leads to discrimination. What is discrimination? **Discrimination** is when you treat a person or a group differently because of a characteristic, trait or quality that they have. It is acting out the stigma you feel; putting your negative attitudes or thoughts into action.
    * What are some examples of discrimination against girls and women?
    * What are some examples of discrimination against people living with HIV?

PEER EDUCATOR INFORMATION: STIGMA AND DISCRIMINATION

Use the following information as needed during the activity.

Definition: Stigma is when something about a person causes them to be viewed badly by themselves and/or others. Stigma is a spoilt identity. To stigmatize is to see someone as inferior or unworthy because of an attribute they have.

Types of stigma:

Self-stigma – self-hatred, shame, blame. People judge themselves so they feel bad about themselves and isolate themselves. People who live with HIV (PLHIV) often practise self-stigma– they feel ashamed and blame

themselves. They may isolate themselves from their families and communities.

Felt stigma – perceptions or feelings towards PLHIV or other stigmatized groups.

Discrimination – acting out the stigma you feel; negative attitudes or thoughts put into action. Discrimination is when you treat a person or a group differently because of a characteristic or attribute that they have or that you think they have.

Stigma is a process that:

* Points out or labels differences – "He is different from us – he coughs a lot."
* Attributes differences to negative behaviour – "His sickness is caused by his sinful and promiscuous behaviour."
* Separates 'us' and 'them' - brings shunning, isolation, rejection.
* Creates loss of status and discrimination (loss of respect, isolation).

Other important dimensions

- Often people do not understand the word stigma in English. Difficult to find a word in other languages that is equivalent so you may need to use a phrase.
- Stigma can differ in intensity. It is sometimes blatant and sometimes subtle.
- Stigma affects stereotyped and scapegoated groups - people who are assumed to be HIV-positive, women, sex workers, and gay people.
- Other diseases, such as TB, are stigmatized because of HIV.
- Motives for stigma may change according to the setting.
- Stigma disrupts social relations.
- People may hide their stigmatizing attitudes.
- Stigma leads to discrimination and the violation of human rights.

UNIT 9: GENDER ROLES AND EQUALITY

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

MATERIALS: Flip charts, markers, masking tape, papers

ACTIVITY 9.1: POWER?

TIME: 30 Minutes

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

Tell participants that in this activity they are going to discuss power. Understanding power is important for understanding equality and inequality.

Write the word '**power**' in the middle of a piece of flipchart paper. Ask participants to brainstorm words and expressions that mean '**power**.' Write all their suggestions on the flipchart paper, around the word 'power.'**(Answers could include: strength, ability, authority, violence, force, prestige, control, money, energy, etc.)**

Thank participants for their contributions. Then ask participants:

- How would you define power? Use their responses to come up with a definition similar to the following:
  Power is being able to direct or influence the behaviour of others or the course of events.
- Do you think power is positive or negative? Why?
- What do others think?

Have them discuss their opinions. Notice their opinions and explain that there are many types of power. So power can be used positively or negatively. Tell them they will now think about the different forms power can take.

Post the flipchart paper on which you wrote the story of Abasi and Flora. Ask a participant to read the instructions. Answer any questions that they have and tell them that they have 3 minutes to fill in the blanks.

WORKSHEET: TYPES OF POWER

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

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

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

Explain that these reflect the different kinds of power: 1) Power within oneself; 2) Power over someone; 3) Power with others; and 4) Power to do something. Power can be used positively or negatively.

Ask participants to turn to their neighbour and discuss what they understand by each of these types of power. Give participants 5 minutes for this discussion.

Facilitate a discussion with the entire group about the four types of power, drawing attention to the difference between positive power and negative power. Use the following questions to guide the discussion.

* What is ‘power within’? What are some examples?
* How can we use the power within ourselves?
* What is ‘power over’? What are some examples?
* Why do some people have power over others?
* What happens when people use their power over others? Is it just?
* What is ‘power with’? What are some examples?
* Why would people join their power together?
* What is ‘power to’? What are some examples?

* What is the difference between using power positively and using it negatively? Can you give some examples?

PEER EDUCATOR AND PARTICIPANT INFORMATION: TYPES OF POWER
Power within is the strength that arises from inside ourselves when we recognize that we all have an equal ability within ourselves to positively influence our own lives and community. By discovering the positive power within ourselves, we are moved to address the negative uses of power that create injustice in our communities and society. We can nurture the power within ourselves, so that we can take control of our own lives and work to improve our communities.
Power over means the power that one person or group uses to control another person or group. This control can come from direct violence or more indirectly, from the social beliefs and practices that position men as superior to women. Using one's power over another is injustice. We need to understand that whenever any group uses their power over another group, it is unjust and leads to community problems, including violence, and health problems such as HIV.
Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Understanding and valuing power with can inspire us to join our power with others to support those who are disadvantaged and to work for positive change in our communities.
Power to is the belief, energy and actions that individuals and groups use to create positive change. Power to is when individuals decide to work to ensure that everyone enjoys all of their human rights, and can achieve their full potential. We can use our power to take action to create a community that supports and promotes human rights and the equality of all human beings.

ACTIVITY 9.2: POWER AND PRIVILEGE

TIME: 45 Minutes

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

Tell participants that this activity is about groups that have 'power over' other groups. Tell them that you are going to look at who has power in our society and what happens because of some groups having power over others.

Draw a chart with two columns on flipchart paper. Label the first column **'More power'** and the second column **'Less power.'** Ask the participants to provide examples of social groups that have power in our society and their counterparts that have less power. Encourage them to think of as many groups as they can. The result should include most of the following pairs as

well as ethnic and religious groups with more or less power in your society. Add any that are missing that you think are important. Make sure to include **at least one of the groups starred** in the chart below.

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

Ask participants to silently identify themselves in each of these groups. Give them a minute to do so. Then ask them:

* Where do you find yourselves on the chart? Probing questions: Only in more power groups? Only in less power groups? (Participants should indicate that they are on both sides of the chart).
* So do all of you know what it is like to be in a group with more power? And do you all know what it is like to be in a group with less power?

Then tell participants to think to themselves about one less power group they belong to. (They do not need to all be thinking of the same group.) Ask:

* How are you treated by people in the 'power' group? List their responses in a new column or on a new piece of flipchart paper.
* How would you describe this treatment (point to the flipchart)? (Probe, if necessary, to get the response that they are treated poorly and discriminated against.)
* If it has not been mentioned already, tell them that being treated differently like this because you are in a certain group is called discrimination. Ask: What does it feel like to be discriminated against? (List their responses on the flipchart paper.)
* What are the consequences of this discrimination (point to the list)?
* How do groups with less power want to be treated? Probing questions: Do you want to be discriminated against?

