

# **FAMILY LIFE EDUCATION**

A Manual for Parent Educators

# ACKNOWLEDGEMENTS



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# WORKING ASSUMPTIONS



**Family Life Education:** A Manual for Parent Educators is built on a number of assumptions. These are that :

- parent education programmes are effective interventions for communities wanting to improve their sexual and reproductive health
- parent education sessions are conducted in small groups of 15 or less
- parent sessions are conducted inside standing facilities so that walls are available for hanging diagrams, etc.
- family life education does not require parents to be literate or proficient in English
- parent educators work as a team in facilitating sessions with parents
- parent educators will prepare their session plans ahead of time, making adjustments in the lessons outlined as needed
- parent educators will pay attention to the recommended time and make adjustments or manage activities accordingly
- parent educators will use the blank pages provided for their own lesson plans, their favourite activities, personal notes, etc.
- family life education for parents will continue to evolve and change as the community changes

*When the door is closed, you must learn to slide across the crack  
in the sill.*

—Yoruba Proverb

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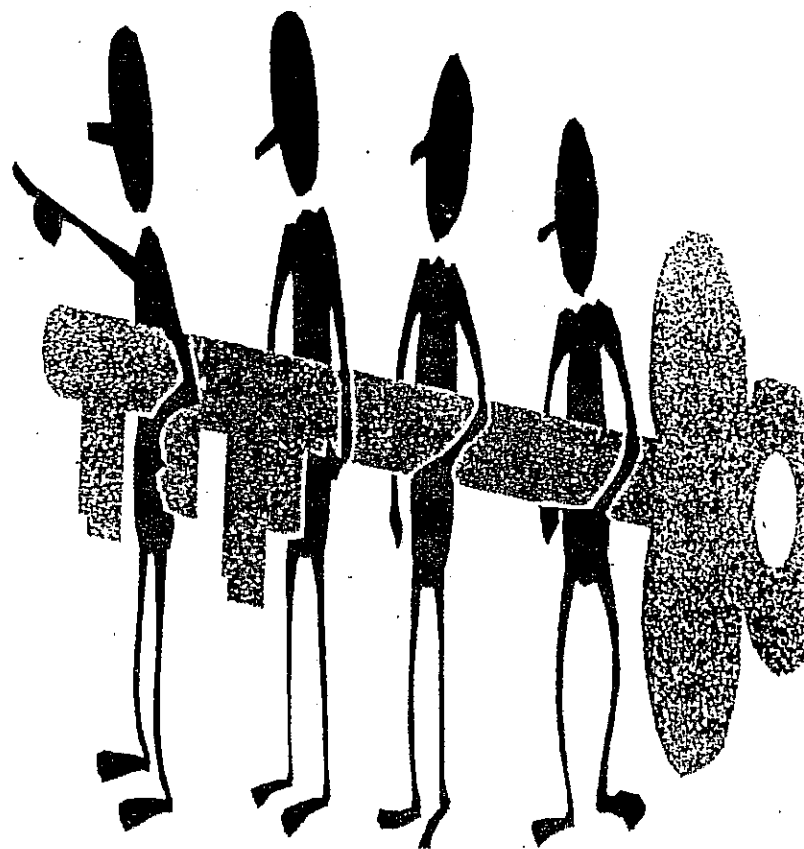
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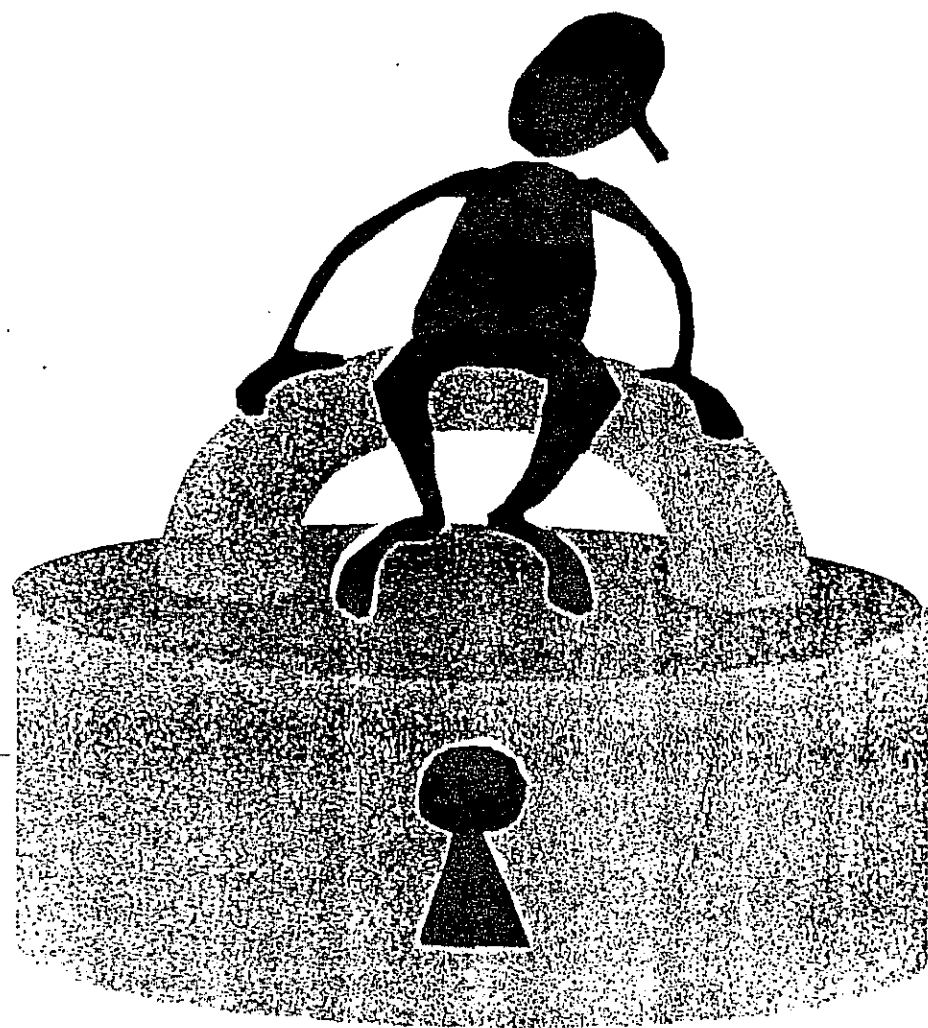
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# INTRODUCTION

# TALKING WITH CHILDREN ABOUT SEX

Parents want to be involved in educating their children about sexuality. It is often the case that they don't know how to go about it. As a parent educator, you can help by emphasising these 10 important messages for parents throughout the programme.

- 1** Despite the difficulty and discomfort many parents experience, they can be effective sexuality educators.
- 2** Parents are the primary sexuality educators of their children. They should be the first ones to communicate values about sexuality to their children. It's their right as well as their responsibility.
- 3** Children learn about sexuality every day of their lives from birth. They learn from parents, friends, the media, the community and society in general.
- 4** Parents don't need to be experts or to be completely at ease with the topic to be able to educate their children about sex.
- 5** Parents communicate their values about sexuality to their children about sexuality both verbally and non-verbally. Children are aware of what parents do and don't say. Parents' behaviours need to be consistent with the values they preach if they hope to pass these values on to their children.
- 6** Don't wait for children to ask questions. Initiate conversations. Use everyday situations (caring for a baby, a comment by someone, watching a video) to begin conversations. Discuss values, information and feelings.
- 7** Although it's best to start talking to your children about sexuality when they are very young, it's never too late to start.

- Sexuality education in school is limited and only approximately 35% of school-aged children are engaged in any type of formal education.
- Parents must now assume responsibility for educating their children about sexuality and family life. Unfortunately, most feel ill-equipped to educate their children properly in these areas.
- Parents are the primary sexuality educators of their children whether they do it well or do it poorly. A comprehensive Family Life Education programme helps parents fulfil this role more effectively.



Unfortunately, neither silence nor scare tactics from parents work with young people. What does work is honest, open and informed communication. Parents must talk with their children about all aspects of sexuality —openly, consistently and often.

When parents have access to facts, they can correct misinformation, challenge myths and clarify their own values. When parents are assisted with skills for communicating effectively with their children, they become better able to express themselves, even on sensitive topics like sex. Family Life Education provides both facts and skills for enhancing parents' effectiveness as their children's primary sexuality educators.

### **Some Important Considerations**

There are many reasons why comprehensive Family Life Education is important for parents. Among these is universal concern with sexual and reproductive health. The situations highlighted below can be improved through comprehensive and effective Family Life Education programmes.

- Complications related to pregnancy and childbirth are significant contributors to maternal mortality in Zambia. It is estimated that approximately 200 women die from these complications for every 100,000 live births.
- Just under a quarter (23.9%) of teenage girls (15-19 years old) in Zambia have had a child and 59.4% of 19-year-old females are mothers or are pregnant with their first child (ZDHS, 1996).
- Sexually transmitted infections, including HIV and AIDS is increasing among adolescents. The median age at first sexual intercourse (16 years) precedes median age of marriage by two years. Only one in five men and 2% of women report the use of condom to prevent HIV infection. Only 10% of men and women report maintaining their virginity to avoid AIDS. (ZDHS, 1996) If current patterns persist, a large proportion of teenagers will continue to risk HIV infection.
- While the knowledge of family planning is high, contraceptive prevalence rate is only 26 per cent for married women interviewed. (ZDHS, 1996).
- Most young people learn about sex from the media and peers. They turn to these sources for sexuality education because they are compelling, emotionally accessible, and because parents are failing to provide their children sexuality education in an open and effective way.
- The traditional sex educators —grandparents, banafimbusa, aunts and uncles are no longer able to fulfil that role adequately. Changes in cultural values, family structures and urbanisation make it difficult for young people to access these supports in meaningful ways.

# WHY FAMILY LIFE EDUCATION FOR PARENTS?

Family Life Education is a broad area of study integrating knowledge of:

- human growth and development
- sexuality
- anatomy & physiology
- sexual & reproductive health
- health maintenance
- hygiene
- population studies
- family planning
- decision making
- parenting
- family roles & responsibilities
- self-acceptance
- self-awareness

Family Life Education for parents is aimed at providing facts and strategies for communicating healthy attitudes and behaviours about sexuality and family life.

Parents are the first and most important sexuality educators their children will have, providing them information and a framework for values from birth. It is primarily from parents that children begin to learn about sexuality —about their bodies, about relationships with others, about being male or female, about what is considered appropriate or acceptable. Parents teach with both words and deeds. These lessons are sometimes deliberate on parents' part but far more frequently, parents are not aware of what they teach.

Unfortunately, most parents are uneasy in talking with their children about sexuality. There are many reasons for this. Some of the discomfort comes from inadequate information. Parents feel they do not understand sexuality well enough to teach their children. They may lack facts about anatomy, physiology, menstruation, puberty, conception, contraception, masturbation, etc. and as a result, shy away from providing their children instruction in these areas. Other factors which contribute to parents' uneasiness in providing sexuality education include cultural beliefs and traditions, religious beliefs, personal attitudes about sexuality, fears and uncertainties about the impact of sexuality education on children's development. Some parents do not discuss any aspect of sexuality with their children if they can help it. They believe that too much information leads to experimentation and that young people's questions about sexuality will go away if they are ignored.

In Zambia, there are many taboos that prohibit parents from communicating directly with their own children about sex. Traditionally, boys and girls learn about sexuality and family life from grand parents and initiation ceremonies. Although these traditions continue, they have been weakened by the many changes imposed under colonialism, Christianity and urbanisation. Young people are no longer universally initiated, neither do they have ready access to the wisdom and guidance of grandparents and elders within the extended family. Schools do not fill the gap. The mass media, through television and music videos, have taken the lead in educating and setting standards for sexual conduct.

Many young people, without guidance from responsible adults, make decisions about sex without accurate information or clear, well-considered values. They are left on their own to make sense of the conflicting messages they receive from families, the media, peers, and schools.

- 
- 8** If children ask questions, don't worry about whether they are too young to know the answers. Children understand what they are ready to understand. Every question is an opportunity to
  - 9** Listen to children. Let them know that you care about their feelings and respect their ideas (even if you don't agree with them).
  - 10** It's good to touch and hug your children and show love, regardless of their age. Your acceptance of them and your ability to show it reinforces positive self-esteem. It enhances emotional development also allows them to assess the different types of touch they will encounter.

# WHO NEEDS FAMILY LIFE EDUCATION?

Parents, grandparents, banafimbusa, teachers, church elders and adults acting as parents all need Family Life Education. They are there at every stage of a child's development. Family Life Education prepares them to answer questions, give information, and discuss concerns in a more forthright manner. It even allows them to anticipate young people's concern in this area so that they can make sexual learning a natural, normal and progressive experience reflective of the values the community holds dear.

## Parents

Parents are the first and most influential source of knowledge, beliefs, attitudes and values for their children. Some parents find it particularly hard to respond positively to children's developing sexuality. There are parents who find it equally difficult to show the love, affection and openness necessary for effective sex education to take place. Family Life Education emphasises the importance of openness and understanding in promoting responsible sexual behaviour. Family Life Education encourages parents to show their children love, affection and understanding.

## Grandparents

Grandparents enjoy a special openness with their grandchildren. They are often the adults with whom children can be most "free". Grandparents play a nurturing role in a child's life. They, too, are influential in shaping the child's values and knowledge. The way in which they and other close relatives relate to the child shapes that child's sexual development. Their warmth and love help develop the child's capacity for affection and love—important aspects of healthy sexuality. They may also have knowledge about sexuality and family life which parents find difficult to discuss with their children.

Grandparents can add significantly to their grandchildren's sexuality education—through direct communication with the child and through discussions with the child's parents so they can all work together in educating the child.

## Banafimbusa

Banafimbusa still play a role in Family Life Education. It is important that they too are equipped with factual information and effective communication skills. In this way, their teaching becomes

more effective and relevant to young people in contemporary Zambia.

### **Other Elders**

As the culture changes, children may no longer live close to their grandparents or other blood relatives. Other adults can be important in educating children about sexuality. Parents may need to utilise other responsible adults in supporting their children's education.

Foster parents, stepparents, aunts and uncles, teachers and other adults responsible for children can be as influential as parents in children's sexual development. They too communicate values and information on sexual conduct. They too shape children's development in very significant ways.

### **Men**

Too often, fathers and other adult men in a child's life fail to participate in family life education. They see sexuality education as "women's work, "the mother's responsibility". Unfortunately, some may even mistakenly see family life education as an opportunity for inappropriate sexual education. Girls and boys alike need the presence, strength and love of a responsible man to help them develop healthy personalities and positive gender identities. Fathering does not end with conception; it is a lifelong process of loving, growing and sharing in the joys of parenting.

### **Parents of Disabled Children**

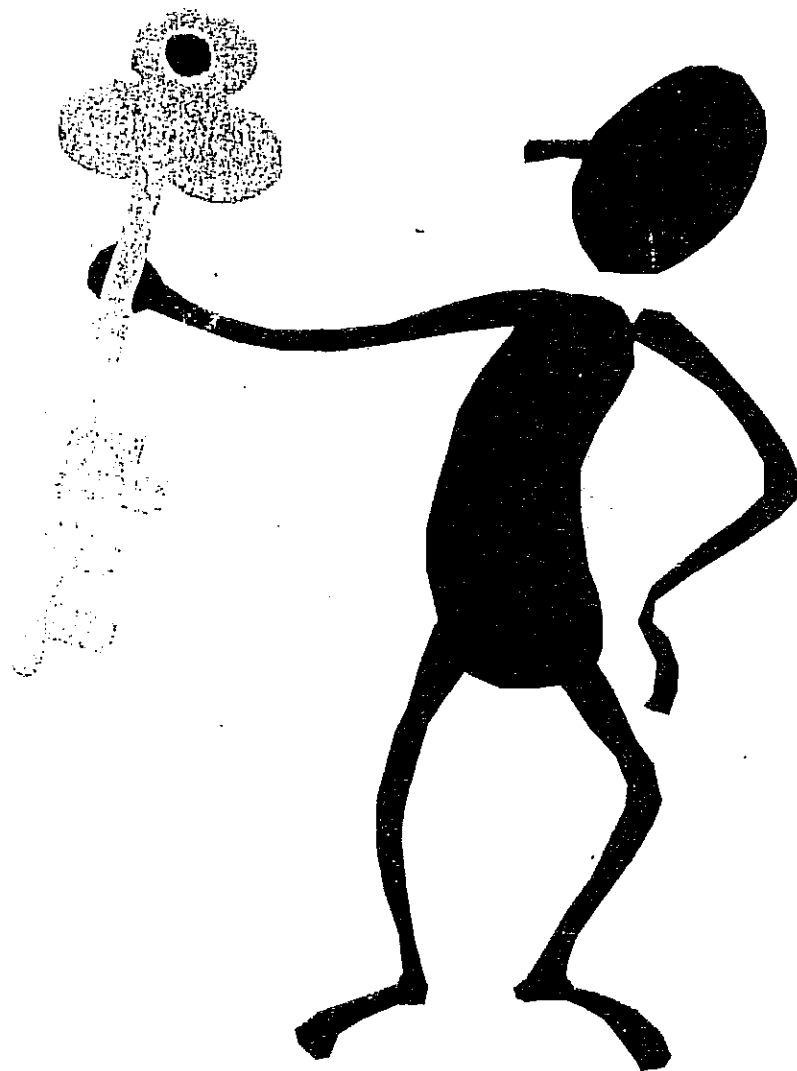
Mentally retarded and physically handicapped children are often treated as if they are non-sexual beings. Ironically, retarded children are at greater risk of sexual abuse. They fall prey to molesters who find them easy targets for manipulation and coercion. They may also find themselves without proper understanding of their basic sexual feelings and how to respond appropriately.

Despite this, the child's disability becomes the focus of attention to the exclusion of all other developmental concerns. We overlook their need to know about sex, reproduction, and family planning. We ignore their need for Family Life Education and the special challenges this implies for the parents of children with disabilities. Parents of children with disabilities need extra support in educating their children in sexuality and family life and safeguarding their sexual health.

Adapted from Working With Parents Trainers Manual on Human Sexuality, a collaborative effort of the Lesotho Ministry of Health, Family Health Division, and the Margaret Sanger Center of Planned Parenthood of New York City, 1992.

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# NOTES



# NOTES TO THE PARENT EDUCATOR

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## **GROUP LEADERSHIP SKILLS**

Throughout this manual, the term "parent educator" has been used to refer to persons responsible for developing and implementing the Family Life Education Programme for parents. The terms "parent educator" and "facilitator" are used interchangeably. The parent educator facilitates parents' learning by:

- 1** presenting activities which draw on parents' previous experiences, knowledge, attitudes and skills
- 2** encouraging parents' active participation in these activities so that they can master new concepts and skills.

A parent educator needs to establish two-way communication so that the parents are as actively (if not more actively) involved as him/herself. The parent educator is a resource person, sharing responsibility for learning with the parents themselves. This emphasis on co-operative learning is based on adult learning theory.

### **ADULT LEARNING THEORY**

Modern adult learning theory has grown out of three basic observations:

- **Adults Learn Best When They Are Treated As Equals.**

Adults consider themselves to be mature, capable and responsible human beings. They react more favourably to learning situations in which they are treated as equals. It is important that the parent educator involve parents in the identification of their own learning needs. It establishes an atmosphere of mutual respect that validates and encourages parents to contribute their opinions, knowledge and concerns. Where equality exists, differences can be supported rather than judged. Hence the importance of creating an environment in which differing points of view are accepted. This will allow parents will feel secure and empower them to participate freely.



**● Adults Learn Best When Learning Incorporates Their Previous Experiences, Knowledge and Skills and Supports Their Existing Values.**

Adults have many life experiences that can be utilised in co-operative learning. They do not come to the training as empty vessels waiting to be filled with wisdom. Rather they come as individuals with different kinds of knowledge and skills all relevant to finding the right approach to educating their own children about sexuality and family life. Your role as facilitator is to create the conditions which allows the group address their own concerns.

Adults come to training with well-established attitudes and values. Perhaps your greatest challenge, as a parent educator, will be to understand and respect the values parents hold even while facilitating their exploration of new viewpoints and perspectives. Since people's ability to change is related to many complex factors, the degree of trust and respect that you establish within the group will be significant in influencing parents' willingness to explore change.

**● Adults Learn Best When They Are Actively Involved.**

Most people have a difficult time concentrating on a formal lecture. If the objectives of your program are to support parents ability to be effective sexuality educators you will need to utilise techniques which provide parents with opportunities to discover their own insights, practice new skills and make any other changes they feel are required. Your role as parent educator will again be to facilitate a process for supporting learning and change.

**TASKS OF THE PARENT EDUCATOR**

The role of the parent educator is to assist parents in safeguarding their children's sexual and reproductive health and support parents in their understanding of children's general growth and development. Your role is to facilitate transformation within the group through the learning process. Some of the tasks involved are highlighted below.

**⇒ Support Group Cohesion**

Support the building and maintenance of group's identity. Build trust. Trust is necessary for learning but not always easy to attain. It is built on honest communications, mutual respect,

co-operation and consistency.

### ⇒ Encourage Active Participation

Establish parents' active participation in learning. Open-ended dialogue, consistent encouragement of parents sharing from experience, boosting parents' confidence in their capacity to analyse and figure things out for themselves are just some of the ways in which participatory learning can be supported. Supporting group cohesion involves:

- sustained positive feedback to parents e.g. "That sounds like a good idea..."
- recognising shared vulnerabilities e.g. "How many of you have wondered about that same question?"
- confidentiality e.g. "Let's all remember that we agreed to keep conversations about what a person shares within the group"
- encouragement to more reticent parents to participate e.g. "I noticed a puzzled look on your face. How does your experience differ?"
- discouraging individual parents from monopolising the sessions e.g. "Thanks for all your interesting comments. Are there others who would like to share?"
- responding positively to criticism e.g. "I'm glad you brought that to my attention."
- seeking and providing clarification as needed e.g. "Did you say that you felt the woman in the market was sending a mixed message?"
- recalling feelings, ideas, opinions or questions e.g. "Earlier several of you felt ..."

### ⇒ Maintain Focus on Task or Content

If program objectives are to be accomplished the parent educator will need to keep the group on task. Tips include...

- When introducing a new topic, link it to the topic that preceded it e.g. "This morning we reviewed reproductive anatomy. This afternoon we'll have the opportunity to use the information in answering questions children ask."
- Provide necessary information e.g. "Although many people believed at one time that sexuality begins at puberty, we now agree that sexuality is a part of our personality from birth to death."
- Give clear and precise instructions for each activity e.g. "After the role play, please go back to the groups you were in this morning and discuss the questions that are written on the handout."
- Guide discussion so contributions are relevant to the topic e.g. "What did you learn about yourself from doing that activity?"
- Bring the discussion back to the topic at hand e.g. "Your question is not quite relevant to the present topic. May I answer it during the break?" THEN, DON'T FORGET TO ANSWER IT.)

- Bring closure to an activity or a session e.g "If there are no more questions or comments about this activity, let's move on ..."

As parent educator, you will find that completing the above tasks do not guarantee accomplishment of the agreed on objectives. The outcome of an activity may not be exactly what was planned but there may be many valuable lessons learned nonetheless. Encourage parents to relate what they have learned to real needs and problems in their own lives. Your responsibility as educator is to help parents identify what was most useful for them and how they may apply what they have learned.

A parent educator's most important job is to facilitate the sharing of knowledge, skills, experiences and ideas.

### **BASIC FACILITATION SKILLS**

Perhaps the most basic skill that a parent educator should possess is the ability to encourage discussion. This can be accomplished by:

- Asking open-ended questions which allows everyone to respond. (What sicknesses do your children get most often?)
- Asking open-ended questions which guide the discussion in a particular direction. (What do you give them when they are sick?)
- Using active or reflective listening. This technique involves paraphrasing the speaker's comments (without inserting opinions or judgements) so that the person knows that they have been heard e.g. :

Parent: "I think the young man in the story is useless."

