

LIFE PLANNING SKILLS

A CURRICULUM FOR YOUNG PEOPLE IN AFRICA TANZANIA VERSION



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This document was made possible through the support of the Bill & Melinda Gates Foundation.

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Recommended Citation

PATH. *Life Planning Skills: A Curriculum for Young People in Africa, Tanzania Version. Facilitator's Manual*. Washington, D.C.: PATH (2004).

Cover photographs: top left by Jorgen Schytte, other three by Mark Edwards.



ACKNOWLEDGEMENTS

This Tanzania version of the LIFE PLANNING SKILLS (LPS) curriculum is based on an LPS curriculum for youth in Ghana written by PATH staff and consultants in the mid-1990s. That version was developed based on several other PATH training curricula, including *Toward the Elimination of Female Genital Mutilation: Communication for Change—A Curriculum for Trainers of Public Health Workers, Community Health Organizers, Youth Advocates, and Teachers* (PATH 2001). *Advocates for Youth’s Life Planning Education: A Youth Development Program* (Advocates for Youth 1995) was also an important resource for the preparation of the LPS curriculum. The Tanzanian LPS manual was field tested and adapted based on the African Youth Alliance (AYA) Botswana version of the manual. Comments from the facilitators and youth who took part in the field-testing are included in the final version.

The development of this curriculum was made possible through the tireless efforts of the AYA Tanzania office staff and a grant from the Bill & Melinda Gates Foundation for the AYA Project. AYA is a five-year project (2000-2005) being implemented in four African countries: Botswana, Ghana, Tanzania, and Uganda.

AYA focuses on reducing the spread of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), and reducing the rate of teenage pregnancy and unsafe abortions, as well as increasing the age of an adolescent’s first sexual encounter.

The project focuses on youth between the ages of 10 and 24, a time when young people begin to make potentially life-altering decisions that affect their sexual behaviour and reproductive health. A key AYA strategy is to work with young people to build the knowledge and skills they need for positive behaviour change, through LIFE PLANNING SKILLS education and other behaviour change communication methods.

Other AYA strategies include:

- Advocating with policymakers and community leaders to ensure support for adolescent sexual and reproductive health (ASRH).
- Developing and expanding youth-friendly services to ensure youth have access to quality health care that meets their needs and respects their concerns.
- Networking, lobbying, and integrating ASRH into livelihood programmes.
- Coordinating with existing initiatives at district and national levels to maximize overall impact.
- Building national capacity and expertise to address ASRH and sustain successful programmes.

ACRONYMS

AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
ASRH	adolescent sexual and reproductive health
CV	curriculum vitae
EEV	employment, entrepreneurship, and volunteerism
HIV	human immunodeficiency virus
IUD	intrauterine device
LPS	life planning skills
NTF	notes to the facilitator
STI	sexually transmitted infection
TB	tuberculosis
VCT	voluntary counselling and testing

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INTRODUCTION FOR FACILITATORS

Welcome to the LIFE PLANNING SKILLS curriculum! This curriculum is designed to help youth in Tanzania face the challenges of growing up, to help them make decisions about their sexual health, and to prepare them for work in the future.

The challenges affecting youth today are all too visible. The growing numbers of teenage pregnancies, school dropouts, drug use, and social, sexual, and reproductive health problems like date rape, sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), are all indicators that many youth are simply unable to cope. Youth leaders can help young people by providing them with correct information and skills to adopt healthy behaviours and to stay safe through the ever changing and challenging time of adolescence.

For young men and women, adolescence is a time filled with excitement, new feelings, many unanswered questions, changes, and difficult choices. Young people must also begin to think about the skills needed for their future work. They will need to know the facts about their own sexuality and learn skills to help them plan for happy futures and healthy lives.

During this time, they will have relationships with peers of the same and opposite sex. At the same time, they will need to have respectful, loving relationships with family members and will need to learn about making decisions on their own. Young people must also learn to deal with new feelings about sexuality, their physical and emotional changes, and how to make responsible decisions about reproduction and parenthood.

The LIFE PLANNING SKILLS curriculum is a simple guide that focuses on three important issues young people face:

- Recognizing the importance of adhering to personal values.
- Learning more about how bodies function and dealing with sexual and reproductive changes, feelings, and behaviours.
- Thinking about and planning for the future.

The LIFE PLANNING SKILLS curriculum helps young people find out who they are now, where they are heading, who they hope to become, and how to get to where they want to be.

The LIFE PLANNING SKILLS curriculum provides many activities that facilitators can use to help young people:

- Gain information about themselves and their sexuality, including how to prevent pregnancy and avoid STIs, including HIV, and AIDS, and to learn more about preparing for the work world.
- Better understand their feelings about growing up, gender roles, risk taking, sexual behaviour, and friendship.
- Practise making decisions, setting goals, communicating clearly, negotiating for their own health, and not giving into negative peer pressure.

Some Assumptions

The LIFE PLANNING SKILLS curriculum is based on certain assumptions such as:

- Young people can learn to be safe. They can learn how to avoid unplanned pregnancy and STIs, including HIV, by choosing abstinence, which means deciding not to have any sex, or postponing sex for moral, religious, ethical, or health reasons.
- Young people who choose not to practise abstinence can also stay safe. They can use birth control/contraception methods properly and responsibly. They need to know that condoms can be used with other methods of contraception, and if used correctly, they can prevent unplanned pregnancy and STIs, including HIV.
- Young people in Tanzania can learn to make good choices and decisions if they have complete accurate information, healthy attitudes, and good decision-making, communication, and life planning skills.

Using this manual, adults and experienced youth leaders can work with young people and help them develop the skills they need to make healthy decisions and clearly communicate responsible life choices. This curriculum provides “experiential learning”—learning by doing—methods to help young people gain new information and skills through participation in practical exercises and real-life scenarios.

Existing programmes for young people could incorporate any or all parts of these LIFE PLANNING SKILLS exercises into their ongoing activities.

It is important to recognize that facilitators leading the training activities play an important role, and can directly affect the success of the programme. Since topics that are hard to deal with may come up for discussion (including sexuality, rape, violence, or values), facilitators should first ensure that they:

- Really enjoy working with young people.
- Have good communication and group facilitation skills.
- Can use a range of different teaching techniques.
- Are informed about human sexuality, basic health issues, and local job training opportunities.
- Respect the views of young people, even if these views are very different from their own.
- Enjoy helping others grow, and are enthusiastic about the learning process.
- Are non-judgemental.
- Are comfortable discussing sexuality and other issues that deal with human relationships.
- Have a sense of humour!

It is assumed that facilitators may want to add or change questions in exercises and spontaneously explore other issues as they arise, depending on the needs of the group.

Curriculum Objectives

The full LIFE PLANNING SKILLS curriculum is designed as a series of units, each between three-and-three-quarters to nine hours long. The main curriculum objectives are to provide Tanzanian youth with a chance to:

- Learn more about themselves; what they like to do, what they are good at doing, how they feel about key issues (such as family and personal values), and identify what influences their developing feelings and choices.
- Identify what they want to happen in their lives; help them work towards building good futures by planning for work and deciding about parenthood, and help them to meet their goals.
- Strengthen their knowledge and skills in three areas; sexuality, planning a family, and communication.

The LIFE PLANNING SKILLS curriculum is produced in two parts: a Facilitator's Manual and a Participant's Workbook.

Facilitator's Manual

The Facilitator's Manual is made up of three sections to make it easier to use in the field. Each section contains the following elements:

- Units
- Activities
- Purpose/Objectives
- Time Required
- Materials Needed
- Procedure: Steps to Follow (within each activity)
- Key Points
- Linking Sentences/Concluding Notes

SECTION ONE: WHO AM I?

Section one looks at the young person as an individual. It examines the different aspects of growth and development that an adolescent goes through and aims to help young people understand themselves.

SECTION TWO: WHERE AM I GOING?

In this section, the focus is on the young person as a male or female and how he or she relates to others.

SECTION THREE: HOW AM I GOING TO GET THERE?

This section deals with a range of issues that affect the plans that young people make. It looks at how adolescents should prepare to cope with these issues in a way that allows them to have a better chance of achieving their plans and goals.

Throughout the curriculum, the words “participants,” “adolescents,” “teens,” “youth,” and “young people” are used at different times, each meaning the same thing. Each activity includes a list of materials that facilitators will need. A few activities require advance preparation.

In some cases activities reappear in different units, for example, “Good Decision Making.” This is because facilitators may be doing different units with different groups. However, if you are working with the same group of participants and have covered the activity in a previous unit there is no need to repeat it in subsequent units; just refer participants to it and refresh their memories through discussion.

The Presentation Notes section included in some units contains facts that participants need to know. The facilitator is not expected to copy this word for word on the chalkboard or flipchart, but should know it well enough to give the information to the participants, using whatever method is most appropriate.

Each activity has a set of Key Points at the end that is used to summarize the activity. These are the main points that participants should take away from the workshop.

Linking Sentences are also provided at the end of each activity to connect related activities. As with the presentation notes, the facilitator is not expected to learn or use these word for word, but to use them as a guide to wrap up each activity properly before moving on to a new one.

Each unit has **Concluding Notes** at the end. As with the presentation notes and linking sentences, the facilitator is not expected to learn and repeat this word for word, but to understand the context well enough to give appropriate summaries and closures.

Some activities include **Posters**. These should be prepared in advance, either on a flipchart page or blackboard, or by making an overhead transparency. This facilitator's manual includes full pages of the posters so that they can easily be enlarged and reproduced.

Notes to the Facilitator (NTF):

NTF:
From time to time you will see bold and boxed text that looks like this. This is to draw your attention to special information pertaining to a particular activity.

This facilitator's manual also contains the workbook activities. Many of them can be adapted for use with participants who have little experience reading and writing.

Participant's Workbook

This is an activity book that is used by participants throughout the training. There are three sections to correspond with the facilitator's manual. Each section consists of:

- Purpose and Objectives
- Units
- Activities
- Lessons Learnt
- My Commitment

The workbook contains facts and exercises on the different activities and issues addressed in the Facilitator's Manual. The workbook is designed for use with literate and in-school groups, as it requires a lot of reading, writing, and analysis skills. Each participant gets to keep her or his workbook.

GUIDELINES FOR FACILITATORS

How to Use This Curriculum

This curriculum is for use with youth ages 10 to 24. You can change activities to adapt to the needs of youth of different ages, or different ethnic or educational backgrounds. If you are using this curriculum with young people who are out of school or with youth who have a lower literacy level, try to cover the whole curriculum from start to finish. Some guidelines for working with out-of-school or semi-literate youth are included below.

It is always useful to give the participants a pre-training questionnaire to see what they think the training will be about or to assess their level of knowledge and skills. A sample of a pre- and post-test questionnaire is included on page 25. During the final evaluation of the workshop, find out if the workshop was what they had expected it to be.

Ideally, the same group of youth should be taken through the entire curriculum, but if this is not possible, be sure to choose activities you feel are the most relevant for the group based on your needs assessment.

It is advisable to complete an entire unit and not select specific activities at random.

On the first day of the programme, write the curriculum objectives on a chalkboard or flipchart to share with the participants. Discuss these with participants and ask them how they feel about these objectives.

Tips for Planning Your Workshop

To design and conduct a programme that meets youth needs, you need to do the following:

- Be very familiar with the entire curriculum, including suggested participatory techniques.
- Determine the amount of time you will need for your activity. The amount of time given for each activity is only an estimate; use more or less time as needed.
- Collect pictures or articles from local magazines and newspapers to use during the workshop. These can be used to illustrate gender roles, peer pressure, and sexuality as presented in local media.
- Before the activity begins, prepare any handouts or other materials that may be needed.
- Introduce each unit of the curriculum and each activity by talking about the objectives and what you hope to achieve during that activity.

- Have a **Question Box** or **Anonymous Wall** available throughout the training for participants to post their anonymous questions. These are questions that they may be embarrassed to ask in front of the group. Make sure, however, that any posted questions are addressed within the workshop or responded to accordingly.

Background Information

It is not expected that each facilitator will be knowledgeable in all areas of LIFE PLANNING SKILLS. Information continues to change and develop rapidly, hence trainers continue to be challenged to improve their knowledge and skills base.

In recognition of this, the curriculum includes some background information at the end of **Unit 9: HIV and AIDS**. This is to enable the facilitator to have a better understanding of HIV and AIDS so that s/he feels competent and confident to discuss different aspects of the disease and respond to the questions that participants may raise.

The background information does not cover everything about HIV and AIDS, hence the facilitator is challenged to continue improving her or his knowledge and skills base about the disease and its social implications.

Setting the Stage: Ground Rules

Before you start the activities in the LIFE PLANNING SKILLS curriculum, it is important to create a “safe space” for participants to speak freely and openly about sensitive issues and personal experiences. Developing a set of rules, called **ground rules**, will help set up a model of acceptable group behaviour and help youth feel more comfortable sharing with each other. This activity is done once at the start of the workshop with a new group, if the group is going through the entire curriculum. If the group changes, ground rules should be set with each new group.

It is useful to write the list of ground rules on flipchart paper and hang the list where participants can see it during the entire workshop.

Ground rules may include:

Confidentiality

What we share in this group will remain in this group and will not be told to or discussed with others outside of the group.

Respect

We should respect others’ opinions and experiences, even if they are different from our own or if we do not agree with them.

Openness

We should be open and honest, but never talk about someone else’s private life. Give an example or talk more generally, without identifying the person in your story.

Non-Judgmental Approach	It is OK to disagree with another person's point of view, but not to judge or put down another person because s/he does not think or feel the same as you do.
Use “I” Statements	Using an “I” statement makes sure that the view you are expressing comes from you and only you, and that you are speaking for yourself, and not for the group. For example: “I do not want to marry before I have a job.”
Right to Pass	Although this programme encourages participation, individuals do have the right to “pass” on a particular issue if they do not wish to take part in the discussion or share their views. It is OK to say: “I'd rather not do this particular activity” or “I don't think I want to answer that question.”
Anonymity	It is OK to ask a question, without having to identify yourself. (Tell the participants about the Question Box/Anonymous Wall.)
Acceptance	It is OK to feel shy or embarrassed; even adults feel uncomfortable when they talk about sensitive topics like values or sexuality. Accepting these feelings is part of the process towards overcoming them.

There may be other ground rules the group may want to develop. Try to encourage the group to come up with their own set of ground rules. You can always start them off by giving them an example.

GUIDELINES FOR WORKING WITH OUT-OF-SCHOOL OR SEMI-LITERATE YOUTH

Each group of youth is different. It is important that the facilitator takes time to assess the group's needs so that the most effective ways of meeting these needs are adopted. To adapt the activities in this manual for young people with limited reading and writing experience, follow the principles and guidelines below.

Key principles:

Be creative. You can find fun and exciting ways to implement the same activity or a completely new activity to achieve the objectives.

Involve the group. Invite the participants as much as possible to help with any preparation that needs to be done, including getting the room set up, preparing materials, etc.

Use audio-visuals as much as possible. This includes posters, pictures, drawings, models, local materials identified by the group, etc.

Guidelines:

- Use simple and local language and terms as much as possible.
- Use group work and sharing a lot.
- Let members of the group answer questions and summarize as much as possible, using their own vernacular and terms.
- Use real-life examples when trying to make a factual point.
- Use normal, everyday things as part of the training resources where possible (e.g., paper, tins, buttons, sticks, etc.). Get the group to collect these if and when needed.
- Ask a person from the group to repeat or copy what you have said or done to check that the group understands.
- Use youth interactive activities such as:
 - Playing games; card games are good. These may need to be developed from scratch depending on the issue. Let the group help with this, if possible, by letting them:
 - Identify the activity.
 - Collect and cut up pictures.
 - Cut or paste/glue cards.
 - Making collages (pictures made from cutting up small pieces of paper and sticking them on a board or other solid backing).
 - Making up songs and poems using facts. This makes the facts easier to remember, especially if the participants make up their own songs or poems and teach the group.
- Encourage and allow the group to share experiences so they can learn from each other.
- Use local folklore, stories, and proverbs that relate to life experiences of value formation, teaching, and learning.
- Encourage demonstrations where applicable. Be guided by the group's needs.

FACILITATION TECHNIQUES

Experiential Learning

Learning by actively doing an activity is called “experiential” education because those involved are experiencing part of what they are learning. Experiential activities in the LIFE PLANNING SKILLS curriculum are designed to help young people gain information, examine attitudes, and practise skills.