Tell them that you want to talk about the power group now. Tell them to think about one of more power groups they belong to. Ask them:

* How do the people in the power group act? List their responses on flipchart paper.
* Tell them that people in groups with more power have what we call 'privileges'. Explain that **privileges** are special rights, advantages or freedoms just because they are in a power group.

* What privileges do men enjoy just because they are men that most women do not enjoy? List their responses on flipchart paper. **(Answers will depend on the specific place and culture, but may include: work outside of the home, don't need to do household chores (cooking, laundry, cleaning), don't need to take care of children and sick relatives, decide when and whom they will marry, make decisions, take on leadership roles in the community, can go out anytime and so on).**
* Why do power groups have privileges? Probe: Are they better than other people? **(Answer: They are not better. There is no reason except tradition or habit for them to have more power.)**

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

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

ACTIVITY 9.3: EXPERIENCING A POWER IMBALANCE

TIME: 45 Minutes

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

Instructions

Explain that in this next activity, participants will experience a power imbalance. Ask for 10 female volunteers and 10 male volunteers. Tell the rest of the participants that they are members of the community. Put the three groups into their positions:

- Ask the male volunteers to line up their chairs in the middle of the room and take a seat. Ask the female volunteers to each stand in front of a guy, so that there are two lines facing each other and ten female and male pairs.
- Ask the male participants to stand on their chairs facing their partners. Ask the female participants to put their hands behind their backs. Explain that they must stay in this position.
- Ask the community members to surround the pairs in a circle.

Then put a piece of paper and a pen or pencil in between each female/male pair, on the floor in front of the chairs.

Ask:

- Participants on the chairs, how do you feel standing on the chair?
- Participants in front of the chairs, how do you feel standing before the person on the chair?

Explain the exercise:

- For this exercise, the participants standing on the chairs have more power than the participants standing in front of them on the floor.
- There is one way for the pairs to become equal. This is by drawing a perfect circle and an equal (=) sign in the middle of that circle on the paper between them. However, the partners must do this together with both partners holding the pen— not just one of them.
- Participants on the chairs must remain standing and cannot squat or bend over. Participants on the floor have to keep their hands behind their backs.
- Community members watch the activity inside the circle. Remain silent until you show them the flipchart with the statement on it. At that point you will read the statement aloud to the pairs in the middle.
- Ask if there are any questions and answer them. Then tell them to begin.

After 1-2 minutes, ask the participants: Is this working? Are there any perfect circles? **(There will be no perfect circles.)** Tell the participants to switch roles – the girls should stand on the chairs and the boys on the floor with their hands behind their backs. Then tell them to try to do the same exercise. After another 1-2 minutes, ask the participants: Are there any perfect circles now? **(There will still be no perfect circles.)**

Ask the pairs to switch again. When the guys are back on the chairs, explain: The boys have power over the girls, but the community members think this is not right. Ask the community members to read the statement. Hold the flipchart with the statement high in the air so that everyone can see it: **'In our community everybody is equal; no one has the right to use their power over another person.'**

After the statement has been read, tell them that the community silence has been broken. Tell the girls standing on the floor that their hands are free now. Tell them to try to do the same exercise again. Make sure no one cheats by squatting on their chair or bending over.

After another 1-2 minutes, say: Things have improved but there are still no perfect circles. Boys, please balance your power with the girls by getting down from the chair. Ask: Can there be perfect circles now?

Allow participants to figure out how to draw the circle and then have them show their efforts to community members who can clap for them. Ask participants to return to their seats.

Discuss the activity by asking the following questions:

- How did the activity make you feel?
  - When you were on the chairs?
  - Those of you who were on the floor with your hands behind your backs?
  - Those of you who were community members?
- How did you feel when you were able to switch places and have power over the other person?
- Did it help you accomplish your goal?
- Do men and boys worry that sharing power means they will lose their power? Does this happen? If both people have power, does it mean one person has less?

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

- How did it feel to be equal?
- How can we become more equal in our families and communities?

ACTIVITY 9.4: SEX AND GENDER

TIME: 45 Minutes

Instructions

Tell the participants that this session is about the difference between sex and gender. Ask them to form pairs with their neighbours and to discuss what they know about sex and gender.

After 2 or 3 minutes, call their attention back to the front of the room. Ask them to share what they discussed. Use their ideas to come up with a definition of 'sex' and of 'gender' similar to the following and write them on flipchart paper:

> **Sex** is about the biology of being male or female. It is based on the biological differences between men and women.
>
> **Gender** is what it means to be male or female in a specific society. It includes how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities.
>
> **Note that as long as you don't use a sexual organ to do something, it is gender.**

Ask participants:

- What biological differences between men and women do you know? **(Answer: Men and women have different reproductive organs (for example, men have a penis, women have a vagina).**

- What are gender roles? **(Answer: Gender roles are the different roles (jobs, responsibilities, behaviours) that men and women are expected to do in a specific culture based on their sex).**

Explain that:

- Sex is the same across the world in all cultures.
- At birth, your sex is assigned to you based on your genitals.
- Gender is cultural. What is expected of your gender varies by culture and changes over time.
- Gender roles are learned as you grow up.

To assess the participants understanding, tell participants that you will read some sentences and they should decide if it reflects sex or gender. If they think, the sentence is about gender, they should raise their hands and explain why they think the sentence is about gender. Ask those who did not raise their hands to explain why they think the sentence is about sex. Use their responses to give them the correct answer (shown in the parentheses).

- Girls are gentle; boys are rough. **(Gender)**
- Women give birth to children; men don't. **(Sex)**
- Women do most of the housework. **(Gender)**
- Boys' voices change a lot during puberty. **(Sex)**
- Women should not make decisions independently. **(Gender)**
- Women's risk of HIV often depends on their partners' sexual behaviour. **(Gender)**
- Men can only feed babies using bottles. **(Sex)**
- It is important to have male children. **(Gender)**

Tell participants that there are only three important differences between men and women. Ask them if they know what they are. List the correct answers (shown below) on flipchart paper and add any that they do not mention.

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

PEER EDUCATOR & PARTICIPANT INFORMATION: The Difference between Sex and Gender	
SEX	**GENDER**
Biologically determined by our chromosomes (XX or XY); anatomy (penis, testes or vagina, ovaries, uterus); predominant hormones (e.g. more testosterone or more oestrogen)	**Socially constructed** roles, responsibilities, behaviours expected of men and women.