Parent educator: "So you feel some of his behaviour was immature."

Paraphrasing allows the parent educator to clarify her/his understanding of the parent said. If the paraphrasing is incorrect, the parent has an opportunity to restate what s/he meant; if the paraphrasing is correct the speaker will feel encouraged and more comfortable with sharing. In either case, paraphrasing shows the parent that the facilitator is listening attentively. This type of listening takes time and special effort in staying tuned to the

speaker and the communication process. Active listening lets the speaker know that her/his point of view has been communicated and understood. This requires the parent educator to:

- listen for the total meaning of the message. (i.e., the content of the message and the feeling or attitude underlying this content.)
- respond to feelings. In some instances the content is far less important than the feeling which underlies it. To catch the full meaning of the message you must be particularly aware of the feeling component.
- repeat what was said in her/his own words. The speaker's response to the facilitator's reflection will demonstrate whether or not they felt understood. An example of a reflective question is, "What I hear you saying is that you are concerned about the amount of material to be covered? Is that what you said?"
- listen to and support every parent's contribution. This does not mean you agree or disagree with their ideas. It means that you listen carefully, interpret accurately and respect the feelings of others.
- use body language which engages parents. Make direct eye contact; if you are sitting, lean in the direction of the group; if you are standing, circulate so as to increase contact with parents.

#### OTHER FACILITATION SKILLS

**1** **Speak in a loud and clear voice.** Send only one message at a time. Use short concise instructions for activities making sure that the person farthest from you can also hear you clearly.

**2** **Use "I" messages and encourage others to do the same.** Words like "we," "all of us" instead of "you people" and "everyone" encourages the speaker to take responsibility for the statement that s/he makes. Ask participants to speak for themselves and not for the group. Be accurate in what you say. If you are personally stating something, make sure that is how the statement is delivered. For example: "I am feeling very hot in here now." as opposed to "It's too warm in here."

**3 Use language that most people understand.** Don't try to impress with your words or be condescending. Stay away from "slang". You need to be able to communicate using language that is comfortable for everyone in the group. Equally important, you need to remain open to the varied use of language within the group.

Be aware of "body language"—non-verbal messages. When appropriate, call attention to it. Be sensitive to the unspoken feelings and statements hidden in the speaker's body language. As facilitator, use aware of your own body language. Your gestures and posture should not only agree with your words; they should encourage positive interactions between you and the group. Positive non-verbal communication include:

- facial expressions which invite interaction
- tone of voice which welcomes sharing
- direct eye contact
- postures which communicate openness

**4 Silence is golden.** Learn to relax with silence. You don't need to rush in to fill up the silence. A certain amount of silence is actually a stimulus for the group. It may be an indication that they are seriously considering a question or topic you just covered. Your being comfortable with the silence can allow group members to take responsibility for what occurs in the group.

**5 Help the group make necessary decisions.** Make sure each suggestion is heard and considered. Help group members relate their contributions to what other members have already shared. This will keep the discussion building. Keep the group working towards the stated goal. Help the group to educate each other, to provide supportive assistance to each other, to think critically, to become confident in its ability to solve problems and to continually evaluate each other's work and attitudes and those of the parent educator.

**6 When necessary, assist the group in revising goals.** Know when to stay with the schedule and when to be flexible. If many parents are benefiting from a particular activity, it may be foolhardy to stop in order to stay on schedule. Weigh that against the objectives for the next activity — It may be possible to incorporate those objectives into the current activity.

**7 Manage conflict when it arises.** It is sometimes necessary to bring hidden conflicts to the forefront. You can do this by stating, "I noticed that some parents seem upset about what occurred earlier today. I'd like to get this cleared up. What would help us to do that?" By doing this, you show the group that you are open to disagreement and are able to work out differences. It is sometimes necessary to address feelings and put aside the "task" when group functioning is affected by unresolved tensions. The maintenance of group cohesion is a priority.

**8 Be aware of your own values and feelings.** Distinguish between personal needs and the needs of the group. Do not use your authority as facilitator to impose your own values and opinions. When expressing your personal opinions and feelings identify them as such. (You do have them and sometimes it is quite all right to share them with the group.) Be clear on why you are doing this, however.

**9 Respect confidentiality.** This is critical in maintaining a trusting environment. If you think disclosing something might be a breach of confidentiality, don't say it. Check it out with the person concerned. They will let you know what is okay to say and respect you for your concern and caution.

**10 Be genuine.** Be patient, trusting, empathetic, non-judgmental, enthusiastic and humorous and all that is humanely possible to be—but be genuine. Many serious subjects can be handled with respect and a touch of appropriate humour, but be yourself.

Adapted from Family Life Education Teacher Training Manual, Network Publications, Santa Cruz, CA, 1981

# TRAINING PARENT EDUCATORS

What do parent educators need to know to be effective facilitators of Family Life Education for parents?

**1** Ideally, educators should first understand with their own feelings and beliefs about sexuality. This can be done through guided exploration of their upbringing and their values about a range of sexuality topics. It's critical that educators be able to talk about sexuality and sexual conduct without imposing their own values. This takes practice.

**2** The next level of individual preparation deals with knowledge of human development, sexuality and related concepts. Parent educators need to know and understand basic information about anatomy, physiology, sexual development, emotional development, puberty, sexually transmitted diseases and contraception. It would be unreasonable to expect facilitators to be sexuality experts, but they do have to know the basics. They also need to be aware of what they don't know and where they can go for additional information.

**3** Skill building constitutes another component of training. Parent educators need to be skilled in group facilitation techniques supportive of adult learning styles. The sensitivity of the subject matter and complexity of the social and emotional barriers to sexuality and family life education require a skilled facilitator to manage the process. Facilitators work at stimulating discussion by encouraging trust, openness, two-way communication with and among parents, asking open-ended questions and conducting focused activities that encourage parents to learn from each other's experiences.

**4** Parent educators also need to learn how to use correct and appropriate language for explaining sexual anatomy and functions. This involves both knowledge of and comfort with a new vocabulary for many.

## QUALITIES TO LOOK FOR IN A PARENT EDUCATOR

- Responsible, are natural leaders and work in the community.
- Enjoy people and are sensitive to people's religious and moral values.
- Mature and are able to handle sensitive issues related to sex and sexuality.
- Should believe parents are the primary family life & sexuality educators of their children.
- Should care about improving parent-child communication about sexuality.
- Should believe children and young people need to have sexual facts interrelated with values so they can make sound decisions about sexual matters.
- Want to develop the technical skills required to conduct and facilitate family life education.
- Have such technical skills and want to enhance them and learn how to transmit them.

Adapted from *Working With Parents Trainers Manual on Human Sexuality*  
New York City, 1992.

Training parent educators in effective facilitation is very important. The parent educator is the most important variable in determining programme success. For most parent educators, comprehensive training—exploring one's values, gaining accurate and relevant knowledge, learning group facilitation techniques, and practising methods of answering questions about sexual matters increases comfort with the whole process. At the end of the day, some may still be nervous. These are natural jitters that are likely to disappear as parent educators gain experience implementing the programme.

### An Effective Parent Educator Would...

- have participated in comprehensive sexuality training.
- be tolerant or accepting of different values and points of view.
- support the underlying values and principles of the programme.
- be well-informed about topics in family life and human sexuality.
- convey warmth and a sense of humour.
- have explored his or her own attitudes about a variety of sexual issues.
- feel enthusiastic about teaching sexuality education to parents.
- have good communication and group facilitation skills.
- use sexual terminology correctly and comfortably.
- be sensitive to participants' ethnic, religious and social background.

Adapted from *When Sex Is The Subject*. Pamela Wilson. ETR Associates, Santa Cruz, CA: 1991.



# WORKING WITH PARENTS

## EFFECTIVE PROGRAMMES

Studies have shown that successful programmes, whether large or small, often have the following in common:

1. Small, local beginnings and slow, decentralised growth
2. Involvement of local people in each phase of the programme
3. An approach that views planning as a learning process
4. Leaders whose first responsibility is to a just society
5. A recognition that good health can only be attained through helping people improve the entire situation in which they live

David Warner & Bill Bower, Helping Health Workers Learn

Family Life Education for parents is based on *adult learning theory*. It assumes, learning through participation, equality between parents and parent educators, mutual respect and co-operation. This manual offers materials, ideas and activities which help parents work together to improve their knowledge and skills in educating their children about human sexuality and family life.

In parent education, two experienced groups come together to learn from each other—the parent educator and the parent.

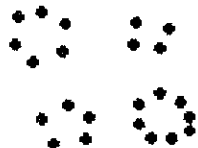
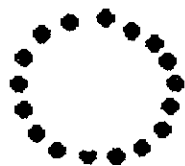
- **Parent.** The person who knows more about his/her children than anyone and is most influential in shaping the child's outlook on the world. It is the parent's values that influence the type of education children receive. Parents are the primary sexuality educators of their children.
- **Parent Educator.** You, You provide guidance and resources for supporting parents' knowledge of family life education, but your resources are only useful when guided by parents' needs and constraints and when combined with the expertise parents have. For the family life education ideas described in this manual to work, parent educators must adapt them to local needs and local realities.

In this program therefore, parents and parent educators work together to improve parents' skills in educating their children about sexuality and family life. As parent educator, you provide resources for learning, a schedule and guidance when necessary. Parent and parent educator, together create ways of reaching children. Your role is to help parents "draw out" the questions and expertise they have. Your role is to encourage them to learn as much as they can about instructing their children in sexuality and family life.

Family Life Education for parents deal with sensitive issues that many people have difficulty discussing. Your ability to help parents relax and have fun while they learn will be an important requirement for the success of the program. Some practical tips on creating a comfortable environment for discussing sexuality and family life are discussed next.

**Seating.** The seating arrangement should not remind parents of a classroom. At the beginning of the session, suggest that parents sit in a circle so they can see each other's faces. Join the circle yourself as one of the group.

## SAMPLE SEATING ARRANGEMENTS



**Participation.** Ask a lot of questions. Ask questions that start with "why", "how", "what if", to encourage participants to share and draw from their own wisdom and experiences. Encourage parents to think critically and figure things out for themselves. Encourage parents to question each other and discuss amongst themselves.

**Relevance.** Emphasise the most useful ideas and information. There may be no need to discuss detailed anatomy. Include such information only when it is needed for understanding parents' specific concerns. Use teaching aids that are available locally. A fancy and detailed wall chart of the female reproductive anatomy may be impressive to you but totally meaningless to parents. A home-made model constructed from discarded household items or hand drawn on butcher paper may facilitate better understanding of how our bodies are constructed. Encourage parents to relate what they have seen and learned to real needs and problems with their own children. Discuss what action they might take as a result of new knowledge.

**Empowerment.** Build confidence in parent's ability to observe, criticise, analyse, and figure things out for themselves. Help them discover that they are just as good as the parent educator. Encourage them to consider the whole social context in which our attitudes and knowledge about sexuality are formed and its impact on children today. Support their exploration of imaginative and courageous ways to influence their children's development and health.

Parents do not need to know how to read or write to participate in this programme. The lessons are designed so that literacy skills are not necessary. Exercises that include reading or writing can be presented verbally. Sessions should be conducted in the language that is most easily understood within your community. Adaptations which you feel make the lesson more readily understood are encouraged. These might include:

- using language with which parents are most comfortable
- creating single sex groupings when coeducational groupings discourage openness
- substituting local materials for those referenced in lesson plans
- using drama as the medium for instruction

Adapted from Helping Health Workers Learn, David Warner and Bill Bower, Hesperian Foundation, 1984.

## WARNING

This manual offers a collection of ideas and examples of how you can put together a family life education programme for parents in your community. It is not intended to be followed as gospel. It is intended to trigger your imagination.

To be lively and meaningful, a parent education programme cannot be pre-packaged or 'replicable'. It needs to be redesigned to meet the specific needs of each area and each set of conditions—each time it is taught.

- question
- adapt
- make up your own

# DESIGNING A PARENT EDUCATION PROGRAMME

There are several ways to plan your program. Some possibilities are outlined below. You and the parents may decide on an all day program, a series of evening programs or any combination which fits their needs and the conditions within your community. The times suggested for each session are also flexible, but adjustments there will require very careful review. Remember content should be determined by what parents want to know. You need to find that out by asking parents for whom this programme is intended.

## Possible Program Design

PARENT PROGRAM (2-3 hours)	PARENT & CHILD PROGRAM (2-3 hours)
<ol style="list-style-type: none"><li><b>1. Introduction</b><ul style="list-style-type: none"><li>• Use one of the three below<ul style="list-style-type: none"><li>Getting Acquainted</li><li>Proud Parent</li><li>I Wish I Had Known...</li></ul></li><li>• Expectations (brief version)</li><li>• Group Contract (brief version)</li><li>• What Are My Values?</li><li>• Questions from Parents (Use this to determine which content area the group needs and wants)</li></ul></li><li><b>2. Examining Attitudes</b> Past, Present, Future</li><li><b>3. Human Development</b> Sexually Continuum <i>(Use this if there is no preference for content area)</i></li><li><b>4. Effective Communication</b> Teachable Moments</li></ol>	<ol style="list-style-type: none"><li><b>1. Introductions</b><ul style="list-style-type: none"><li>• Getting Acquainted</li><li>• Expectations/Group Contract</li></ul></li><li><b>2. Examining Attitudes</b> Past, Present and Future <i>(Parents do past; children do present; together they work on future)</i></li><li><b>3. Effective Communication</b> Teachable Moments <i>(Using scenarios suggested by the group; separately have children suggest some and parents suggest some) Note: Don't put parents with their own children.</i></li></ol>

## TIPS FOR LEADING DISCUSSIONS

- Respect everyone's right to express personal feelings and be heard.
- Encourage participants to talk by asking open-ended questions and accepting their contributions
- If some participants monopolise the discussion, ask them politely to remain silent so those who seldom speak have an opportunity to -and ask their opinions.
- Don't embarrass participants by asking for information they may not have or may not want to disclose.
- When the group is quiet in thought, don't rush in to fill the silence. Work with it.
- Remember that humour can often be highly effective in relieving tension. If a light touch is your style, don't hesitate to use it whenever appropriate. But if it's not your style, don't force it. Humour can also be degrading and hurtful.

# MAKING YOUR PROGRAM WORK

...Now that you and the parent group have selected the length of your programme, the topics to be included and how long each session will be, you can begin.

Your first session should include introductions. Yours is important for building credibility with the group. Offer a brief description of your background, your education and training in family life education and your experience as an adult educator. Also include a little personal information about yourself as a parent and member of the community. This may be more important to your audience than any professional training.

Establish on the starting and ending times, whether and when there will be any breaks, and basic ground rules in your first session as well. Programme expectations (yours and the parents') should be discussed along with the process that will be used to evaluate progress.

## CHECK LIST FOR PARENT EDUCATORS

- ✓ Review text and other relevant information.
- ✓ Have resource materials prepared and ready.
- ✓ Have reference materials or information on where they can be located handy.
- ✓ Secure co-facilitator if needed.
- ✓ Review explanations for activity scheduled. Are they precise and easy to understand?
- ✓ Reconfirm detail of participation with co-facilitator or invited resource persons if one is being used.
- ✓ Arrive earlier than scheduled to set up the meeting place the way you want it to be.
- ✓ If refreshments are to be served, make sure they don't interfere with program time.
- ✓ End the program on time and thank everyone for coming.
- ✓ Stay after session to ensure that the space is left clean, in order and secure.

# LESSON PLAN FORMAT

*Family Life Education: A Manual for Parent Educators* is organised in four sections:

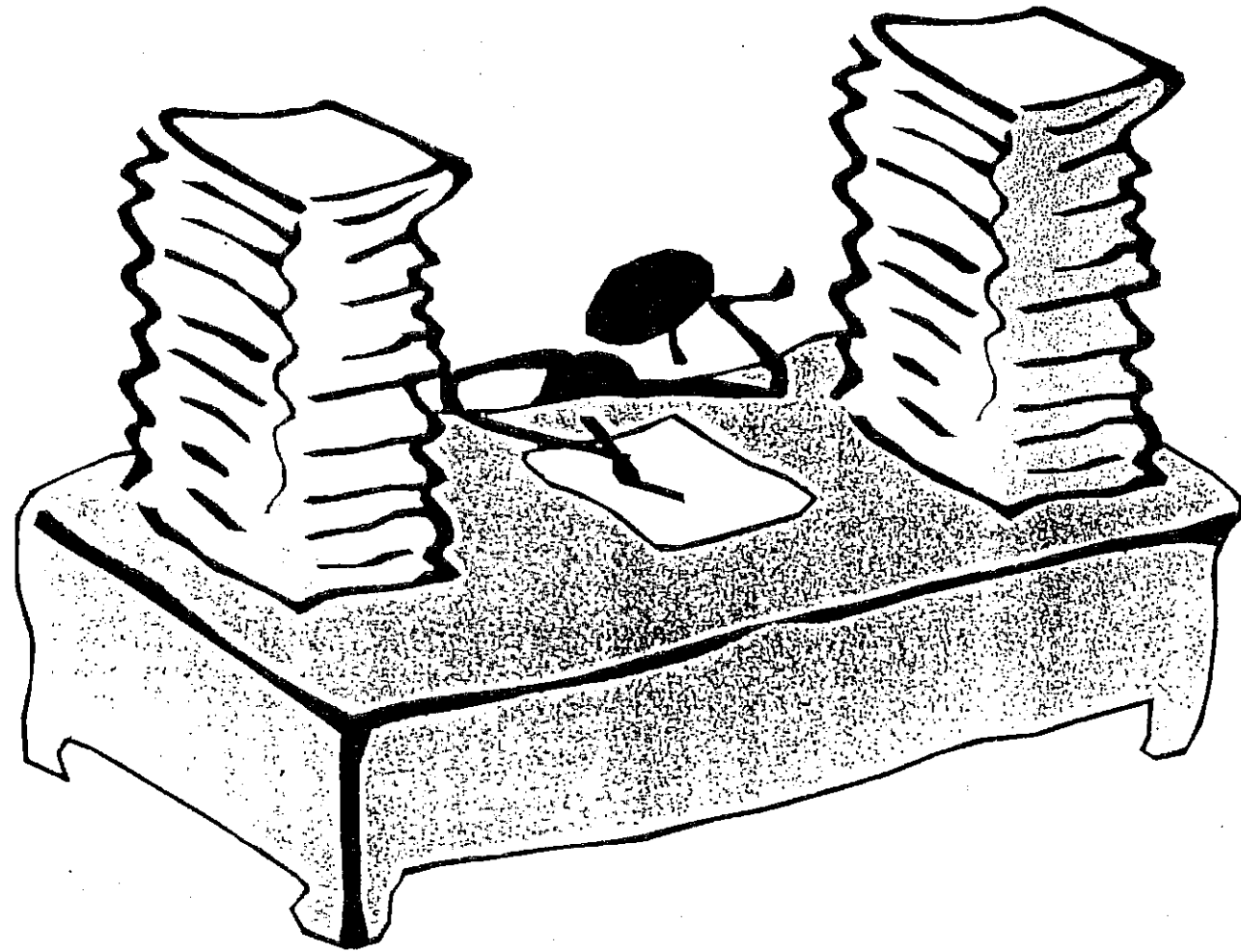
Section 1	Introduction	Section 3	Lesson Plans
Section 2	Notes to the Parent Educator	Section 4	Appendix

All sections contain essential information for a successful parent education programme. However, you will spend most of your time in Section 3, Lesson Plans. The lessons are organised around 10 themes with a consistent format.

T H E M E	
LESSON #	LESSON TOPIC
<ul style="list-style-type: none"> <li>• definition of key concepts</li> <li>• supplementary information</li> <li>• information related to exercises described in the lesson plan</li> </ul>	<p>PURPOSE      To list reason for the lesson. To state what the session is intended to accomplish</p>
	<p>TIME            Approximate time needed for session</p>
	<p>PREPARATION    • Things you will need to arrange or do before the session • Materials recommended for conducting the session</p>
	<p>STEPS            1. Guidelines on how to conduct the session 2. Things you might say and do every step of the way</p>
	<p>ADAPTATIONS    1. Ways in which you can change the steps or 2. Judgements you will need to make as you consider the particular lesson plan.</p>

Some Lesson Plans have accompanying fact sheets, questionnaires, case studies, role-plays, etc. to enhance learning goals.

All lessons presented may be adapted to suit the needs of the group and the time available for the session.



# LESSON PLANS

# INTRODUCTORY ACTIVITIES

# INTRODUCTORY ACTIVITIES

## ACTIVITY #1

### GETTING ACQUAINTED

**PURPOSE** To get participants better acquainted with each other  
To make participants more comfortable with each other

**TIME** 15-30 minutes

**PREPARATION**

- none

**MATERIALS**

- none

**STEPS**

1. Ask each parent to introduce herself/himself by telling us the name they would like to be called.
2. Pair participants, and explain that you would like them to get to know each other.
3. Tell them you would like them to ask each other about...
  - the number and names of your children
  - their favourite spare time activity?
  - anything else they would like to know about each other
4. When you think they are done, ask everyone to come together again as one group
5. Ask each parent to take 2-3 minutes and briefly introduce the person s/he was paired with.
6. Thank the group for their participation and encourage them to continue participating in all activities.



### ADAPTATIONS/CONSIDERATIONS

1. For large groups, subdivide them into smaller groups of eight to ten members who will introduce each other in pairs.
2. For parent-child groups, parents and their children could be paired together. In addition to the introduction, you may ask them to say something they like about each other.
3. Secure masking tape and markers. Give each participant a piece of tape big enough to write their name on and ask each participant to write their name on the masking tape and tape it to their chest.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #2

I am a good parent  
because ...

## P R O U D P A R E N T

**PURPOSE** To assist parents in identifying the strengths they bring to parenting  
To encourage parents to utilise those strengths

**TIME** 30-45 minutes

### PREPARATION

- none

### MATERIALS

- none

### STEPS

1. Explain that as parents, we take for granted the things we do for our children. Remind the group that it is good to think about the qualities or strengths we have as parents and that using these qualities will make us even better parents.
2. Ask the group to quickly share 3 things that make each of them a good parent.
3. Divide the group in pairs (separating spouses), and ask each pair to discuss the 3 qualities shared.
4. Regroup and ask each parent to complete the following sentence:
  - I am a good parent because...
5. After the sentence completion exercise, ask the following questions:
  - How did it feel to share?
  - How might our reflection on our strengths help our children?

6. Summarise by commending the parents on the difficult task ahead of them, and encourage them to go and use the qualities cited with their children.

#### **ADAPTATIONS/CONSIDERATIONS**

This activity is intended to have parents focus personal attributes -what is positive and whole and good about themselves. You may have other ways of getting to that point. Add those activities.

- 1.

- 2.

- 3.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #3

### EXAMPLES FROM OTHER PARENT GROUPS

I wished I had known..

- sexual feelings were normal and how to cope with them.
- about pregnancy and birth
- what sex would be like the first time
- how sex was related to pregnancy
- the truth about sexual attraction
- about wet dreams
- that kissing and intercourse were not the same
- about me, not just how to please a man
- that menses would happen
- how to avoid pregnancy
- that my breasts would develop on their own
- that male & female relations can occur without sex
- the process of labour & delivery
- sex should be enjoyed not performed like a job

## I WISH I HAD KNOWN...

**PURPOSE** To connect parents with their own adolescence  
To help parents recognise the importance of responding to adolescents' concerns  
To create a supportive environment for sharing and learning

**TIME** 45-60 minutes

### PREPARATION

- none

### MATERIALS

- none

### STEPS

1. Introduce the exercise by telling the group how important it is to be able to reflect on our past experiences. Our own adolescence has a lot to teach us if we but look.
2. Ask the group to introduce themselves by:
  - describing something they wished they had known about sexuality/family life as a teen growing up and
  - telling us how that information might have helped them.
3. Model what you want them to do by sharing something you wished you had known in your adolescent years and how you think having that knowledge would have helped you.
4. Do not force those who are hesitant to share but encourage their participation. As trust develops within the group, shy parents will become less hesitant about sharing.