In experiential learning, participants do something and then talk about the experience together. They make some general statements about what they learnt and try to relate the new information to how they could use it in the future. Experiential learning is participant centred—focused on participants. Your role as facilitator is to:

- Monitor and manage the environment to make sure that each person in the group gets the chance to actively participate.
- Keep discussions on track so as to achieve the activity’s objectives.
- Clarify, summarize, and conclude discussions and activities, making sure that facts are appropriately shared.
- Assess participants’ acquisition of knowledge and skills.

Role of a Facilitator

A facilitator should:

- ✓ Be patient.
- ✓ Show that s/he is a learner too.
- ✓ Build on participants’ experience.
- ✓ Be sensitive to what is happening in the group.
- ✓ Deal with issues raised in the group.
- ✓ Encourage participation.
- ✓ Use simple language.
- ✓ Keep the group on the topic.
- ✓ Be a good listener.
- ✓ Be aware of all the members of the group.
- ✓ Keep eye contact with group members.
- ✓ Be enthusiastic.
- ✓ Plan the sessions in advance.
- ✓ Be empathetic.
- ✓ Have a sense of humour.
- ✓ Act responsibly.

A facilitator should not:

- × Dominate the group.
- × Intimidate people.
- × Take sides.
- × Jump to conclusions.
- × Be prejudiced.
- × See her/himself as the expert.
- × Put participants on the spot.
- × Create a long dialogue with one participant.
- × Lose her/his temper with a participant.
- × Be biased.
- × Facilitate discussion if s/he is uncomfortable with the topic.
- × Criticise a participant’s personal beliefs.
- × Allow participants to dominate the discussion or intimidate each other.

Specific Techniques

The LIFE PLANNING SKILLS curriculum uses several techniques, and you may be more comfortable with some than with others. Feel free to modify any of the techniques presented to suit your audience, but do not be afraid to try new techniques described here.

1. Warm up/Ice-breaker/Energizers

Using quick games (five to ten minutes) to relax or energize a group

Warm ups generate a lot of energy and laughter in a group. They can be an easy, fun, and informal way to learn each other's names. Sometimes participants think warm-up games are childish and are at first reluctant to join in. However, after overcoming initial reluctance, participants usually enjoy taking part in these games.

As well as being used at the start of a workshop, warm ups can be used as energizers when the group's energy is low, for example after a meal or after a difficult session.

2. Brainstorming

Generating a large number of ideas in the shortest possible time, with total group participation

For example, a group could brainstorm on their "expectations of the workshop," calling out all the expectations they have of the whole workshop or just the unit being covered at that time. These could then be written down on a flipchart or chalkboard and referred to at the end.

Procedure:

- a. Decide on a topic.
- b. State the topic and time limit for the exercise clearly to the group.
- c. Appoint a recorder to list all the ideas as they are mentioned.
- d. State the rules clearly and enforce them as the brainstorm proceeds.
- e. Restate the topic and time limit to keep the group on track.
- f. Indicate when the time is up.

Note that in brainstorming, the points raised by participants are listed **without discussion**. When all the points have been given, it is useful to have a general discussion about the issues that were raised.

3. Working Around the Circle/Round Robin

Making sure that everyone in the group gets a chance to speak

When working with groups, it is important that the group leader, although taking responsibility for the exercises, not be seen as the expert handing out information. Everyone in the group should get a chance to speak; dialogue is critical to the learning process.

The circle is a useful way of ensuring that everyone gets a chance to speak. It is important to establish this early on; an appropriate time for this could be while establishing the ground rules for working together. If something is being discussed “in a round,” this means that everyone has something to say in turn and that nobody should speak or interrupt while someone else is talking.

Working around the circle is not a good exercise for groups of more than 12 people as it can take a long time. However, with large groups the circle technique can be used for smaller breakout groups reporting back to the main group.

4. Working in Pairs

Allowing pairs to discuss their opinions about a topic before sharing them with a larger group

Participants can “buzz” (talk) in pairs prior to brainstorming. This is another useful way of making sure that everyone participates in the discussion.

Another way of using this technique is to divide the group into pairs and allocate a set time, usually five minutes per person. This means that each member of the pair should talk for five minutes about the given subject. While one person is talking the other listens but does not talk, except when seeking clarification. The idea is for both members of the pair to have a chance to talk and to listen. The facilitator keeps check of the time and tells participants when to start, when to change over, and when to stop.

This technique is especially useful for participants to get to know each other at the start of a new workshop. Pairs can be asked to find out the name, place of birth, and one interesting thing about the other person. In this instance, it is a good idea to let the group know before they begin the exercise that each person will have to report back on what his or her partner has said. Pairs can agree on what they do and do not want to have repeated in the group.

When participants have worked in pairs, the information gained from that paired work can be reported to the large group by working around the circle (round robin).

When using this method, each pair may be asked to contribute one piece of information, from which a list is created for debriefing in the large group. However, sometimes reporting back may not be necessary.

5. Small Group Discussion

Working in small groups of no more than eight people

Group discussion is a technique often used in training. The skills needed by the facilitator will include the ability to question, explain, clarify, draw out, and sum up information. If these skills are used effectively, the group will be able to discuss the issues and reach conclusions themselves. Small group work can increase involvement and participation, and reduce dependence on the group leader.

In group discussions, the participants work together for a longer period than when working in pairs. The facilitator can move from group to group providing assistance if this is appropriate.

The facilitator can present an issue, for example, “telling my spouse that I am HIV-positive,” and small groups can look at the advantages and disadvantages of this, i.e., participants in the small groups can draw on their own knowledge. The smaller group’s findings can then be reported back to the large group either verbally or on a flipchart. Again, group members can say what they do and do not want to be reported to the larger group.

The facilitator can then sum up and draw out the common threads. By referring to the group and drawing on their understanding the facilitator can clear up any misconceptions.

6. Questionnaires/Quizzes

Using a wide range of questionnaires as a basis for group discussion

A wide range of questions can be used as a basis for group discussion or to enable individuals to reflect on their attitudes towards a given topic. Multiple choice, true or false, or open-ended questionnaires can be used.

7. Case Studies

Designing a very brief story/situation relevant to the issue being explored by the group

This is a useful and non-threatening way to illustrate and bring to life very important issues. Case studies can generate discussion on sensitive topics and can also provide an opening for participants to talk about their own situation if they want to.

Procedure:

- a. Develop or locate a case study relevant to the issue that is being explored by the group.
- b. Divide the group into smaller groups.
- c. Give each small group the same case study. If you have more than three groups, different case studies around the same issue can be discussed.
- d. Distribute the case studies to the groups.
- e. Provide questions for the group to discuss. Each group should write their responses on a flipchart.
- f. Ask each small group to present their findings to the large group.

- g. Facilitate a large group discussion on the outcomes, making sure that all the members have the same information.

8. Role-Play

Giving participants parts of a story to act out, often unrehearsed

Procedure:

- a. Introduce the issue and clarify the objectives of the role-play.
- b. Ask for volunteers or choose persons you think will act the parts well.
- c. Give the actors their roles or let them discuss the role-play before actually doing it. This can take about ten minutes.

Observers should reserve their comments/questions for discussion at the end of the role-play.

9. Drama

Using drama as a learning tool

Drama is a useful technique for large groups and is also a useful learning process for those actually involved in creating the drama. Actors are given a topic or issue to work with, and they create a drama, based on that particular issue, to perform for the large group. General discussion should be encouraged at the end of the drama. Specific questions can be designed to keep the group focused.

10. Songs

Spreading and reinforcing key messages in a creative way

Songs can be used in a number of different settings, for example:

- At the beginning and end of a drama.
- At the start of a workshop.
- As an introduction to an educational topic.

Groups can also make up their own songs.

11. Videos

Showing participants a story or documentary illustrating the issue being explored

As with any other training method, the use of videos needs input from the facilitator and discussion with the participants. Before showing the video, the facilitator should have already looked at it and be able to give a brief outline of what is to be shown. Participants are encouraged to note any points they would like to raise for discussion at the end.

12. Continuums

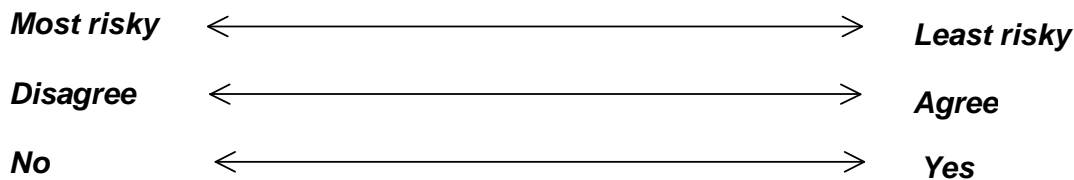
Finding out how people feel about a topic based on their knowledge about that topic

When examining people's feelings about an issue, values, attitudes, and information are continually changing. Very few questions can be answered with a straight yes or no response.

Continuums involve placing people or cards along a line. For example, when considering risks associated with different sexual practices, particular activities can be placed along a line from "most risky" to "least risky" depending on the relative safety of each.

Participants are then invited to physically place themselves at that point on the line where they are in terms of their understanding or belief about the issue. Sometimes it is useful to have an "undecided" or "unsure" card along the line as this allows people the chance to share their concerns and reach some understanding or clarity.

SOME EXAMPLES OF CONTINUUMS



13. Story Telling

Using stories to evoke responses, feelings, values, and attitudes of participants

Procedure:

- Tell the story. When you are finished, ask participants to discuss their understanding and feelings about the story. This can be done through pair work or small group work.
- After five to ten minutes of discussion, ask participants to comment (if the group is large, comments can be taken from selected pairs).
- Discuss each comment as it is raised.

Stories should be developed for each particular situation and setting.

14. Picture Codes

Using a set of pictures to tell a story about a particular community problem or issue

A picture code is a poster-sized illustration that presents one familiar problem or issue that a community or a group has strong feelings about. It is used in a group

setting to raise questions and generate discussion. A picture code always illustrates the problem or issue and is used at the beginning of a problem solving activity to focus the attention of the group.

15. Story Board

Using a sequence of pictures to tell a story about a particular problem

Whereas picture codes are used to highlight one particular problem or issue facing a community or group of people, a storyboard is used to raise questions of how one situation leads to another.

16. Cycling Around the Newsprint/Flipchart Paper

Asking participants to share their views on more than one issue

When working with large groups there are occasions when facilitators may want to find out a group's level of knowledge, beliefs, or attitudes about various aspects of a subject or their experiences on certain issues. On such occasions, a large group discussion can be difficult to handle.

An alternative is to use a technique called "cycling around the newsprint or flipchart paper."

Procedure:

- a. Write each aspect of an issue on a separate piece of flipchart paper and place the papers where each participant can see them and read them.
- b. Each participant then moves around, reads the different headings, and writes her or his personal feeling or belief about the issue.
- c. Each participant does this until s/he has written on each piece of flipchart paper.
- d. When using this exercise, note that participants usually need less time at each piece of paper towards the end of the cycling, because by this time most of the points have already been written down.

17. Debate/Panel Discussion

Asking participants to present advantages and disadvantages of an issue or several points of view relating to it

Debate and panel discussion are two similar techniques that provide a forum for discussion. In a debate, the advantages and disadvantages of an issue are presented, while in a panel discussion several viewpoints on an issue, and not necessarily conflicting viewpoints, are presented.

Debate

A question, issue, or problem is presented. The issue should have a strong positive and negative aspect that the debaters can argue for and against. There are two teams, each of which argues for a different side of the issue.

Panel Discussion

In front of an audience, a number of panellists speak about their viewpoints on a chosen subject. The audience is given an opportunity to ask the panellists questions after their presentations.

The debaters or panellists should think about their input beforehand, so they can offer useful insights. The comments of the speakers may spark off a discussion among the participants.

Competition should not be encouraged. There should be no winner or loser, as there are arguments for and against every issue; participants should accept that everyone has the right to her or his own opinion.

18. Devil's Advocate

Deliberately putting forward an undesirable or unpopular point of view to stimulate discussion

This technique involves a participant who acts as a “devil” and advocates risky behaviour or undesirable attitudes. The other participants question and argue in an attempt to defeat the devil’s argument, unaware of the deliberate intention of the “devil.” The person who takes the role of the devil must be a capable speaker and have the necessary strength of character to raise an unpopular position.

The devil’s advocate technique is most often used when dealing with areas of behaviour and temptation. This method helps participants assess some of the behaviour choices they have to make, and think up alternatives where necessary. In arguing with the devil, participants develop skills to help them reason why they do or do not want to behave in a particular fashion. After using this technique, the facilitator must point out to participants that the person taking the role of the devil is not necessarily presenting her or his own opinion, but is only playing a role. Otherwise, participants may be reluctant to volunteer for the role.

The technique of devil’s advocate is not restricted to one devil arguing with a large group. The devil’s advocate method could also be used to illustrate a peer group asserting pressure on an individual.

19. Poetry

Using poetry to allow the participants to reflect and share their views on related issues

A facilitator may use existing poems about a topic to provoke discussion, or may encourage participants to express their own thoughts and feelings by writing a poem.

When using an extract from an existing poem, the facilitator should design a list of questions for the group to answer. These can be reviewed in small groups.

In summing up, ask participants to identify the most important lesson they learnt from the poem.

20. Letter to the Editor

Using anonymous letters to address similar problems that participants may have, but do not want to talk openly about

A variation on the case study technique is the use of actual letters that appear on “problem pages” in local magazines and newspapers. These pages are very popular, and relevant letters from these sections can be used as case studies. People generally write to “problem pages” because they cannot, or prefer not to approach anyone about their problem, or because they find it easier to write their problem down than to talk about.

21. Lecture/Presentation

Making a formal presentation to a group by an individual speaker

A lecture is a structured and orderly presentation of information, opinion, theory, or fact delivered by an individual speaker or panel. However, lectures can involve audience interaction and participation by allowing time for comments, questions, and feedback. The creative use of visual aids can help capture audience attention.

These are just some of the many different participatory techniques that are used in experiential learning workshops. The facilitator is free to use other techniques, especially if they are geared to bring out maximum participation from the youth.

THE WORKSHOP P.I.E.

Each LIFE PLANNING SKILLS workshop or training programme consists of three processes: **P**lanning, **I**mplementation, and **E**valuation. Together, these processes make up the workshop P.I.E.

Planning

There are three main components to every planning workshop:

1. The Participants
2. The Workshop
3. The Facilitators

For each component, the following should be considered:

1. The Participants

- What are the attitudes, understandings, and skills that participants are likely to bring to the workshop?
- What expectations will the participants have of the workshop? How much exposure have the participants had on the topic?
- What do you want the participants to have discussed, know, or be able to do by the end of the workshop?
- Do you think there will be conflict in the workshop and have you thought of mechanisms to deal with this?
- How will you deal with participants who arrive late?
- How will you ensure that individuals do not dominate group discussions?

2. The Workshop

- Preparation and planning are important, however, be flexible, relaxed, and creative.
- If the workshop is to include a Saturday, check if most of the participants are prepared to work on a Saturday. Allow enough time for people to travel to and from the workshop.
- If the workshop is residential, find out if participants are prepared to stay and whether they will be prepared to work in the evening. Be sure to find out if provisions for childcare at the workshop venue are needed.
- Make sure that your budget will cover the number of participants expected and other workshop costs.

Other key points to consider are:

- Is the venue easy to get to or will transport have to be provided?
- Is the venue booked?
- Will you register people when they arrive? Do you need registration forms?
- Will participants be given materials—a folder, programme, pen, etc.? If you are not giving them materials, do they know what to bring?
- If you are using electrical equipment such as overhead projectors, videos, etc., have you checked that the equipment is working and whether you need to bring extension leads or adaptors?

Workshop checklist:

- ✓ Venue booked, have keys
- ✓ Participants know where to go
- ✓ Familiar with venue—know where power sources and light switches are
- ✓ Child caretaker available if needed
- ✓ Support material and equipment prepared, checked, and functioning
- ✓ Registration forms and name tags prepared
- ✓ Appropriate seating arranged
- ✓ Reference material prepared
- ✓ Adaptors and extension cords available

Making Workshops Work

Welcome and Introductions

Spend some time getting to know each other. Begin the activity by welcoming the participants and introducing yourself and any co-facilitators. Briefly describe your own background, where you are from, why you are there, your education and training in the field of youth development and ASRH, and what you plan to do in the workshop.