Universal: Factors related to sex are the same around the world — men have penis and women have vagina in every country.	**Cultural:** Gender roles vary within and between cultures; the roles of men and women are different in the United Kingdom from the roles of men and women in Malawi.
Born with: Generally unchanging (although change is now possible with hormones and surgical intervention).	**Learned behaviour:** Changes over time. For example, in the past, few women became lawyers or physicians; today it is more common to find women in these professions.

Sex has more than one meaning. First, it means whether a person is biologically male or female. A person's sex is assigned at birth based on their genitals. It is also short for sexual intercourse.
Gender roles refers to the different roles and behaviours that a society expects of men and women. These are based on what a specific society believes about what men and women can or cannot do. Some examples, include women should cook, clean, care for children and the sick; men should earn money and repair things. While traditional gender roles still have a strong influence on many people, they are also changing a lot. For example, until recently, some countries would not allow women to join the army.
Stereotypes are rigid and oversimplified beliefs about groups of people. They are not based on fact, but on assumptions, usually learned from others. Examples of stereotypes are 'all male hairdressers are homosexuals' or 'women do not make good mechanics'.

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

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

Other statements about the differences between men and women as a group are stereotypes.
Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person's biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However, some people feel that they are in the wrong body. They are **transgender.**

ACTIVITY 9.5: ACT LIKE A LADY, ACT LIKE A MAN

TIME: 60 Minutes

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

Instructions

Tell participants that in this activity we are going to look more closely at gender roles and how they affect us.

Ask the participants if they have ever been told to **'act like a man'** or **'act like a lady.'** Then ask them: What are guys being told to do or not to do when someone says 'act like a man' or 'be a man'? Use the following questions to get them to think more deeply, if needed:

* What behaviours do they want to see?
* What behaviours do they NOT want to see?
* What characteristics should men show?
* What does 'act like a man 'mean when talking about sexuality?

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

ACT LIKE A MAN

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

When they have finished responding, draw a box around the entire list and label it **'Act like a Man.'** Tell the participants that inside this box are some of the rules that society has created for boys and men. All boys are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

Ask:

* Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.

- How does living in the box affect a man's health?
- How does living in the box limit men's lives?

Go through the same process for young women, listing their answers on a new piece of flipchart paper. Ask: What girls and women are being told to do or not to do when someone says 'act like a lady' or 'be a lady.' Using the following questions to encourage them to think more deeply, if needed:

- What behaviours do they want to see?
- What behaviours do they NOT want to see?
- What characteristics should women show?
- What does 'act like a lady' mean when talking about sexuality?

ACT LIKE A LADY

Be sweet
Sexy, but not too sexy
Passive
Listener
Smart, but not too smart
Caretaker
Polite

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

Ask:

- Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.
- How does living in the box affect a woman's health?
- How does living in the box limit women's lives?

Then ask the participants: What are these rules called? **(Answer: Gender norms and stereotypes).** Use their response to come up with the following definitions and write them on flipchart paper:

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

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

Now ask the following questions:

* What put-downs or names are young women called when they don't fit into the box? For example, what happens when a girl is too tough or too sexy? **(For example, bitch, tomboy, slut, fool, and many others.)**
  Write these put-downs on the board or flipchart paper on the right side of the **Act Like a Lady Box** (see the example below)

* What physical or other things might be done to young women who don't fit in to the box**? (Answers: Rape, being beaten, molested, killed, rejected, hit, pinched, whistled at, job discrimination, bullying, teasing and many others.)**
  Write these down on the board or flipchart paper on the left side of the box.

* What put-downs or names are young men called when they don't fit into the box or try to escape the box? **(Coward, gay, sissy, stupid, girl and many more).**
  Write these put-downs on the board or flipchart paper on the right side of the **Act Like A Man Box**.

* What physical or other things might be done to young men who don't fit in to the box? (**Fights, being beaten up, ignored, bullied, teased, ignored and more.)**
  Write their responses down on the board or flipchart paper on the left side of the box.

Act Like a Lady

	Be Sweet	Beaten up
Bitch	Sexy but not too	Molested
Tomboy	sexy	Hit
Slut	Passive	Pinched
Lazy	Caring, caretaker	Whistled at
Idiot	Listener	Killed
	Clean	Rejected
	Polite	Bullied
		Teased

Act Like a Man

	Be in control	Fights
Coward	Hide their feelings	Beaten up
Gay	Don't cry	Discriminated
Stupid	Show anger	Bullied
Moron	Make money	Teased
Madman	Be strong	Ignored

Point to the ways that young men and women are treated when they step out of the box and tell participants that all of this violence is based purely on

gender – it is what is part of called **gender-based violence**. Take the box that you brought and put it on the floor in the middle of the room and emphasize to the participants:

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

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

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

ACTIVITY 9.6: CHALLENGING GENDER STEREOTYPES

TIME: 75 Minutes

Instructions

Explain that this activity is called a **Fishbowl**. In a fishbowl, some participants will sit in the centre – 'in the fishbowl' - and discuss a topic. The others will listen. Then you will change places. Tell them that the discussion topic is gender.

Start with the boys. Make a circle of chairs in the centre of the room – just enough for each boy to have a chair. Invite the boys to sit in the chairs. Have the girls stand outside the circle.

Tell them that you will ask them some questions and the boys will discuss among themselves. The girls will listen – tell them to act like they are not there. Ask the following questions, one at a time, and give them time to discuss. When the discussion slows down, ask the next question.

- What is the most difficult thing about being a man in [name of area]?
- What beliefs about men make you angry or frustrated?
- What accurate information should replace those beliefs?
- What do you wish girls understood about boys?
- What kind of man do you want to be?
- What changes do you want to see in men's roles and in the behaviours that are expected of men?

Now ask the girls if they have any questions they would like to ask the boys about gender. Take 2-3 questions from the girls.

Have the girls and boys change places, so the girls are sitting in the circle of chairs and the boys are on the outside listening. Use the same process as for the boys, asking the following questions:

- What is the most difficult thing about being a woman in [name of country]?
- What beliefs about women make you angry or frustrated?
- What accurate information should replace those beliefs?
- What do you wish boys understood about girls?
- What kind of woman do you want to be?
- What changes do you want to see in women's roles and in the behaviours that are expected of women?

Now ask the boys if they have any questions they would like to ask the girls about gender. Take 2-3 questions from the boys.