5. Listen attentively as each participant shares his/her story. Where needed, ask them to clarify.
6. When the parents who want to have shared, ask the group:
  - What similarities and/or differences they noticed in the stories told.
  - What lessons do we learn about being a teenager from the stories?
  - What lessons do these stories teach us about being a parent?

#### **ADAPTATIONS/CONSIDERATIONS**

Consider asking the group to share within same sex groupings if it seems difficult for the women and men to speak openly in a mixed group. If parents are encouraged to share according their own comfort level they may learn from each.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #4

### Discussion Questions for Small Group Exercise

1. Why did you come to this programme?
2. What do you hope to learn here?
3. What is the most important topic you feel you need to address with your children?

### Questions to Explore with the Full Group

1. What similarities did you notice in your group?
2. Did you notice any differences?
3. What do your children need to know?

## EXPECTATIONS

**PURPOSE** To develop group rapport  
To create opportunities for listening and sharing  
To respond to parents' expectations

**TIME** 10-15 minutes

### PREPARATION

- secure a co-facilitator to assist

### MATERIALS

- paper & pen

### STEPS

1. Explain that since this is the beginning of a family life/sexuality education programme, participants may have expectations for what will happen during our time together. In order for the programme to be successful it is important that we share ideas about what we expect. Parents may have specific concerns about their children. This is a good time to think about those concerns and how we can help each other with them.
2. Tell the parents that you will be asking them to discuss their expectations in smaller groups and that you have a few questions to get that discussion started.
3. Divide parents into two groups. You and your co-facilitator will attach yourselves to one of the two groups.
4. You and your co-facilitator will read the **Discussion Questions for Small Group Exercise** (see left column) out loud to your group and facilitate the discussion.

5. When all the questions have been discussed, ask everyone to come together and share their expectations.
6. In a large group, have parents respond to **Questions To Explore With The Full Group** (see left column). Your co-facilitator should record parents' responses as they are shared.
7. Read the expectations expressed by the group out loud for consideration. After the expectations have been recited, tell parents what the programme will provide, which expectations are likely to be met and which may not be met.
8. Encourage parents to ask questions during the sessions. Tell them how important their questions are to getting the programme to meet their needs.

#### **ADAPTATIONS/CONSIDERATIONS**

1. Eliminate the small group work if you have very little time and know that you have built in time elsewhere for parents to talk in small groups. You can instead pose the questions and continue with the large group discussion. The drawback to this approach is that it makes it easier for those who are shy about speaking to remain quiet.
2. If the group is literate, provide paper and pens and ask them to write the answers down. Collect the answers and read them to the group, assessing the ability of the programme to address each expectation expressed.
3. Open with a sketch depicting what a family life education programme is likely to address and draw out parents' expectations and programme objectives by way of response to that drama.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #5

### QUESTIONS PARENTS ASK

**PURPOSE** To encourage parents to ask questions or raise their concerns about guiding their children's sexual development

**TIME** 15 minutes

#### PREPARATION FOR THE SESSION

- secure another parent educator to co-facilitate

#### MATERIALS

- paper & pens

#### STEPS

1. Introduce the session by explaining how important parents' input is to the development of the programme. Explain that the more we know about what parents want to know about guiding their children's sexual development, the better the programme will be.
2. Ask parents to discuss questions or situations they would like to have the program address. Have your co-facilitator record the discussion. The notes recorded will inform the selection of topics for your programme.

#### ADAPTATION/CONSIDERATION

1. If you are working with parents who can write, give them pieces of paper on which to write their questions or areas of concern and collect them. As with the notes from the co-facilitator, the information collected will help you select topics that match the interests of this group. This exercise should be done during the first meeting with your parents.



# INTRODUCTORY ACTIVITIES

## ACTIVITY #6

### SAMPLE ITEMS FOR GROUP CONTRACT

- Express ourselves honestly.
- Respect differences of opinion.
- Everyone participate.
- No personal attacks.
- State our own opinions and feelings, not those of others.
- Listen when others are speaking
- Don't dominate the conversation

## DEVELOPING A GROUP CONTRACT

**PURPOSE** To establish group expectations for behaviour.

**TIME** 15 minutes.

### PREPARATION

- none

### MATERIALS

- newsprint & markers

### STEPS

1. Explain to the group that establishing a group contract creates an environment where the most learning and participation can take place. Therefore we need to think about and develop a set of rights and responsibilities for our sessions together.
2. Ask the group to generate ideas that will encourage the most learning in our programme. (Draw pictures if the group does not read) Examples of guidelines are reflected in the left column.
3. Place the "Contract" somewhere it can be seen easily and encourage all participants to help in meeting the contract.
4. Discuss what the group wants to do if the contract is broken.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #7

## WHAT ARE MY VALUES?

### values

- deeply held beliefs which are prized, cherished and publicly affirmed when appropriate
- our values influence the decisions we make and the behaviours we engage in although we may not always be conscious or aware of them

**PURPOSE** To help parents clarify their values on sexuality education for their children  
To help parents appreciate that these values differ among individuals and families even within the same community

**TIME** 60 minutes.

### PREPARATION

- poll the community about beliefs they have about parents' role in sexuality education and what children should know in this area
- make a list of these beliefs
- make 3 signs in words or pictures which indicate: 'agree' 'disagree' or 'not sure'

### MATERIALS

- list of "values" statements
- agreement signs

### STEPS

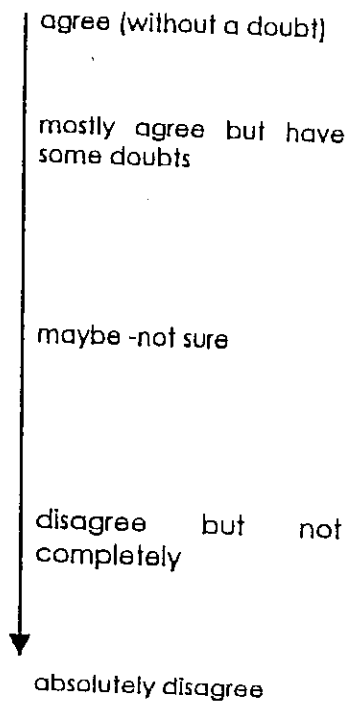
1. Open the session by asking parents to share what they understand by the term **values**.
2. Discuss the understandings offered, providing reinforcement and clarification as needed. A definition of **values** is offered in the left column.
3. Explain to the group that you are going to read several statements, one at a time, and that each parent should decide if they agree or disagree with the statement.

In order for a belief to be considered a **value** it must be:

- freely chosen
- chosen from a number of alternatives
- acted upon
- publicly affirmed

### Continuum

a continuous line from agreement to disagreement



4. From the following methods of indicating choice, choose one and instruct parents accordingly :
  - Have parents signal with thumbs up (agree) or thumbs down (disagree).
  - Have parents who agree move to one side of the room (mark that area with an agree symbol/sign), have those who disagree move to the other side of the room (also marked with a disagree symbol/sign).
  - Make a *continuum* from agree to disagree (draw a line on the ground or create an imaginary one between the two signs).
  - Come up with your own way to determine agreement/disagreement.
3. Read one statement from the list of commonly held beliefs you polled prior to the session. You may also read from the list of belief/values statement provided below.
4. Ask parents to indicate whether they agree, disagree or are not sure and to briefly give reasons for the choices they made.
5. Repeat steps 3 and 4 with another statement from your values list. Alternate where you start in asking the group to explain the positions taken.

### SAMPLE BELIEFS/VALUES STATEMENTS

- Don't forget to list the beliefs held in your community on this topic. Those come first.
- Parents should be the major source of sex information for their children.
- Parents and children should never talk about sex without talking about love at the same time.
- Parents should not answer most questions about sexuality until children are adolescents.
- Children should not ask about their parents' personal sex lives.
- Children should know the facts about how they got started and how they were born before age five.
- If children are told too much about sex, they are likely to go too far in experimenting.

- When you discuss sex with your child it is as good as giving them permission to have sex.
  - Parents need to know a lot in order to help their child with sexuality information.
  - Parents should make all decisions for their children.
8. Highlight the beliefs commonly stated and call attention to those beliefs that tended to be very individual. Both are positives.
9. Explore with the group:
- Are commonly held beliefs acted on in this community? How?
  - How can we act on our beliefs about these matters in our own families?
  - What can we do to show that this belief is part of our value system?
  - How do differing beliefs on a particular topic impact family life education in the community? In your home?
10. Summarise important information shared.

#### ADAPTATION/CONSIDERATION

1. **What Are My Values** could be adapted to introduce values on many important topics in family life/sexuality education e.g. gender roles, adolescent behaviour and sexual conduct. In each case, prior investigation of community beliefs and values should be polled and discussed.

# INTRODUCTORY ACTIVITIES

## ACTIVITY #8

### MY FAVOURITE INTRODUCTORY ACTIVITY

terms to be defined

supplementary information

PURPOSE

TIME

MATERIALS

PREPARATION

- 
- 

STEPS

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

ADAPTATION/CONSIDERATIONS

# **WARM-UP ACTIVITIES & ENERGISERS**

# WARM UP ACTIVITIES & ENERGISERS

## ACTIVITY #1

### MUSICAL CHAIRS/PAPERS

**PURPOSE** To energise the group  
To build group cohesion

**TIME** 10-15 minutes.

#### PREPARATION

- secure drums or other musical instruments

#### MATERIALS

- chairs, or sheets of paper
- musical instrument

#### STEPS

1. Arrange chairs or pieces of paper (about A4 size) in a circle, one for each participant.
2. Ask each member of the group to stand on the paper or sit on the chair until the music begins. Tell them that once the music begins, they should dance around the circle, sitting again only after the music stops.
3. Remove one chair/one piece of paper while everyone is up dancing so that when the music stops and each person attempts to find an "empty" place, there will be one space less. The person who does not find a chair or paper must step out of the game. He or she can help cheer the rest of the group on when the music resumes.
4. Repeat steps 2 and 3 until there is only one person left. That person is the winner! The winner may sing a song or do a dance to celebrate her/his victory.

# WARM UP ACTIVITIES & ENERGISERS

## ACTIVITY #2

### WHOSE SOUND IS THIS?

**PURPOSE** To energise the group  
To promote group cohesion

**TIME** 5-10 minutes

#### PREPARATION FOR THE SESSION

- none

#### STEPS

1. Have the participants stand in a circle facing the centre.
2. Each participant chooses an animal and practices making the sound of that animal.
3. Have one person start by making the sound of the animal he/she has chosen. Then each participant in turn makes the sound of the animal chosen.

#### ADAPTATION/CONSIDERATION

A variation on this would be to have each person make his or her own unique sound. When each person has had a turn, the person who starts the next go-round should make someone else's sound. The owner of that sound must jump in next and make their own sound and that of another person. Laughter is guaranteed after a few tries.



# WARM UP ACTIVITIES & ENERGISERS

## ACTIVITY #2

### THE -SNAP CLAP NAME GAME

#### "NAMES"

Parts of the reproductive system in English or vernacular:

- penis
- vagina
- testes
- ovaries
- ova
- sperm
- fallopian tubes
- uterus
- etc.

Methods of contraception:

- rhythm
- female condom
- the pill
- IUCD
- condom
- waist beads
- muleza
- etc.

**PURPOSE** To help participants become more comfortable with the language used in family life education

**TIME** 15 minutes

#### PREPARATION

- make a list of the "names" you will be asking parents to choose from, write or draw them
- prepare the list of names on a piece of butcher paper large enough for participants to see

#### MATERIALS

- list of "names"
- masking tape
- markers

#### STEPS

1. Introduce the session by explaining that we will all play a name game that uses some of the words we will be hearing often in our sessions. Assure them that no insult is intended you simply want them to become familiar with some of the terms used in family life education.
2. Tell the group where you have chosen the names from, then read each "name" on your prepared list out loud. If the names are in English or if they are 'new' to the group, take care to pronounce the names clearly.
3. Ask participants to select one of the names you have read as their individual "name" for this game. (No two people in the group can have the same "name"). Each parent (or your co-facilitator) should print or draw the chosen name on the masking tape provided. Tape the name on where it can be easily seen.

Sexually transmitted infections:

- kalionde-onde
- chinsonono
- bola-bola
- utusabi
- akasele
- etc.

4. Have each member of the group stand in a circle facing each other. Each person should be able to see each other's name.
5. Teach the group the snap clap rhythm - Hit the thighs with open palms on one beat, clap hands together in front of the body on the second beat, snap the middle finger and the thumb together on the right hand for the third beat, and snap the middle finger and the thumb together on the left hand for the fourth beat. Continue that pattern keeping a steady four beat rhythm slowly. Continue to practice the rhythm until every one has it.
6. Keep the rhythm going and starting with one of the names (facilitator can start with his/hers) say the name during the snap clap of the fingers. Continue around the circle in one direction saying the next name on the snap of the fingers. (To make it easier let one 4 beat clap snap go in-between). Once people have the rhythm and can say the names the game begins.
7. The person who starts calls out the name of another person in the circle, who in rhythm must call out the name of someone else during the snap clap. (After the rhythm is set, the word/name called out, the person has one set of clap snaps to say the next name.) This pattern continues until someone misses. (People will start laughing and having fun so the miss isn't really a problem.) Start the rhythm over again and continue until the names/words have been said several times.
8. To close the activity you can lead a discussion by asking the following questions:
  - How did that feel to say those words?
  - How might this game help us talk to our children?

### CONSIDERATIONS/ADAPTATIONS

1. If people cannot read, they could try memorising the names.
2. The use of vernacular may increase comfort but vernacular words for reproductive parts can also make some groups very uncomfortable because of its association with insults.

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# **WARM UP ACTIVITIES & ENERGISERS**

**ACTIVITY #4**

**MY FAVOURITE WARM UP ACTIVITY**

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# WARM UP ACTIVITIES & ENERGISERS

**ACTIVITY #5**

**GROUP FAVOURITES**

# FRIENDLY EVALUATIONS

# FRIENDLY EVALUATIONS

Growth results from absorbing and digesting truth and putting it to practice in daily life.

White Eagle

## EVALUATIONS

When parents don't read, administer the evaluation verbally.

Read the items out loud and have a co-facilitator assist in recording participant responses.

The purpose of the evaluation is to provide feedback on how you are doing.

- are the intended messages being heard?
- is the programme meeting the needs of the parents?
- what impact did the programme have on participants?

What do you want to know about how you are doing? Don't be afraid to look at the faults.

## PARENT PROGRAMME EVALUATION

Date \_\_\_\_\_

I am \_\_\_\_\_ (male/female). I am a \_\_\_\_\_ (parent/child)

For the statements below, state your opinion by ticking (✓) in the appropriate column.

	Agree	Disagree	Not Sure
1. A family life education programme is important.			
2. It is important to have a family life education class for parents.			
3. The materials used were helpful.			
4. This programme will make it easier for me to talk with my children.			
5. The discussion questions were helpful.			
6. I enjoyed the small group discussions.			
7. I felt comfortable participating in my group.			
8. This programme was worthwhile for our family.			
9. I learned something in this class.			

Please answer the following questions:

10. What aspects of the programme did you feel were most beneficial?

11. What suggestions, if any do you have for future programmes?

12. Why do you think this programme would be valuable to other parents and/or children?

13. What else would you like us to know about the programme?

# FRIENDLY EVALUATIONS

## SESSION EVALUATION

### EVALUATIONS

When parents don't read, administer the evaluation verbally.

Read the items out loud and have a co-facilitator assist in recording participant responses.

The purpose of the evaluation is to provide feedback on how you are doing.

- are the intended messages being heard?
- is the session meeting the needs of the parents?
- what impact did the session have on parents?

What do you want to know about how you are doing? Don't be afraid to look at the faults.

In order for us to know what was valuable to you in this class and to help us assess whether or not we are accomplishing what we have set out to do, we ask you to fill out this evaluation of the session.

Complete the sentences below with your thoughts.

1. I think this sessions was \_\_\_\_\_
2. The parent educator was \_\_\_\_\_
3. During the sessions I felt \_\_\_\_\_
4. I wonder if \_\_\_\_\_
5. I learned \_\_\_\_\_
6. I think other people in the group \_\_\_\_\_
7. My main complaint is \_\_\_\_\_
8. I would also like you to know that \_\_\_\_\_

### ADAPTATIONS/CONSIDERATION

When parents don't read, you read the statements to the group and record their responses.

# FRIENDLY EVALUATIONS

## SESSION EVALUATION

### EVALUATIONS

When parents don't read, administer the evaluation verbally.

Read the items out loud and have a co-facilitator assist in recording participant responses.

The purpose of the evaluation is to provide feedback on how you are doing.

- are the intended messages being heard?
- is the session meeting the needs of the parents?
- what impact did the session have on parents?

What do you want to know about how you are doing? Don't be afraid to look at the faults.

Please complete these questions to give us some feedback on this programme. You do not need to sign your name. Thank you.

I am \_\_\_\_\_ (male/female) \_\_\_\_\_ (parent/child)

1. Two things I liked about this session were \_\_\_\_\_  
\_\_\_\_\_

2. The things I did not like about this session are \_\_\_\_\_  
\_\_\_\_\_

3. The session would be better if \_\_\_\_\_  
\_\_\_\_\_

4. As a result of this session I will be able to talk with my children about \_\_\_\_\_  
\_\_\_\_\_

5. I still want to ask about \_\_\_\_\_  
\_\_\_\_\_

6. The parent educator's skills are (circle one, please)  
poor                  average                  excellent

7. Other comments: \_\_\_\_\_  
\_\_\_\_\_



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# FRIENDLY EVALUATIONS

## MY FAVOUTITE EVALUATION FORMAT

# CLOSURES

# CLOSURES

At the end of each session it is helpful to bring participants together and ask them how they felt about the session. It allows you to reconnect with each participant and their individual needs in a non-threatening way. Negative sentiments will be dispelled before the next session and positive sentiment will reinforce and nourish the learning that has begun. There are many ways of doing this. The culture is filled with rituals for marking endings and transitions. Find ones that feel good to you. Some examples of closings are provided below. Use them to inspire a closing ritual that feels comfortable to you and the parents you serve.

## EXAMPLES

### •THE DROP BOX

#### STEPS

1. Decorate a container large enough to hold pieces of paper.  
A basket or 2-litre ice cream container or cardboard box would do fine. Decorate so it looks special.
2. Ask each participant to write or draw a picture on a piece of paper telling us:
  - a) how they are feeling
  - b) what they have gained in the session just completed.Explain that this sharing should be anonymous, then have them fold and drop the paper into that special decorated container.
3. Ask each participant to take piece of paper from the container and share what is on it with the group. If it is a picture, they should try to interpret what that picture portrays.

#### MATERIALS

- decorated container
- paper
- markers/crayons

### ● CLOSING CIRCLES

1. Have the group sit in a circle. Each in turn should finish the sentence:
  - "What was most helpful today was...."

Additional go-rounds may include other statements, such as:

- "What I learned was..."
- "Something else I'd like to say..."

2. Have the group sit in a circle. Each in turn should relate what they are feeling through a) a song b) a code or c) a mime.

They may also relate their evaluation of the session in this manner.

### ● TOSS-SPEAK

#### MATERIALS

- cloth ball

#### STEPS

1. Have the group sit so that everyone can see each other.
2. Tell them that when the 'ball' lands their way they will have to speak -to tell us how they felt about the session, what they learned, what the session inspired them to think about, what they will do with this new information or perspective gained, etc. Be specific in what you want them to comment on.
3. The facilitator begins by modelling the exercise. Express your feelings on the topic specified, and then toss the object to someone in the group.
4. The person catching the 'ball' now has to express her/his feelings on the topic specified. Once done, s/her tosses it to someone else in the group.
5. The toss-speak continues until everyone has had a turn to share.

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# CLOSURES

## MY FAVOURITE CLOSING EXERCISE

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# CLOSURES

## MY FAVOURITE CLOSING EXERCISE

# **EXAMINING ATTITUDES**

# EXAMINING ATTITUDES

## LESSON #1

### PAST

1. No sex before marriage.
2. Boys and girls can't be friends-Chikwi tapalama na mullo.
3. A woman must be faithful but not necessarily the man-Ubuchende bwa mwaume labo na chupo.
4. A wife must be submissive to her husband and always be available for sex.
5. Males are superior to females-A Kaume takachepa.
6. Incest is taboo-Amaso ya nkashi tayemya mulima, bukala.

### PRESENT

1. Sex anytime but with a condom to avoid STD/HIV.
2. We all have the freedom to make our own individual decisions about sex.
3. There should be no interference from parents.

## PAST, PRESENT, AND FUTURE

**PURPOSE** To examine conflicting messages children receive about sexual conduct  
To help parents identify the messages they want communicated to their children

**TIME** 60 minutes

### PREPARATION

- secure 2 other parent educators to co-facilitate
- observe adverts and popular songs on TV and radio for sex-related messages conveyed
- record these messages

**MATERIALS**  
• paper & pen

### STEPS

1. Introduce the session by stating the purpose of the topic. Explain that as a group you will be looking at what our culture teaches children about sexuality and sexual conduct.
2. Divide the group into smaller groups so that either you or your co-facilitators assist each group.
3. Instruct the first group to brainstorm: "messages our culture/the society communicated to children about sexuality and sexual conduct in the PAST". Instruct the second group to brainstorm: "messages our culture/the society presently communicates to children about sexuality and sexual conduct" and lastly, have the third group brainstorm: "messages they want their children to hear in the future about sexuality and sexual conduct". Each co-facilitator should record the messages shared in their respective groups.



## PRESENT

4. Sex is OK. Practice makes perfect.
5. Girls and boys are equal.
6. Test first, then marry
7. Homosexuality is normal.
8. Sex is love. No sex, no love.
9. Having more sexual partners is fun.
10. Parents are old fashioned.
11. Discos, films dating are the modern things to do.

## FUTURE

1. Education first, marriage later.
2. It is normal and OK to say no to sex.
3. Use a condom every time you have sexual intercourse.
4. Boys and girls treasure your virginity.
5. Once is all it takes to get pregnant and be infected with HIV.
6. Openness is the key to a better relationship.
7. A woman is not a sex tool.
8. No sex before marriage.
9. Marry first and taste later.
10. Talk about sex and prevent negative consequences.
11. Sex control is the key to fidelity.
12. Boys and girls are equal.

4. Ask the co-facilitators to read their group responses out loud. In the left column are examples of messages parents have shared.
5. Discuss the contributions from each group, guided by the following questions:
  - What do you notice in the three sets of messages?
  - In what ways are they different? Similar?
  - Are there messages for the FUTURE which you do not support? How might you modify or strengthen the messages?
  - How can adults reinforce the values they want children to have?
  - Who teaches children about sexuality & sexual conduct? Who do we want to be doing it?
  - What may hinder our ability to communicate with our children about sexual matters?
6. Summarise the session by highlighting the main points and key lessons learned.

### ADAPTATIONS/CONSIDERATIONS

1. If the parents can read, the messages shared may be written on butcher paper for all to see and compare.
2. This lesson may be followed with an activity for parents to practice telling their children what they want them to know about sexuality and sexual conduct. Ask parents to create songs or role-plays where they must talk to their child about a topic related to sex, and give the appropriate message.

# EXAMINING ATTITUDES

## LESSON #2:

## WHAT CHILDREN SHOULD KNOW

### DISCUSSION QUESTIONS

1. What do you notice about the topics?
2. Are there any items on any of the lists that you would not discuss with your teenage child? Why?
3. Are there items that were left off the lists that need to be included?
4. Which topics are the most difficult to discuss?
5. What makes it more difficult to discuss some topics than others?
6. What might make discussion of these topics possible?
7. Would your children have the same topics on the lists as you do?

**PURPOSE** To help parents identify the information, values and skills they believe children need to have about sex and family life.