Give participants a chance to introduce themselves, and depending on the size of the group and time available, you may ask them to briefly share some personal information as well. These are activities that are very helpful with new groups.

Start on time and if refreshments are served, make sure they do not infringe on the workshop time. This should be the case in all the workshop activities, not just the first one.

Aims of the Workshop

State the objectives of the curriculum as described in the Introduction. Remember to write these on flipchart paper and leave them up for the duration of the workshop.

3. The Facilitators

Some important questions to ask:

- Will more than one facilitator be needed for the workshop?
- Do you need to include other facilitators in the programme planning or make them aware of specific information before the workshop?
- Will facilitators who are not leading a particular activity take part in that activity?
- Is there a need for a balance of male and female facilitators?
- Have provisions been made to record the workshop proceedings if need be?
- What are the facilitators' expectations concerning pay, transport, accommodation, food, etc.?

Implementation

The LIFE PLANNING SKILLS curriculum gives a detailed plan of activities that address different issues and objectives. Remember that you have the flexibility to adapt any of these to suit your group and the resources available to you, including time. The important thing is that learning should take place in a way that can influence and change behaviour of the group.

REMEMBER:

It is likely that while discussing sensitive issues such as HIV and AIDS, some of the participants may have emotional responses, which they may need to talk about. These should not be dealt within the context of the group, but individually. Sometimes information may be required that you can provide. However, if the problem is highly emotional it would be best to refer the person to an experienced counsellor.

Evaluation

The purpose of an evaluation is to assess if:

- Objectives of the programme or activity were met.
- Information imparted was understood.
- The curriculum met the stated participant expectations.
- Any new information was learnt.
- The facilitator was effective in conducting the programme.

Evaluation of the LIFE PLANNING SKILLS curriculum is done mainly at the end of each activity, as well as at the end of each unit and at the end of the entire curriculum. The **Conversation Circle** technique is used at the end of each unit, as it works well with young people and is easy to implement. Note that this is effective with groups of 12 or less. Instructions for working with larger numbers are included in the activity. Make sure to give each group the questions to answer or write them where the entire group can see them.

Here is a list of evaluation techniques that you can choose to use during the workshop.







1. Mood Meter

At the beginning of the workshop, prepare a chart called the “mood meter.” The mood meter is an instrument for the group’s own daily measurement of the mood and atmosphere of the activity. It may, or may not, be directly related to the content of the workshop.

Prepare a chart on newsprint with the total number of activities for that day, or the morning or afternoon, depending on what you are measuring. Write these in a vertical column. In the horizontal rows for each training activity, draw at least three different mood symbols, for example, faces showing happiness, indifference, or frustration/anger.

Participants should place an X or a dot in line with the emotion they are feeling at the end of each activity. This mood meter can be used to discuss the energy level of the group and/or the reasons for success or failure as the programme progresses.

Example of Mood Meter

UNIT	MOODS	PARTICIPANTS' RESPONSES (X)
Personal, family, and community values	 Happy/Satisfied	
	 Frustrated/Upset	
	 Bored/ Indifferent	
Sexual abuse and family violence	 Happy/Satisfied	
	 Frustrated/Upset	
	 Bored/Indifferent	

2. Flash Feedback

Participants and facilitators should sit in a circle. Ask the group a direct question, such as, “How did you feel about the day today?” or “What two new things did you learn today?” Each person gives a personal opinion in a very short statement, going around the circle. It is called “flash” feedback because of the speed of the response time. It should not take more than 30 seconds for each person to answer the question. No discussion is allowed as the “flash” is going on.

3. Evaluation Committee

At the beginning of each day, two or three participants are chosen, or volunteer, to evaluate the day's events. They may use any technique to gather information from the other participants. Normally, facilitators and the evaluation committee meet immediately following the day's activities to assess evaluation findings, and prepare findings to present before the next day's activities begin.

When using any evaluation technique, you should always ask the group for comments and respond to any issues that arise.

4. Questionnaires

Another form of evaluation is a questionnaire to be completed by participants. This can be used to measure a range of knowledge, skills, and experience or to determine participants' expectations of the course. Questionnaires can be given at different stages of the workshop, depending on what you want to measure.

Samples of different workshop questionnaires are included at the end of this section on evaluation. Each can be adapted to meet programme-specific situations.

The facilitator's role is always to ask the opinion of the participants and permit a variety of ideas to be stated during the evaluation process. Remind the group to be constructive in their criticism and to look for ways to improve the programme.

For groups with little experience reading and writing, questionnaires can be administered verbally by the facilitator. Participants can form teams of three to five people, and answer questions verbally as a group. For pre- and post-tests of knowledge, teams can score points for correct answers.

5. Scaling

A scale from 1 to 10 is used to measure how participants feel about specific issues, for example, in a final evaluation to assess any expectations and fears that were raised at the beginning of the workshop. In this example, the questions to be asked might be:

- Were we able to avoid the following fears?
- Were we able to meet our expectations?

To answer these questions, each participant places an answer for each question on a scale from 1 (the poorest) to 10 (the best). The points are then added up and discussed. This can also be used to assess other factors of the workshop such as:

- Workshop venue and facilities.
- Content of activities.

- Knowledge and skills gained (pre-/post-test for these).
- Daily schedule.
- Duration of activities and training.

Sample Questionnaires

A. PRE-WORKSHOP QUESTIONNAIRE

Name _____

Address _____

1. What do you do? Circle one.

a. Student

b. Employed

c. Other _____

Note: For low-literate groups the following may be written up on newsprint, and collective answers taken in an open session.

2. Why do you think you were invited to attend this training?

3. What do you understand life planning skills to mean?

4. What do you expect to learn during this workshop?

5. What fears, if any, do you have about participating in this workshop?

6. Have you ever participated in a workshop on life planning skills before? Circle one. Yes No

If yes, where? _____

When? _____

7. What did you learn during that workshop?

B. PRE-/POST-TEST EVALUATION

Here is a sample of a questionnaire that can be used as both a pre- and post-test evaluation. It can be modified to suit the respective group. Photocopy enough copies to give to the participants before you begin the training and again after you have completed the training. Be sure to discuss the results with the participants so that they can see their own growth or improvement.

INSTRUCTIONS: Circle the letter of the one correct response.

1. Three of the following are body fluids known to spread the virus that causes AIDS. Which one is NOT?
 - a. Blood.
 - b. Sweat.
 - c. Semen.
 - d. Vaginal secretions.

2. Three of the following are important things to know about before using a condom. Which thing is NOT so important?
 - a. Whether it is made of lambskin or latex rubber.
 - b. Expiration date or date of manufacture.
 - c. Size.
 - d. Whether it has a tip to catch semen.

3. What is the MOST COMMON way of transmitting HIV?
 - a. Sharing needles.
 - b. Breast feeding.
 - c. Having unprotected sex with an HIV-infected person.
 - d. Receiving a transfusion of HIV-infected blood.

4. Which is the BEST way to protect yourself from sexually transmitted infections (STIs) and other infections?
 - a. Reduce number of sexual partners to no more than two.
 - b. Have only one sexual partner.
 - c. Use a condom.
 - d. Abstain from sex.

5. Being assertive means all of the following EXCEPT:
 - a. Standing up for your own rights.
 - b. Dominating others by telling them what they should or should not do.
 - c. Expressing feelings in a positive way.
 - d. Respecting yourself.

6. The MOST COMMONLY abused substance amongst youth is:
 - a. Alcohol.
 - b. Weed (marijuana).
 - c. Tobacco.
 - d. Cocaine.

7. Three of the following are things you can do to prevent sexual threats and violence. Which one is NOT very helpful?
 - a. Avoid secluded places.
 - b. Decide sexual limits and tell them to your partner.
 - c. Cry and plead for your life.
 - d. Do not accept gifts.

8. Which of the following contraceptive method or methods are MOST effective to prevent unwanted pregnancy and STIs?
 - a. Oral contraceptives (the pill) and condom.
 - b. The condom alone.
 - c. Spermicide and condom.
 - d. An intrauterine device (IUD) and condom.

9. The MOST LIKELY time a girl/woman can get pregnant is:
 - a. Around the fifth day of her period.
 - b. Immediately after her period.
 - c. Just before her period.
 - d. Around 14 days before her next period.

C. FINAL WORKSHOP EVALUATION

Please answer the questions below as honestly as possible. You do not have to write your name on the sheet.

1. What one thing about the workshop did you like?

2. What one thing about the workshop were you not happy with?

3. What new knowledge did you learn through this workshop?

4. How are you going to use this knowledge/information?

5. What new skills did you learn through this workshop?

6. How are you going to use these skills?

7. How does what you learnt in this workshop influence you to change your behaviour?

THANK YOU!!

Section One: Who Am I?

LIFE PLANNING SKILLS

A CURRICULUM FOR YOUNG PEOPLE IN AFRICA

TANZANIA VERSION

SECTION ONE: WHO AM I?

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UNIT 1: PERSONAL, FAMILY, AND COMMUNITY VALUES

PURPOSE AND OBJECTIVES

The purpose of this unit is to introduce and define the concept of values and help young people identify values learnt from their families. The unit helps teens to talk about and explain their personal values and to examine the relationship between values and behaviour.

By the end of this unit, participants should be able to:

- Explain what “values” means.
- Identify personal/family/religious/cultural values.
- Explore where values come from.
- Discover which values are most important to them.
- Understand how personal values can affect one’s behaviour.
- Learn how to make decisions that go along with personal values.
- Practise communicating their values to others.
- Practise accepting and respecting other people’s values.

ACTIVITIES



Warm Up	<i>5 minutes</i>
Understanding Values	<i>15 minutes</i>
Family Values	<i>60 minutes</i>
Good Decision Making	<i>60 minutes</i>
Values Voting	<i>40 minutes</i>
What Do My Values Tell Me to Do?	<i>60 minutes</i>
Building Self-Esteem	<i>60 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

5 hours 20 minutes

ACTIVITY 1.1**WARM UP—ZIP ZAP****Purpose:**

To help participants learn each other's names in a fun way.

Time:

5 minutes

NTF:

Each participant must be wearing a nametag for this activity.

Steps:

1. Ask all participants to sit in a circle. You, the facilitator, should remain standing.
2. Explain the game as follows:
 - a. There are two words in this activity: "**Zip**," which means **left** and "**Zap**," which means **right**.
 - b. I will call out these words one at a time and point to a participant.
 - c. When I say "**Zip**" the person I am pointing at must say the name of the person sitting on their **left**.
 - d. When I say "**Zap**" the person I am pointing at must say the name of the person sitting on their **right**.
 - e. When I say "**Zip Zap**" everyone has to **move to another seat**, myself included.
3. If the person you are pointing at delays too long, s/he must exchange places with you, the facilitator. When "**Zip Zap**" is called everybody moves to a new seat, including the person standing.
4. The new person standing then does the calling.

ACTIVITY 1.2

UNDERSTANDING VALUES

Purpose:

To look at the different meanings of the word "value" and come to an understanding of what it means in the context of family life and relationships.

Time:

20 minutes

Materials Needed:

- Shillings notes and coins
- Flipchart headed "Values Are" (see below)

Steps:

1. Place several shillings notes of different values on the table.
2. Ask for two volunteers to come to the table and to choose a note.
3. Ask each person to say why s/he chose that particular note.
4. Thank both participants and let them return to their seats.
5. Write the word **VALUE** on a flipchart or on the board and explain that in this situation, value refers to the worth of each shillings note.
6. Ask the group to give more examples of what has value. If the group only lists material or physical things, ask for examples of something that cannot be physically seen or touched but has value. (Possible answers may include things like: respect, love, honesty, friendship, kindness, hard work, and talent.)
7. List the responses on the flipchart or board and add any of your own.
8. Use the following "Presentation Notes" to explain the meaning of values to the group.



PRESENTATION NOTES

VALUES

The word “value” means different things. One meaning is the actual worth of an object or an item in shillings. Another meaning involves a more personal aspect of worth, such as how important certain beliefs or ideas are to a person. Different things are worth more or less to different people, meaning they have more or less value. The things, ideas, beliefs, and principles that are of worth to you shape your values. Our values help to define who we are and help determine the choices we make, also called our behaviour. For example, a man who values his family cares for and takes care of his wife, children, and home life. A person who values health will try to have a healthy diet, avoid behaviours that can put her/him at risk of STIs, and avoid alcohol, tobacco, and other drugs. People who value their education will try to study hard, get good grades, and pass examinations.

9. Ask for one or two more examples from the group.
10. Put up the flipchart headed “Values Are” and go through each statement giving examples and explaining how a person can tell what her or his values are.

VALUES ARE:

(Prepare this on a flipchart beforehand)

- a. Things you are for (you support) or against (you do not support).
- b. Things you have chosen on your own, with no outside pressure; no one has forced you to choose your values, although your family, friends, teachers, the media, and traditional and religious leaders have certainly influenced you.
- c. Things you believe in and are willing to stand up for in front of people.
- d. Things that you use to make choices and that can guide your behaviour in life.

11. Ask participants to turn to **page 6** in their workbooks.



WORKBOOK ACTIVITY

MY VALUES

In the space below, write two values that are important to you.

Two values that are important to me are:

1.

2.

12. Invite participants to share their responses with the group.

13. Encourage general discussion around the responses, focusing on who or what was the most influential person or factor in the values presented.

14. Summarize and highlight the following points.

Key points:

- Values are things we believe in or support.
- Our values are shaped by everything and everyone around us.
- Values often influence the decisions and choices we make.

LINKING SENTENCE

Our values are influenced by a range of things such as religious teachings, culture, friends, and media. Family is, however, one of the most important and powerful sources of messages about values. These values play an important role in shaping our lives as they influence the choices and decisions we make as we grow and develop. It is therefore important to make decisions and live life according to personal values. We will now look at family values and how these affect and influence individuals.

ACTIVITY 1.3

FAMILY VALUES

Purpose:

To explore what values our families hold in high esteem, which ones they disregard, and the reasons why.


To examine how we are influenced by our family values.

Time:

60 minutes

Steps:

1. Divide participants into four groups.
2. Ask participants to turn to **page 7** in their workbooks. Assign the groups as follows:
 - a. Group 1: a-d
 - b. Group 2: e-h
 - c. Group 3: i-l
 - d. Group 4: m-p



WORKBOOK ACTIVITY

HOW DO YOU THINK YOUR FAMILY FEELS ABOUT...?

In your groups discuss what you learnt from your family about the following:

Group 1

- a. Using alcohol or other drugs for fun.
- b. Forcing someone to have sex.
- c. Buying condoms to use if you have sex.
- d. Having a baby before you are married.

Group 2

- e. Staying a virgin as long as possible.
- f. Respecting your elders.
- g. Going to church regularly.
- h. Treating sons better than daughters.

Group 3

- i. Getting a job or learning a skill to help earn money.
- j. Having sex in exchange for money or gifts.
- k. Stealing from others.
- l. Going to a traditional healer if you are sick.

Group 4

- m. Having more children than you can afford.
- n. Furthering your education.
- o. Showing respect for your ancestors.
- p. Having sex with an adult who will buy you gifts, clothing, etc.

3. Each participant should share his or her family's message on each of the four topics. Allow ten minutes to do this.
4. Ask each group to report back on their given topics and briefly discuss any responses that are very different from each other.
5. Summarize and highlight the following points.

Key points:

- **Each one of us is influenced by our family values.**
- **Family values play a key role in the decisions and choices that we make.**

LINKING SENTENCE

Families do not always communicate their values directly. Quite often, many of these are picked up through observing behaviour and not through any direct instruction. Values that deal with sexuality are mostly communicated this way, as parents are often shy to discuss this with their children, or are not sure how to approach this topic. Understanding our family values is important because they influence decisions we make. Let us now look at how we make decisions and the role that values play in this process.

ACTIVITY 1.4

GOOD DECISION MAKING

Purpose:

To understand the (unconscious) process we go through when we make decisions.

To practise applying a good decision-making model to real life situations.

Time:

60 minutes

Steps:

1. Ask the group the question, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - When faced with a difficult situation.
 - When faced with more than one choice.
 - When faced by a challenge or challenging situation.
 - When there is a problem.
3. Use the following “Presentation Notes” to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the “**3C’s Model**: challenges, choices, and consequences.”

We make decisions every day of our lives without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the above choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one.
If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions, and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 8** in their workbooks.