Bring the whole group back together and ask the following questions:

- What was it like to be in the fishbowl? How did you feel?
- What was it like to observe the discussion? How did you feel?
- What surprised you?
- What did you learn about the other gender?
- Who can summarize what the boys want to change about being a man?
- Who can summarize what the girls want to change about being a woman?

Explain that in order for society to develop and for everyone to enjoy all of their human rights, we need to work towards gender equality. Let us make a list now of the new men and women we want to see – what **'transformed'** boys and girls will be like.

Take a piece of flipchart paper and make a column for males and one for females. Label them **'Transformed Men'** and **'Transformed Women.'** Ask the participants to list characteristics of men who are 'living outside the box'. Record their answers (see example below). After you get seven or so responses, ask the participants to list the characteristics of women who are 'living outside the box.' Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

Transformed Men	**Transformed Women**
* Are loving	* Are loving
* Show caring	* Show caring
* Communicate honestly	* Communicate honestly
* Express our emotions appropriately	* Express our emotions appropriately
* Practice safer sex	* Practice safer sex

* Treat partner with respect
* Treat both women and men with respect
* Speak out in favour of gender equality

* Treat partner with respect
* Treat both women and men with respect
* Speak out in favour of gender equality

Finally ask the following questions:

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

UNIT 10: RELATIONSHIPS

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

MATERIALS: Flip charts, markers, masking tape

ACTIVITY 10.1: RELATIONSHIP RIGHTS AND RESPONSIBILITIES

Time: 60 minutes

Instructions

Introduce the new unit on relationships. Then introduce the activity by telling participants that this activity is about their relationship rights: what they are, how to exercise them, and why they are important. To review the definition of rights, ask: Can someone remind us what a right is? (**Answer: A right is something that all people are entitled to, or have the freedom to do, just because they are human beings.)**

Tell them that now we are going to look at some rights that people have in relationships. Put up the flipchart paper you prepared with the 'Relationship Rights' and ask a participant to read the first one: **The right to ask for what I need or want.**

Post the flipchart paper that you prepared with the **'Relationship Responsibilities'** on it.

Relationship Rights:

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

Explain to the participants that just as we learned when we discussed human rights, rights also come with responsibilities in relationships. Ask a participant to read the first one: **Respect the rights of others.**

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

Provide the participants with information sheet on Relationship Rights and Responsibilities with examples.

INFORMATION: RELATIONSHIP RIGHTS & RESPONSIBILITIES
Everyone has the following rights in their relationships:

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

- To feel safe in the relationship and not be abused physically or emotionally
- **The right to protect my sexual health.**
  - To prevent unplanned pregnancy and STIs, including HIV
  - To refuse unprotected sexual activities
  - To get reliable sexual health information
  - To access reproductive health services
  - To decide freely and responsibly the number, spacing and timing of children

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

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

Then ask them:

- Do you have any questions about these rights and responsibilities?

* Do you think they apply equally to everyone? To both women and men?

Tell the participants that they are now going to apply these rights to some specific situations that can come up in relationships. Post on the walls around the room the different scenarios you had earlier prepared. Ask one participant to read the instructions. Then do the first example together as follows:

* Have a participant read the example.
* Ask which rights are being violated in the situation.
* After a participant responds, ask him or her why.
* Then ask the others if they agree and discuss until there is agreement about whether that right is being violated or not.
* Then ask if there are any other rights that are being violated and follow the same procedure.
* Finally ask: If this happens to you, what can you do to stand up for your rights?

WORKSHEET: PUTTING RIGHTS INTO ACTION

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

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

   Rights being violated and why:

   What can you do to stand up for your rights?

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

   Rights being violated and why:

   What can you do to stand up for your rights?

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

   Rights being violated and why:

What can you do to stand up for your rights?

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

   Rights being violated and why:

   What can you do to stand up for your rights?

Ask the participants to pair up with the person sitting next to them and to complete the remaining situations together. Tell them they will have 10 minutes to complete the rest of the worksheet.

After 10 minutes, call everyone's attention back to the front. Tell the participants that you will go through the worksheet together. For each situation, ask for a volunteer to read the situation and say what rights are being violated in the situation and why. Then ask:

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

Ask the whole group the following question and generate a discussion:

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

PEER EDUCATOR ANSWER GUIDE: PUTTING RIGHTS INTO ACTION

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

Rights being violated and why:

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

What can you do to stand up for your rights?

* Tell my partner that I don't owe him or her sex just because he or she pays for things; that sex is not something I am willing to exchange; or that I did not agree to exchange sex when she or he paid for things.
* Tell my partner that what I am willing to do or not to do sexually has nothing to do with what he or she has given me or done for me.
* Break up with him or her if s/he doesn't understand.

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

Rights being violated and why:

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

What can you do to stand up for your rights?

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

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

Rights being violated and why:

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

What can you do to stand up for your rights?

* Discuss your feelings about his or her behaviour (for example, it feels like you don't trust me, like you think you need to monitor me) and ask him or her to not to text or call so often.

* Explain to your partner that you need to have other friends and activities without feeling like s/he doesn't trust you, is suspicious or is watching you.

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

Rights being violated and why:

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

What can you do to stand up for your rights?

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

ACTIVITY 10.2: BUILDING HEALTHY RELATIONSHIPS

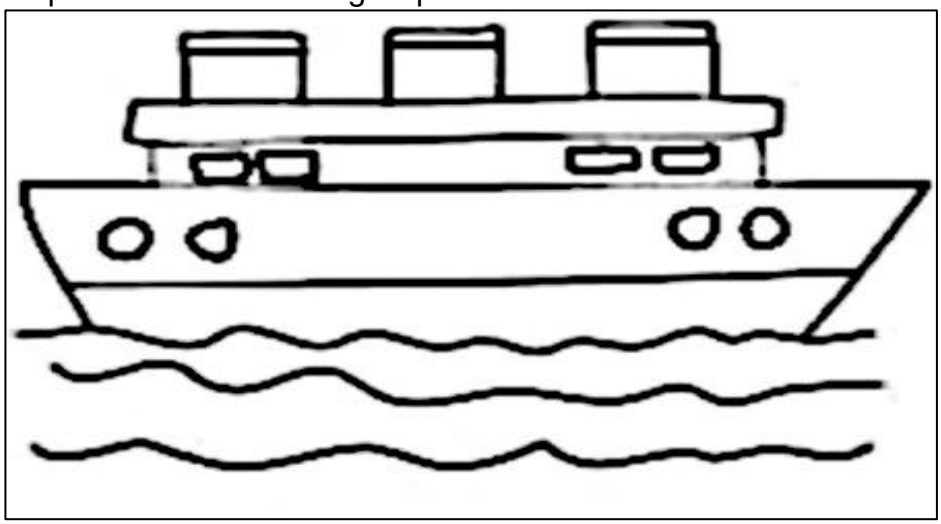
TIME: 30 Minutes

Start with an open discussion on:

* Why do people get into relationships?
* What are the different types of relationships that young people find themselves in?