**TIME** 30 minutes.

### PREPARATION

- secure co-facilitators for the session

### MATERIALS

- paper & pen

### STEPS

1. Introduce the session by reminding parents that it is important to think about what we want our children to know and do as we raise them. Explain that we are going to look at what we think our children need to know and be able to do to become sexually healthy and responsible adults.
2. Divide the group into smaller groups and assign a co-facilitator to each group with a piece of paper and pen.
3. Ask each group to share what they feel is the MOST important for adolescents to know about sexuality, sexual conduct and family life. Give the groups 10 minutes to complete this exercise.
4. Have the parents reconvene as one group and share their lists. The co-facilitators can read the list of topics recorded. Discuss each topic offered.
5. Continue the discussion guided by the questions listed in the left column.

6. Summarise discussion and identify the ways in which the programme can support parents in educating their children in the areas indicated.

**ADAPTATIONS/CONSIDERATIONS**

1. If there are children in the group, have them do a list of their own.
2. If parents can read, record the lists generated on butcher paper for all to see and compare.

# EXAMINING ATTITUDES

## LESSON #3

### QUESTIONS ON TEENS

- What's the SINGLE most important thing today's teens need to know about sexuality?
- What kind of sexual behaviour does the culture expect from teens? How does the culture communicate those expectations?
- What do you most want your teens to hear from you about sexuality?
- What stops you from talking with your teen about sexual matters?
- Who/what is the most powerful sexuality educator in your teen's life? How do you feel about that? What would you change?

## MESSAGES FOR MY TEEN

**PURPOSE** To think about the messages teenagers need to receive about sex  
To examine cultural influences on teenage sexual conduct  
To examine barriers to communicating with teens on sexual matters

**TIME** 60 minutes

### PREPARATION

- secure 2-3 parent educators to co-facilitate
- prepare a sheet with the questions in left column for each co-facilitator to use

### MATERIALS

- QUESTIONS ON TEENS
- paper & pen

### STEPS

1. Introduce the session by reminding parents that it is important for us to think about what we want our children to know and do as we raise them. Explain that we are going to look at what we think teenagers need to know and be able to do to become sexually healthy and responsible adults.
2. Ask the group to describe what teens are like today.
3. Divide parents into 3 or 4 smaller groups and assign a parent educator to each group. The number of smaller groups will be dependent on the number of educators available to co-facilitate.
4. Ask each group to answer the QUESTIONS ON TEENS (see left column) which each group's parent educator will read aloud, one at a time. The educator assigned should record the groups' responses. Allow a few minutes for discussion.

5. Have the smaller groups reconvene as one and share their responses.
6. Explore both lessons learned and unresolved issues:
  - What are the most important things you've learned or discovered from this activity?
  - What questions remain for you? To whom or where can you turn for help with those questions
7. Summarise by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### ADAPTATIONS/CONSIDERATIONS

If parents read, use butcher paper and markers to record responses. Display the responses for all participants to see.

# EXAMINING ATTITUDES

## LESSON #4

### values

- deeply held beliefs which are prized, cherished and publicly affirmed

In order for a belief to be considered a value, it must be

- freely chosen
- chosen from a number of alternatives
- acted upon
- publicly affirmed

Here are some of the ways in which our values are shaped:

### *one's lived experience*

—through a system of trial and error, one comes to establish a system of values which guides personal choices and behaviours

### *moralising*

—parents, elders & key socialising institutions tell us what is right and wrong and enforce behaviours in accordance with those values

## HOW PERSONAL VALUES ARE SHAPED

**PURPOSE** To help parents understand how children's *values* are shaped

**TIME** 60 minutes

### PREPARATION

- review notes in Lesson 4 (left column) on the concepts to be discussed so that you are comfortable in your understanding of the distinctions between terms
- make drawings or cut out illustrations depicting messages conveyed in popular media that become personal values.

### MATERIALS

- butcher paper or old cardboard box
- markers
- Pritt stick

### STEPS

1. Introduce the session by reviewing the meaning of *values*.
2. Explain that today's session will explore factors that influence our beliefs and how we come to accept certain beliefs as personal values. Explain that the process of values formation is the same for children so understand how it works for us will make us better able to influence our children's values.
3. Draw a large circle on a piece of butcher paper or the side of an old cardboard box. You can increase the surface area by opening one side of the box and flattening the cardboard. Divide the circle into eight sections. Place the circle in front of the group so that everyone can easily see it.
4. Ask the group:  
"What influences values in our culture?"

### **modelling**

—parents, elders and key leaders setting a living example for young people to follow; consistency between deeds and words in key areas of the society —the media and other sources of popular culture set standards and model values in ways that are so captivating many people, young and old alike, try to emulate

### **QUESTIONS ABOUT VALUES**

- Which messages work against the values you would like to promote?
- Which messages support your values?
- What other messages would you like to add?
- Are there other sources of influence we have not mentioned?
- What messages come from these sources?
- Does your behaviour reflect the values you want your children to adopt?

5. Label the sections of the circle with each of the influences mentioned by participants. (Examples may include religion, family, peers, music, education, culture in general, television and movies.) Place one source of influence in each section. If similar sources are offered, try to categorise them under a general heading. Label each section as the group gives answers.
6. Then choose one of the next two options.
  - Ask the group to brainstorm messages and values being promoted by each of the sources listed. Write or draw a picture of the message within the appropriate section. If you are drawing, you will need more paper.
  - Divide the group into smaller groups and assign each group a different source of influence from the circle. Ask them to make a list of messages and values being promoted from that source.
6. Follow step 5 with a discussion guided by the QUESTIONS ABOUT VALUES in the left column.
7. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

### **ADAPTATIONS/CONSIDERATIONS**

1. Divide the group into smaller groupings. Have each sub-group design a sketch, dance or song that portrays the messages communicated from the source assigned. Then have the groups perform for the entire group.
2. Divide the group into smaller groupings. Ask each sub-group design a sketch, dance or song which portrays the messages they would wish their children to hear. Then have the groups perform for the entire group.
3. You may present messages from the media pictorially in a number of ways:
  - cut out pictures from newspaper, magazines, etc. paste them on a piece of manila or heavy paper and use pritt stick to tack them wherever and whenever they are needed.
  - prepare your own illustrations ahead of time and use them in the way described above

# EXAMINING ATTITUDES

## Lesson #5

## MY OWN LESSON ON EXAMINING ATTITUDES & VALUES

*definitions* of key concepts

- supplementary information
- other information related to exercise described in lesson plan

PURPOSE

TIME

PREPARATION

- 
- 

STEPS

- 1.
- 2.
- 3.
- 4.

MATERIALS

- 
-



supplementary information

5.

6.

7.

ADAPTATIONS/CONSIDERATIONS



**THE FAMILY**

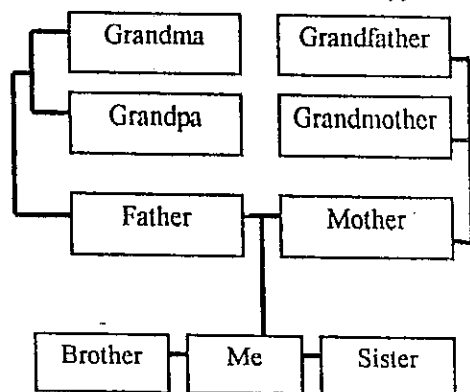
# THE FAMILY

## LESSON #1

## WHO IS MY FAMILY?

### GENOGRAM

(chart of a person's ancestry)



#### family

group of people related by blood, marriage or mutual commitment to support and care for each other

#### family structure

the ways in which people define family membership and how those members are organised

**PURPOSE** To introduce different types of *family* units  
To explore new or emerging *family structures*

**TIME** 60 minutes

### PREPARATION

- review Chapter 1, Family Life Education: A Curriculum for Teachers & Trainers
- prepare a five minute "family story" relating how your family has moved or changed in the last two generations  
(In your story, describe who is included in your family, your family size, where they live, what is interesting & unique about them.)

### MATERIALS

- paper
- markers/crayons

### STEPS

1. Present your family story. You are modelling this exercise by going first.
2. Explain that we will be looking at *family* and examining how they are alike and how they are different.
3. Distribute paper and markers or crayons to the group. Ask each participant to draw a picture of her/his own family history. If couples are present, they may work together. Encourage creativity.
4. Invite volunteers to present their family history. Some people may be shy about sharing early on in the programme, do not force participation.

5. Process what was being shared in the smaller groups. After each presentation, ask a few questions that you feel are relevant to understanding the dynamics of family structures and change. For example:
  - What did you discover about your family while doing this?
  - How have individual family members contributed to the family's welfare?
  - Which family members would you ask to raise your children if something happened to you, and why?
  - Do you have friends you consider "family"?
  - Who is your favourite family member, and why?
  - Do you know other families that are organised in a way that is different from your own?
  - Are there changes in what families expect of each other?
  - Why are families changing?
  - ...other questions you feel are relevant.
6. Summarise the session by asking the parents to share what they have learned. Restate the main points and key lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

1. Participants could be asked to present snaps, a story, a dance, song, sketch, etc. which describes their family or the meaning of family to them.
2. Participants can be asked to bring in an article: clothing, a blanket, a picture, a curio – something that was handed down to them from a family member. Each should describe the article and the feeling they attach to the family member to whom the object once belonged.

# THE FAMILY

## LESSON #2

**DO YOU KNOW YOUR CHILD?**  
(only your child can grade this for you)

1. What's your child's favourite game?
2. What is your child's favourite colour?
3. What annoys your child most?
4. What's your child's age?
5. What's the name of your child's best friend?
6. What's your child's favourite sport?
7. What grade is your child doing?
8. Given the choice what relish would your child pick for supper?
9. What's your child's favourite music?
10. What does your child want to do in the future?
11. Do your child's friends call him or her by a nickname? If so, what is it?
12. What would your child prefer to do in the evening, visit a friend read?
13. What's your child's favourite subject in school?
14. What was the last nice thing your child did for you that was a real surprise?

## DO YOU KNOW YOUR FAMILY?

**PURPOSE** To encourage communication between parents and their children

**TIME** 15 minutes

### PREPARATION

- arrange for 2-3 other parent educators to co-facilitate
- copy questions for co-facilitators
- review pp. 38-40 in *FLE Curriculum, Responsible Parenting*

### MATERIALS

- DO YOU KNOW YOUR CHILD

### STEPS

1. Introduce the session by stating the purpose of the topic. Acknowledge how easy it is to focus on the day to day duties of parenting and forget about getting to know your child as a person. Remind parents that maintaining open communication increases the likelihood of their child sharing difficulties with them.
2. Divide the group into 2-3 smaller groups. (depending on the number of co-facilitators available) and pair each group with a co-facilitator. Co-facilitators should be already equipped with DO YOU KNOW YOUR CHILD questionnaire.
3. Have co-facilitators read the questions out loud and ask participants to answer as many as they can. Each should make a written summary of parents' responses.
4. Regroup and have each co-facilitator summarise the responses given in each group. Allow time for discussion and correction or completion of answers to questions missed or not answered.
  - In which areas did parents know their children best?

### DO YOU KNOW YOUR PARENT?

(only your parent can grade this for you)

1. How did your parents meet?
2. What household chore does your mother dislike doing?
3. Does either of your parents talk to you about sex?
4. Does your father believe in love at first sight?
5. How old were your parents when they got married?
6. What's the name of your mother's/father's best friend?
7. Which of these can your father/mother do, split firewood, farm, pound maize, wash, cook, make a bed, mend clothes?
8. Has your mother/father bought any clothing recently?
9. Where was your father/mother born?
10. What's the last present your parents gave you?
11. Do your parents listen to music? What kind?
12. Do your parent attend religious services?
13. What is your father's/mother's favourite colour?
14. What does your mother's and father's job involve?

### 5. Discuss the following:

- How much did you know about your parent/child?
- What surprised you about what you knew or didn't know?
- Which questions were most difficult to answer?
- What is the importance of knowing these things about your child?

8. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

### ADAPTATIONS/CONSIDERATIONS

1. This exercise may be used in a parent group or in a parent/child group. If both parent and child are readers, have them interview each other using the questions which you can either post on butcher paper or distribute individually.
2. If both parents read, assign this exercise as homework after the first session. Use the discussion questions above to process the homework once the parents return. You might also ask them how much their children knew about them and why? Would they want that to change?

# THE FAMILY

## LESSON #3

### STATEMENTS ABOUT FAMILY

- Three things I particularly like about my family are...
- The best time I ever had with my family was...
- Two family customs that I especially like are...
- The one lesson I learned in my family that I would like to pass on to my children is...
- The time I felt closest to my family was...
- One family tradition I disliked a lot was ...

## A GENERATION OF FAMILIES

**PURPOSE** To examine family traditions and values  
To explore how these may be preserved

**TIME** 60 minutes

### PREPARATION FOR THE SESSION

- In your session before this, ask parents to bring something which symbolises family to the session.

### MATERIALS

- none

### STEPS

1. Introduce the session by reminding parents of the important role family plays in influencing children's values. Explain that in this session we will examine our family traditions with a critical eye, identifying those traditions we want to preserve for our children. The things we have brought and the stories we will share will help us remember the feelings associated with family and traditions.
2. Have each participant tell the group about what s/he has brought to share.
3. Divide parents into smaller groups. To goal is to create an environment conducive to sharing among participants.
4. Have each group discuss their memories and feelings about family traditions. The statements in the left column may trigger this exploration. You may read these or other statements you feel will elicit memories of family life -one at a time. Allow 4-5 minutes of discussion after each statement is read.



As a young child I remember sitting around the fire with my grandparents. They used to tell me that the most important things in life are...

5. Ask a few members of the group to present some of the family traditions they discussed in the small groups to the entire group. Presentation may be in the form of role-plays, dances or songs. Ask the group to guess what is being presented.
6. Read the statement in the left column and have the group list the things their families believed to be important that they also want to pass on to their children. Ask parents to list the values, traditions and commitments that are important in their own families.
6. Ask parents to share what they have learned from the exercise.
7. Summarise the session by reinforcing the main points and key lessons learned.

#### **HOMEWORK ASSIGNMENT**

Ask the participants to share the lessons learned about family traditions and family values with their children when they get home and report back during the next session on how the discussions at home went.

#### **ADAPTATIONS/CONSIDERATIONS**

Participants can present their family stories through drama or skits.

# FAMILY

## LN #4

## OUR ROLES AND RESPONSIBILITIES

**PURPOSE** To identify the roles we need to perform in creating a healthy family life  
To explore the rights and responsibilities of family members

**TIME** 60 minutes

### PREPARATION

- secure 1 or 2 other parent educators to co-facilitate
- review Chapter 1 in FLE Curriculum, The Family
- review Chapter 10 in FLE Curriculum, Youth Rights

**MATERIALS**  
• paper & pen

### STEPS

1. Introduce the session by stating the topic and the purpose of the session.
2. Divide parents into groups of 8 or so and assign a co-facilitator to each group.
3. Ask each group to brainstorm all the roles or functions that must be performed within a family in order for the family to operate well, and for its members to be healthy and happy.
4. Ask the group to select the 8 roles they consider most important and assign one to each person in the group. The group should identify as many roles as there are people present.
5. Each member is then to present one of the roles using drama, role-play or song. Be creative! Limit the presentations to 4 minutes. Can the participants forming the audience identify the roles being enacted?

### role

part played by individual members within a family, roles are influenced by expectations of what is appropriate for that member, one's functions, e.g. provider, story teller, care giver

### right

a privilege you are entitled to no matter what

### responsibility

duties one is expected to perform within the family, your obligations

- Which are the most important roles to be performed in your family? and why? (Encourage parents to see that all roles carry importance)
- What roles do children play in the family?
- What roles are often not appreciated?

### DISCUSSION QUESTIONS

- Are special privileges given to specific roles within the family?
- How do you feel about those privileges?
- How do you teach your children about the responsibilities associated with the various family roles?
- What happens if a person does not assume his/her responsibility?
- What rights would you like persons to have that they may not have now?
- How can we help family members understand that rights come with responsibility?
- How can we help parents understand children's rights?

6. Briefly discuss presentations. Ask parents share their observations concerning family roles and responsibilities. A few questions are offered in the left column to get your discussion started.
7. Divide the group into 2 smaller groups, each with a co-facilitator who will take notes. Ask each group to assign a reporter who will report back to the entire group.
  - Group 1: Review the list of roles generated in STEP 4. Brainstorm the **responsibilities** that go along with the various roles described.
  - Group 2: Review the list of roles generated in Step 4. Ask the other group to brainstorm a list of **rights** or privileges that go along with the roles described.
8. Have the smaller groups reconvene as one. Starting with Group 1, ask the reporter from each group to share the list developed in his/her group. Co-facilitators can assist if the reporter forgets anything.
9. For each responsibility mentioned, ask the group to determine if it applies to parents or to children. If there is disagreement, have the group talk about those disagreements.
10. Repeat Steps 8 and 9 with the list of rights.
11. Discuss the issues raised by the questions in left column.
12. Summarise the session by asking parents to share what they learned. Highlight the main points and key lessons learned.

### ADAPTATIONS/CONSIDERATIONS

1. If parents read, use butcher paper to list contributions. Post the lists generated for easy reference.
2. At the end of the lesson you may include a role-play where parents talk to their children about rights and responsibilities.

# T H E F A M I L Y

## LESSON 5

### *gender*

- the social interpretation of what it means to be female or male
- gender expectations differ from place to place and change over time
- one is taught one's gender roles, i.e. how to be feminine or masculine - it is not something you are born knowing

### *responsibility*

duties we are expected to perform or obligations we have to fulfill

## GENDER & RESPONSIBILITY IN RELATIONSHIPS

**PURPOSE** To explore ways in which *gender* affects *responsibility*  
To examine the meaning of responsibility in a relationship.

**TIME** 60 minutes

### PREPARATION

- review Chapter 3 in FLE Curriculum, *Gender And Sexual Expression*
- review Chapter 5 in FLE Curriculum, *Relationships*
- secure a co-facilitator of the opposite sex

### MATERIALS

- paper & pen

### STEPS

1. Explain that our society/culture defines how we should behave as females or males. This social interpretation of what it means to be born a woman or a man influences our views on what our respective responsibilities are in a relationship. Today we will explore how gender impacts relationships between men and women, how we feel about it and whether or not these gender expectations serve our best interests.
2. Divide participants into 2 according to sex and assign a parent educator, equipped with paper and pen, to each group.
3. Ask each group to brainstorm behaviours which occur in relationships with persons of the opposite gender and to list the behaviours by gender, i.e., put "M" for those for males and "F" for females.)

## QUESTIONS

- What do you notice about the lists?
- What do you notice on one list that is not on the other?
- What behaviours would you want on both lists?
- What behaviours are not on the lists that you would want to be there?
- How do you feel about what is on the lists?
- What does "responsibility" mean?

4. After the exercise, have the participants regroup and share the behaviours discussed. The co-facilitator should consult the list recorded to ensure that the report captures all that was shared in the smaller groups.
5. Ask the co-facilitator to read the lists aloud and encourage participants question each other for clarification.
6. Ask the group to compare the lists and discuss responsibilities of men and women within relationships. You may use the questions on the left column or any other you find appropriate for guiding the discussion.
7. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

# THE FAMILY

## LESSON #6:

## PARENTS, CHILDREN AND THE LAW

### MEEBELO'S STORY

Meebelo, 13 years, has been working as a domestic servant for a year in Lusaka. Her mother lives in a rural area, 45 Kms from Lusaka. Her father works in Luanshya. Meebelo lives in the servant's quarter behind her employer's house. It has neither running water nor a toilet. She sleeps on a mat and has a few cloths for cover. She has had a persistent cough for 3 months. Meebelo works from 06:00 hours to 20:00 hours, Monday to Saturday. During this time she has no breaks except meal times when she is offered something to eat. Meebelo sweeps, washes clothes, irons, cooks, makes beds, polishes shoes, and tends to two small children for five hours each afternoon. Meebelo cannot read or write; in fact she has no time for school or any recreational activity. And although she does the same work as adult-servants, Meebelo receives less than one half the pay of adult-servants. She sends a portion of her pay to her mother each month to help with her three baby brothers and sisters. Because her employer has little tolerance for a child's clumsiness, Meebelo risks dismissal if she breaks anything or makes a mistake.

**PURPOSE** To examine the laws regarding the rights of children and youth  
To identify conditions which violate young people's rights  
To discuss the responsibilities of adults in safeguarding young people's rights

**TIME** 60 Minutes

### PREPARATION

- review Chapter 10 in FLE Curriculum, *Youth Rights*
- review Chapter 6 in FLE Curriculum, *Responsible Parenting*  
consult with youth advocates for information & and speakers on Children's and Youth Rights

### MATERIALS

- MEEBELO'S STORY
- agree & disagree signs
- booklets on Youth Rights

### STEPS

1. Introduce the session by reminding parents of how important the job of parenting is. Jobs of lesser importance require special education and experience yet most of us venture into parenting armed only with our memories of how we were raised. We know very little about children's development or about the laws which confer special rights and considerations on children. We all take our ability to be good parents seriously so the more information we have to help us be better parents, the better off we and our children will be. Today we will look at some of the laws safeguarding children's rights and discuss their implications for our conduct as parents.
2. Read **Meebelo's Story**
  - Ask the group discuss the story guided by the following questions:
  - Do you feel that Meebelo is being mistreated? If so, by whom?
  - What is Meebelo experiencing in life?
  - What is missing in Meebelo's life?

## CHILDREN'S RIGHTS

(Article 24)

*Child refers to persons under the age of 18 years.*

- ⇒ All children have a right to a name and nationality.
- ⇒ They have a right to know and be cared for by their parents, providing that such contact is in their best interest.
- ⇒ Children are protected against economic exploitation. Children under the age of 16 cannot do work that is dangerous to their health or well being, or work that interferes with their education. No employer can force children to do work simply because their parents are employees.

- How do you think this experience will affect Meebelo's future?
- Does she need protection?
- Is Meebelo's treatment "child abuse"? Yes or No. Give reasons for your answer. (Forced choice will create a good discussion of the topic.)

3. Ask the group to describe types of behaviours or conditions they would consider **child abuse**. Offer the following definition:

*Child abuse is the misuse of children through the exercise of physical force, emotional blackmail or other forms of coercion. It is the unfair exercise of power over children. Adults by virtue of physical size and socially conferred authority can and sometimes do abuse children in their care. Abuse involves intimidation, isolation, making children feel bad about themselves, making children do sexual things against their will, threats, etc.*

4. Review the rights of children conferred by Article 24 of the constitution. (Left Column)
5. Review the rights of the child conferred by the United Nations Convention on the Rights of the Child, to which Zambia is a signatory. See sheet attached.
6. Summarise the session by asking parents to share what they have learned. Highlight the main points and key lessons learned.

### ADAPTATIONS/CONSIDERATIONS

1. Have the group recount stories of child abuse they know of. Offer those stories instead for analysis and discussion.
2. Review the newspapers for current stories of child abuse. Present those for analysis and discussion.
3. This lesson could be followed with a session on Responsible Parenting.

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# UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

*The right to life.* The state must make sure every child has a chance to live and develop.

*The right to health care.* Children have the right to excellent health. They have the right to health care to prevent and treat sickness. Every child must have access to health care and clinics to prevent and treat sicknesses.

*The right to social security.* Social security is money which the state provides for basic needs such as food, clothing and housing. If a child's guardian is unable to support the child, the state must help support the child.

*The right to family life.* Parents and guardians are responsible for the upbringing and development of their children. They must provide their children a safe home, food, clothing, schooling and protection. Children and parents have a right to live together except when a court of law decides that it is not in the child's best interest to do so.

*The right of parents and children living in different countries.* The state must protect children from being taken to, and kept in another country away from their parents. If a child's parents live in different countries, the child has a right to see both parents.

*The rights of children in adoption.* The state must do what is best for the child in all cases of adoption. A child who cannot be cared for or adopted in his/her own country has the right to be adopted by parents in another country.