NTF:

For semi-literate youth, do the following:

- **Choose and brief youth to role-play the scenario in the workbook.**
- **Ask participants to get into pairs or small groups of three and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

Your mother is going away for the weekend. She has told you not to invite anyone over to the house. You promise her that you will not. Whilst she is away your friend from school has a fight with her dad and he puts her out of the house. She asks if she can spend one night at your place—she does not know your mother is away. What would you do?

1. What is the **CHALLENGE** that you are faced with?
2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?
5. Why did you make this decision?
6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First, identify the problem or challenge that you are faced with.
 - b. Next, think of the choices that you have and write at least three of these down.
 - c. Next, identify both the possible negative and positive consequences of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.

9. At the end, ask participants to discuss briefly how easy or difficult they found the model to use. Allow general discussion about the model.
10. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve our goals.**

LINKING SENTENCE

Sometimes when a person makes a decision it is easy to tell almost immediately that it was not a good decision; for example, if a person decides to steal and s/he gets caught. When facing a tough challenge, and unsure of which decision to take, we can talk to someone whose opinion we respect, such as a friend, elder, auntie, teacher, etc. The final decision, however, is ours to make, so we must be clear about the consequences of our actions on ourselves and others. We must “own” our decisions.

ACTIVITY 1.5

VALUES VOTING

Purpose:

To recognize what values are important to us.

Time:

40 minutes

NTF:

Prepare the values statements beforehand. Cut the list of statements below into separate statements, place them in a basket on the table and let participants choose and read one.

Prepare three signs marked “Agree,” “Disagree,” and “Unsure.” Place these on the wall at three different places—a fair distance from each other to allow easy movement between each sign.

VALUES STATEMENTS

a. Having a child while you are still in school is OK.



b. A man has a higher sex drive (need for sex) than a woman.



c. Boys should always pay for a girl when they go out together.



d. Raising a child on your own is better than marrying a man that you do not love just because he will help with the baby.



e. Having a job you love to do is more important than making a lot of money.



f. People with HIV and AIDS should not tell their sexual partners they are infected.



g. Since it is the girl that gets pregnant, it is her responsibility to use birth control.



h. A husband cannot rape his wife.



i. A man who cries is like a woman.



j. You should have sex only with someone you truly love.



k. Waiting to have sexual intercourse until you are married is a good idea.



l. In a family, making money should be the man's job.



m. Women should understand that it is natural for a man to need more than one woman at a time for sexual relationships.



n. Boys and girls are treated equally in schools.



o. A girl who dresses in sexy and revealing clothing is asking to be raped.



p. Abortion should be legalized to make it safe.



q. A man should be able to have more than one wife if he can afford to take care of his family.



r. A child needs to be raised (brought up) in a home where the mother and father are living together.



s. A family with many children is better than a family with fewer children.



t. A man is always the head of the household and he should always have the last word when it comes to making decisions.



u. Most women secretly enjoy being raped.



v. Any sexually active girl, no matter how young she is should be able to get birth control if she needs it.



w. Girls often pretend that they do not want to have sex when they really want to so that they will not seem too “easy.”



x. It is OK for a girl to trick her boyfriend into getting her pregnant so he will have to marry her.



y. Having a son is better than having a daughter.




z. It is just as acceptable today for girls to have sex before marriage as it is for boys.



Evaluation tip: Make a note of how many participants stand under each sign and keep the results for later. You can repeat some of these values statements at the end of the course, and monitor if there has been a significant shift in opinion as a result of personal growth or change during your programme.

Steps:

1. Use the following “Presentation Notes” to introduce the activity.



PRESENTATION NOTES

Introduction

When someone can easily talk about feelings and values they feel strongly about in front of a group, they probably understand their own values well.

People who truly value something are usually secure about telling others about it. **Values clarification**, or the way a person becomes more aware of his or her own values, involves sorting out one's own (intrinsic) values from the values of the outside world (extrinsic). It involves separating out, and being clear about, one's own personal beliefs as apart from the beliefs of others. It means saying what we really mean. Too often, we say things we do not really mean, because we think that is what others want to hear or we are afraid to stick up for our own values.

2. Explain to participants that you will ask them to express their feelings about particular values. Show participants the three points around the room that are labelled “Agree,” “Disagree,” and “Unsure.”
3. Give the following instructions for this activity:

- a. In the basket are different statements. Participants must take turns choosing a statement, which s/he should read out loud for the group to hear.
 - b. When the statement is read, participants should decide, on their own, whether they agree, disagree, or are unsure about it. They should find the sign on the wall that matches their position and stand beneath it. For example:
 - i. If you agree with the statement, stand beneath the “Agree” sign.
 - ii. If you disagree with the statement, stand under the “Disagree” sign.
 - iii. If you are not sure about what you think, stand under the “Unsure” sign.
4. Remind participants that:
- a. There are no right or wrong answers, only opinions based on their values.
 - b. Each person is entitled to his or her own opinions.
 - c. No one should try to change or influence other people's positions.
5. Ask a participant to choose and read the first statement and have participants move to their positions: “Agree,” “Disagree,” or “Unsure.”

NTF:
For semi-literate youth, the facilitator can read the statements out loud.

6. Starting with the least popular point of view, ask a few participants at each position why they chose to stand there.
7. Repeat this process with as many value statements as you have time for. Make sure you hear different points of view. Remember that processing statements and sharing reasons for participants' positions is the most important part of this activity.
8. When enough statements have been read and participants have shared, ask them to return to their seats.
9. Encourage general discussion around the following questions:
 - a. How easy was it to decide your position?
 - b. What influenced your decision or made you choose where to stand?
 - c. Did you feel any pressure from your peers to change your answer at any time during the activity? Does peer pressure ever influence your decisions in other situations? Why do you think this happens?

10. Summarize and highlight the following points.

Key points:

- **Our opinions and decisions are based on our values, which are strongly influenced by our family and community.**
- **Everyone has the right to her or his own opinions, as different things shape people's values.**
- **We must know our own values and be confident enough to share these with others. This helps others understand and respect our opinions and decisions.**

LINKING SENTENCE

Our values do affect the way we behave, so they play an important role in the decisions and choices that we make. Knowing what our values are on different issues is useful in helping us choose how to behave in different situations. It is also useful to realize the influence that peer pressure has on our values, and how this causes us to sometimes behave in a way that is not in line with what we really believe.

ACTIVITY 1.6

WHAT DO MY VALUES TELL ME TO DO?

Purpose:

To start to make the connection between our values and how they influence the way we behave.

To discuss what makes us behave contrary to our values.

Time:

60 minutes

NTF:

Choose two people beforehand to act out the scenario of Joseph and Amina. Use the brief below to explain their roles and give them time to practise if they want to.

Brief for actors

Joseph's role: You like Amina a lot and have respected her wishes not to have sexual intercourse for the last six months. It has been really hard for you and you feel that there is enough trust between the two of you now that it is OK to have sex with each other. Explain to Amina how you feel and try to convince her to have sex with you. This will be the first time for the two of you. Use everything you can think of to get her to understand how you feel and possibly agree to have sex with you.

Amina's role: You really like Joseph and often find yourself thinking about him in a sexual way, but your Auntie has raised you to believe that sexual intercourse is for people who are married. She also told you about the problems that early and unprotected sex can cause and you are too scared to try. Although you trust Joseph, you really do not want to have sexual intercourse yet. Try to get Joseph to understand how you feel.

Steps:

1. Review the issues with the group asking, "What things can influence a person's values?"
2. List the responses on flipchart paper.
3. Ask your actors to perform the scenario of Joseph and Amina. Ask all other participants to observe the scene without interruption. They should pay attention to how both actors are communicating, e.g.:
 - a. Body language
 - b. Eye contact
 - c. Consistency with saying "no"
 - d. The girl's assertiveness

4. At the end, put up the following statements and ask volunteers to read them out one by one.
5. Spend a few minutes getting participants to share how they feel about each statement.

NTF:

Prepare these statements beforehand.

Statements:

- a. If a girl says “no” to sex, she should say it like she means it.
- b. Most girls secretly enjoy being talked into sex.
- c. Most girls want to be physically forced into having sex.
- d. Boys should go to any extent possible to get a girl to have sex with him.
- e. Forcing a girl to have sex for the first time is not really rape; it is more like sexual instruction.

6. Use the following statements to encourage general discussion:
 - a. What influences people to behave in ways that are in line with their values? (Possible answers: It feels good to follow one's values; parents and other adults reward behaviour that reflects the values they teach.)
 - b. What influences people to behave in ways that are not in agreement with their values? (Possible answers could include: people often want to “try” someone else's values; friends pressure others to do things not in keeping with their values, or it seems there is a danger of losing friends; or there is an opportunity to make someone else angry.)
 - c. What happens when your behaviour is not in line with your parents' or friends' values?
7. Ask participants to turn to **page 11** in their workbooks.



WORKBOOK ACTIVITY

WHAT MY VALUES TELL ME TO DO

Think about the discussion that just finished and complete the following sentence:

“Sometimes young people do not behave according to their values because ...”

You will be asked to discuss what you have written with the group.

8. Summarize and highlight the following points.

Key points:

- **Our values influence the way we feel and behave, although we are not always aware of this.**
- **Many adolescents behave differently from their values because of peer pressure.**

LINKING SENTENCE

Our values help us understand right from wrong and can help us make the right decisions and choices. They also play an important part in how we feel about ourselves.

ACTIVITY 1.7

BUILDING SELF-ESTEEM

Purpose:

To discuss what positive self-esteem means and how this is achieved.

To look at how self-esteem develops and its role in the choices and decisions we make.

Time:

60 minutes

Steps:

1. In buzz groups of three people, ask participants what they think about when they hear the term “self-esteem.” Ask them to also think through the following questions:
 - How do we learn self-esteem?
 - Why is self-esteem important?
2. Use the following definition to help clarify the meaning of self-esteem:

“Self-esteem is a word used to describe how people feel about themselves. How people feel about themselves influences their actions towards others and what they accomplish in life. If a person believes in herself/himself and in her or his own ability, then s/he is able to work hard, set goals, and achieve what s/he set out to do.”
3. Brainstorm: “How do you think self-esteem is developed?” Write the responses on flipchart.
4. Encourage general discussion around the points for a few minutes.
5. Give each participant an A4 sheet of paper. Ask them to pretend that the paper represents their self-esteem.
6. Tell them that their self-esteem can be damaged by negative things or can be built by positive or good things that happen to them.
7. Tell them that you are going to read out a set of statements. Ask them to tear off a piece of the paper when you read statements that may affect their self-esteem negatively. They should tear off bigger or smaller pieces based on how badly the statement affects their self-esteem.
8. Read the following statements one at a time and allow a few seconds between each one for participants to respond as asked.

Statements

You were late for class and the teacher shouted at you in front of your classmates and friends.

Your father left your mother and married another woman.

Your sexual partner died.

Your best friend always competes with you and puts you down.

The university you applied for rejected your application.

Your mother calls you stupid.

9. Ask participants to turn to **page 12** in their workbooks.



WORKBOOK ACTIVITY

WAYS TO BUILD MY SELF-ESTEEM

Think of what you can do to build your self-esteem. Write down as many ways that you can think of.

10. After a few minutes ask participants to share one thing from their list that is easy to do and one that is difficult to do.

11. Write these points on flipchart and encourage general discussion around them. The following points can be used to get the discussion going:

- Why is it difficult to build and maintain positive self-esteem?
- What is the relationship between values and having good self-esteem?

12. Summarize and highlight the following points.

Key points:

- **Our self-esteem is influenced by people and things we experience—just like our values.**
- **How people feel about us plays a big role in how we feel about ourselves.**

UNIT 1: PERSONAL, FAMILY, AND COMMUNITY VALUES

CONCLUDING NOTES

Values are things you believe in and are willing to stand up for. Our values help us make decisions and guide us in life. Family, religion, culture, and friends influence our values. Knowing what our values are helps us choose how to behave. Sometimes peer pressure leads us to behave in a way that is not in line with what we believe. Our values change as we grow older. The more we understand our own values and are comfortable expressing these to others, the more likely we are to achieve our goals in life.

ACTIVITY 1.8

CONVERSATION CIRCLE & COMMITMENT

Purpose:

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of our values.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you have learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their values.
3. Ask participants to turn to **page 13** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around values that took place in this unit. What commitment are you going to make to yourself based on what you learnt about values? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about values.

UNIT 2: ADOLESCENT DEVELOPMENT

PURPOSE AND OBJECTIVES

This unit describes the physical, social, and emotional changes that take place during adolescence.

By the end of this unit, participants should be able to:

- Explain what “adolescence” means.
- Describe the physical and emotional changes that occur during adolescence.
- Describe the male and female reproductive anatomy and physiology.
- Understand menstruation and pregnancy.

ACTIVITIES

Warm Up–Clay Game	<i>10 minutes</i>
What is Adolescence?	<i>15 minutes</i>
Physical Changes During Adolescence	<i>30 minutes</i>
The Female Reproductive System	<i>40 minutes</i>
Understanding Menstruation	<i>45 minutes</i>
The Male Reproductive System	<i>30 minutes</i>
Social and Emotional Changes	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

3 hours 55 minutes

ACTIVITY 2.1**WARM UP—CLAY GAME****Purpose:**

To help participants understand that all adolescents go through the same changes, but may respond to them differently.

Time:

10 minutes

Steps:

1. Ask participants to stand in a circle making sure that everyone can see each other clearly.
2. One person begins by imagining they are holding a handful of clay, which they can make into any object they want. They mime with their hands transforming the clay into an object, e.g., a cup of tea, and they then use the object, e.g., drink the tea.
3. The imaginary object is then passed onto the person next to them who squashes it back into clay and makes it into something else.
4. Suggest to participants that they think about the weight, shape, and texture of the object they are moulding.
5. End the game when everyone has had a turn.
6. Discuss briefly how the changes participants go through during adolescence are like the changes in the imaginary clay; just like the clay, each person responds differently or is “molded” into a unique individual.

ACTIVITY 2.2**WHAT IS ADOLESCENCE?****Purpose:**

To examine the adolescent stage of human development and the different challenges that come with it.

Time:

15 minutes

Steps:

1. Ask participants to brainstorm “What does adolescence mean?” Write their responses on the flipchart. The following points should come out.

Adolescence is:

- A period between childhood and adulthood.
 - A period of physical and emotional change.
 - A period of sexual development.
 - A period of experimentation.
 - A wonderful, exciting, and positive period of learning new ideas, values, information, and skills.
 - A time for finding out who you are and what is important to you.
 - A time to think about and plan ahead for a happy and healthy future.
 - A period of becoming independent from your family.
2. Discuss the list for a few minutes, giving participants a chance to share their views.
 3. Summarize and highlight the following points.

Key points:

- **All people go through adolescence—it is a normal part of human development.**
- **During adolescence many physical, emotional, and psychological changes take place that prepare a person for adulthood.**
- **Adolescence can be confusing because we are expected to play the role of an adult and a child at different times.**

LINKING SENTENCE

Adolescence is that time when a young person is becoming an adult and her or his body begins to prepare for adulthood. The person goes through many changes physically, emotionally, and psychologically and begins to experience and express many different feelings. This is a normal and vital part of development and, although it has its difficult times, it is also a period that is filled with excitement and fun as we begin to explore and discover ourselves and our abilities. As mentioned earlier, several changes take place during the adolescent stage. Let us look now at the physical changes that take place.

ACTIVITY 2.3

PHYSICAL CHANGES DURING ADOLESCENCE

Purpose:

To discuss the different physical changes that take place in male and female adolescents.


To acknowledge that all adolescents go through the same physical changes, but may respond to them differently.

Time:

30 minutes

Steps:

1. Ask participants, "What is the smallest thing you can think of?" Let them share their ideas for a few minutes.
2. Explain that hormones are even smaller than that. They are so tiny that we cannot see them with our eyes. Tell participants that some hormones are made inside the brain, whilst others are made in the reproductive (sex) parts of our bodies. Hormones control the changes that take place in our bodies when we grow from being children to young women and men.
3. Divide participants into same sex groups and ask them to turn to **page 16** in their workbooks.



WORKBOOK ACTIVITY

PHYSICAL CHANGES THAT OCCUR DURING ADOLESCENCE

In your groups discuss:

- a. The changes that take place in the opposite sex.
- b. The changes that take place in your own sex.

Fill in the information in the space below.

Changes That Occur in BOYS	Changes That Occur in GIRLS

4. Check that participants understand the instructions before they begin.

5. When everyone is finished ask one person from each group to give responses.
6. Have a general discussion on the listed changes. Use the notes below to check that the group has mentioned the major changes and to add any that were left out.