List their responses on flipchart paper.

Put up the picture of the following ship.



Explain that just as there are certain things that keep a ship afloat and moving (calm seas, fuel, a solid body), there are certain things that keep relationships afloat.

Ask for an example of something that is necessary for a strong or healthy relationship (for example, **respect**) and write it on the body of the ship. Then point out that there are certain things that can damage or ruin a relationship, just as stormy seas or a bad storm can sink a ship. Ask for an example (like **dishonesty**) and write it in the water beneath the ship.

Divide the participants into 5 groups and give each group one of the flipchart papers with the headings: **Peers, Work colleagues, Romantic or sexual partners, Family and Community.**

Tell participants that they have 15 minutes to do the following:

* Draw a picture of a ship in the water.
* Identify at least 5 things that help make their particular type of relationship strong and write these on the body of the ship.
* Identify at least 5 things that could damage or destroy the relationship and write these in the water beneath the ship.

When all the groups are finished, ask them to hang their pictures on the walls. Allow them some time to move around and look at each other's ships. Ask them to compare them: what similarities do they see? What differences are there?

Ask them the following questions to generate a discussion:

* What do you notice about the positive things listed for the different types of relationships? (Answer: Most relationships have similar positive things listed, such as communication, love, kindness, honesty and respect.)
* What do you notice about the negative things? (Answer: Again, there are many similar things such as lying, saying hurtful things, and failing to do what one has promised.)
* Which qualities do you think are the most important in a relationship? Why? How can you show [that quality] in a relationship?
* Which qualities do you think are the most difficult to find in a relationship? Why?
* If no one mentions power, ask: What about power, what kind of power works best in relationships? (Answer: 'Power with')

Use the Peer Educator Information: Qualities of Healthy Relationships to add to what they say if needed.

PEER EDUCATOR AND PARTICIPANT INFORMATION: QUALITIES OF HEALTHY RELATIONSHIPS

Respect

* Valuing and appreciating the other person – their ideas, opinions, activities, accomplishments, and contributions.
* Showing the other person that they are valued, worthwhile, and important, even when they are different from you.
* Respecting the other person's rights and showing consideration.

* Encouraging the other person's growth, activities and belief in self; showing concern for an interest in his or her feelings, needs and wants; acknowledging the other person's feelings and points of view; wanting what is best for the person; helping them.
* Negative criticism, name-calling and ridiculing are harmful.

Honesty and Trust

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

Communication

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

Empathy and Understanding

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

Sharing Power

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

Common values and attitudes

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

ACTIVITY 10.3: PEER GROUP RELATIONSHIPS

TIME: 45 Minutes

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

Ask participants the following questions to introduce the topic:

- Why are friends important?
- How do your friends influence you?

Ask for participants to buzz in groups of three for 2 minutes about the advantages and disadvantages of belonging to a group of friends. While they are doing that, put up two sheets of flipchart paper on the wall. Write the heading '**Advantages'** on one sheet and '**Disadvantages'** on the other. Place an assortment of markers next to the posted papers.

Then invite a volunteer from each group to write points under each heading. The other participants can add points from where they are seated. Discuss as they add things.

Ask participants:

- What is 'peer pressure'? **(Answer: Peer pressure is when a peer or group of peers influence or try to influence your choices and behaviours.)**
- What are some examples of how your friends and peers have influenced you positively or negatively? How did you feel about the individual or group at the time?
- How have you handled peer pressure?
- What relationship rights do you have related to peer pressure? **(Answers: The right to say no without feeling guilty; the right to be yourself, the right to be treated with respect.)**
- What responsibilities do you have related to peer pressure? **(Answers: the responsibility to respect the rights of others, to treat others with respect)**

Ask the group to get back into their buzz groups of threes and come up with a list of ways to cope with peer pressure.

After three minutes, ask the groups to share their discussion and make a list of their points on flipchart paper. Then encourage general discussion to make sure that all the participants agree with and accept the list for themselves.

Ask if there are any comments or questions and discuss them.

PEER EDUCATOR INFORMATION: THE INFLUENCE OF PEERS AND FRIENDS

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

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

UNIT 11: EFFECTIVE COMMUNICATION

LEARNING GOAL: Examines the role of communication in every aspect of life. The unit provides a range of activities that practise effective communication in different settings and helps participants examine their communication skills.

MATERIALS: Flip charts, markers, masking tape

ACTIVITY 11.1: WARM UP – MUTE LINE UP

TIME: 10 Minutes

Instructions

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

ACTIVITY 11.2: WHAT IS COMMUNICATION?

TIME: 20 Minutes

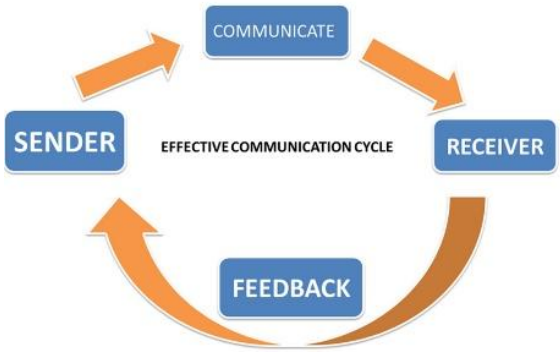
Instructions

1. Tell participants that we are starting Unit 11 on Communication. Note that communication is the most important relationship skill. Ask them:
   - Why do we talk? Write their ideas down on flipchart paper under the heading “We talk because…”
   - Why do we listen? Write their ideas down under the heading “We listen because…”
   - So what are we trying to achieve when talking and listening?
   - What do you understand by the term communication? How would you define it?

Write their responses on flipchart paper. Use the participants' responses to come up with a definition similar to the following:

Communication is when a person sends a message to another person, and the other person understands the message that the sender intended to send, and responds.

Draw this diagram on flipchart paper if it will help them to understand:



Ask if they have questions and explain as needed.