*The right to education.* All children have equal rights to education. Education must develop children's personality and talents. It must also develop children's respect for human rights, their parents, their culture and their language and beliefs. Education must prepare the child to live in a free society, in a spirit of understanding, peace, tolerance, equality among men and women and friendship among all people.



*The right to recreation.* Children have the right to rest and free time in which to play and take part in cultural activities like reading, story telling, music and the arts.

*The rights of the disabled child.* Children with physical and mental difficulties have the right to live a full and decent life in dignity. They have the right to special care which could help improve their disabilities. They must have special care in the form of education, training for work, health care, rest and play.

*The right to privacy.* The state must protect the child's private life, family, home, personal letters, name, honour and reputation from people who try to interfere with this privacy in wrong or unlawful ways.

*The right of choice.* Children have 5th right to choose their religious beliefs, have ideas and think freely, to speech freely and voice their opinion. Parents have the right to guide their children and help them make choices which are in their best interest.

*The right to be protected.* Children have the right to receive and give information and ideas of all kinds. However the state must protect children from information which harms them. Parents and guardians may not neglect or treat children violently or cruelly. Children may not be tortured or punished in a cruel or inhuman way. Children may not be used to make money by doing work which is dangerous, harmful or interferes with their education. Children may not be raped, used for sex or be sexually abused. The state must prevent children from being stolen or sold. The state must help abused and neglected children get better and become part of the community again.

# THE FAMILY

## LESSON #7

## PROBLEM SOLVING IN PARENTING

### PARENT-CHILD CONFLICTS

1. Remember to build in cases shared in the session and cases gathered from the community poll. These are likely to be the most relevant.
2. Your 19-year-old daughter, who is now working, wants to move in with her girlfriend lives with a boyfriend.
3. Your young son (preteen or early teen) has become friendly with older boys whom you have reason to believe are having sex, drinking and partying wildly.
4. Your child is intently watching a video that you know is inappropriate because of the explicit sex scenes and excessive violence it contains.

**PURPOSE** To assist parents in resolving conflicts with their children.

**TIME** 60 minutes

### PREPARATION

- review Chapter 6 in FLE Curriculum, Responsible Parenthood
- review Chapter 5 in FLE Curriculum, Relationships
- secure 2 co-facilitators
- poll the community about common conflicts between parents and their children and record these for presenting as case studies

**MATERIALS**  
• PARENT-CHILD CONFLICTS

### STEPS

1. Introduce the topic and state the purpose of the session. Today we will explore techniques for resolving conflicts with our own children.
2. Ask parents to share a conflict they are having with their child. Record the problems shared. These situations should be added to those collected in the community poll and used as case studies today or banked for use in later sessions on problem solving.
3. Divide the group into smaller groupings of four. Tell each quad that they will be assigned two case studies of parent-child conflict. They will have 15 minutes to generate strategies for resolving the conflict and 5 minutes to present one of these case studies and strategies they recommend for resolving the conflict to the whole group. Role-plays, sketches or other dramatisations may be used to present. Ask them to assign a reporter/facilitator to keep them on track.

## PARENT-CHILD CONFLICTS

5. Your 15-year-old daughter dresses in what you consider too seductive a fashion.
6. Your teenager continually comes home later than the established curfew.
7. Your 17-year-old son wants to quit school in order to marry and support his pregnant girlfriend.
8. Several of your son's friends are going on an outing several kilometres from home. You don't want him to go because it does not seem like a safe situation.

4. You and your co-facilitators should read the assigned case studies to each of the groups once they have organised themselves. Be ready to provide any clarifications they may need in completing the exercise.
5. When the quads are done, reconvene as one group and have each quad present.
6. Encourage the group to assess the usefulness of each strategy/technique presented, commenting on why it is practical or impractical. Reinforce those techniques parents can use to sort out problems with their children including a demonstration of:
  - Active/reflective listening
  - Giving opportunity for explanations
  - Speaking from your own beliefs ("I"-message versus a "You"-message)
  - Not assigning blame
6. Summarise the session by asking the parents to share what they learned. Encourage parents to committling themselves to trying one or two new ways of resolving conflicts with their children. Highlight the main points and key lessons learned.

## ADAPTATIONS/CONSIDERATIONS

1. If the group does not volunteer any or sufficient parent-child conflicts, use some from the PARENT-CHILD CONFLICTS (in the left column) generated by parents in your preparatory interviews.

# FAMILY PLANNING



# FAMILY PLANNING

## LESSON #1

### *fertility*

the ability to impregnate or become pregnant; the ability to produce children

### *fertility cycle*

recurring periods in a woman's menstrual cycle in which the pregnancy is most likely

### *fertility awareness*

the ability to interpret the signs and symptoms of fertility women experience so that a couple may enhance their chances of conceiving or avoiding pregnancy

### *myths*

Theories, stories, beliefs that are accepted as facts even without evidence to support their validity

### *facts*

information that can be supported or verified as true, real

## FERTILITY AWARENESS

**PURPOSE** To help participants understand the female *fertility cycle*  
To learn how to use that awareness for enhancing or avoiding pregnancy

**TIME** 60 minutes

### PREPARATION

- poll community for common beliefs about fertility
- record beliefs about fertility for use during the session
- review Chapter 2 in FLE Curriculum, *Self-Awareness*
- prepare and post agree and disagree signs on opposite sides of the room
- prepare and label large drawing of the female reproductive anatomy on butcher paper
- post diagram of fertility cycle

### MATERIALS

- paper & markers
- beliefs about fertility
- agree, disagree signs
- female reproductive anatomy wall chart
- diagram of fertility cycle

### STEPS

1. Introduce the session by defining *fertility*. Tell the group that in this session we will learn about the female fertility cycle, *fertility awareness*.
2. Explain that people's beliefs about fertility has an impact on their sexual and reproductive health so that it is important to distinguish between beliefs which are *myths* (not supported by evidence) and beliefs which are *facts* (supportable by empirical evidence)
3. Continue explaining that there are many things people believe about how one conceives and bears children. We will look at some today from a list of beliefs we collected. You may have a few more to add to this list.

## BELIEFS ABOUT FERTILITY

- All life comes from the sperm.
- If a female is still a virgin at 21 years her vagina will seal so she can't conceive.
- If a male does not have sex during his teenage years, his penis will become flat and he will not be able to impregnate.
- Vaginal secretion is a sign of infertility/infection in women.
- If a male doesn't ejaculate during intercourse, he might get sick, or never have children.
- If the umbilical cord falls on a baby boy's penis he will be impotent.

### *unprotected sex*

sexual intercourse without the use of a contraceptive or prophylactic (condom) to protect the couple from pregnancy and sexually transmitted infections

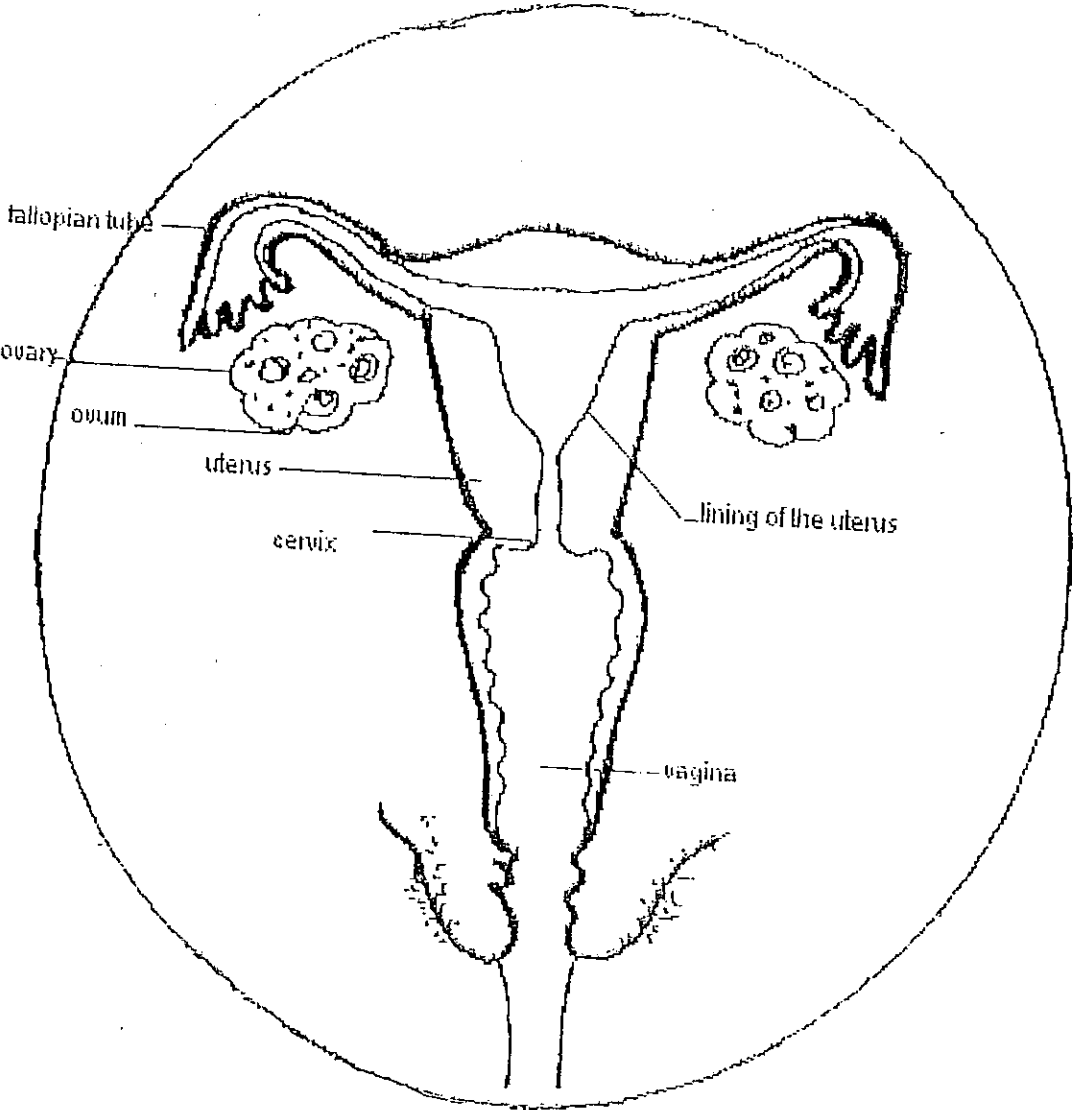
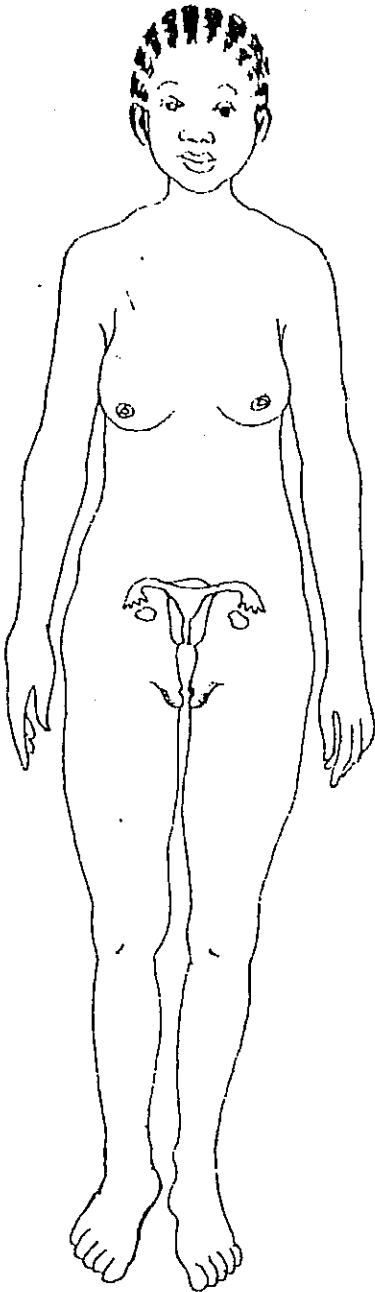
4. Tell the group that for this exercise, you will be reading one belief statement at a time. After it is read, indicate your position on this belief by standing under the sign that represents your views.
5. Read the beliefs from the list you made in your preparations or read from the prepared statements in the left column.
6. Have parents explain the reasons for their positions as they stake out their positions. Clarify information so that accurate, supportable information is offered.
7. Move from beliefs to an explanation of how the menstrual cycle works and its relationship to fertility. Start with the knowledge shared. Key points include:
  - once puberty has occurred, a woman can become pregnant at any time of the month if she has sex without using a method of birth control
  - the menstrual cycle refers to the period from the first day of menstruation (bleeding) to the day before the woman bleeds again -usually 28 days though it varies from woman to woman
  - there are periods during the menstrual cycle however, when a couple is not likely to conceive even if they have **unprotected sex**
  - ovulation, the release of the female egg from the ovary occurs around day 14 or mid-cycle
  - ovulation is difficult to predict accurately, especially in young women whose menstrual patterns have not yet been established
  - a woman is most likely to conceive if she has unprotected sex during the period 3 days before ovulation thru 3 days after ovulation
  - cervical mucous changes throughout the menstrual cycle, becoming more abundant, watery or slippery around the time of ovulation
  - while those 6-8 days mid-cycle are the days conception is most likely, conception can occur at other times during the cycle depending on the time of ovulation
8. Ask a few volunteers to explain a woman's fertility cycle to the group.

9. Ask a few more volunteers to explain fertility to a 12-year-old.
10. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### ADAPTATION/CONSIDERATIONS

1. An introduction to the parts of our bodies that have something to do with reproduction is advised before the lesson on fertility awareness. Lesson 1 in *Human Development* provides instruction on reproductive anatomy.

# FEMALE REPRODUCTIVE ANATOMY





# FAMILY PLANNING

## LESSON #2

### BELIEFS ABOUT FAMILY PLANNING

- A woman who is breast feeding can't get pregnant. (Myth)  
*Exclusive breastfeeding suspends ovulation but changes in the baby's feeding patterns can trigger ovulation and hence pregnancy*
- The pill can cause cancer. (Myth)  
*Oral contraceptives have a protective effect against ovarian and endometrial cancers, even after the use of the pill is discontinued however there is an association between oral contraceptives and breast cancer.*
- Drinking a salt solution can prevent pregnancy. (Myth)
- During intercourse, a man can feel the presence of IUCD with his penis. (Depends)  
*Only the string from the IUCD is found outside the uterus. It is very unlikely that a man can feel the string from an IUCD during intercourse but it is possible.*

## FAMILY PLANNING MYTHS & FACTS

**PURPOSE** To introduce *family planning*.  
To encourage involvement of both partners in family planning practices

**TIME** 90 minutes

### PREPARATION

- record common belief about family planning & family planning practices
- review Chapter 4 in FLE Curriculum, Family Planning & Methods of Birth Control

**MATERIALS**  
• BELIEFS ABOUT FAMILY PLANNING

### STEPS

1. Introduce the topic and state the purpose of the session. Explain that we will be discussing family planning and the importance of both male and female involvement in family planning.
2. Explain that there are many beliefs we have which may be based on misinformation and that as parents we need to have as much accurate information to give our children as possible since their life and health depend on it.
3. Tell the group that we will start with common beliefs about family planning and family planning practices. Some statements of common beliefs will be read. Tell us whether you think the statement is true or false -myth or fact.
4. Read the statements you have collected or those listed in the left column, one at a time. Ask a volunteer from the group say whether the statement is a myth or a fact. Each person should explain his/her choice. (Correct answers are in parenthesis.)

- A woman can't get pregnant if she has sex while standing. (Myth)

*Cervical mucus, particularly during the woman's most fertile period is an excellent vehicle for the ascent of sperm to the fallopian tubes where conception takes place. The position of intercourse has no effect on the ability of the sperm to travel upward.*

- 2 tablets of chloroquin & a coke will prevent pregnancy. (Myth)

- If a woman uses a diaphragm, her partner will feel it. (Myth)

*The diaphragm is a thin sheet of latex fitted over the cervix. It is not detectable once in place.*

- An IUD may cause increased menstrual flow in some women. (Fact.)

*Increased dysmenorrhea may accompany IUCD use.*

- If a woman douches right after sex, she can't get pregnant. (Myth)

*Sperm may be ejaculated much farther up the vagina than douching will get. Besides, their ascent is immediate while you have to wait until after withdrawal and the preparing of the douche solution to begin.*

5. Introduce family planning after discussing the beliefs stated. **Family planning** means: "planning ahead of time when you want to start your family; the kind of person you want to start it with; what needs to happen before you're ready; how many children you want to have; and how many years apart you want to space them. It includes all measures you will take to realise your family planning goals.

6. Children need to think about family planning before they have children that are unplanned and possibly unwanted by them.

7. Have the group brainstorm things to take into consideration when planning a family. If they do not mention them, help them include the following:

**Age:** What is the best age for a woman to start a family? A man? How does age affect a woman's health?

**Information:** Will I have enough information to be able to raise a child well?

**Money:** How much does it cost to raise a family?

**Job:** How will having a family impact on my work?

**Partner:** What does my partner think about having a child now?

**Housing:** What is a good place for a family to live in?

**Role Models:** Who do I consider to be a good parent? What makes them good?

8. Have the participants break into pairs. One person is to assume the role of a teenager; the other the role of parent. For 5 minutes, have each pair role-play talking to their child about what a person has to think about before deciding to become a parent. Have them use the list they just brainstormed to give them ideas. Reverse roles and role-play another 5 minutes.

9. After the role-play have the pairs reconvene as one group and share problems they encountered in those conversations. Have them discuss ways to talk with their own children about family planning.

9. Ask the group to form pairs once more. Now both are adults—a couple trying to decide whether to have a child or use contraception. Each should take 5-minute turns being the male and the female in the couple.
10. After the role-play, again have the pairs reconvene as one group and share problems they encountered in those conversations. Have them discuss ways to talk with their own partners about family planning.
11. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

This session could be followed by Lesson 3, *Learning Contraception Can Be Fun*, where detailed information on family planning methods is provided.

# FAMILY PLANNING

## LESSON #3

### contraception

activities related to the prevention of conception also called family planning

### contraceptives

devices or things or methods used to prevent conception

### CONTRACEPTIVES

#### Natural Methods

- abstinence
- ovulation/rhythm method
- symptothermal method
- withdrawal
- lactational amenorrhea

#### Traditional Methods

- waist beads
- charms
- abstinence
- lactational amenorrhea
- withdrawal
- herbs

## LEARNING CONTRACEPTION CAN BE FUN

### PURPOSE

To increase participants' knowledge of *contraceptives*  
To provide an opportunity for participants to talk about *contraception* and related topics in reproductive health.

### TIME

120 minutes

### PREPARATION

- review Chapter 4 in *FLE Curriculum, Family Planning & Methods of Birth Control*
- liaise with MOH or PPAZ for technical support
- secure 2-3 parent educators to co-facilitate
- organise displays of contraceptives in "ntembas" around the room with questions by each shop e.g:

#### Questions on "Modern" Methods

- How do these work?
- What are the advantages?
- What are the disadvantages?
- Do you have any questions about them?

#### Questions on Natural Methods

- What does that mean?
- How does it work?
- What are its advantages?

#### Questions on Permanent Methods

- What are these?
- How could you get it done?
- What are the advantages?
- What questions would you like answered?

#### Questions on Traditional Methods

- What are these?
- How would it be used?
- Where would you go to get it?
- How effective is it?

### MATERIALS

- contraceptive samples
- pamphlets & information booklets
- demonstration kits
- questions for each method

### STEPS

1. Introduce the session by stating the topic and purpose. Explain that most people know something about contraception. They may have learned it from family members, friends, the media, or some other source. Explain that this session will allow us to review what we know, learn some more and practice teaching others.

### **"Modern" Methods**

- condom (male & female)
- oral contraceptive pills
- abstinence
- withdrawal
- diaphragm
- IUCDS
- Norplant Implants
- injectables
- spermicides

### **Permanent Methods**

- vasectomy
- tubal ligation

2. Divide participants into smaller groups and attach an educator to each. There should be enough contraceptive "ntembas" so that no group is without a shop to browse in.
3. Assign participants to a "ntemba" and have the co-facilitators attached to each group ask the questions from the list.
4. Invite participants to ask questions of their own.
5. Have co-facilitators review the information discussed, providing relevant details on how each method works, risk factors, side effects and how it can be obtained.
6. Once the group has exhausted questions at one ntemba, have them move to another ntemba.
7. After the participants have visited all ntembas, going through steps 3-5 at each station, have them re-group.
8. At the end of the lesson, have the group tell you what other methods are utilised in the community. (This can also be done as an introduction to this particular lesson).
9. Summarise the session by asking parents to share what they have learned. Highlight the main points and key lessons learned.

### **ADAPTATIONS/CONSIDERATIONS**

1. It is important to have contraceptive samples available for the participants to see up close. If this is not possible, use the pictures of the methods.
2. It may be better in some communities to group participants by sex. However a mixed group creates opportunities for more practical discussions
3. Questions for all contraceptives can all be put on one piece of newsprint instead of individual sheets placed by each ntemba.

# FAMILY PLANNING

## LESSON #4

## ADOLESCENT GROWTH & DEVELOPMENT

**PURPOSE:** To help parents understand some of the experiences young people may have in growing up  
To identify effective ways of guiding adolescent development

**TIME:** 60 minutes

### CHARACTERS

Mukanga  
Songwe  
Lubutu  
The teacher  
The nurse  
Mwewa

### DISCUSSION QUESTIONS

1. Could this situation have been handled differently?
2. If Mukanga were your daughter, how would you have parented to change this situation?
3. How can parents assist teens with sexual decision making?

### PREPARATION

- review notes on adolescent development
- secure 2 co-facilitator
- prepare 1 copy of the story & discussion questions for each group of 6-8
- read all the steps outlined and make any adjustments or adaptations required

**MATERIALS**  
• MUKANGA'S STORY  
• DISCUSSION QUESTIONS

### STEPS

1. Introduce the topic and state what we hope to accomplish in this session. Explain that we will use a case study, MUKANGA'S STORY to explore adolescent development. The story will also help us identify approaches we can take in guiding our teenagers' development.
2. Read MUKANGA'S STORY out loud.
3. Divide participants into groups of 6-8. Assign yourself and your co-facilitator to a group for back stopping but have each group select it's own facilitator. Each group will have a copy of the story and the DISCUSSION QUESTIONS. Allow 15-20 minutes to discuss the story and role each of the character. Each group should also examine the role parents play or can play in guiding adolescents.

5. Re-group and discuss each group's responses. In processing the responses, remind parents that sometimes their children's values and experiences will not match their own. This gap can result in parents feeling betrayed, ignored or disobeyed. It leaves children feeling like they cannot turn to their parents. Think back to your own growing up. Were there positions on which you and your parents differed? What approach did they use to cause you to accept freely, their point of view or their value?
6. Discuss characteristic of adolescent development, first asking the group to describe what they notice about teenagers as a group. Some features of adolescence are outlined under **ADOLESCENT DEVELOPMENT** at the end of the lesson.
7. Remind parents of the various approaches they their own child. Have the group identify some of them from their experiences as parents. Assure them that as parents:
  - they can discuss the facts of pregnancy and contraception with their child and still indicate that they disapprove of sexual intercourse until the child is older or in a particular type of relationship
  - it is not contradictory to encourage your children to abstain from sex or delay sexual relations and also advise them on responsible sexual conduct. Open, honest discussions of this kind can help teenagers appreciate the value of acceptance and trust in a relationship.
  - it is never too late to begin conversations about sexuality and sexual conduct. Remember that even if you have never discussed this area directly with your child, your values and the nature of the relationship you have with him/her since birth have influenced his/her sexual learning.

Adapted from Dr. Michael Carrera, *Sex: The Facts, the Acts and Your Feeling*, NY:1981.

8. Have parents summarise lessons learned. Also ask them to say how they will utilise the information shared.

### MUKANGA'S STORY

Mukanga is 17 years old. She has a boyfriend called Songwe. They have been dating for sometime now. On several occasions, Songwe tried to have sex with her but Mukanga has refused saying she is not ready.