Physical Changes That Occur During Adolescence

Boys	Girls
Enlargement of the testes and penis	Breast growth
Development of sweat glands	Development of sweat glands
First ejaculation	Vaginal lubrication
Erections	Onset of menstruation and ovulation
Growth of body hair; underarm, pubic, and facial hair	Growth of underarm and pubic hair
Wet dreams	Increase in vaginal and cervical secretions
Growth in body height and weight gain	Growth in body height and weight gain
Changes in voice	Changes in voice
Body shape takes on characteristic adult pattern	Body shape takes on characteristic adult pattern
Gain in muscular strength	
Skin problems (acne) may develop	Skin problems (acne) may develop

7. Summarize and highlight the following points.

Key points:

- **Most adolescents go through the same physical changes but they do not happen to everybody at the same time.**
- **The time during adolescence when a boy or a girl has these physical changes is called “puberty.”**
- **Generally, girls enter puberty earlier than boys. The bodies of some girls start to change as early as age eight; others do not start to change until they are at least fourteen. Boys’ bodies start changing from age 10 to 12.**
- **The changes are a normal part of human development. It is normal for everyone to be different.**

LINKING SENTENCE

Apart from the evident physical changes that take place, during adolescence our bodies start to prepare for having children as well. We are now going to talk about the parts of the body that are involved with reproduction (or having babies). We will also discuss the monthly period and pregnancy.

ACTIVITY 2.4**THE FEMALE
REPRODUCTIVE SYSTEM****Purpose:**

To discuss and understand the parts that make up the female reproductive system and what they do.

Time:

40 minutes

Materials Needed:

- Poster 2.1–Female Reproductive System 1
- Poster 2.2–Female Reproductive System 2
- Sticky tape or prestik

Steps:

1. Brainstorm what the word “reproduce” means.
2. Copy the words below onto the chalkboard or flipchart:
 - a. Vulva
 - b. Mons pubis
 - c. Labia majora
 - d. Labia minora
 - e. Clitoris
 - f. Urethra
 - g. Vaginal opening
 - h. Hymen
 - i. Perineum
 - j. Anus
3. Divide participants into groups of three or four and ask each group to discuss:
 - a. What they understand each word to mean.
 - b. Where on the body each part is located. The group should try to reach agreement on this.
4. Bring the groups back together for a general discussion.
5. Ask participants to turn to **page 17** in their workbooks.

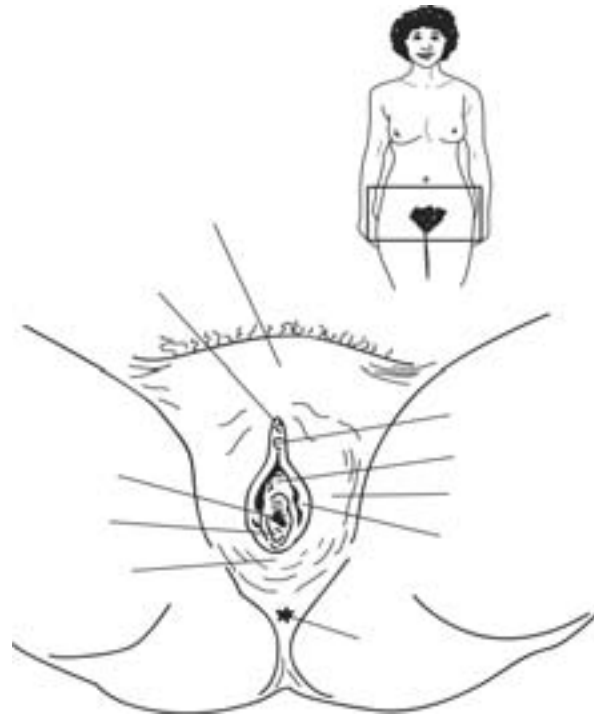


WORKBOOK ACTIVITY

THE FEMALE REPRODUCTIVE SYSTEM 1

Write the names of the body parts in the diagrams below that are marked with a line. Write in as many as you know.

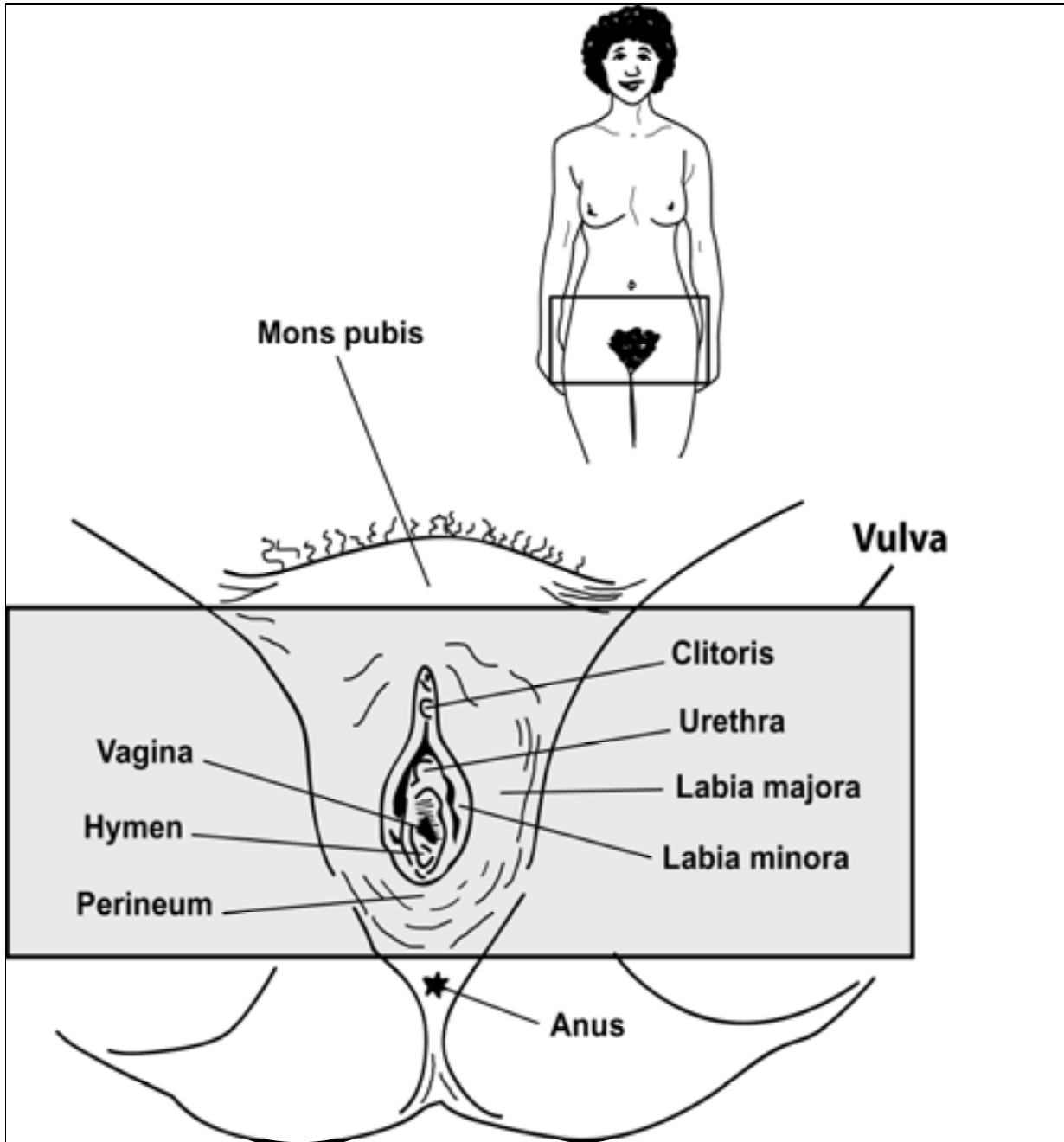
FEMALE REPRODUCTIVE SYSTEM: OUTER SEXUAL AND REPRODUCTIVE PARTS




6. Display Poster 2.1: The Female Reproductive System 1 on a wall, flipchart stand, or board. Point to each part of the body on the poster as you talk about it.

POSTER 2.1: THE FEMALE REPRODUCTIVE SYSTEM 1

FEMALE REPRODUCTIVE SYSTEM: OUTER SEXUAL AND REPRODUCTIVE PARTS



7. Use the following “Presentation Notes” to describe the parts indicated on the poster. Encourage questions during your presentation.



PRESENTATION NOTES

THE FEMALE REPRODUCTIVE SYSTEM

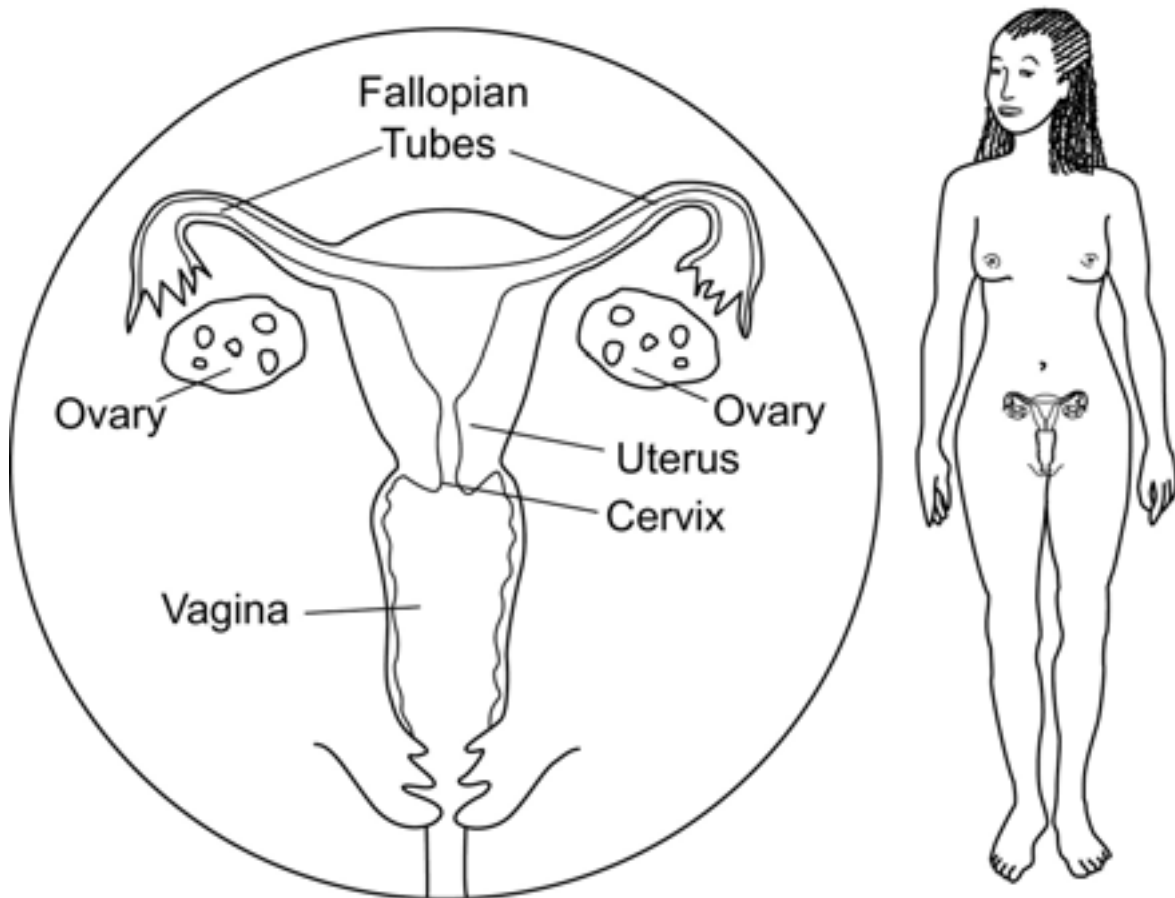
Outer sexual and reproductive parts:

- The **vulva** is found in the front of the body between a woman’s thighs. The different parts of the vulva make up a woman’s outside sex organs.
- The hairy, fatty part over the pubic bone is called the **mons pubis**.
- The two folds, or **labia majora**, protect the urinary and vaginal openings.
- Two inner lips, or **labia minora**, that lie between the outer lips, are without hair and are very sensitive.
- The **clitoris** is found where the inner lips meet, just below the fatty part over the pubic bone. It is small and shaped like a flower bud. It is very sensitive to touch. Touching it and the surrounding area helps a woman to get sexually excited.
- The outside opening of the urinary passage, called the **urethra**, lies below the clitoris. It leads directly to the bladder. Urine (wee) leaves your body through the urethra.
- The **vaginal opening** is the outside end of the vagina. Babies are born through this opening.
- The **hymen** is a thin skin that surrounds the vaginal opening and partly blocks it. It can break easily. This can happen with exercise, sexual intercourse, or with any direct force on it.
- The **perineum** is the area lying between the end of the vulva and the anus in a woman and between the scrotum and the anus in a man.
- The **anus** is the opening below the perineum. Body waste (faeces) passes through this opening.

8. Put up [Poster 2.2: The Female Reproductive System 2](#) and use the following notes to describe the inner reproductive parts. Allow questions and comments during the presentation.

POSTER 2.2: THE FEMALE REPRODUCTIVE SYSTEM 2

Inner Female Reproductive Anatomy



Inner reproductive parts:

- The **vagina** leads from the vulva to the womb. It is moist and self-cleaning. It is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.
- The **uterus** or **womb** is a hollow organ that is shaped like an upside down pear. It is here, inside the womb, where the foetus grows during pregnancy.
- The **cervix** is the mouth of the womb. The cervix connects the womb with the vagina and protects the womb. It makes it impossible for objects such as fingers, the penis, condoms, or tampons to enter the womb.
- The **Fallopian tubes** are found at each side of the upper end of the womb. They reach outwards towards the ovaries. When a female egg (ovum) is released from an ovary it is sucked into the Fallopian tubes. The ovum then begins its journey through the tube to the womb.
- Women have two **ovaries**, one on each side of the womb. The tubes connect them to the womb. The female eggs and hormones are made in the ovaries.

9. Tell participants that the notes on the reproductive organs are on **page 18** of their workbooks.
10. At the end of the discussion remind participants that if they have questions that they are scared or shy to ask in the group, they can put them in the Question Box or on the Anonymous Wall.
11. Summarize and highlight the following points.

Key points:

- **To reproduce means to “make one of your own.”**
- **The reproductive organs develop during adolescence.**
- **The woman’s reproductive organs are located inside and outside her body.**
- **The uterus or womb is where a fertilized egg grows into a baby.**
- **The sex organs located outside the body are called genitals.**

LINKING SENTENCE

Genitals are sources of sexual pleasure and touching them is a natural and important part of growth. We need to know how our genitals look and feel when they are normal, so that we can recognize if something is wrong. Boys and men need to touch their testicles to feel for lumps that might be a sign of testicular cancer. Girls and women may want to use tampons, or some forms of contraceptives, which they need to put inside the vagina.

In most societies boys are taught to touch and handle their penis in order to urinate. Girls, on the other hand, cannot easily see their own genitals and are often discouraged from touching “down there.” This is often because of cultural taboos (prohibitions) relating to the female genitals and menstrual blood. Understanding menstruation, or the monthly periods, can help us be more comfortable with our own and each other’s bodies.

ACTIVITY 2.5**UNDERSTANDING
MENSTRUATION****Purpose:**

To understand what menstruation is and why it happens.

To dispel any myths or misinformation about menstruation and provide factual information.

Time:

45 minutes

Materials Needed:

- Poster 2.3–The Monthly Period (menstruation)
- Sticky tape or prestik

Steps:

1. Write the word **MENSTRUATION** on the blackboard or flipchart paper.
2. Ask participants what they understand the word to mean.
3. List responses on the board or flipchart paper. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.

NTF:

Prepare these sections on separate pieces of paper beforehand.

4. Ask for volunteers to read out the following sections.

Reader 1

The monthly period is nature's way of preparing a woman's body for pregnancy. It starts in early teenage life and happens regularly, if there is no pregnancy, until mid-adulthood. Hormones control the menstrual period. Once every month, one of the ovaries releases an egg or ovum. There is also the possibility that both ovaries release eggs that could be fertilized at the same time, resulting in fraternal twins.¹

Reader 2

When the egg matures it leaves the ovary; this is called ovulation. When the egg leaves the ovary it is caught by the mouth-like end of one of the Fallopian tubes and begins moving to the uterus (womb).