2. Ask the participants:
   - What are some of the different ways that we communicate? **(Some answers: talking face-to-face, talking on the phone, texting, email, instant message or chat, through our facial expressions, body movements, voice quality, actions.)**
   - What gets in the way of good communication?
     Probing question: What creates misunderstandings? **(Some answers: not listening, yelling or getting angry, emotions, not being honest. Lying, criticizing or put downs, interrupting)**
   - What helps us to communicate better? **(Some answers: listening well, eye contact, clarifying if you understood, asking questions, looking interested.)**
3. Ask if they have any questions or comments and discuss.

ACTIVITY 11.3: ARE YOU LISTENING?

TIME: 60 Minutes

Instructions

1. Have 15 participants sit or stand in a circle. Tell participants that you are going to do an experiment. You are going to whisper something to the person on your right. Each person will whisper it to their neighbor and we will find out what the last person heard. Whisper any message of your

choice. For example, 'condoms protect us but we need to use them consistently and correctly'. Find out what the last person in the line heard. Then tell them what the original message was. Ask them: What happened? Why was the message at the end different from the one at the beginning?

2. Note that one of the problems was that people were not listening carefully. Tell participants that this activity is about active listening skills. Say: Let's review, what is the goal of listening? Why do we listen? **Possible answers: We listen because we want to understand the other person; to learn about or know the other person; to find out what they think or feel**.
   Emphasize that the main point of listening is to **understand the other person.**
3. Ask the participants: What do poor (or bad) listeners do? Write their ideas on flipchart paper. Then ask: What do good listeners do? Get several ideas from them.
4. Ask them to refer to the Information Sheet on **'How to Listen Actively'** that you had prepared earlier. Have different participants read the information sheet or read them to the participants if they have difficulty with reading. Where relevant, give an example, or demonstrate the point, for example, when you get to points 2 or 4. Then ask them if they have any questions and answer them.

INFORMATION: HOW TO LISTEN ACTIVELY

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

1. Focus – give the speaker your full attention and concentrate only on listening.
   - Do not do anything else, like cooking, cleaning, texting, or reading.
   - Do not think about anything else, do not think about how to respond, why the person is wrong, or let your mind wander.
2. Show that you are listening and interested in what the person is saying.
   - Look the person in the eye;
   - Lean toward the speaker;
   - Nod or shake your head in response;
   - Say 'yes, I see, go on, uh-huh';
3. Use an appropriate facial expression.
4. Only speak to respond to what the person is telling you.
   - Get feedback. From time to time, check that you received the correct message by repeating and summarizing what you understood. For example, say, 'Let me see if I understood you. Are you saying that…?'
   - Ask questions to clarify and understand better. For example, 'Do you mean that…?'
5. Listen to more than the words.
   - Pay attention to non-verbal communication – their body, face and voice.

- Try to figure out the feelings beneath the speaker's words.
- Ask a question to see if you are right about how they feel. For example, 'Are you nervous about going for the interview?' or 'Are you disappointed that it ended like that?'

6. Do not jump to conclusions about what the person will say. Listen to what they do say!
7. Do not interrupt, judge, or criticize the speaker. Just be open and try to understand! Understanding someone does not mean you agree with them.

5. Tell them that repeating what the speaker says in different words is a good way to see if you understand what they are saying. This is called **paraphrasing** (write this on flipchart paper)**.** If you misunderstood, the speaker can correct you and explain things more clearly. If you understood correctly, the speaker will know that you are really paying attention. Give them the following example:
   Glory tells you, 'I broke up with James. Every time I tried to talk to him about our relationship, he would refuse to talk. I could not take it anymore. It's been hard but I feel much better now.'

   Ask them to discuss with their partner and come up a sentence that they would say to Glory to show her that they understood her. After a few minutes ask for some volunteers to give you their responses.

   Note to Peer educator: Their responses should summarize and reflect how Glory feels using their own words, for example, 'So, you are glad you broke up with James even though it has been hard, right?' or 'It sounds like it you really tried to work it out with James but in the end you couldn't. It was hard but now you feel better.'

6. Ask the participants to form pairs. Tell them that one person will be the listener and one will be the speaker. Later they will change roles. Tell them to decide who will speak first and who will listen. Tell the speakers to think of some recent problem they had with a friend or family member that they feel comfortable discussing (nothing too personal or intimate). Tell the listeners to try to be the best listener possible using the tips that you just discussed – looking at the person, trying to understand what they feel, saying, 'Yes, go on' and asking questions to see if you understand. Ask if there are any questions and tell them to begin.
7. After two or three minutes, tell them to stop. Ask the speakers:
   - Did you feel that you were understood? Why or why not?
     Probing questions: What did the listeners do? What non-verbal messages did they give you? Did they do anything that made you feel that they were not listening? What was it?
8. Ask the listeners:
   - How did you feel? Was it difficult? Why or why not?
   - What did you do to show that you were listening actively?

- What did you forget to do? Did you paraphrase?

9. Now ask them to switch roles and have those who were listening talk about a recent problem they have for two or three minutes, while their partners try to be the best possible listener. After two or three minutes, stop them and ask the questions in steps 7 and 8 again.

ACTIVITY 11.4: SPEAKING FOR YOURSELF

TIME: 60 Minutes

Instructions

1. Tell the participants that this activity will focus on how to express yourself to communicate better in relationships. To get them thinking, ask them:
   - How do people usually handle disagreements and problems in relationships?
   - When they communicate about problems, what often happens?
2. Explain that **I-Statements** are a way of directly but kindly talking **about your feelings**. They are useful for:
   - Talking to someone about a problem you are having with their behaviour;
   - Complaining effectively;
   - Telling someone you think they are not treating you right;
   - Avoiding putting someone else down;
   - Expressing your own feelings about the problem honestly;
   - Admitting or owning your feelings, opinions, and needs; and
   - Empowering yourself.
3. Demonstrate the difference between **You-statements** and **I-statements** by giving the following example of a **you-statement**:
   You always leave your clothes all over the floor and on the chair in our room! I cannot stand it when our room is so messy! I do not want to share this room with you anymore because you are just hopeless!

   Ask:
   - How will you feel if someone says that to you?
   - How will you respond?

   Then read the following example of an **I-statement**.
   When I came home yesterday and found your clothes on the floor and on the chair in our room, I felt frustrated. I need to be able to sit at the desk and study. Would you be willing to either put your clothes away or leave them only on your bed so that they are not in my way?

   Ask:
   - How will you feel if someone says that to you?
   - How will you respond?
   - Which will you prefer to hear – the you-statement or the I-statement?