One day Songwe is escorting Mukanga to pick up hoes from the neighbouring community. On their way back, they decide to sit under a tree in a light bush. It is getting dark and they are both cold so they cling to each other for warmth. They are both swept away by feelings of warmth and closeness and they have sex. Thereafter Mukanga is worried that she might be pregnant. She wants to find out more about contraception. She wished she had listened to a radio program on contraception and family planning.

She asks Songwe about family planning and he says he does not know anything. She then remembers her class teacher, talking about contraception. She approaches him and asks for information about contraception. The teacher says that he has been accused of encouraging promiscuity among teenagers by providing them this information. The school has therefore banned dissemination of this information to pupils. Mukanga has sex with Songwe again but this time she is not worried because their friend Lubuto discussed safe days with them. Mukanga wishes she could discuss this with her mother but she knows it is taboo. She remembers that there is a clinic nearby and goes there to seek information on family planning. She is told the service is available but the nurse thinks Mukanga is too young to ask about this and besides she is still at school hence should not have sex.

As a last resort, Mukanga decides to finally talk to her big sister Mwewa. She hopes her sister might be understanding and accommodating since she herself dated her current husband for 2 years before they got married. Mukanga's sister refuses to give her information and scolds her for asking about "things that she is not even supposed to think about." Mukanga feels so humiliated and alone.

Later Mukanga starts feeling weak, nauseated and quite sick. She goes to a clinic outside their community and undergoes a thorough check up. She is told she is pregnant. Mukanga weeps and could not face anyone.



## ADOLESCENT DEVELOPMENT

- Adolescence is experienced differently from one culture to another.
- The social and home environment profoundly influences adolescents' emotional development. Their values, feelings, ideals, behaviours will be influenced by changes in interpersonal relationships experienced within the family and peer network.
- Adolescents' thought process is still developing. They are concrete thinkers, rooted in the present and the reality of the immediate experience. Future consequences of present behaviours, planning, etc. are difficult and abstract concepts they do not yet master. Teenagers often experience events as things beyond their control, only the here and now matters. Tomorrow takes care of itself.
- Establishing one's own identity as an individual, separate from the family becomes important during adolescence. This process occurs through experimentation with different ideas and activities sometimes in opposition to family ideals. It goes along with establishing new and erotic relationships outside the family circle and with sexual experimentation.
- Adolescents depend on their peer group for defining interests, goals and ideas about right and wrong. Friends become models for each other's behaviour. Feelings of inadequacy and inferiority lead them to constantly measure themselves against their peers.
- While adolescents struggle for independence and movement away from family, they feel insecure, unsure and also long for the security of dependence on parents. They want and need advice but want to make their own decisions. This dependence/independence conflict creates much trouble at home between parents and child.
- Adolescents need to feel successful and competent. Experiences that enhance those feelings build self-confidence and self-esteem.

# HEALTH & WELLNESS

# HEALTH & WELLNESS

## LESSON #1

### SCENARIOS

- My baby has been sick for 2 weeks with diarrhoea. I can't seem to make it stop. What can I do?
- I have a burning and itching in my penis. I used some medicine I got from a traditional healer and it seemed to help but now the burning is back.
- I have tried to teach my daughter how to wash and clean herself ...especially when she is having her menses, but I have had little success. She doesn't seem to care if she is clean or not.
- My teenager has lots of pimples and black heads on the face. I don't know how to help get rid of them. It's a source of embarrassment, even among peers.
- My son's body odour is very strong and offensive. Should I be concerned?

## HEALTH TALK: Radio Call-In Programme

**PURPOSE** To help participants gain accurate information about preventive health care and good hygiene  
To encourage communication about personal health and hygiene

**TIME** 45 minutes

### PREPARATION

- poll community about health concerns
- interview MOH about common illnesses
- create scenarios from the information gathered
- secure support from MOH or medical personnel
- review Chapter 7 in FLE Curriculum, Personal & Sexual Health

### MATERIALS

- props for simulating a call-in radio talk show
- cards with prepared scenarios for callers

### STEPS

1. Introduce the topic and state the purpose of the session.
2. Explain to the group that today's session takes them to the studios of Radio One, for *Talking Health*, a radio talk show where callers seek advice from health experts.
3. Divide the group in two smaller groups. Assign one the role of callers and the other the role of advisors. Tell them that the callers have to come up with typical questions people have about personal health concerns, while the advisors will have to give advice on the health topics each caller presents. Assure them that as a group they can come up with sound advice. Then tell the group that at the end of the game the health officer and you will go through the problems presented and offer additional information as needed.

### LESSON PLANS

*Health is the state of complete well being ...not merely the absence of disease and infirmities.*

World Health Organisation

Factors affecting health & wellness include:

- heredity
- sanitation
- knowledge
- personal hygiene
- personal behaviours
- economic resources
- nutrition
- acceptance
- social equality
- medical care

4. Ask a volunteer from the caller-group to present a personal health problem or read one of the scenarios prepared. If you set the tone, you should have no problems generating enough scenarios to last a very long time. Health problems from personal experience are always preferred since they are likely to be more relevant to the audience and thereby more effective as teaching tools. (If you want to ensure that a comprehensive set of problems is presented, poll the community and pre-select the scenarios to be used for this lesson.)
5. Explain to the advisors that they should work together to come up with the best advice for the situation described.
6. When the scenarios or the time have been exhausted, invite the health officer to comment on all the health issues presented, correcting any misinformation and clarifying areas of confusion.
7. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

1. If the group includes children, parents and their children can work on the problems presented or the advice offered together.
2. The group could be divided so that smaller groupings tackle the various scenarios at the same time. After which time they report back to the entire group.

# HEALTH & WELLNESS

## LESSON #2

### *abortion*

the termination of a pregnancy —may be spontaneous or induced

- Women have used abortion as a means of controlling fertility as far back as history can recall.
- Legal, safe and affordable abortions help women control their fertility with fewer health risks.
- Women choose to have abortions for many reasons.
- Deciding whether to have a baby or an abortion is always a serious choice based on what you believe is responsible, moral and best for yourself and the people important to you.

## ABORTION

**PURPOSE** To explore feelings and values regarding *abortion*  
To distinguish myth from fact on abortion

**TIME** 60 minutes

### PREPARATION

- poll community's views on abortion
- record common beliefs
- talk with traditional healers & medical doctors about procedures for abortion

### MATERIALS

- sentence completion exercise
- information on abortion

### STEPS

1. Introduce the topic and state the purpose of the session.
2. Explain that abortion provokes strong feelings that make it difficult to discuss the topic. Today we will begin by trying to express our feelings on abortion.
3. Ask participants to complete the sentences below with the first thought that comes to mind.
  - Abortion is...
  - Reasons a woman might choose an abortion are...
  - Traditionally, abortion ...
  - The most common method used to bring about an abortion is...
4. Parents may have very strong feelings about abortion. This will no doubt influence their definition of abortion. Offer the following definition:  
*Abortion is the termination of a pregnancy —abortions may be spontaneous as in a miscarriage or induced in a number of ways.*

### Termination of Pregnancy Act, 1972

This statute allows for the legal termination of an unwanted pregnancy if:

-the woman's physical health or the health of her children is threatened by the continuation of the pregnancy

-3 physicians can certify this need

-there is a strong likelihood of congenital abnormalities in the developing foetus

-the procedure is performed by certified medical personnel at JTH

- unsafe and poorly performed abortions are a major source of maternal deaths in Zambia (Castle, 1990)

- In a study of 288 maternal deaths in Zambian hospitals, approximately 30% were associated with poorly performed abortions (Likwa, 1994)

- eighty percent of women who were admitted to hospitals with induced abortion-related complications were younger than 19 (Likwa, 1989)

- MOH reported that hospitals performed 1,164 legal abortions and treated 17,977 women for complications of illegal abortions in 1993 (Likwa, 1994)

5. Explain that women have attempted to terminate unwanted pregnancies as far back as history can recall. Provide an overview of abortion. Be sure to include information on the following (See table below):

- Traditional methods of abortion
- Termination of Pregnancy Act
- how abortions are conducted in hospitals today
- when abortions are performed
- risks associated with any kind of abortion
- What are the risks with having an abortion?

6. Have the group discuss questions they think their child might ask about abortion.

7. Test group learning with the statements below. Read each of the following statement and ask a volunteer to say if the statement is: false, a fact, a personal value, or a feelings. You may also want to add common community beliefs on abortion to this list of statements.

- If a woman has an abortion now, she is more likely to have a miscarriage later. **FALSE.** (First trimester abortions do not, though multiple abortions, second trimester abortions and childbirth all do slightly increase the risk of future miscarriages).
- Having an abortion can be difficult emotionally. **FEELING.** (This is a fact about a feeling. Some women and men find having an abortion emotionally difficult while others do not. How a person feels is partly a function of his/her values, how much thought goes into the decision and how much support there is for the decision).
- Abortion is murder. **PERSONAL VALUE.** (Some people hold this value, shaped by religious teachings and beliefs about when human life begins).
- Abortion is legal in Zambia under certain conditions. **TRUE.** (The termination of Pregnancy Act allows for medical abortions under the conditions outlined in left column.)

### **abortion counselling**

Women and couples should talk with a counsellor before seeking an abortion, and after the procedure is done. This is called abortion counselling. The counsellor explains the abortion procedure and what to expect afterwards. She may also talk about birth control options. The counselling session is an opportunity for women/couples to ask questions, express their fears or concerns about the pregnancy or the abortion. Counselling will help the woman/couple feel clearer, stronger and less alone.

8. Continue sentence completion exercise with the questions below:
  - When it comes to abortion, the man...
  - If a teen gets pregnant and wants an abortion, her parent(s) or guardian(s) should ...
  - If someone I love was planning to have an abortion...
  - if a girl gets pregnant, her boy friend ...
9. Invite final questions from the participants.
10. Introduce the importance of counselling for women/couples seeking an abortion.
11. Summarise by highlighting the importance of counselling before and after abortion. Also highlight the main points and key lessons learned.

### **ABORTION FACTS**

<b>RISKS ASSOCIATED WITH ABORTIONS</b>	<b>MEDICAL TECHNIQUES FOR ABORTION</b>
<p>The chance of complications for medical abortion increases the later the abortion is performed. The skill and experience of the provider are important factors in the risk and management of complications. Signs of complications generally appear within a few days after the abortion. They include:</p> <ul style="list-style-type: none"><li>• infection</li><li>• retained tissue</li><li>• perforation of the uterus</li><li>• haemorrhage</li><li>• tears to the cervix</li><li>• missed abortion</li><li>• blood in the uterus</li><li>• death</li></ul>	<p>Medical abortions are generally performed within the first trimester of an unwanted pregnancy. Procedures include:</p> <p><i>suction</i>: drawing out the contents of the uterus through a narrow tube attached to a gentle vacuum source</p> <p><i>dilation</i>: enlarging the cervical opening by stretching it with tapered instruments called dilators</p> <p><i>curettage</i>: scraping the inside of the uterus with a metal loop called a curette, to loosen and remove tissue</p>

# HEALTH & WELLNESS

## LESSON #3

## SEXUALLY TRANSMITTED INFECTIONS

**PURPOSE** To identify *signs* and *symptoms* of common sexually transmitted infections  
To discuss appropriate response to sexually transmitted infections

**TIME** 90 minutes

### PREPARATION

- review Chapter 7 in FLE Curriculum
- collect pamphlets on STD from MOH and PPAZ
- investigate cost and availability of STD screening and treatment in the community
- secure a co-facilitator

### MATERIALS

- STD flip-chart
- paper & markers

### **sign**

something you can see, like a sore or discharge

### **symptom**

something you feel, like itching, burning, fever, aches and pains

### STEPS

1. Introduce the topic and state the purpose of the session. Explain how sexual and reproductive health is important to our overall health and wellness and that sexually transmitted infections pose serious threats to our health.
2. Ask parents to explain what STD stands for. Reinforce correct information, correct misinformation.
3. Introduce the new term: STI. Explain that when talking about sexually transmitted diseases, sometimes the word *infection* is substituted for *disease*. Diseases are not always associated with sexually transmitted infection —sometimes there are only symptoms of infections e.g. monilia or yeast infection. STI, STD, VD all refer to the same thing -diseased or infections passed on through sexual intercourse.
4. In preparation for STEPS 5 & 6, ask your co-facilitator to divide a sheet of into two. Label one side "Signs & Symptoms". Label the other STIs/STDs. Record steps 5 & 6.



### Test for Cure

Sometimes STIs do not respond to the medicines prescribed for treatment. When you have been treated for a STI, you should return to the health centre when you have completed the medication to be tested again for cure. This test confirms that the treatment has been successful in curing the STI.

5. Ask parents to brainstorm all the sexually transmitted infections/diseases they know about or have heard of, and have the co-facilitator record them under the "STIs/STD" column.
6. Ask the group to explain what signs and symptoms mean. An explanation of each term is offered in the left column. Then have parents brainstorm all the signs and symptoms related to each STI/STD mentioned.
7. Review, with the group, the list of signs and symptoms described. In clarifying responses, be sure to distinguish symptoms/signs of STI from normal body functions.
8. The importance of this exercise is to identify common signs and symptoms of sexually infections in general not how to diagnose the specific infection. Explain that if someone experiences any of these signs or symptoms he or she should:
  - 1) go to the health centre as soon as possible for a check-up
  - 2) begin the prescribed treatment immediately
  - 3) stop having sex until treatment is completed or using a condom properly
9. Discuss the importance of completing the full course of medicines for STI treatment and of follow-up visits to the health centre to test for cure.
10. Use STD flip charts to review symptoms of each STD and their effects if untreated.
11. Discuss methods of preventing STIs.
  - A**—abstinence
  - B**—be faithful; each partner has to be faithful to the other by not having sex with anyone else
  - C**—use a condom every time you have sex
12. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

# HEALTH & WELLNESS

## LESSON #4

### QUESTIONS ON HIV/AIDS

- What is HIV?
- What is AIDS?
- What behaviours put people at risk for HIV Infection?
- Through what four body fluids is HIV known to be transmitted?
- How is HIV not transmitted?
- What sexual practices present risks for HIV Infection?
- How is HIV infection prevented?

**HIV:** Human Immunodeficiency Virus is the virus that causes AIDS

**AIDS:** Acquired Immune Deficiency Syndrome is a condition brought on by HIV infection. The infected individual loses over 10% of his/her body weight, maintains fever and diarrhoea for longer than a month and experiences illnesses like recurring herpes, yeast infections, pneumonia, etc.

The syndrome was first described in the USA in 1981.

## WHAT IS HIV/AIDS?

**PURPOSE** To provide factual information about HIV/AIDS.

**TIME** 60 minutes

### PREPARATION

- review Chapter 7 in FLE Curriculum
- invite expert from agency addressing HIV/AIDS to co-present
- find out ahead of time what the community believes about HIV transmission and cure

**MATERIALS**  
• QUESTIONS ON HIV/AIDS

### STEPS

8. Introduce the session by acknowledging the prevalence of HIV infection within Zambia. Explain how difficult it is to address HIV infection because of our beliefs about the virus, how it is transmitted, our perceived vulnerability and our own sexual behaviours. Today's session will look at the facts we have on HIV and AIDS.
9. Ask the group if anyone knows someone with AIDS. Ask those who do to share their understanding of the disease:
  - How did this person get the virus?
  - How is he/she feeling?
  - How did he/she find out about the infection?
  - How are people in the family handling the situation?

*(Be careful to insure confidentiality. Encourage people to tell their stories but also be aware that they may be afraid to disclose.)*
10. If no one has any information, explore with them reasons for him or her not knowing anyone with the disease.

The virus was identified in France in 1983.

HIV infects and damages certain cells in the body—T4 white blood cells. These are the cells which fight infections.

Within 3 months after the virus infects the body, antibodies are produced in sufficient quantity to be detected by special blood tests. This process of antibody production is called sero-conversion. There may be feelings of illness during this process but after sero-conversion, the infection goes 'silent' for a long time.

The period of latency (going silent) could be as short as 4 months or decades depending on the general health of the individual before infection and the ability of that individual to live healthy and receive medical care after HIV infection.

4. Read out the questions on the left column one at a time. Ask volunteers to answer each question as it is read. Allow participants to explore the answers and provide them with correct information whenever necessary.
5. Ask participants if they have other questions about HIV/AIDS which have not come up in this session so far.
6. Explain to the parents that people need basic answers to their questions, not elaborate complicated information. The basics are described below...

**Q: What is HIV?**

**A:** HIV, Human Immunodeficiency Virus, is the virus that causes AIDS. The virus passes from person to person through the exchange of infected bodily fluids.

**Q: What is AIDS?**

**A:** AIDS, Acquired Immune Deficiency Syndrome, results from HIV infection. An HIV infected individual, develops AIDS when the virus has damaged the body's defences (immune system). People with AIDS develop diseases that most healthy people resist or control, such as a parasitic pneumonia or thrush. They also suffer from cancers rarely found among people with healthy defences. Many people with AIDS have trouble with movement, memory, and body functions. People with AIDS have weakened immune systems which allow them to develop infections they cannot fight off. This is why positive living is important for them. This includes adequate rest, a balanced diet, seeking medical attention whenever one feels unwell, good exercise, emotional and mental support, etc.

**Q: What behaviours put people at risk for HIV infection?**

**A:** Unprotected sex with an infected person; sharing syringes or razor blades with infected people; during pregnancy HIV-infected mothers can pass the virus to unborn babies; mothers can pass the virus to nursing infants through breast feeding.

At present there is no cure for AIDS, several drugs are available which prevent HIV from multiplying but they do not remove the virus from the body.

Although there is no cure for AIDS, there is treatment available for many of the illnesses related to HIV infection. These however may be expensive and located in health centres beyond the reach of many.

**Q:** Through what body fluids is HIV known to be transmitted?

**A:** Blood, semen, vaginal secretion, and breast milk.

**Q:** How is HIV not transmitted?

**A:** HIV is not transmitted through contact with toilet seats, drinking cups/utensils, mosquitoes, etc.

**Q:** What are the sexual practices place one at risk for HIV infection?

**A:** Anal, oral and vaginal sex with an infected partner or a partner whose HIV status is unknown.

**Q:** How is HIV infection prevented?

**A:** Abstinence, not having vaginal, oral, anal sex with an infected partner or a partner whose HIV status is unknown, mutual faithfulness between partners; consistent use of a latex condom when having sex, not sharing syringes or other instruments used to pierce or cut into the body, not becoming pregnant if HIV infected.

7. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

# HEALTH & WELLNESS

## LESSON #5

### *safer sex*

sex practices which decrease the likelihood of infection -it includes correct and consistent use of latex condoms, mutual faithfulness between sexual partners, establishing HIV and STI status before sexual involvement and abstinence.

### COMMON BELIEFS ABOUT HIV & SAFE SEX PRACTICES

- You do not need to worry about getting HIV when you know your sexual partner very well.
- People who want to avoid HIV should abstain from having sex.
- You can tell that a person is healthy and not infected with HIV by looking at her/him.
- It is very difficult to ask a man to use a condom.
- Most people are afraid to talk about their concerns regarding HIV infection with their partners.

## HIV/AIDS, & SAFER SEX- What I Think

**PURPOSE** To examine attitudes about behaviours which place us at risk for HIV infection  
To explore *safer sex* practices which lower our chances of HIV infection through sexual intercourse

**TIME** 60 Minutes.

### PREPARATION

- poll community ahead of time on their beliefs about HIV transmission and safe sex practices
- prepare a list of common beliefs on the subject
- create your "agree", "disagree" and "not sure" signs

### MATERIALS

- COMMON BELIEFS ABOUT HIV
- "agreement" signs

### STEPS

1. Introduce the topic and state the purpose of the session.
2. Explain that although there is no cure for HIV/AIDS, there are precautions one can take to avoid getting infected. However our beliefs about HIV and our chances of becoming infected can prevent us from protecting ourselves. Today we will be discussing some beliefs which may prevent us from practising sexual behaviours which lower our chances of becoming infected.
3. Ask the group to explain what they understand by the term *safer sex*. Clarify responses from the group so that the term is defined accurately. See definition in left column.

- Men get angry when the use of a condom is suggested.
- Condoms interfere with sexual pleasure.
- Many people do not know how to use condoms correctly.
- Condoms are not safe.
- The lubricants in some condoms contain HIV.
- You can't use a condom with your wife/husband.
- Traditional healers can cure AIDS.
- Women no longer have an excuse for not protecting themselves since there is a female condom now available.

4. Explain that you are going to state some common beliefs about HIV transmission and sexual practices. Each person is to indicate whether he/she agrees or disagrees with the statement by standing by the sign which reflects his/her view.
5. Using the belief statements beliefs you have collected from your community poll or the statements listed in the left column, state one belief at a time. Give each person time to indicate where s/he stands on this belief.
6. Ask participants to explain why they agree, disagree or are not sure.
7. If there is no one who goes to one side, then ask the group to describe what the arguments might be for the other side.

**Example:** *If no one goes to the disagree side on "people who want to avoid HIV should abstain from having sex" ask the group to think about why people then don't abstain from sex if they want to avoid HIV, which most would want to do.*

8. Summarise activity by calling attention to the varying beliefs and attitudes people have about HIV and sex practices. Ask a parent to restate the facts on HIV transmission.

Adapted from: Be Proud! Be Responsible! Jemmott, Jemmott and McCaffree, Select Media, New York, 1995

# HEALTH & WELLNESS

## LESSON #6

### HIGH, LOW AND NO RISK FOR HIV

**PURPOSE** To help participants clarify HIV risk levels for a variety of behaviours  
To reinforce knowledge about HIV transmission

**TIME** 60 minutes

#### PREPARATION

- make traffic signal from materials that are available to you coloured paper, cardboard and paint, old tin cans—whatever, the important thing is to have one sign indicate "stop", another "go" and the final "proceed with caution"
- draw on separate pieces of paper or cardboard, the various risk behaviours described on the worksheet
- secure a co-facilitator

#### MATERIALS

- traffic signal
- cards with risk behaviours
- pritt stick

#### STEPS

1. Introduce the session by explaining that behaviours differ in the risk they present for HIV transmission. Some have a lower risk of HIV transmission than others. Low risk behaviours differ from high-risk behaviours in the relative risk each presents for HIV transmission. Behaviours which involve taking precautions against the exchange of body fluids present a lesser risk of HIV transmission than behaviours which offer no precautions against the exchange of the same. Today's session will help us assess the risk of HIV transmission presented in common behaviours.
2. Place the traffic signs next to each other. The red light represents HIGH RISK, the yellow light -LOW RISK, and the green light -NO RISK.

Relative Risk	Activity
↑ <b>very high</b>	<ul style="list-style-type: none"> <li>• transfusion of infected blood</li> <li>• sharing of contaminated syringes, needles and razors</li> <li>• anal sex without a condom</li> <li>• vaginal sex without a condom with a STI</li> </ul>
↑ <b>high</b>	<ul style="list-style-type: none"> <li>• some exposure of broken skin to infected blood</li> <li>• vaginal sex without a condom</li> <li>• breast-feeding by infected mother</li> </ul>
↑ <b>moderate</b>	<ul style="list-style-type: none"> <li>• needle-stick injury</li> <li>• slight exposure of broken skin to infected blood</li> </ul>
↑ <b>very low</b>	<ul style="list-style-type: none"> <li>• sex with proper use of condoms</li> <li>• oral sex in the absence of ulcers or broken skin</li> </ul>
↑ <b>no risk</b>	<ul style="list-style-type: none"> <li>• deep kissing</li> <li>• lip kissing</li> <li>• exposure of intact skin to infected blood</li> </ul>

3. Divide the cards among participants and make Pritt stick available to everyone. Then give them the following instructions...
  - Each card describes a specific behaviour. Place each card under the traffic light that you feel identifies the level of risk for HIV infection that behaviour represents.
  - High Risk/Red Light behaviours involve the exchange of blood, semen, breast milk, or vaginal secretions and pose a definite risk of transmitting HIV, the virus that causes AIDS.
  - Low Risk/Yellow Light behaviours involve some attempt to prevent the exchange of body fluids as in the use of a barrier such as a condom, but they are activities during which exchange of body fluids might create some danger of transmitting HIV.
  - No Risk/Green Light behaviours involve absolutely no exchange of blood, semen or vaginal secretions and thus pose no risk of transmitting HIV.
4. Ask each person, in turn, to place his/her card or cards under one of the categories indicated by the traffic sign.
5. Have the group determine whether the placement is correct or not and their reasons.
6. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### ADAPTATION/ CONSIDERATION

1. Cut out pictures which depict the activities discussed in this exercise. Paste them on manila paper or cardboard for durability. Use as needed throughout your programme.
2. Write descriptions of behaviours on cards. Use with parent who can read.