¹ Inform participants that they will learn more about fraternal twins later in the unit.

Reader 3

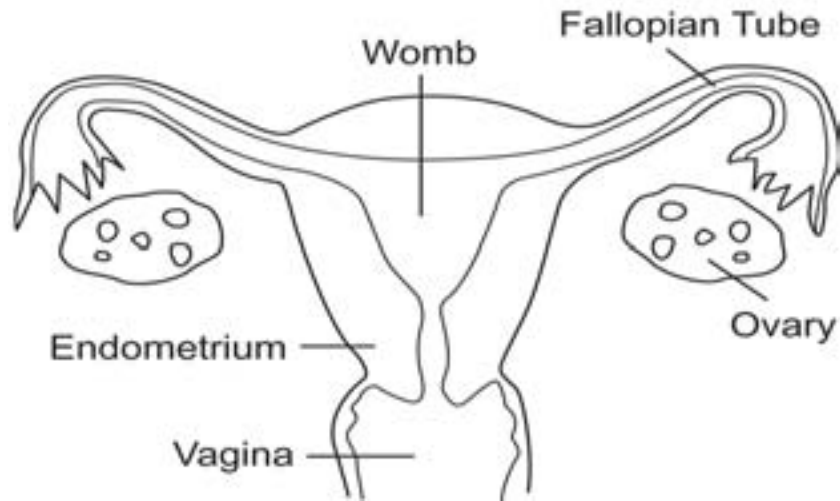
While the egg is moving through the tube towards the womb, the body's hormones are making the inside of the womb develop a sponge-like surface, full of blood vessels. This is in case the egg meets a sperm along the way and the two join (fertilization). If this happens the fertilized egg travels to the uterus and attaches itself to the blood-rich lining that has been prepared, and begins to grow into a foetus.

Reader 4

If the egg does not meet a sperm on the way, it continues on and breaks apart. The egg and the spongy lining or surface inside the womb are then pushed out from the body. They come out through the cervix and vagina. This is the monthly period, the flow that we can see. Only a small part of it is blood.

5. Display **Poster 2.3: The Monthly Period** on the wall. Let each person read her or his respective section and refer to the poster.
6. Allow questions at the end of each reading.

POSTER 2.3: THE MONTHLY PERIOD



1. Once every month, one of the ovaries releases an egg.

2. Ovulation happens when a mature egg leaves the ovary. Once the egg leaves the ovary it is caught up into one of the fallopian tubes and begins its passage to the uterus (womb).

3. At the same time that the egg travels, the body's hormones make the inside of the womb develop a spongy surface. The egg completes its passage to the womb. If the egg does not meet with a sperm on the way it continues on to the vagina.

4. The egg, together with the spongy lining of the womb, is pushed out of the body through the vagina. This is the flow we can see during menstruation. The next month the cycle will start again.

7. Tell participants that you are now going to share the story of Nomsa and that you would like them to listen carefully as you are going to ask questions at the end.

NTF:

Make a copy of the story below and ask for a volunteer to read it to the group.

NOMSA'S STORY

My first period came when I was 12. I was very frightened because I didn't know how I could have hurt myself so far inside. I was scared. It was the weekend and I was at home. I pinched my mother's cotton wool and plaster and put them in my panties. Before long I removed the plaster because it was very uncomfortable. I was worried. The bleeding had not stopped so I added more cotton wool. At night when I bathed and saw there was no fresh blood, I was happy and relieved. I did not use any cotton wool.

In the morning I cried when I saw the blood on the sheets. I then started thinking I may have some bleeding disease. This time I went to buy my own cotton wool because I thought my mother would notice that hers was less than it was before. On Monday, I told my best friend at school. Her first question was, "Did you sleep with a boy?" I cried. The blood stopped coming on Tuesday. I had done my best not to leave any traces of my disease in the house and at school. I waited for the next weekend to come and went to visit my Aunt Mary. She was the only person I could trust. I knew I could talk to her about the bleeding. When I finished telling my aunt what had happened she said, "Nomsa, you are a woman now, just like me." She then told me in great detail about periods, pregnancy, sexual intercourse, and having babies.

All the way she sounded as if these were really normal things. I was surprised but felt good. She even asked if I had any questions. At the end she said that I must not talk to anybody about the things she told me, except for my closest friends or people that I trust. She especially said that I shouldn't tell Mama until she has had a chance to speak to her. I am lucky to have such a loving aunt. I just wished that my mother had prepared me for this important event, so that I wouldn't have been so scared.

8. Divide participants into pairs or small groups and ask them to discuss the following questions:
 - a. Why did Nomsa not tell her mother about the bleeding?
 - b. Why did Nomsa cry when her friend asked her if she had slept with a boy?
 - c. How does this story relate to real life?
 - d. What advice and information are most young people given in real life?

9. When participants are done, have one person from each pair/group report back on the discussion.
10. Use the following “Presentation Notes” to summarize the discussion.



PRESENTATION NOTES

THE MONTHLY PERIOD

When a girl is born, she has thousands of eggs in her ovaries. Together, these egg cells are called “ova,” and one egg cell is called an “ovum.” During the years that adolescent girls and women menstruate, they release only a small percentage of their ova.

A girl usually has her first menstrual period some time between the ages of 9 and 16. The average age is 12 years.

Menstruation is a normal process for all women until menopause. Menopause usually occurs between the ages of 45 and 55. Most women have a menstrual period about once every 28 days. An average period is three to seven days. However, many girls will have irregular periods (which means the number of days between periods will vary).

During puberty, a young woman’s ovaries begin to release one ovum each month (ovulation). Once that process has begun, she is capable of becoming pregnant when she has vaginal intercourse with a male partner. A girl can become pregnant even without having vaginal intercourse if the boy/man ejaculates near or on the vulva.

Conception occurs when a single sperm fertilizes the egg while it is in one of the females' Fallopian tubes. The fertilised egg then travels to the uterus (womb) where it is implanted. It is at this point that a baby (foetus) begins to grow.

Additional information: At puberty, the pituitary gland, located at the base of the brain, releases a hormone that signals the ovaries to start producing other hormones. These hormones regulate the menstrual cycle. About once a month, an egg ripens and is released from the ovary. This process is called ovulation. This usually occurs about two weeks (14 days) before the next menstrual period. **It is at this time that a woman is most fertile and most likely to become pregnant if she has unprotected sexual intercourse.**

Each month, in preparation for a fertilized egg, the uterus builds up a thickened lining made up of blood and body tissue to nourish the egg. If the egg cell is met by a sperm cell during or soon after sexual intercourse, the egg cell is said to be **fertilized**. It travels to the uterus and attaches itself to the blood-rich uterine lining. This is called **implantation**. Pregnancy has begun. If the egg is not fertilized, this lining is not needed and is shed through the vagina during menstruation.

There are other physical and emotional changes that some girls or women may notice during the menstrual cycle (pre-menstrual syndrome/PMS). They include: breast tenderness, abdominal cramping, headaches, weight gain, increase in acne, depression, lower backache, and irritability.

Menopause

Menopause occurs when a woman no longer gets a monthly period. This happens to all women, usually between the ages of 45 and 55. Different women may have different symptoms but the most common ones are sudden changes in body temperatures, extreme sweating, and sometimes stomach cramps.

11. At the end of the presentation invite questions and comments from the participants. Allow general discussion on issues raised.
12. Summarize and highlight the following points.

Key points:

- **Menstruation is a natural, normal process the body goes through.**
- **It happens when the egg does not get fertilized by a sperm.**
- **The blood that passes from the woman's vagina is not unhealthy and does not mean that anything is wrong with the woman.**
- **Since every person is unique, it is normal for every girl to have a somewhat different menstrual cycle.**

LINKING SENTENCE

Menstruation is the body's way of releasing unfertilized eggs each month and making sure that it is ready to prepare for pregnancy the next month.

Although boys do not have periods, they need to understand how periods happen so that they do not believe untrue stories they hear about periods. It is also important that both boys and girls understand how their reproductive parts work and how people get pregnant, as it takes both a male and a female to make a baby.

ACTIVITY 2.6**THE MALE REPRODUCTIVE SYSTEM****Purpose:**

To discuss and understand the parts that make up the male reproductive system and what they do.

To look at how to care for the outer reproductive organs.

Time:

30 minutes

Materials Needed:

- Poster 2.4–The Male Reproductive System 1
- Poster 2.5–The Male Reproductive System 2
- Sticky tape or prestik

Steps:

1. Copy the following parts onto separate pieces of paper and place them on a desk or in a box or basket:

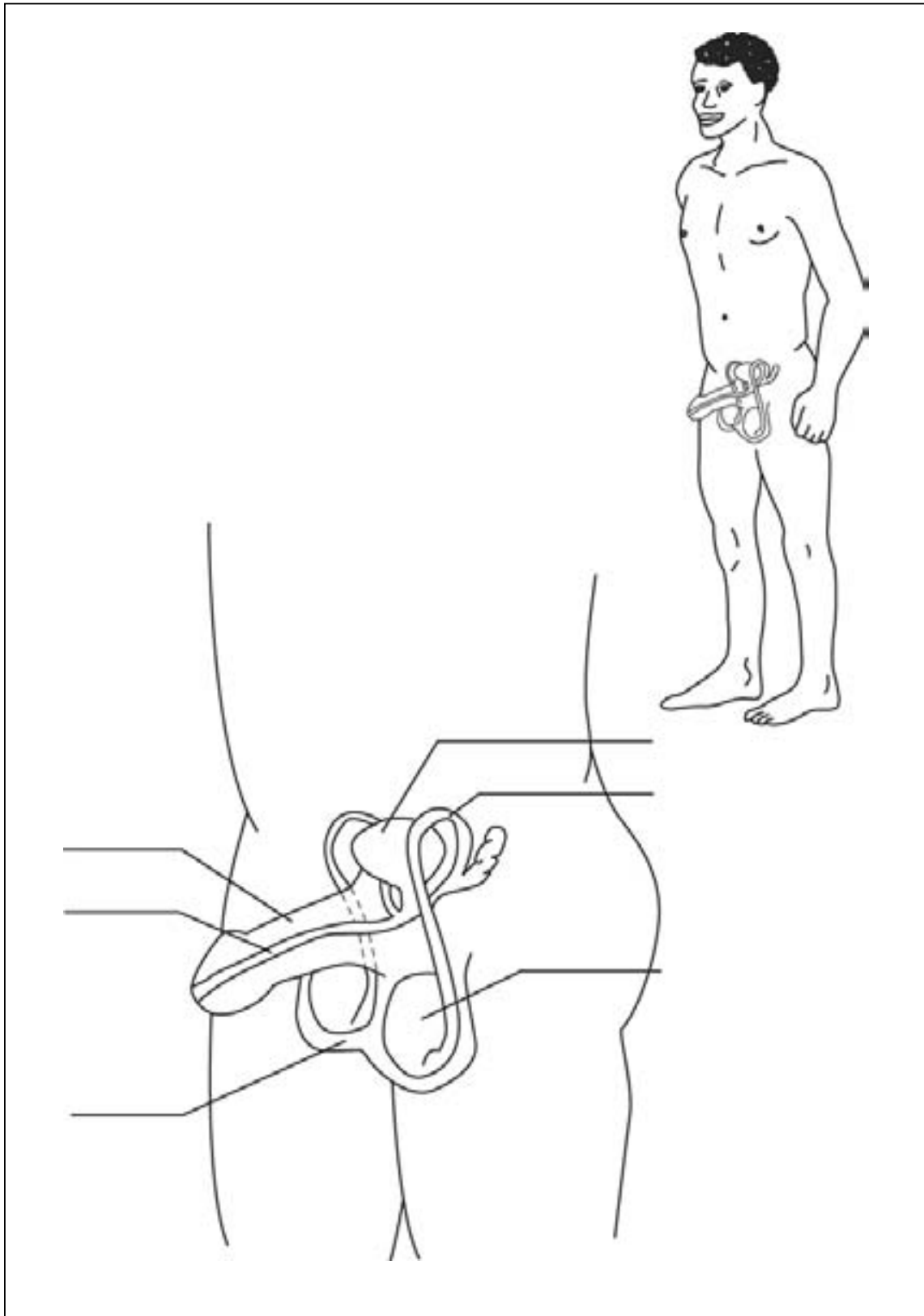
<ul style="list-style-type: none"> ▪ Scrotum ▪ Testes ▪ Penis 	<ul style="list-style-type: none"> ▪ Urethra ▪ Bladder ▪ Vas deferens
------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

2. Put up [Poster 2.4–Male Reproductive System 1](#) and ask participants to study it for a while. Explain that you will ask for volunteers to name the parts of the male reproductive system. This diagram is also shown on **page 20** of the Participant’s Workbook.

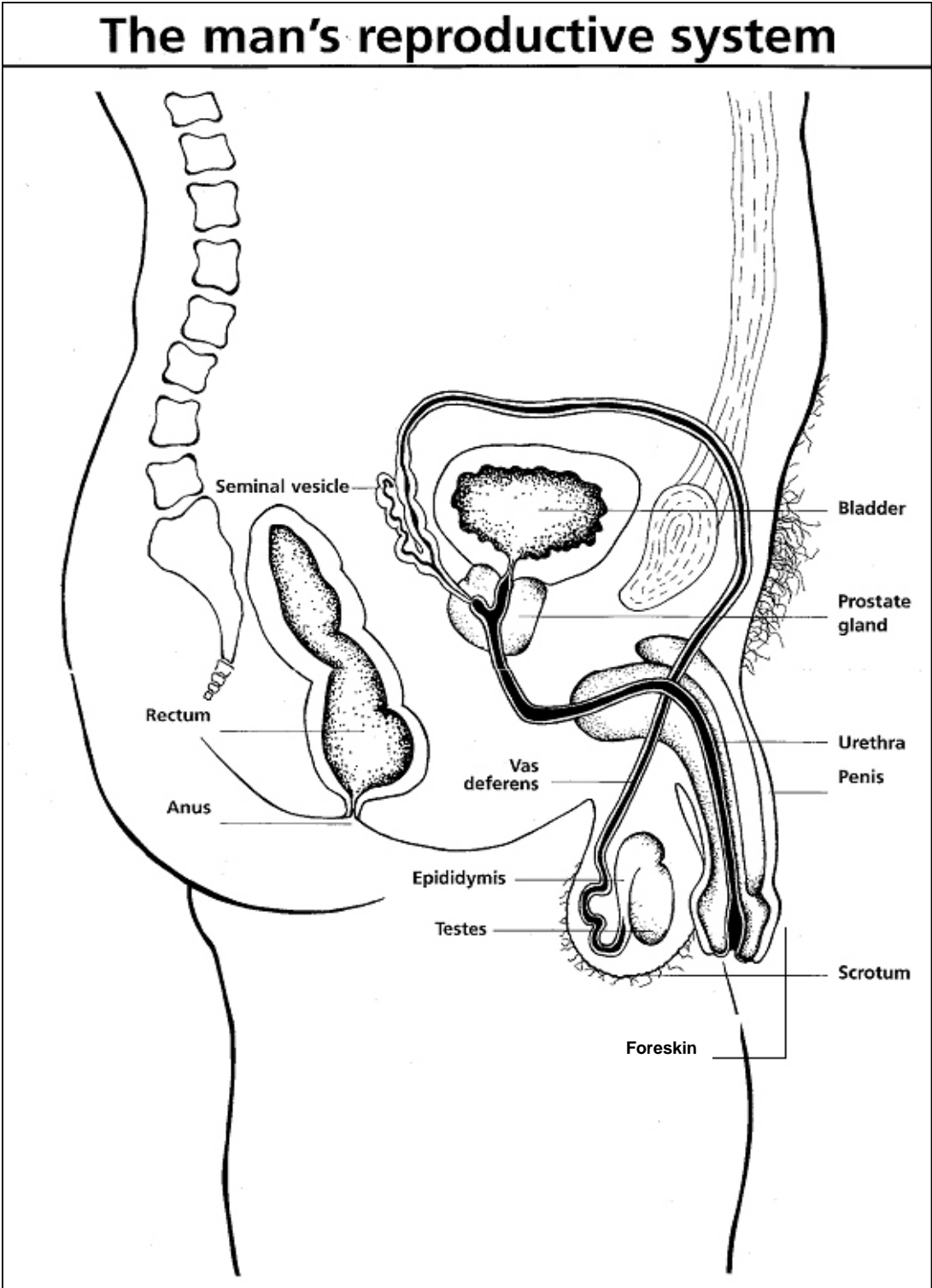
3. Invite participants to take one piece of paper from the desk/box/basket and to name those parts of the poster that are marked with a line.