4. Ask them what differences they observed in the two statements. If necessary, point out that in the second statement (the **I-statement**), the person 1) said how they feel; 2) expressed their needs; 3) asked if the other person would be willing to do something to solve the problem. In the first statement (the **you-statement**), the speaker was accusing the other person, attacking them, threatening them and insulting them.
5. Now ask them to form pairs and provide them with the Information Sheet on **I-Statements**. Have the participants read out loud or, if they are not good readers, read the information aloud to them yourself. Then ask if they have any questions.

INFORMATION: I-STATEMENTS

I-statements are a very useful way to **complain about something that is bothering you or to bring up a problem you are having with someone.**

Example: On Monday, **when** you shouted at me, I felt scared. It reminded me of when my father used to shout at my mother and then beat her. **I need** to feel like we can discuss our problems calmly and try to solve them. **Would you be willing to** talk to me about any problems you have with me when you are calm?

How to make an I-statement:

1. State the **facts** about what happened. It is best to use a specific example, like, 'Yesterday, when…' or 'Last weekend, when**…'**For example, 'On Monday, **when** you shouted at me
2. State your **feelings** about what happened without blaming. **'I feel…' or 'I felt…'** For example, 'I felt really scared.' You can explain why you felt that way 'It reminded me of when my father used to shout at my mother and then beat her.'
3. State what you **need**. **'I need….'** For example, '**I need** to feel like we can discuss our problems calmly and try to solve them.'
4. Make a **request** for what you want the other person to do. **'Would you be willing to...?'** For example, '**Would you be willing to** talk to me about any problems you have with me when you are calm?'

The parts of an I-statement
When…
I feel OR I felt…
I need…
Would you be willing to…?

6. Then have the pairs count off up to four and assign them each an example to work on. The number ones get example 1, and so forth. Tell them that their task is to write come up with an I-statement to express **the problem they have with the other person**, their feelings about the situation and to

ask for what they want. Circulate while they work and help them as needed.

WORKSHEET: MAKING I-STATEMENTS

Instructions: Read the situation assigned to you and come up with an I-statement to express to the other person the problem you have with their behaviour, how you feel and what you want.

1. You share a kitchen with some friends. On Monday, they left their dirty dishes around the kitchen, as they often do. You had to spend an hour cleaning the kitchen before you could cook. You like a clean kitchen and you don't want to have to clean someone else's dishes before you can cook. Tell your friends how you feel about what happened and what you want using an I-statement.
2. Your best friend invited you to meet on Friday evening. He or she forgot about it and went out with his or her boyfriend or girlfriend instead. You waited for an hour. When you tried to message him or her, there was no response. You don't want to be ignored or forgotten about when you've made plans with someone. Tell your best friend how you feel about what happened and what you want using an I-statement.
3. Last Saturday night your boyfriend or girlfriend really upset you by getting drunk and trying to force you to have sex. You don't feel ready to have sex yet and he or she knows that. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.
4. On Friday night, when you went out with some friends, your boyfriend or girlfriend got very jealous when s/he saw you talking to another boy or girl, as they often do. S/he shouted at you in front of everyone and then left. You don't want to be shouted at and you want to be able to talk to your friends without your boyfriend/girlfriend getting jealous and creating a scene. Tell your boyfriend or girlfriend how you feel about what happened and what you want using an I-statement.

Situation assigned to my group: _____

Our I-Statement (Use the parts of the I-statement given in 'Information about I-statements' above.):

7. When they are ready, read the first situation and ask all the pairs that worked on it to present their I-statements. After each one, ask the other participants to give feedback. Provide additional feedback on their I-statement if needed to make sure they are done correctly. Follow the same process for all of the situations. **If you don't have time,** you can ask only a couple of pairs to share their statements for each example, instead of all the pairs.

8. Ask the following questions and generate a discussion.
   - How do you feel when someone uses the word 'you' when voicing his or her opinion or a feeling? For example, 'You do this!' or 'You are a…!' **Note to Peer educator:** If they do not mention feeling defensive or wanting to defend themselves, mention that very often people who feel attacked want to defend themselves.
   - How do you feel when someone uses the word 'I' when explaining his or her opinion or feelings?
   - How will I-statements help you communicate better?
   - Every relationship has some problems or conflicts. How can I-statements help you to solve problems and conflicts in your relationships?
9. Tell participants that it takes practice and time to learn this kind of communication technique. If they keep trying it, it will start to feel more natural.

ACTIVITY 11.5: NON-VERBAL COMMUNICATION

TIME: 60 Minutes

Instructions

1. Tell the participants that in this activity, they will learn about non-verbal communication. Ask them:
   - What is non-verbal communication? **(Answer: communication using our tone of voice and body language.)**
   - How much of communication do you think happens through words? (Answer: Research has found that only 7% of communication takes place through words.)
     Tell them that this means that 93% of our communication is non-verbal – 38% is tone of voice and 55% is body language.
2. Tell them that first, we will look at how our voice affects our communication. Explain that you are going to read some sentences changing **only how you use your voice, not the words**. They should listen very carefully and then tell you how the meaning changed.
3. Read the following examples using the instructions given and then ask the questions. **Note to peer educator:** Only 30 minutes are allocated to complete the first four steps.
   Example 1:

   - Say: 'Okay! Now listen carefully!' in a loud voice.
   - Say: 'Okay, now listen carefully!' in a soft voice.

   Ask participants:

   - What did you understand from the first one? (Answer: You better listen, pay attention, I am in control, do what I say.)
   - What did you understand from the second one? (Answers: What I am going to tell you is a secret.)

Example 2:

- Say: '**I** did not say he lost the keys.' (Emphasize the word 'I').
- Say: 'I did not say **he** lost the keys.' (Emphasize the word 'he').
- Say: 'I did not say he **lost** the keys.' (Emphasize the word 'lost').
- Say: 'I did not say he lost the **keys**.' (Emphasize the word 'keys').

Ask participants:

- What does each sentence mean? Repeat each sentence one by one and ask them what it means.
  '**I** did not say he lost the keys.' (Someone else said it.)
  'I did not say **he** lost the keys.' (Someone else lost the keys.)
  'I did not say he **lost** the keys.' (Maybe he just can't find them.)
  'I did not say he lost the **keys**.' (He lost something else.)

(If you need another example, you can use the following: I never said she stole my money. Emphasising the words **she** meaning I said someone else stole it; **my** meaning she stole someone else's money; **money** meaning she stole something else, not money, from me.)