## HIGH, LOW, NO RISK WORKSHEET

### BEHAVIOUR

1. Hugging.
2. Having sex with someone who hasn't had sex in a very long time.
3. Using drugs.
4. Dry kissing.
5. Using a condom when having sex with a person who injects drugs.
6. Having sex with many partners and using a condom with each one.
7. Having sex with many partners without using a condom.
8. Having sex with only one person whose HIV status is not known.
9. Having sex with someone who has had many partners without wearing a condom.
10. Having sex with a person who injects drugs or shares needles without using a condom.
11. Getting or giving a massage.
12. Mutual masturbation - playing with each other's genitals.
13. Abstinence from oral and genital sex.
14. Performing oral sex on a man who is wearing a condom.
15. Performing oral sex on a man who is not wearing a condom.
16. Romantic conversation.
17. Masturbation.
18. Sharing eating utensils with someone who has AIDS.
19. Sharing syringes after cleaning them with jik.
20. Using a syringe someone else has used without cleaning it with jik.
21. Showering/bathing together.
22. Touching someone who has AIDS.
23. Vaginal sex while wearing a condom.
24. Vaginal sex without wearing a condom.
25. Wet kissing.
26. Using one razor for making tattoos without sterilising it after each person is tattooed.
27. Performing oral sex on a woman.
28. Having anal sex with a condom.

### PLACEMENT

- |              |
|--------------|
| Green        |
| Yellow/Red   |
| Green/Yellow |
| Green        |
| Red/Yellow   |
| Yellow       |
| Red          |
| Yellow/Red   |
| Red          |
| Red          |
| Green        |
| Green/Yellow |
| Green        |
| Yellow       |
| Red          |
| Green        |
| Green        |
| Green        |
| Yellow       |
| Red          |
| Green        |
| Green        |
| Yellow/Green |
| Red          |
| Green        |
| Red          |
| Yellow       |
| Yellow       |

ADD OTHER BEHAVIOURS WHICH CARRY SOME RISK OF HIV TRANSMISSION

Source: *Be Proud! Be Responsible!* Jemmott, Jemmott, McCaffree, Select Media, New York, 1995.

# HEALTH & WELLNESS

## LESSON #7

**facts**  
Information that can be verified; reality, truth

**myths**  
Theories, stories, beliefs that are accepted as fact

## MYTHS AND FACTS ABOUT HIV & AIDS

**PURPOSE** To present and review factual information, *facts* about HIV & AIDS  
To examine common *myths* about HIV and AIDS

**TIME** 45 minutes

### PREPARATION

- poll community on common beliefs about HIV & AIDS
- record beliefs on myth/fact cards for use in session
- review Chapter 7 in FLE Curriculum and Lesson 6 in *Health & Wellness*

### MATERIALS

- myth- facts statements
- paper & markers

### STEPS

1. Introduce the session by stating the purpose—to examine common beliefs about HIV and AIDS against information from research and studies.
2. Explain how powerful beliefs are in influencing behaviour. It is difficult to influence people's behaviour by simply providing information. If we are able to examine common beliefs, we become better able to tailor our messages so that they reach the people.
3. Read out loud the statements from **MYTHS AND FACTS ON HIV & AIDS**, one at a time, directing one statement to each participant. Have the person to whom the statement is addressed decide whether the statement read is a fact or a myth. Ask participants to provide reasons for their answers.
4. Continue the exercise until each participant has had a chance to respond and defend her/his position.

5. After each individual participants say whether it is a myth or a fact and why, ask the group if they agree or disagree and why.
6. Confirm or question explanations offered with the information available from the text or expert sources. Provide research-based explanations of why each statement is myth or fact.
7. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### ADAPTATIONS/CONSIDERATIONS

1. Myth/Fact cards may be prepared and distributed, one per participant, if the group reads. Each one could then read what is on her/his card and respond according to directions.
2. Common beliefs can be represented through illustrations, via prepared flip charts or your own drawings. Each drawing should correspond to the statements on the myth/fact card. Read from the card while directing the group's attention to the illustration. The participant on the floor still gets to respond first before opening the discussion to the rest of the group.

## MYTHS AND FACTS ON HIV

- |  |      |
|--|------|
| 1. AIDS is the manifestation of your body's inability to fight off diseases a healthy immune system would normally resist. | Fact |
| 2. A virus causes AIDS.  | Fact |
| 3. If you hug someone with AIDS, you can get HIV.  | Myth |
| 4. Anyone can get AIDS.  | Fact |
| 5. AIDS can be cured.  | Myth |
| 6. Using someone's personal belongings like a comb or hairbrush can spread HIV.  | Myth |
| 7. If a pregnant woman is HIV positive, there is a chance HIV may be passed on to her unborn baby interutero.              | Fact |
| 8. Most people who get AIDS die.   | Fact |
| 9. Having AIDS makes you more likely to get other diseases.  | Fact |
| 10. You can tell by looking whether someone is HIV positive.   | Myth |
| 11. Condoms are 100 percent effective against the transmission of HIV.   | Myth |
| 12. You increase your chance of getting HIV if you have sex with many people.  | Fact |
| 13. HIV is mainly present in semen, blood, vaginal secretions, and breast milk.  | Fact |
| 14. If you give blood you are at risk for getting HIV.   | Myth |
| 15. You can catch HIV from a toilet seat.  | Myth |
| 16. Female homosexuals don't have to worry about HIV infection.  | Myth |
| 17. An HIV-Infected mother can infect her child through breast milk.   | Fact |
| 18. Birth control pills can prevent the transmission of HIV.   | Myth |
| 19. Loyalty to a partner is 100 percent safe.  | Myth |
| 20. If you kiss someone with HIV you will get the disease.   | Myth |
| 21. Having unprotected sex with someone who is HIV positive is one way of getting infected.                                | Fact |
| 22. You can get HIV by sharing a needle with someone who is infected.  | Fact |
| 23. Having anal sex increases your chances of getting HIV.   | Fact |
- ADD COMMON BELIEFS ABOUT HIV IN YOUR COMMUNITY TO THIS LIST**

Adopted from: Be Proud! Be Responsible! Jemmott, Jemmott, and McCaffree, Select Media, New York, 1995.

# HEALTH & WELLNESS

## LESSON #8

## CONDOM LINE-UP

### CARDS FOR LINE-UP

agree to use  
condom

get condom

hug, kiss  
cuddle

sexual arousal

erection

carefully open  
condom wrapper

held condom tip  
to squeeze out  
air

leave room at tip  
for ejaculate

**PURPOSE** To reinforce participant's knowledge on how to use condoms correctly  
To energise participants and review previously learned materials

**TIME** 15-30 minutes

### PREPARATION

- write or illustrate each of the steps in the left column on pieces of paper or cards large enough to be easily seen by the group
- secure some condoms and an object suitable for demonstration on how to put on a condom correctly

### MATERIALS

- condom line up cards
- condoms
- penis-like object

### STEPS

1. Explain that this activity will help reinforce our knowledge of how to use condoms correctly. Condoms don't work if we do not follow the procedure for proper use.
2. Tell participants that we are going to review the steps in using a condom correctly with a game —the condom line-up. In this game, 17 people will be given a card with an activity illustrated it. Each member of the team will be asked to place the cards in order of the order of the steps involved in using a condom.
3. Shuffle the Condom Line-up cards so they are NOT in the correct order and pass cards to the team. Ask the team to stand in front of and facing the rest of the group. The rest of the group will act as an audience. (If the group is small, have some participants take two cards.)

**roll condom on**

**sexual  
intercourse**

**orgasm  
ejaculation**

**hold condom  
onto base of  
penis**

**withdraw penis**

**carefully  
remove condom**

**throw condom  
away carefully**

**loss of erection**

**hug, kiss  
cuddle**

Note there are 17 cards.

1. When this team is finished, ask them if they are satisfied with the order. If not, give them time to make adjustments.
2. Then ask those observing if they have any further adjustments to make. If so, make those adjustments.
3. When the entire group is satisfied, if there are steps out of sequence, ask questions to prompt correct sequence of steps. Finally, review the sequence outlined in the left column.
4. Demonstrate, with volunteers from the group, the proper procedure for using condoms.
5. Expand discussion and encourage positive attitudes toward condom use.
  - What else would you like to know about condoms?
  - What would you want to tell young people like your children about condoms?
6. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

# CONDOM FACTS

Latex condoms are highly effective when used consistently and correctly.

**Q** How are condoms regulated and tested?

**A** Condoms are manufactured according to national standards. Before packaging, every condom is electronically tested for defects, such as holes or areas of thinning. In addition, condoms made in the US are randomly tested using water leak test.

**Q** Don't condoms have microscopic holes that allow HIV to pass through?

**A** Condoms undergo tests for holes. Lab studies show that intact latex condoms provide a continuous barrier to micro-organisms as well as sperm.

**Q** What of the female condom?

**A** The female condom is the first female-controlled barrier method of contraception which provide some measure of protection against STIs, include HIV. As a new product, limited studies have been conducted on its effectiveness; however, preliminary studies do suggest its effectiveness.

**Q** How often do condoms break?

**A** Condoms rarely break. The use of out-of-date condoms is the leading cause of breakage. Other reasons include fingernail tears, exposure to heat, reusing condoms or unrolling the condom before putting it on.

**Q** Why are condoms being promoted even though they are not foolproof (100% effective)?

**A** Because they substantially reduce the risk of HIV infection during vaginal, anal or oral sex. Health behaviours that significantly reduce risk need to be promoted even if they do not entirely eliminate the risk. For example, the use of seat belts are promoted for motorists although the wearing of seat belts is only 40-55 percent effective in reducing injury.



# RESPONSIBLE PARENTHOOD

# RESPONSIBLE PARENTHOOD

## LESSON #1

*In life the consequences often come first and the lessons afterward. In today's era of AIDS and drugs and violence and too-early and unsafe sex, the consequences can be deadly or last a lifetime. So parental communication, guidance and example are more crucial than ever.*

Marlan Wright Edelman

### **responsible parenthood.**

- provision of emotional and material support necessary to raise healthy children, e.g. love, food, education, guidance, shelter, and medical care
- planning ahead of time how many children to have, when and with whom to have them

## WHAT IS RESPONSIBLE PARENTING?

**PURPOSE** To establish collective definition of *responsible parenthood*  
To explore ways of parenting better

**TIME** 40 minutes

### **PREPARATION**

- review Chapter 6 in FLE Curriculum

### **MATERIALS**

- none

### **STEPS**

1. Introduce the session by stating how difficult and complex parenting has become. As the society changes, so do the requirements for raising a healthy child. The purpose of today's session is to look at what it takes to be a responsible parent.
2. Divide parents into pairs. Tell the group that they will have 5 minutes to discuss in pairs what "responsible parenting" means.
3. Regroup and have each pair present the ideas discussed. Allow for clarification and group comment.
4. Divide parents into groups of 4-6. Tell each group that they will need a reporter to report back to the large group.
5. Ask them to discuss the following:
  - What are the qualities and characteristics of a responsible parent?
  - What makes a good parent?
  - What are the difficulties of being a good parent?
  - What can be done to overcome these difficulties?

6. Regroup and let the groups present their answers, one group at a time.
7. Acknowledge the difficulties expressed and call attention to the strategies offered for overcoming these difficulties. Encourage the group to support each other.
8. Summarise by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

1. Presentations could be done in form of a role-play or song.

# RESPONSIBLE PARENTHOOD

## LESSON #2

*Children have never been good at listening to their elders, but they have never failed to imitate them.*

James Baldwin

## ARE YOU READY FOR PARENTHOOD?

**PURPOSE** To identify qualities necessary for responsible parenting  
To discuss how parents can help their adolescent children avoid parenting prematurely

**TIME** 60 minutes

### PREPARATION

- review Chapter 6 in FLE Curriculum
- secure a co-facilitator

### MATERIAL

- paper & markers

### STEPS

1. There has never been a more important time for parents and teens to talk about sexuality. Yet we hesitate to start these discussions. Opportunities and time slip by. Explain that this session asks us to reflect on our earliest experiences as parents and use these for guiding our children to responsible parenthood. We will also explore how parents can start this conversation.
2. Divide parents into groups of 4-5.
3. Ask each parent to reflect on the ways in which having children has changed her or his life in the following areas:  
continuing education                      social life                      finances  
work opportunities                      interactions with friends                      daily routine
4. Assign each group one or more of the categories listed and encourage parents to list as many changes as possible per category. Ask them to be specific and to give real examples.

## IS MY CHILD READY FOR PARENTING?

- How would the life of your child change today if he/she became a parent?
- Are there changes they would experience that you did not?
- What would you like to say to your child about being a parent?
- When do you think it's best to start a family?
- How do you know when a person is ready to become a father or mother?

5. Have the parents regroup and discuss the changes listed. Ask them to comment on whether each change was positive or negative in their lives.

6. Now think about your teenage child and today's Zambia.

### Can they parent responsibly?

Have the parents return to the group they were assigned earlier for small group discussion. You may use the questions in the left column to guide their discussion.

7. Have the parents regroup and share what they discussed in their small groups.

8. Ask each parent to design a song or presentation which will help his or her teenager become aware of the difficulties and challenges of too-early parenting.

9. Summarise by asking the parents to share what they have learned. With their help, highlight the main points and important lessons learned.

## ADAPTATION/CONSIDERATIONS

1. This session may be conducted with parents and children together. If the group is mixed; divide participants so that parents and children (not necessarily their own) are in the same group to generate the lists. It is very educational for the children to hear the adults talk.

# RESPONSIBLE PARENTHOOD

## LESSON #3

## PARENTING WITHOUT A PARTNER

**PURPOSE** To explore the challenges that come with parenting without a partner (single parenting)

**TIME** 45 minutes

### PREPARATION

- review Chapter 1 in FLE Curriculum

### MATERIAL

- none

### STEPS

1. Find out from the group what they understand by parenting without a partner (single parenting) and whether or not it is common in Zambia.
2. Divide participants into groups by gender. Find out if there are single parents present and let them make their own group. If any group is larger than 4, break it in 2 so that all the groups have no more than 5 present. Have each group to select a reporter.
3. Tell all the groups that they will have 15 minutes to discuss single parenting. The questions below may be used to guide the discussion.
  - What are some of the responsibilities that come with parenting without a partner?
  - What are some of the difficulties single parents face?
  - What are some of the factors that lead to parenting without a partner?
4. Bring the groups together again. Ask them to share a summary of their discussion. Did the responses from the various groups differ in any significant way? Ask them to explain why they think that happened.

5. What kind of support needs to be made available to single parents from:

- family
- community
- church
- government

6. Summarise the session by asking parents to share what they have learned.

# RESPONSIBLE PARENTHOOD

## LESSON #4

## ANTENATAL CARE IS IMPORTANT

### *antenatal care*

steps taken by a pregnant woman to ensure a healthy pregnancy, including medical check-ups from a midwife or doctor for signs that the pregnancy is going well

### RECOMMENDED SCHEDULE FOR ANTENATAL CHECKUPS

- as soon as a woman thinks she is pregnant
- every other month during the first 5 months of pregnancy
- once every month from month 6 to month 8
- every week during the 9th month

**PURPOSE** To discuss the advantages of early *antenatal care*.

**TIME** 130 minutes

### PREPARATION

- review Chapter 6 in FLE Curriculum
- draw pictures representing **THE STEPS TO A HEALTHY PREGNANCY** in left column
- identify cost and location of antenatal care in the community
- invite a nurse midwife or TBA to co-present the session

### MATERIALS

- pictures representing **STEPS TO A HEALTHY PREGNANCY**

### STEPS

1. Explain that the antenatal (before birth) period starts when a woman gets pregnant and ends when she gives birth. The early antenatal period refers to the first three months of pregnancy. Introduce the session by stating that today we will be talking about some of the developments that occur during pregnancy and how those developments are influenced by early antenatal care.
2. Ask participants to brainstorm what they think the benefits or advantages of antenatal care are. Record the benefits stated. When the list is exhausted, review the benefits confirming what early antenatal care can and cannot ensure.
3. Explain foetal development during pregnancy. By the fourth week after conception, organs begin to be formed. Tiny buds develop that go on to become



## STEPS TO A HEALTHY PREGNANCY

- get a pregnancy test as soon as you miss your period to confirm that you are pregnant
- talk with your partner & someone else you trust
- decide on whether you will bring the pregnancy to term; seek an abortion, etc.
- begin antenatal care, including check-ups with TBA or medical provider
- antenatal care includes avoiding all drugs and medicines not prescribed by a medical provider, not smoking cigarettes or dagga, not drinking any alcohol, eating nourishing foods rich in protein, calcium, folic acid, iodine and iron, drinking lots of water and fruit juices and getting adequate rest and relaxation
- ignore early pregnancy signs
- do what you normally do - eat lots of chips and Fanta, drink a few beers on weekends, smoke a little
- hide the pregnancy so no one will know

the lungs, the liver and other organs. At this point in development, the embryo is at greatest risk for developing birth defects from alcohol, drugs and poisons in the environment. A month after conception, many women would not have confirmed their pregnancy yet some of the most critical events in the development of the embryo would have already taken place. The earlier a woman confirms her pregnancy, the earlier she can begin antenatal care and the better the chances of a healthy outcome.

4. Explain that not all pregnancies carry the same risks. Women who are between the ages of 18 - 35 usually have the fewest problems giving birth. If a woman is younger than 18 or older than 35, special monitoring and care will be needed to ensure a healthy pregnancy. Women giving birth for the first time or women who have had more than 5 children also need closer antenatal supervision. Other high risk situations requiring close medical attention include:

- difficulties with last pregnancy or birth
- anaemia
- hypertension or high blood pressure
- swelling or pre-eclampsia
- bladder or kidney infection
- diabetes or blood sugar
- HIV infection
- hepatitis B
- convulsions
- untreated TB
- malaria
- STIs
- extreme poverty where food intake is inadequate
- poor sanitation

5. Ask participants why, with all the advantages identified, some women do not seek antenatal care. Discuss the reasons offered and brainstorm how to get around them.
6. Tell the group that you would like them to think about adolescents now, bearing in mind all that we have discussed about adults and the management of their pregnancies.

7. Ask 8 volunteers to come forward. Give each one a picture card depicting one of the **STEPS TO A HEALTHY PREGNANCY**. Tell each to imagine s/he is a young woman who thinks she might be pregnant. Line up with the cards showing the steps she might take.
8. Use the questions below to guide a discussion of adolescent responses to an unplanned pregnancy.
  - Which step(s) would be the hardest for a teenager?
  - Why?
  - How can they be supported in taking the right step?
9. Explain that we are now going to think about all the people who may be responsible for helping to ensure a healthy pregnancy. Read the following story aloud. As you read, participants should rank the people from #1 (the person who acted MOST responsibly) to #5 (the person who acted LEAST responsibly). After you finish reading, repeat the directions and give all participants a minute to rank the individuals in the story...

In October Catherine missed her period. Catherine is 17 and had missed her period before, so she didn't think much about it.

In November, Catherine still didn't get her period. She told her best friend, Ann, and Ann said, "That happens to me sometimes. Don't worry." Catherine felt relieved. "Missing your period is perfectly normal", she repeated to herself.

By early December, Catherine had trouble sleeping. She worried about the possibility of being pregnant. "Maybe I should find out if I'm pregnant, but if I go to the clinic, someone will see me. Who can I talk to? I should talk to my mother but she'll kill me. I've got to talk to her." The next night Catherine tried to talk to her mother. She said that she knew a girl who thought she might be pregnant. Her mother replied, "I don't know what's wrong with kids today. I'm glad that I raised you properly so I don't have to worry about that sort of thing with you." Catherine didn't say anything else.

In January, Catherine had a health class in school. She was glad they would be learning about pregnancy and family planning. She thought she might even speak with her health teacher, Mrs. Kana. Mrs. Kana began her lecture on teen pregnancy by saying, "Getting

# RESPONSIBLE PARENTHOOD

## LESSON #5

*You must prepare your child to pick up the burden of life long before you put yours down.*

James Baldwin

### BELIEFS & VALUES

- Children raised by single parents are not as well behaved as those raised by both parents.
- It is important to have children so that family traditions will live on.
- Parents are to blame for their children's failures in life.
- It is important that fathers also spend time with their female children.
- Families need to spend more time with their children.
- Couples should have children as soon as they are married.
- Incest (sex between a child and a relative) is a family matter.
- Caring for children is, for the most part, a tedious and boring job.
- A good reason for having children is that they can help when parents are too old to work.
- Parents have a responsibility to care for their children until they become adults.

## VALUES IN PARENTING

**PURPOSE** To examine common attitudes about parenting  
To create awareness of the values behind those attitudes and to determine which of these values parents want to pass on to their children

**TIME** 60 minutes

### PREPARATION

- poll community on feelings/attitudes about parenting
- record these for use in session, a list of common beliefs is provided in left column as well
- secure co-facilitator

### MATERIALS

- none

### STEPS

1. Introduce the session by stating the purpose of the topic. Remind the group that parenting is so demanding, our responses and attitudes are sometimes a reflection of our frustrations and not about parenting per say. However, to the child, what is expressed in behaviour is what is remembered if we never interpret what is happening or clarify our values.
2. Explain to the group that the exercise we are about to begin is designed to explore attitudes about parenting.
3. Read out loud one statement at a time from the list you have prepared or from the left column. Do you ever feel this way? Ask the group to indicate whether they agree or disagree with the statement by turning "thumbs up" if they agree or "thumbs down" if they do not agree. Give one parent an opportunity to explain his/her opinion, then open up the discussion to the rest of the group. What values do these statements convey?

### **BELIEFS & VALUES**

Continue with the list of values in parenting collected in your poll of the community.

4. Use the following questions to stimulate a general discussion after the list is exhausted:

- How do adults come to feel the way they do about parenting?
- What do you tell your children about parenting through your behaviours?
- Are the messages different for your boys and your girls? Why/Why not?
- What would you like your children to believe/feel/value about parenting?
- How can those sentiments and those values be passed on?
- Before someone decides to become a parent what do they need to consider?

5. Summarise by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

### **ADAPTATIONS/CONSIDERATIONS**

1. You could have the participants brainstorm the burning issues about parenting in their community.
2. A role-play can be used to demonstrate any of the statements on the list.

# RESPONSIBLE PARENTHOOD

## LESSON #6:

## BEING A TEENAGER TODAY

**PURPOSE** To stimulate thinking about the difficulties issues *adolescents* face today

**TIME** 30 minutes

### PREPARATION

- review Chapter 2 in FLE Curriculum
- interview adolescents in the community about the difficulties they face
- invite a peer educator to present adolescent views
- secure a co-facilitator

### MATERIALS

- paper & markers

### STEPS

1. Introduce the topic and state the purpose of the session. Explain that as the society changes, so do the conditions under which we mature as adults. Traditionally, one became an adult when one completed initiation but the skills and proficiencies required to become independent today have the effect of prolonging childhood. Nonetheless, we hope to reflect on what we think it is like to grow up today and the challenges that poses for our children.
2. Tell the group that you will be reading some statements that you would like them to finish. They should complete these with the first thought that comes to mind. Have your co-facilitator record the responses.
  - When I hear, "adolescents" the first thing that comes to mind is...
  - Some of the difficulties faced by young people today are ...
  - The situations that make it so difficult for teenagers today are ...
  - One question I have about teens and the difficulties they face is...
  - When I think about helping teens develop in a healthy way, I think about...