NTF:


POSTER 2.4—MALE REPRODUCTIVE SYSTEM 1



POSTER 2.5–MALE REPRODUCTIVE SYSTEM 2



4. Put up **Poster 2.5: Male Reproductive System 2** and point out the different parts.
5. Ask participants to discuss what each part is/does. Use the “Presentation Notes” below to clarify and provide factual information.



PRESENTATION NOTES

THE MALE REPRODUCTIVE SYSTEM

Outer Reproductive Parts:

- The **scrotum** is a muscular sac hanging between the man’s thighs. The scrotum holds the testes.
- The **testes**, also called **testicles**, are two balls that sit in the scrotum and produce sperm and the male hormone called testosterone.
- The **penis** is the male outer sex organ. The penis is made of spongy tissue with many blood vessels. Inside the penis there is a tube called the **urethra**, that has an opening at the end. The urethra has two main roles: 1) it carries urine to the outside of the body and 2) it allows semen to pass during sexual excitement.
- The **foreskin** is the skin that covers the head of the penis. It can be rolled back to show the head of the penis. This is the skin that is removed during circumcision.

Inner Reproductive Parts:

- **Sperm** are the tiny cells also known as male eggs. Sperm are produced in the testes and stored in the epididymis. Sperm production begins at puberty and goes on throughout a male’s lifetime.
- The **epididymis** stores the sperm until they are mature. Once the sperm is mature it travels along the tube called the **vas deferens**.
- The **seminal vesicles** are two pouches containing some fluids that nourish the sperm.
- **Semen** contains the sperm from the testes, the nourishing fluids from the seminal vesicles, and lubricating fluids from the prostate gland. Semen is the fluid that leaves the man’s body through the urethra during sexual excitement.
- The **prostate gland** produces lubricating fluid for sperm.

6. Ask participants if they have any questions on the presentation, and spend a few minutes responding to questions.
7. Write the words **WET DREAMS** on flipchart paper and ask the participants to share their understanding of what this is. Use the following notes to clarify.

Wet Dreams

Wet dreams can begin when the male body starts to produce sperm as part of a boy's normal growth. Often when this occurs a boy wakes up to find his genital area wet. Many boys feel embarrassed by this but it is a natural part of growing up. It is a sign that the boy's body is capable of producing sperm.

8. Explore what myths, if any, that participants have about the male reproductive organs.
9. Use the following notes to give participants key tips on how to care for testicles.

**PRESENTATION NOTES****SOME TIPS FOR MALES: TAKING CARE OF YOUR TESTICLES**

Your testicles are an important part of your reproductive system. It is important that they are cared for and protected. Here are some points on how to keep your testicles in good working condition.

- Avoid wearing tight pants/underpants.
- Keep the genital area cool.
- Clean the genital area properly each day with soap and water.
- Wear cotton rather than synthetic (man-made) material.
- Protect the genital area during sports.
- Check your testicles regularly for any strange growths or lumps and if you find any, visit a health clinic or talk to someone such as a nurse or teacher about what to do.

10. Encourage questions around the presentation and tell participants that the notes are on **page 21** of their workbook.
11. Again remind participants that they can use the Question Box or Anonymous Wall for questions that they are not comfortable raising in the group.
12. Keep up Poster 2.5–Male Reproductive System 2 for the next activity.

13. Summarize and highlight the following points.

Key points:

- **Males have inner and outer reproductive parts.**
- **Semen and urine come through the same place—the urethra.**
- **Wet dreams are normal and are a sign that the male body is producing sperm.**

LINKING SENTENCE

It is important to know our bodies and the different changes they go through. This helps us value ourselves more and respect our bodies, which in turn helps us make decisions that will not harm us in any way. It is also important to remember that not only bodies are changing during adolescence; a young person's emotions are preparing him or her for adulthood as well.

ACTIVITY 2.7**SOCIAL AND EMOTIONAL CHANGES****Purpose:**

To examine the social and emotional changes that adolescent males and females go through.

To discuss the relationship between these changes and adolescent behaviour.

Time:

45 minutes

Steps:

1. Ask participants a question to find out how they feel about a particular physical change during their adolescence, for example, "How did you feel when you realized that....?" Choose something that is likely to be most common to your group.
2. Let participants share their feelings.
3. Ask how this change in their body influenced their behaviour towards others. Let them share their experiences.
4. Explain that during adolescence emotional and social changes take place along with the physical changes. Many adolescents are not able to cope with these emotional changes well enough and it sometimes affects how they relate to family and friends.
5. Tell participants that they will now look at some of these changes and discuss how to deal with them.
6. Ask participants to give examples of emotions that they have experienced and list these on the flipchart. Some of the following responses should be raised:
 - a. Anger
 - b. Worry
 - c. Love
 - d. Shyness
 - e. Fear
 - f. Curiosity
 - g. Sadness
 - h. Happiness
 - i. Excitement

7. Raise the following points with the group and discuss how they form part of adolescent development:
 - a. Becoming more independent from parents or other adults (i.e., doing things on your own).
 - b. Planning for the future.
 - c. Feelings, moods, and relationships with family and friends.
 - d. Thinking about romance and sex.
 - e. Learning how to deal with new feelings of sexuality and sexual urges.

8. Tell participants to find a partner and discuss how they feel about any one of the following:
 - a. Relationship with parents.
 - b. The future—work, training, study, etc.
 - c. Going out with someone special—dating.
 - d. Being able to work and make enough money.
 - e. Being in a sexual relationship.

9. At the end, bring participants back together. Use the following questions to stimulate discussion about the different feelings that they shared:
 - a. How easy or difficult was it to talk about your feelings with someone else?
 - b. Why was it easy or difficult?
 - c. How is it helpful or important to talk about how we feel?

10. Summarize and highlight the following points.

Key points:

- **A lot of emotional and social changes take place during adolescence.**
- **These changes affect our behaviour, usually because they can cause mixed up and confused feelings.**
- **All adolescents go through these changes though perhaps at different times.**

UNIT 2: ADOLESCENT DEVELOPMENT

CONCLUDING NOTES

We can see that most of the physical, emotional, and social changes that take place during adolescence are similar and common. These changes bring about different feelings and anxieties in young people, but are part of normal healthy growth from young adulthood to maturity. Just as the caterpillar goes into a cocoon and comes out a butterfly, adolescence is a process of changing into something beautiful and unique. It brings with it new and exciting challenges and experiences.

Adolescence is the time when we start to get in touch with our bodies, thoughts, feelings, and sexuality. It is important to know that we are not alone and that other adolescents go through the same things.

ACTIVITY 2.8**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of our adolescent development.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions to answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that was learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment that they are going to make in terms of their adolescent development.
3. Ask participants to turn to **page 23** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information help you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around adolescent development that took place in this unit. What commitment are you going to make to yourself based on what you learnt about adolescent development? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 to 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about adolescent development.

UNIT 3: COMMUNICATION

PURPOSE AND OBJECTIVES

This unit examines the role of communication in every aspect of life. It provides a range of activities that helps participants to practise effective communication in different settings and to examine their interpersonal communication skills.

By the end of this unit, participants should be able to:

- Explain the importance of communicating one's needs.
- Understand verbal and non-verbal communication.
- Know the barriers to effective listening.
- Describe how to improve listening skills.
- Apply listening and communication skills to real life.

ACTIVITIES

Warm Up—Telephone Whispers	<i>15 minutes</i>
What Is Communication?	<i>20 minutes</i>
Dialogue or Monologue	<i>35 minutes</i>
Importance of Feedback	<i>45 minutes</i>
Johari's Window	<i>40 minutes</i>
Behaviour and Communication	<i>40 minutes</i>
Non-Verbal Communication	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

4 hours 20 minutes

ACTIVITY 3.1**WARM UP—TELEPHONE
WHISPERS****Purpose:**

To help participants understand how easy it is to hear or share information incorrectly and confuse or change a message.

Time:

15 minutes

Steps:

1. Ask participants to sit or stand in a circle.
2. Explain to the group that you are going to play a game. Explain the following rules of the game before you start:
 - a. Each person must tell the story s/he hears to the person sitting on her or his left.
 - b. Participants must speak clearly so that the person sitting on their left can hear, but not so loudly that others can hear.
 - c. Participants are not allowed to repeat any part of the story or to tell the story to the same person twice.
3. Check that participants understand the rules, and then start the game. Think of a story that is a bit complicated and perhaps involves several characters, but do not make it too hard to remember.
4. When the last person has received the story ask her/him to repeat what s/he heard.
5. Check what other participants heard and compare that with the original story that you told.
6. Discuss briefly where communication could have gone wrong and encourage participants to share what they have learnt from the activity.

ACTIVITY 3.2**WHAT IS COMMUNICATION?****Purpose:**

To come up with an understanding of what communication means, as it applies to the group and activities.

Time:

20 minutes

Steps:

1. Write the word **COMMUNICATION** on the chalkboard or flipchart paper.
2. Ask participants to “buzz” (talk) in pairs for two minutes and discuss what they understand by the word “communication.”
3. Ask participants to share their discussion and list the different responses on the chalkboard or flipchart paper.
4. Encourage general discussion around the points raised, but be careful not to go into much detail that will be covered in later activities.
5. Explain that for the purposes of this unit, the definition that will be used for communication is:

“When a person sends a message to another person hoping or expecting to receive a response.”

6. Ask participants if they have any questions or comments and discuss these.
7. Summarize and highlight the following points.

Key points:

- **Communication is when two or more people exchange messages using verbal and non-verbal language.**
- **Communication happens because people want to share information, ideas, thoughts, feelings, etc., and get another person’s feedback.**

LINKING SENTENCE

Communication is key to every aspect of our lives and plays an important role in building and strengthening our relationships with different people. Let us now look at different ways that people communicate.

ACTIVITY 3.3**DIALOGUE OR MONOLOGUE****Purpose:**

To establish the value of listening and how to listen effectively.

To look at the need for quiet people to speak up and for dominant people to be sensitive to others.

Time:

35 minutes

NTF:

The play should be practised before it is performed for the group.

Steps:

1. Ask for six volunteers to prepare a short play using the following three scenes. It is usually better to have all women or all men acting together as this avoids participants saying, “men always do this...” or “women always do that...”
2. Tell participants to decide on topics beforehand and give them a few minutes to practise before performing the play.
3. Ask observing participants to remain quiet throughout the presentations and to reserve any comments or questions for the discussion that will take place at the end.
4. Describe the following scenes for the actors to play:

Scene 1: Two people meet. One of them starts to talk and gets so excited and involved in what s/he is saying that the other person does not get a chance to say anything. The other person tries to speak, ask a question, respond to a question, or make a suggestion, but the first person talks on so the second person remains silent and eventually gives up trying.

Scene 2: Two people meet and both start telling the other what they are concerned about. They each have a different topic. Neither is listening to the other and both are talking at the same time.

Scene 3: Two people meet, greet each other, and start a real conversation. Each one asks questions about the other’s interests, and listens and responds to the other. There is open sharing of news and opinions.

5. Stop each scene when the play’s point has been made. Usually the first two scenes take one to two minutes and the third takes a little longer.

6. At the end of the third scene, divide participants into three groups. Give each group only one of the scenes to discuss and answer the following questions:
 - a. What did you see happening in the scene?
 - b. How does the scene relate to real life?
7. Bring the whole group back together to briefly share their answers to the two questions. Then encourage discussion around the question, “What causes the kind of communication shown in Scenes 1 and 2?”
8. Choose six participants and give each one of the following barriers to read aloud for the group.

NTF:

Make a copy of the following notes and cut into the listed six sections.

BARRIERS TO LISTENING**On-Off Listening**

It is a fact that most people think about four times as fast as the average person can speak. This sometimes works against the listener, as s/he tends to drift off and starts to think about her or his own personal affairs, concerns, and troubles instead of listening to what the speaker is saying. One can overcome this by paying attention to more than the words, watching non-verbal signs like gestures and hesitations, etc. to pick up how the speaker feels.

Red Flag Listening

To some individuals, certain words make them get upset and stop them from listening. When these words, such as “condoms,” “marriage,” etc. come into the conversation, the person tends to tune out the speaker. The listener loses contact with the speaker and fails to understand what that person is saying. The first step to overcoming this barrier is to find out which words are red flags to us, and to try to listen attentively to the person who is speaking.

Open Ears/Closed Mind Listening

Sometimes we decide rather quickly that either the subject or the speaker is boring, or that what is said makes no sense. Often we jump to conclusions, assuming that we can predict what s/he knows or is going to say, and we decide that there is no reason to listen because we will hear nothing new if we do. It is much better to listen and find out for sure whether this is true or not.

Glassy-Eyed Listening

Sometimes we look at a person intently, and we seem to be listening although our minds may be on other things or in far places. We drop back into the comfort of our own thoughts. We get glassy-eyed, and often a dreamy expression appears on our face. We can tell when people look this way. Similarly, they can see the same in us.

Too-Deep-For-Me Listening

When we are listening to ideas or problems that are too complex and complicated, we should force ourselves to follow the discussion and make a real effort to understand it. We might find the subject and speaker quite interesting if we listen and try to understand what the person is saying.

Don't Rock the Boat Listening

We do not like to have our favourite ideas and points of view judged or challenged. So when the speaker says something that clashes with what we think or believe, we may unconsciously stop listening or even become defensive and plan a counter-attack. Even if we want to do this, it is better to listen, find out what s/he thinks and get a good understanding of her or his view rather than close ourselves off.

Adapted from Ueland B. *Strength to Your Sword Arm: Selected Writings*. Minneapolis: Holy Cow Press (1993).

9. Check at the end if there are any questions or comments and discuss these. Use the following questions to stimulate discussion at the end of each reading:
 - a. When have you had or experienced some of these barriers to listening? Give examples of situations.
 - b. How can we improve our listening skills?
 - c. What can shy or quiet people do? What can people who tend to talk too much do?
 - d. What can we do to help make communication as good as possible in our relationships?

10. Ask participants to turn to **page 26** in their workbooks. You can read through the following points or ask participants to volunteer to read them.

**TIPS ON ACTIVE LISTENING**

- 1. Stop talking:** Obviously you cannot talk and listen at the same time. The most important rule of listening is to stop talking.
- 2. Remove distractions:** If something is distracting your attention, get rid of it. Turn off the television, radio, or cell phone, and do not fiddle with things.
- 3. Concentrate:** Listening takes concentration. Do not let your mind wander off onto other things. Do not think about what you are going to say but rather listen to what the other person is saying.
- 4. Look interested:** We communicate more non-verbally (by expressions) than we do verbally. If a person is in doubt s/he will tend to believe the non-verbal messages rather than the verbal messages. Maintain good eye contact without staring.

5. Hear more than words: Listen with your eyes. Watch for non-verbal signs, in the face, eyes, and hands. Look for feelings behind the words; in the tone of voice. Often what we say at first is not what we feel. If in doubt, trust the non-verbal signs rather than the verbal.

6. Check that you are hearing right: Often the message we hear is not the same as the message the other person thinks s/he is telling us. Do not say “I see” or “I understand” unless you are sure that you do. From time to time, repeat and summarize what you hear being said.

7. Ask clarifying questions: This shows you are listening and encourages the other person to keep talking. It helps the other person to work out what is concerning her or him and how s/he can sort it out.

8. Be patient: Listening takes time—you need to be prepared to give it. If you do not have time at that moment, explain this to the person and offer to make time later. It often takes time for a person to get to what s/he really wants to talk about. You need to be prepared to go through the chitchat so that the person can ease into what is really on her or his mind.

9. Do not judge: Try not to judge the person. If the person you are sharing with senses that you are feeling negative, s/he will close up and stop talking openly with you. Your role as a listener is to create an atmosphere that is open and safe, which will help the other person to freely and honestly share her or his feelings.

10. Stop talking: Again, this is the hardest part of active listening, but the most important.

Dos and Don'ts of Listening

In listening we should try to **do** the following:

- Show interest.
- Be understanding of the other person.
- Single out the problem if there is one.
- Listen for causes of the problem.
- Encourage the speaker to believe that s/he can solve the problem.
- Know when to remain silent.