Example 3:

1. Say: 'It's okay. Forget it!' with an angry voice.
2. Say: 'It's okay. Forget it!' with a sweet or kindly voice.

Ask participants:

- What did you understand from the first one? (I am angry or unhappy with you. It is not okay.)
- What did you understand from the second one? (It really is okay. I like you anyway.)

To show how much our voice affects the meaning of our words, note that the first one means the **opposite** of what the words mean if take alone.

4. Then ask the following questions:
   - What were some of the differences in voice that I demonstrated? List these on flipchart paper. (**Answers include: volume (loud or soft), change in pitch to emphasize word(s), tone or the quality of voice that conveys emotions.)**
   - What did you understand from this activity? **(Answer: The way you say something (or how you use your voice) is very important in communication. It can change the meaning of the words completely.)**
     Probing question: How important are these qualities of your voice for communication?
5. Tell participants that they are now going to look at how we communicate using body language, which is 55% of our communication. Ask them: What is body language? Use their responses and come up with a definition similar to the following:
   Body language is using your body parts (face, eyes, and hands) to communicate thoughts and feelings.
6. Have participant brainstorm a list of all the types of body language they

can think of. Write their ideas down. For each idea, get them to give an example, but **do not get into the meanings of the examples** – that will be done later. Their responses may include:

- **Facial expressions**, examples: smiling, frowning, scowling.
- **Body movements and posture**, examples: sagging, arms folded, sitting up straight, swaying, tapping your fingers or foot.
- **Body orientation**, examples: standing or sitting face to face, or side by side, turning towards someone or away from them.
- **Gestures**, examples: waving our hands, pointing, thumbs up.
- **Eye movements**, examples: looking someone in the eyes, looking down or away, rolling your eyes.
- **Touch**, examples: shaking hands hard or soft, hugging, slapping on the back, patting on the head, pinching or gripping on the arm.
- **Personal space**, example: sitting or standing very close or standing far apart.
- **Appearance or image**, examples: how we dress; how we present ourselves and act.

Add anything important that is missing from their list. Ask if they have any questions.

7. Explain that they are now going to see some examples and we will discuss what they mean. Ask for four volunteers who want to act out some different body language for the class. Bring four chairs to the front of the classroom.
8. Read out the following body language examples one at a time and have all of the volunteers demonstrate them. For each one, ask the other participants: **What is their body language communicating?** Discuss their ideas. If they have different ideas about what is being communicated, note that there may be more than one interpretation of what each means.
    - Shrugging your shoulders
    - Sitting with arms crossed across your chest
    - Putting your thumbs up while your hand is in a fist
    - Tapping your foot
    - Looking with tight lips and narrowed eyes
    - Shaking your head from side to side or left to right to left
    - Nodding your head up and down
    - Pacing up and down
    - Talking or listening with clenched hands
    - Looking down when talking
    - Looking with a big smile
    - Leaning back on your chair with hands on your head
    - Get up and storm out of the room (leave the room angrily)
9. After you have gone through the examples, ask them the following questions:
    - Which ones were the most difficult for you to interpret?
    - Which ones had more than one meaning?
    - Can we misunderstand body language? (Answer: yes.)
    - What should you do if you are not sure what someone's body language means? **(Answer: Ask them or ask them if your interpretation is**

correct.)

- How aware are you of your own body language?
- Why is it important to be aware of our own body language and other people's body language? **(Answer: because body language can be interpreted in different ways depending on scenario or culture.)**
- Why is it important for our words and our non-verbal communication to give the same message? (Answer: To communicate clearly, avoid confusion, not to give mixed messages.)

UNIT 12: YOUTH FRIENDLY HEALTH SERVICES

LEARNING GOAL: To create awareness and promote access to services by having participants visit and become familiar with a youth friendly health services

MATERIALS: Flip charts, markers, masking tape

ACTIVITY 12.1: YOUTH FRIENDLY HEALTH CORNER FIELD VISIT

TIME: 2 -2.5 hours

Instructions

Identify which reproductive or sexual health service you will take the participants to visit and make arrangements with that health facility for the visit. The service delivery point must provide reproductive or sexual health services and should preferably be nearby and be youth-friendly or have some health workers who are open to youth and non-judgmental.

You may need to do this activity later in your program, depending on when the services are able to accommodate your group.

Tell participants that this next activity is about accessing sexual and reproductive services. Ask them: What are your rights related to health services? Make sure the following rights are mentioned:

* The right to health care;
* The right to respect;
* The right to dignity;
* The right to privacy - their health information should be kept confidential;
* The right to information.

Tell them that they will be going to visit a nearby Youth Friendly Health Services Corner to see what sexual and reproductive services they provide and what the place is like. Explain what will happen during the visit according to what you arranged with the facility.

Tell them that while they are at the facility, they will need to gather some information about it based on the information sheet that you would provide them. (See next page). Then answer any questions that they have about the visit.

When you get back from the visit to the facility, ask the participants to share their experiences and findings.

Use the following questions to stimulate discussion:

* How did you feel about going to a place that offers sexual and reproductive health services?
* Were the facilities youth-friendly? Why or why not?
* How did the girls' experiences differ from the boys'?
* If you ever needed treatment for STIs or contraceptives, would you go to this facility? Why or why not?
* Would you recommend this facility to other young people? Why or why not?

Ask the participants what are the main things they learned in this activity. Add any of the following key messages:

* **You have the right to respect and privacy (confidentiality) when seeking health care.**
* **If you need contraception, HIV or STI testing and treatment, ante-natal care or other sexual and reproductive health services or information, go to a health care centre.**
* **Some services are designed to be friendly to young people.**
* **Some services are available for free or at low cost to young people.**

WORKSHEET: YFHS CORNER TRIP					
General Information about the Service	Sexual and Reproductive Health (SRH) Services Offered	Accessibility and Availability	Confidentiality	Youth Friendly Features	Barriers for Youth
• Name and address • Location of service • Phone number	• Who works at the service? • What SRH services do they provide? Include counselling, physical exams, treatments and referrals. • Are all services found in one place?	• Hours/Days of service • Is an appointment necessary? • Easy to access for young people? How would you get there? • Is there a cost? If so, could you pay it? • Are they welcoming and open to questions? How did they respond to your questions? • Are they non-judgmental?	• Do you have the option to remain anonymous? • Is parent consent required? • Release of information – who will be able to access your personal information? • Confidentiality what does it mean?	List what they are doing to make their service friendly and welcoming to young people. What special services do they provide for young people? Include anything about the services that appeals to you as a young person.	List anything that would be a barrier to your use of the service or that you think other youth would find a barrier.