### adolescent

term used to describe a young person between 10 and 19 years old, broadly speaking a teenager

### adolescence

term used to capture a transitional developmental stage between childhood and adulthood where physical maturity has begun but maturity in other areas is still incomplete

- When I think about young people growing up today, I wish...
  - To me, the scariest part of being a teenager today is ...
  - Some things that can be done to help teens today are ...
3. Allow the group to react to each other's responses without demeaning the responses shared.
  4. Remind parents that today's Zambia is different for young people and talk about the ways in which things are different. Parents can however continue to love and guide their young ones toward a healthy adulthood. Reinforce some of the responses that suggested ways in which this can be done and offer other strategies for consideration.
  5. Identify sources of support for parents within the community. Encourage parents to seek help when they are confronted with issues they feel they cannot handle well on their own.
  6. Summarise the session by asking parents to share what they have learned. Highlight the main points and lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

1. This session could be conducted with teen and parents. Each could work in their own group then come together to share responses.
2. Parents could share what it was like growing up for them and how adulthood was defined in their days. Teens could share their perspectives on when one becomes an adult in today's society, and what they feel they need to become health, positive adults.

**GENDER**

# GENDER

## LESSON #1

### gender

the society's interpretation of what it means to be a man or a woman

### gender roles

those roles we learn to accept as appropriate for men or women, on the basis of their sex, e.g.:

men	women
protector	need to be protected
manual labourer	need to be assisted
asserts his will	comply with men's will
direct women	follow men
fight	cries
strong & rugged	beautiful & fragile

Gender roles are learned and reinforced socially. They change from place to place and over time.

## GENDER ROLES EXAMINED

### PURPOSE

To examine the meaning of **gender**  
To explore the gender **roles** assigned men and women in this society  
To discuss the relationship between gender **stereotypes** and **gender bias**

### TIME

120 minutes

### PREPARATION

- review Chapter 3 in FLE Curriculum
- record common stereotypes about fe/male qualities for use in session
- secure a co-facilitator

**MATERIALS**  
• paper & markers

### STEPS

1. Introduce the topic by stating the purpose of the session. Tell the group that we will use a little game to explore the qualities people believe men and women possess on the basis of their sex (their biological make up).
2. Have your co-facilitator set up 3 large sheets of paper, labelled "male", "female", and "both sexes" in words or in pictures.
3. Tell participants that you will describe some character traits. They should say whether the trait is masculine, feminine, or equally appropriate for both females and males.
4. Read the **CHARACTER TRAITS** in the left column. Add other qualities that are gender stereotyped in your community.



### gender stereotype

a set pattern of behaviour and/or aptitude expected of a person on the basis of her/his sex

Gender stereotypes in turn limit the options made available to individuals on the basis of sex so that for example:

- men drive buses
- women work as nuns
- men become members of parliament
- women become wives to members of parliament
- men hold office in the church
- women cook the meals for church functions

### CHARACTER TRAITS

- intelligent
- expressive
- caring
- emotional
- reliable
- nurturing
- dramatic
- controlling
- self-sufficient
- sensual
- intuitive
- competitive
- weak
- aggressive
- decisive
- rational
- articulate
- strong
- logical
- responsible
- cunning

5. Have the participants discuss their reasons for the assignments they made.
6. Explain that when people come to believe that certain qualities are associated with being female or male, then roles or opportunities are assigned accordingly. The association of certain qualities to one's sex is called **gender stereotyping**. Use the exercise to bring out concrete examples based on experiences within the community.
7. Explain how stereotyping leads to establishing patterns that limit individual abilities by restricting their access to opportunities. Let the group provide examples of how stereotypes is called **gender bias** or **sexism**. Does that happen in this community? Does that happen in our homes?
8. Referring back to assignment game completed earlier, continue the examination of gender roles. You may use the following questions or any others you find suitable to guide the discussion.
  - What differences do you notice in the qualities assigned to males vs. those assigned to females?
  - How do you feel about these assignments?
  - Do the lists reflect real differences between the sexes?
  - Do they reflect how people feel about men and women's abilities?
  - Do they reflect what we are truly capable of as females and males?
  - What makes the gender stereotyping of these qualities problematic in our homes and communities?
  - How does gender stereotypes affect our children?
  - How does gender stereotyping affect sexual behaviour?
  - How does gender stereotyping affect reproductive health behaviours?
  - What can we do to prevent gender stereotypes from creating problems?
9. Summarise the session by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

# ATTITUDES THAT REINFORCE GENDER INEQUALITIES

## GENDER ROLES VS SEX ROLES

Many people mistakenly believe that our sex determines our destiny, i.e. being male or female determines what qualities we have naturally, and what we can and should be allowed to do as human beings. The roles or functions that are exclusive to men and women on the basis of sex, i.e. on the basis of our anatomy are in fact few. These are called **sex roles** and they are:

### female sex roles

1. ovulation
2. menstruation
3. gestation
4. birthing
5. lactation

### male sex roles

1. sperm production
2. ejaculation
3. impregnation

Attitudes about gender are learned. However, as we internalise prevailing notions about men and women's capabilities, we organise entire social systems to sustain these notions. The following page provides 10 examples of how this works:

Other gender stereotypes  
in your community:

- 1.
- 2.
- 3.

Policies and procedures in  
local institutions which  
reflect these stereotypes  
and sustain them:

- 1.
- 2.
- 3.

### ATTITUDES/STEREOTYPES

1. A woman's place is in the home.
2. Women are highly emotional and cry easily.
3. Women are nurturing; they love to take care of others.
4. Women's salaries are supplemental, men support them.
5. Women will miss work because of family and monthly periods.
6. Women are nimble fingered.
7. All women aspire to marry and become housewives.
8. Women know how to take orders; they are used to taking orders from their men.
9. Women don't know how to be businesslike.
10. Outspoken, confident women are troublemakers.

### INSTITUTIONAL RESPONSE

(Which in turn sustains the stereotype.)

- ➔ Only hire a female worker if there are no men available for the job.
- ➔ Keep women out of managerial positions, those positions require strength and emotional stability.
- ➔ Only women are suitable for nursing and childcare, bring all your worries to them.
- ➔ Pay women workers less and provide them fewer benefits.
- ➔ Offer women part-time positions or contractual work, don't invest in their development.
- ➔ Provide them opportunities as typists, tailors and hairstylists.
- ➔ Don't waste time or money training them.
- ➔ Don't consult them about their work; just tell them what to do.
- ➔ Don't put women in positions of importance.
- ➔ Hire docile, subservient women without much self-confidence.

# GENDER

## LESSON #2

### STATEMENTS ABOUT GENDER

- Women should get out of bed earlier than men.
- Boys can't fetch water.
- Boys shouldn't sweep.
- Having sex with a boy is the only way for a girl to ensure that a relationship will last.
- Having sex with a girl is the only way for a boy to show that he is really a man.
- A woman is unclean when she is menstruating.
- Men believe sex is a sign of love.
- A boy will be a homosexual if he is raised to perform girl's chores.
- It's OK for a girl's brother-in-law to touch her breasts in order to help them grow.
- Beating your woman is a sign of love.
- A woman who asks for sex is a prostitute.
- When a man shows affection it is a sign of weakness.
- Your manliness is measured by achievement and success.
- A man who cannot control his woman is impotent.

## MYTHS & FACTS ABOUT GENDER

**PURPOSE** To discuss cultural beliefs about how men and women should behave  
To examine the impact of gender stereotyping on individuals

**TIME** 60 minutes

### PREPARATION

- review Chapter 3 in FLE Curriculum
- read notes in Lesson 1, "Gender & Sexuality", Manual for Parent Educators
- prepare agree/disagree cards
- secure co-facilitator

### MATERIALS

- statements on gender

### STEPS

1. Introduce the session.
2. Explain that gender identity is deeply integrated into our overall personality. It is central to who we are. So too are our gender biases -the prejudices we hold about men and women on the basis of sex. These biases are so ingrained in our thinking it is hard for us to see them.
3. Tell the group that we will be looking at some beliefs people have about gender roles. We will examine those beliefs closely to see if 1) they are stereotypes and 2) how they affect men and women.
4. Explain that you'll be reading statements of beliefs people have about gender. Each person should indicate whether they agree or disagree with the statement and explain their thinking around it. (Use any of the forced choice activities

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# **EFFECTIVE COMMUNICATIONS**

# EFFECTIVE COMMUNICATION

## LESSON #1

### GUIDELINES FOR BETTER LISTENING

1. **Show you're interested.** Genuine concern and a lively curiosity encourage others to speak freely.
2. **Tune in to the other person.** Try to understand his/her viewpoint.
3. **Hold your fire.** Avoid jumping to conclusions.
4. **Look for the main ideas.** Focus on the key issue.
5. **Watch for feelings.** People often talk to get something off their chest, feelings; not facts may be the main message.
6. **Monitor your own feelings.** Our emotions and values filter, even distort, what we hear. Be aware of your own attitudes, cherished beliefs and emotional reaction to the message.
7. **Notice non-verbal cues.** A shrug, a nervous laugh, gestures say a lot.
8. **Give the other person the benefit of the doubt.** Don't enter a conversation with prejudices of past experiences. Remain open.

Dr. Edward Wakin

## HOW WELL DO YOU LISTEN?

**PURPOSE:** To introduce techniques for enhancing communication between parents and their children.

**TIME** 60 minutes

### PREPARATION

- secure a co-facilitator

### MATERIALS

- discussion questions

### STEPS

1. Tell participants that in this session we will be examining our own skills in listening to what others say.
2. Divide the group into pairs (preferably with someone they don't know well). Ask each pair to sit together facing each other comfortably.
3. Tell each pair to determine who will be the first to speak. Each will have a turn being the speaker. The speaker will have 2-3 minutes to talk about any topic he or she chooses. The other will listen.
4. Instruct the listener to pay attention to the speaker and not speak.
5. Let the group know when the time is up and ask them to switch.
6. Ask the speakers to leave the area so you can address the listeners in private. Instruct the listeners to show disinterest in what the speaker is saying this time.
7. Invite the speakers back into the group and ask the group to repeat the exercise now that they have switched roles. The speaker may select her or his own topic.

## REFLECTING ON ADULT-CHILD COMMUNICATIONS

Think about when you were younger, much younger...

1. What was your favourite thing to do?
2. How did your family communicate with each other?
3. Who in your family were you most comfortable talking with? Why?
4. Were there other adults -e.g. teachers, family friends with whom you enjoyed talking?

8. After each person has had a turn being the listener and the speaker, guide the group through a brief discussion on the process of communication:
  - How did it feel to be the speaker in the first go round (when the listener was attending)?
  - How did it feel the second time round (when the listener was inattentive)?
  - What did the listener do to make you feel they were not paying attention?
  - What did the listener do to make you feel you were being listened to?
  - What did you learn about being a good listener?
  - What behaviours encourage people to talk to us?
  - How can we use what we learned here with our own partners and our children?
  - How might it work with them?
  - What are some of the difficulties we face in getting our children to listen to us?
  - How well do we listen to them?
9. Ask the group to reflect on their childhood experiences communicating with adults. You may use the questions in the left column as a guide.
10. Summarise by asking the group to share what they have learned and how they will use the lessons learned in talking with their children.

## ADAPTATIONS/CONSIDERATIONS

1. Invite children to participate in this session. Have them role-play with adults a scenario representing an attentive listener and an inattentive listener. Then carefully guide the discussion, creating an environment of safety for young people to share their views.
2. Introduce sketches or role-plays to illustrate good and bad listening techniques and have the group discuss their observations and feelings afterwards.



# EFFECTIVE COMMUNICATION

## LESSON #2

Communication is a two way street. It involves talking and listening to what is said and what is not said. It is the exchange of information on facts and feelings. Just as parents need to be supported in sharpening their listening skills, they also need to be supported in talking to/with their children.

### *talking*

an ongoing, active process that happens in small pieces and changes according to the needs of the child and developments in information—continuous, brief chats that occur regularly

Every day, there are many opportunities for conversations about sexuality:

- the birth of a new cousin
- a neighbour's teen son becomes a father
- a news story on the radio
- a new hair do
- a video show
- a sermon in church
- a kitchen party
- a song on the radio

## WHAT HINDERS COMMUNICATION?

**PURPOSE** To identify factors that hinder communication within the family

**TIME** 60 minutes

### PREPARATION

- secure 2 co-facilitators

### STEPS

1. Introduce the topic and state the purpose of the session.
2. Divide participants into 3 groups (or as many groups as you have facilitators) and assign yourself and your co-facilitators to each group.
3. Instruct each group to elect a reporter.
4. Ask each of the groups to brainstorm behaviours and situations which make it difficult for parents and children to talk to each other. Let them know that they have 12-15 minutes to complete this step.
5. Regroup and have the reporter from each group describe what their group felt hindered communication between parents and children. (The co-facilitators should have already recorded the behaviours and situations shared).
6. Combine the hindrances that seem to be the same. Relay them back to the group and ask participants to suggest 2 ways in which each hindrance could be overcome. Allow for discussion and clarification.

### MATERIALS

- paper & markers

7. Ask parents to present a sketch portraying effective communication, that is, communication in which the players demonstrate the techniques overcoming the hindrances cited.
8. Summarise the session by asking parents to share what they have learned and how they will use it. Highlight the main points and key lessons learned.

#### **ADAPTATIONS/CONSIDERATIONS**

1. This lesson will work best if done following Lesson 1, *How Well Do You Listen?*
2. Skits or role-plays may be developed to illustrate hindrances to communicating effectively.

# EFFECTIVE COMMUNICATION

## LESSON #3

*teachable moments* moments that present opportunities for natural conversations about topics related to sexuality e.g.

*you and your teenage son are walking home from the market and you see your neighbour's young daughter is obviously pregnant*

Such a situation presents an opportunity to talk with your son about pre-marital sex, unprotected sex, abstinence, adoption, abortion, birth control, childbirth, antenatal care, childbirth -any number of topics. Pick one, any one but preferably only one, and start talking.

Adapted from Maggie Ruth Boyer, *Commitments of the Heart*, League of Women Voters, PA.

## TEACHABLE MOMENTS

**PURPOSE** To practice techniques for enhancing communication between parents and their children  
To help participants recognise opportunities for conversations with their children on sexuality

**TIME** 60 minutes.

### PREPARATION

- poll parents on questions children ask about sexuality
- record children's questions for session

### MATERIALS

- list of questions children ask

### STEPS

1. Introduce the topic and state the purpose of the session. Remind parents of all those embarrassing questions children ask as soon as they begin to talk. Children's curiosity about life is a normal part of their development. In fact the questions asked and situations presented, create "*teachable moments*", opportunities to teach our children about sexuality in the normal course of events.
2. Explain that we are going to practice techniques for handling children's questions about sexuality. To make the exercise more relevant, each of us needs to share at least one question about sex, sexuality, or sexual conduct, we have been asked by our children. Tell us about the situation surrounding each question. If the group is unable to generate relevant situations from their experience, choose a question from the left column.

## QUESTIONS CHILDREN ASK\*

### 1. 4-7 YEAR OLDS

- Where do babies come from?
- How does the baby get inside the mother?
- How does the sperm get to the egg?
- Why don't girls stand up to urinate?
- Why don't girls have a penis? Why do boys have penises?
- Why is there blood on babies when they are born?
- Why do people get pregnant?
- What is it like to be a man?
- Why do parents fight?
- What is it like to be a mother?
- Why does my brother fight with me?
- Why does your body change when you grow up?
- Why do people get married?
- How does a baby grow in the mother's body?
- Why do people die?
- Why do people get AIDS?
- Why does Daddy have a big penis?

(continued on next page...)

3. Ask 2 volunteers to participate in a role-play -assign one the role of parent, the other the role of child. The rest of the group is to observe.
4. Give the parent playing the role of the child one question from your prepared **QUESTIONS CHILDREN ASK** list or from those provided in the left column. The element of surprise for the parent makes the response more realistic. Tell the group how old the child is supposed to be and ask the actors to role-play the situation. Remind them to keep in mind the age of the child. Instruct the observers to watch attentively.
5. When the role play is done, debrief with the following questions:
  - What was the child really asking or what was the meaning of the child's behaviour?
  - What did the parent communicate to the child?
  - How did the child feel? (Ask the parent who played the role of the child to talk about this before others do.)
  - In what ways, if any, could the interaction between parent and child be improved?
6. Invite two other volunteers to role play the next question-scenario and repeat Steps 4 & 5 until each person gets a chance to be a parent or child or until you have asked all the **QUESTIONS CHILDREN ASK PREPARED**.
7. Ask the group:
  - What did learn about communicating with your child from this exercise?
  - What difficulties do you foresee in a real life situation?
  - What can you do if the discussion does not go as you wish in real life?
8. Asking parents to summarise the session by sharing what they have learned. Highlight the main points and key lessons learned.

## 2. 7-8 YEAR-OLDS

- How does the baby get out?
- Does it hurt to have a baby?
- Why don't boys get breasts?
- How does a baby eat inside its mother?
- What is sex?
- What is rape?
- What is a condom?
- What is it like to be a parent?
- Why are some people born boys and girls?
- What is the difference between boys and girls?

## 3. 9-10 YEAR-OLDS

- When a boy gets big, does he have some kind of wet stuff coming out of his penis?
- If a penis is in a vagina can a guy urinate?
- What is a good age to have sex?
- What happens if a 20-year-old man has sex with a 9-year-old girl?
- How many minutes do you stay in intercourse?
- If you can't have sex until you are older, why does puberty happen to a kid?

## ADAPTATIONS/CONSIDERATIONS

1. Instead of having the entire group watch each scenario, have the group break into pairs. Have each take a turn as parent responding to the situation presented. After the role-play talk about what was good or not so good about the approach the parent used and discuss other ways to approach the situation presented.
2. Have one group role-play all the situations for the entire group. Have one half the observers offer support and give ideas to the parent; have the other half help the 'child' develop his/her role.

\*Source: Early (K-3) Family Life Education Teacher Handbook. The Network for Family Life Education, Rutgers University, 1995.

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# QUESTIONS CHILDREN ASK IN MY COMMUNITY

# EFFECTIVE COMMUNICATION

## LESSON #4

### *safer sex practices*

sexual behaviours which prevent or reduce the risk of STD infection, HIV infection and unwanted pregnancy, e.g.,

- being faithful to one, uninfected sexual partner
- using a condom correctly each time you have sex
- never having sex when you have or suspect you have an STI.
- abstaining from sexual intercourse

### *negotiate*

discussing, bargaining to reach an agreement that both partners can live with

## NEGOTIATING SAFER SEX

**PURPOSE** To increase parent's ability to communicate around sexual conduct.  
To practice communication skills in negotiating *safer sex practices*.

**TIME** 60 minutes

### PREPARATION

- collect stories depicting sexual risk taking and the reasons for it
- prepare scenarios and props for role plays

### MATERIALS

- props

### STEPS

1. Introduce the exercise by explaining that knowing what is best for you doesn't mean that you will or can do what is best for you. Often there is a gap between knowledge and action. Although we know that condoms and abstinence and being faithful to each other can prevent the transmission of STD, including HIV infection, acting on that knowledge can be difficult. It requires healthy self-esteem, discussion and mutual respect. However, it is very important that you talk with your partner about your feelings, the use of condoms and safer sex practices. An open and honest discussion can protect you and correct misunderstandings. We all know that this is not an easy thing to do. In this activity we are going to practice handling a variety of situations related to healthy sexual conduct we sometimes have to deal with.
2. Explain that role-plays will be used to help us examine those very situations.
3. Ask participants to come up with situations they have encountered in getting their partners or themselves to behave in a sexually responsible manner, e.g.
  - wearing a condom
  - abstaining from sex because of a STI

- resisting the temptation to have sex with someone other than your partner
- refraining from the use of herbs which dry up vaginal secretions
- visiting the health centre to check out symptoms of a STI

NOTE: If time is not enough or the group can not come up with situations, have them select situations from the list at the end of this lesson.

4. Role-play the situations described.
5. Invite the group to share observations and discuss what occurred.
  - What did you see? Does this happen?
  - How do you think the characters in the sketch felt?
  - What kinds of pressure were the characters facing?
  - Did you notice any misunderstanding?
  - How could this situation be handled differently?
6. Summarise by asking the parents to share what they have learned. Highlight the main points and key lessons learned.

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#### SCENARIOS FOR ROLE PLAYS

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##### **Lilly and Mwape**

**Lilly.** Your close friend Mwape is about to have sex with a new man and she does not think she should be concerned about protection. She is against using condoms. She thinks that if she asks her partner to use a condom she'll lose him. Encourage her to use a condom.

**Mwape.** You have just met a new man. You really like him and think he might be serious about you. He has asked you to have sex with him. You are afraid to discuss condoms with him because you think he might dump you if you suggest using them.

##### **SUMMARY:**

- unprotected intercourse can lead to STIs, AIDS, and unwanted pregnancy
- a partner can be replaced, some STIs are not curable
- it is okay for friends to encourage each other in adopting good health habits
- condom use can be made a pleasurable part of foreplay



### **Lubasi and Patrick**

**Lubasi.** You are at a party with your best friend, Patrick. Patrick is drunk and keeps talking about wanting to have sex with one of the women he has just met at the party. You know that he doesn't have any condoms. Persuade him to postpone having sex.

**Patrick.** You have been drinking at a party and flirting with a woman you find attractive. You really want to have sex with her. You think she also wants to have sex with you. You have no condoms and your best friend, Lubasi, suggests that you wait until you are more clear-headed before you have sex.

#### **SUMMARY:**

- alcohol and other drugs decrease your inhibitions, making it easier to take risks
- having sex with someone whose HIV status you don't know is playing with your life.
- friends can exercise positive influence on each other's behaviours.

### **Chimuka and Mukonde**

• **Chimuka.** You and your new friend, Mukonde, have been dating for three months. Mukonde has told you he wants to have sex with you. You have plans for yourself and value your health. Protection against STD or HIV and not getting pregnant are important to you. You want to go to college become an accountant. You have therefore decided to abstain from sex. You will discuss your decision with Mukonde. Your biggest concern is his reaction. You care deeply for him and are afraid of losing him, but you will not back down from your decision. You want to **negotiate** sexual abstinence with Mukonde.

**Mukonde.** You have a new woman friend, Chimuka, and would like to have sex with her. You have been sexually active with other women for one year. You know that Chimuka has not had sex before. You think she might want you to use condoms. You have not used condoms consistently and will try to convince Chimuka to get on the pill instead. You do not have any children and want to keep it that way. All of your friends are having sex and they keep asking you if you're doing it with Chimuka.

#### **SUMMARY:**

- knowing your goal in life helps to determine which behaviours one is likely to adopt

- decisions/behaviours which support your life goals are always good
- it is good to defend your own interests and stand firm by well thought out decisions
- when you love someone you respect and encourage her/him to develop her/his full potential

#### **Kapambwe and Muuba**

**Kapambwe.** You and your partner Muuba are in his house with the lights down low, and you are starting to kiss and touch each other. You are both feeling sexy. Before going any further, you tell him that you want to use a condom. He gets angry. Muuba does not want to use a condom because he thinks sex does not feel as good with one. You want to use a condom because your health is important you want to protect yourself. You need to persuade him that sex can be just as pleasurable with condoms and that unprotected sex is not an option you would consider.

**Muuba.** You and your girlfriend Kapambwe are at your home. You are both in the mood for romance. Kapambwe starts to discuss condoms. You get angry with her because you think she thinks you have been sleeping around and you haven't. Besides you think condoms interfere with sexual pleasure.

#### **SUMMARY:**

- condoms don't have to ruin sexual pleasure
- there are ways to make condom use pleasurable
- it is important to talk about condom use ahead of time, before touching and kissing begins
- it is more important to be true to your personal values than to pacify someone's anger