In listening we should **not do** the following:

- Argue.
- Interrupt.
- Pass judgment too quickly or in advance.
- Give advice unless the speaker asks for it.
- Jump to conclusions.
- Let the speaker's emotions affect our own.

11. Ask if there are any questions and discuss these.

12. Summarize and highlight the following points.

Key points:

- **People need to listen properly to what others are saying and not draw conclusions.**
- **Listen first, ask later.**
- **Quiet people may need to speak up to be heard.**
- **People who talk a lot and often dominate conversation need to be sensitive to others—they need to listen.**
- **People can often tell when a person is not interested or not listening. It is best to delay the discussion until another time rather than to risk poor communication.**

LINKING SENTENCE

Listening is the key to good communication. As in the case of other skills, it needs self-control. Now that we have a better understanding of what is involved in listening, the test is to practise this in our everyday life. Remember that practice makes perfect. Each time we communicate properly we are not only improving our skills, but at the same time we are building and strengthening our friendships and relationships.

ACTIVITY 3.4**IMPORTANCE OF FEEDBACK****Purpose:**

To explore the role of feedback in communication and how this influences behaviour change.

To learn how to give feedback effectively.

Time:

45 minutes

NTF:

Copy and cut these scenes below so the actors can practise them before presenting them.

Steps:

1. Choose six people to perform the following scenes.

Scene 1: Two friends meet to go to a party. One does not like the other's clothes and says so. S/he says something like "What on earth are you wearing?" or "Where did you get those? They are so ... un-cool!" The other person looks very unhappy and asks, "What's wrong with my clothes?" but the first speaker just laughs and walks off.

Scene 2: A person is practising a song for a show that is coming up when one of her or his friends drop in to see how things are going. At the end of the practice the person singing asks her or his friend what s/he thought of the song and her or his singing. The second person replies "The song is nice but not the way you sing it. Your voice doesn't sound right!" The first person doesn't know what to say and just stands there as the second person walks off.

Note: Do not show Scene 3 until after the discussion, at point 6 below where it is indicated to do so.

Scene 3: A person has been asked to give a short talk to a group of 12-year-olds on "Staying away from drugs." S/he has asked a friend to read through it and say what s/he thinks. The feedback is given in a way that does not hurt the other person's feelings, and helps the person improve their talk. For example, the friend smiles and says, "I really like the point you made about marijuana, but at first I had a hard time understanding that "cannibis" meant marijuana. Maybe you could explain that earlier in your talk." The first person says, "Thanks, that's easy to do." In this way, s/he shows that s/he understands the feedback and appreciates it.

2. Ask participants to describe what they saw happen in Scenes 1 and 2.
3. Ask them to break into groups of three or four and discuss, "What could have been done differently in each scenario?"
4. After five minutes ask each group to share its views.

5. On flipchart paper, list key words that come out of the discussion.
6. Ask the participants to watch closely and then present Scene 3.
7. Ask for general comments on Scene 3 and the difference between that and the first two scenes.
8. Use the “Presentation Notes” below to give factual information about feedback.



PRESENTATION NOTES

SELF AND MUTUAL CRITICISM

Personal Feedback

This means giving or receiving information on one person’s reaction to another’s behaviour or actions in a particular situation. The purpose of personal feedback is to improve the person’s performance and build up her or his self-confidence. It is totally unhelpful to use personal feedback to cut a person down and damage her or his self-confidence.

If it is well given and well received, feedback supports and encourages the helpful aspects of a person’s behaviour and gives the person an opportunity to change those aspects that are not helpful.

Indirect Feedback

If we are sensitive to others, we can pick up a great deal of indirect feedback through observation. People communicate with their bodies as well as their words, and often this sends us messages about how they feel about what we are saying or doing. However, we should not rely on indirect feedback so as not to misinterpret what we observe. We are much better off asking people directly for their reactions, although sometimes people tell us what they think we want to hear and not necessarily what they really think or feel.

Points When Giving Feedback

- We can only give feedback helpfully to a person if they know that we accept and appreciate them as a person.
- It is important that an atmosphere of trust and mutual appreciation be established when feedback is given. This exists if we give genuine positive and negative feedback.
- Feedback should only be given if the person wants to know how you see her/him and has asked for feedback. It should be offered, not forced upon a person.
- Feedback should deal with what a person did (behaviour), not why they did it (motivation).
- It is often best if we can present negative feedback as our own problem, as a sharing of our personal feelings when something happened. For example, “I felt humiliated and rejected when you interrupted me just now” is more constructive than, “You always try to make people feel stupid.”
- If part of a group, each person should express her or his own feelings and not assume that the whole group feels that way. Others can express their own opinions.
- Feedback should deal with things that can be changed. For example, “I would find it easier to listen to you if you did not use such big words” is helpful feedback, but “Your accent is irritating” or “I don’t like the shape of your ears” is unhelpful because it refers to things the person cannot change.

Points When Receiving Feedback

- We can learn a lot through feedback if we listen carefully to the feelings expressed, and do not defend our behaviour or give reasons about why we acted in a particular way.
- A person receiving feedback always has the right to decide when s/he has had enough for the time being. Just say “OK. Thanks very much. I will think about all that has been said but I think it would be good to move on now.”
- A person who receives negative feedback should remember that different people react differently to different behaviour. It is OK to check how others feel about the same thing. If only one person reacted negatively, s/he might decide to do nothing about it, but if the entire group felt the same way, s/he might realize that it is important to try to change that behaviour.

9. At the end ask if there are any comments or questions and discuss these.

10. Summarize and highlight the following points.

Key points:

- **Feedback is when we give someone our opinion about something the person said or did. It is usually given when asked for or expected.**
- **Positive or negative feedback is given to help someone improve.**
- **Feedback is not helpful if it does not help someone improve, or if it cuts a person down.**

LINKING SENTENCE

Remember that feedback does not mean criticizing someone. It is helping someone to understand how they are seen through the eyes of someone else, so that such a person can get to know herself or himself better and become more aware of her or his behaviour.

ACTIVITY 3.5

JOHARI'S WINDOW

Purpose:

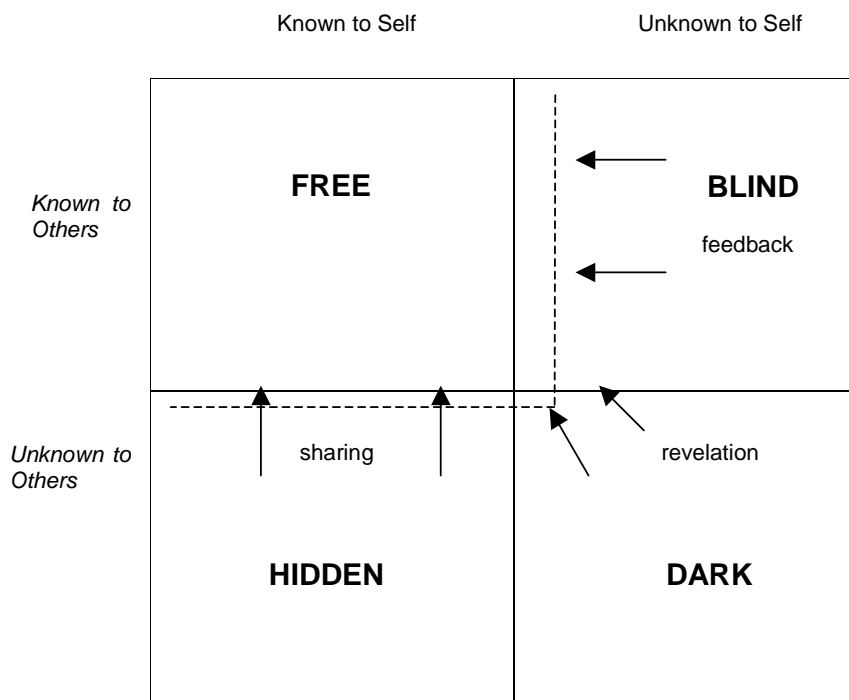
To understand how we can grow in self-knowledge and build deeper trust through sharing and feedback.

Time:

40 minutes

Steps:

1. Use the diagram and notes below to give a presentation on self-knowledge and improvement. You can copy it onto a blackboard or flipchart paper.



Based on model in: Luft, J. *Of Human Interaction*, Palo Alto: National Press (1969).

FREE:

That part of yourself that is known to you and to others. It is the area of mutual sharing.

HIDDEN:

That part of yourself that is known to you, but not shared with others. What is hidden may best remain hidden. But also, revealing what is hidden might clear the air, and build trust in your relationships.

- BLIND:** That part of you that is known to others, but unknown to you. This might include the tone of your voice, or a good habit that you are not aware of.
- DARK:** That part of yourself that is unknown to others and also unknown to you. These are talents and abilities that you do not know you have and others have never seen, but are part of you nonetheless. These may one day come to the surface.
- Feedback** A way that others can open your blind area by letting you know what they see in you that you do not see yourself.
- Sharing** A way of opening yourself up to others.
- Revelation** An experience during which part of your “dark” area is suddenly revealed. Revelation comes spontaneously; it cannot be planned.

2. Allow questions and comments during the presentation so that these are addressed immediately.
3. Summarize and highlight the following points.

Key points:

- **Each one of us has a free, a hidden, a blind, and a dark side.**
- **We continue to grow through feedback and sharing.**

LINKING SENTENCE

As we can see, it helps to know ourselves well and it is useful to hear how others see us. This is important because how we behave has a great impact on how other people respond to us and how openly and honestly they will communicate and share with us.

ACTIVITY 3.6**BEHAVIOUR AND
COMMUNICATION****Purpose:**

To look at the relationship between communication and behaviour and how one influences the other.

Time:

40 minutes

Steps:

1. Choose six people to role-play the following scenes.

NTF:

Copy and cut these scenes below to share with the actors.

Scene 1

Actor 1 (mother): Your first-born child is about to finish secondary school. You know that s/he wants to go to university but you want her/him to get a job and look after you and the rest of the family. You call her/him to tell him how you feel. You do not give your child a chance to say much but just start shouting at her/him about how hard you have worked and how tired you are. You tell her/him that without any doubt s/he has to go and find a job as that is the only thing that would make you happy. Your child finally gives in and agrees.

Actor 2 (student/child): You are the first born in your family. You are in the final year of school and would like to go to university after graduating. Your mother wants you to get a job, as she is tired and old, and would like you to start looking after her and the rest of the family. One day your mother calls you and tells you how she feels about you going to university, and makes it clear that she wants you to go and work. Without arguing, you try to explain why you want to further your studies. You speak softly and quietly to your mother but she does not let you say much. You soon realize that nothing is going to change her mind and eventually you give up and agree to find a job.

Scene 2

Actor 1 (mother): Your first-born child is about to finish secondary school. You know that s/he wants to go to university but you want her/him to get a job and look after you and the rest of the family. You call your child to tell her/him how you feel but as soon as you start talking about getting a job, s/he gets angry and shouts at you. You try to explain why you want her/him to get a job but s/he does not give you a chance. S/he just shouts at you more and tells you that s/he is not going to work, instead s/he is going to university. S/he hangs up.

Actor 2 (student/child): You are the first born in your family. You are in the final year of school and would like to go to university after graduating. Your mother wants you to get a job, as she is tired and old, and would like you to start looking after her and the rest of the family. One day your mother calls you and tells you how she feels about you going to university. As soon as she starts talking about you getting a job, you lose your temper. You have told her before that you want to go to university and still she tells you about looking for work. You shout at her and do not give her a chance to say much before you become angry. Eventually you are so mad with her that you just hang up.

Scene 3

Actor 1 (mother): Your first-born child is about to finish secondary school. You know that s/he wants to go to university but you want her/him to get a job and look after you and the rest of the family. You call your child to tell her/him how you feel. You speak to the child respectfully and kindly, explaining why you think s/he should get a job. You listen to her or his reasons for wanting to go to university and the two of you talk about both options. You show that you understand and respect her or his wishes and that you support her or his decision to further her or his studies.

Actor 2 (student/child): You are the first born in your family. You are in the final year of school and would like to go to university after graduating. Your mother wants you to get a job, as she is tired and old, and would like you to start looking after her and the rest of the family. One day your mother calls you and tells you how she feels about you going to university. She explains to you why she would like you to work and gives you a chance to say how you feel. The two of you talk with respect and gentleness and show understanding for each other's opinions. You speak in a way that shows you have thought about it for a while and are confident that it is the right thing to do. You give your mother valid reasons why you should further your studies, e.g., so that you could get a better job later on. She eventually accepts that your decision to go to university is a good one and that she will continue to find ways to earn money so that you can do so.

2. Ask participants to discuss the three scenes and to share their views or opinions on what took place.
3. Encourage discussion for about ten minutes, focusing on the relationship between the communication and behaviour that was shown. You may use the

following leading question to stimulate discussion: "What type of behaviour did each student/child show in Scene 1, Scene 2, and Scene 3?"

NTF:

It is likely that the words "passive," "aggressive," and "assertive" will come out. If they do, list them on flipchart paper or the chalkboard.

4. Ask participants to turn to **page 28** in their workbooks.

**WORKBOOK ACTIVITY****TYPES OF BEHAVIOUR**

What kind of person are you? What do you do when you feel pressured by someone to do something that you do not want to do or do not like? Answer the questions below by circling "a", "b", or "c" to show what you would do in each situation. You may share your answers with the group if you would like to.

- 1. Your best friend often borrows your books but takes a long time to return them. S/he is asking you to lend her/him your new comic book. Do you:**
 - a. Lend the book because you do not want to hurt her/his feelings?
 - b. Talk to your friend and explain why you do not want to lend the book?
 - c. Tell the friend to get her/his own?
- 2. You have just met a new girl/boy. Whenever s/he visits you s/he brings you gifts. This makes you uncomfortable. Do you:**
 - a. Take the gifts and give them to someone else?
 - b. Explain that you are uncomfortable about receiving the gifts and refuse to take them?
 - c. Throw the gifts back at the person and tell her/him to "bug off"?
- 3. You have decided that you want to further your studies. Your mother says that you must find a job to earn money. Do you:**
 - a. Give up on your studies and look for a job because she says you must?
 - b. Talk to her about why it is important to get an education?
 - c. Argue with your mother?
- 4. Your close friend tries to get you to go out with a friend of hers/his whom you do not like. Do you:**
 - a. Go with the person because you do not want to disappoint your friend?
 - b. Explain to your friend why you do not want to go out with the person?
 - c. Call your friend names and get mad at her/him?

5. Your brother uses your clothes without asking and has lost your favourite jacket. Do you:

- a. Lock your wardrobe and pretend you lost the key?
- b. Talk to him about his behaviour?
- c. Pick a fight with him or take something of his that you know he really likes?

5. Use the following notes to explain what behaviours “a,” “b,” and “c” represent. Get the participants to say which of the three behaviours is similar to that of the student in each of the scenes acted out before.

If you answered mostly “a”:

You respond to situations in a passive way. You do not assert your own rights and needs. You put others before yourself and give in to what they want. You also remain silent when something bothers you.

If you answered mainly “b”:

You respond to situations in an assertive way. You stand up for your rights without putting others down. You respect yourself as well as the other person. You are confident but not pushy. You talk about your feelings. You are able to communicate well.

If you answered mostly “c”:

You respond to situations in an aggressive way. You stand up for your rights without thinking about the other person. You hurt others and you often do not talk about your feelings.

THE PASSIVE, ASSERTIVE, AGGRESSIVE (PAA) BEHAVIOURS

Passive: Not active. A passive person rarely expresses or shows her or his feelings and wishes.

Assertive: Strong and confident. An assertive person says what s/he wants and feels in a respectful way.

Aggressive: Rude and forceful. An aggressive person shouts and puts others down. He or she is sometimes violent.

NTF:

Use the following statement to reinforce the need to practise assertive behaviour:

“Many people behave either aggressively or passively, and seldom assertively. It is important that we practise assertive behaviour so that we can negotiate for the things that we want, and not be bullied or influenced by others. This is especially important when we have to make decisions regarding our sexuality or sexual activity.”

6. Ask participants to think through which behaviour suits them according to their answers and find out if anyone would like to share their answers with the group. Note that this is not compulsory.

7. Ask if there are any questions and discuss these.
8. Summarize and highlight the following points:

Key points:

- **The way a person communicates with another person will affect how the other person reacts.**
- **Aggressive communication will trigger an aggressive or defensive response.**
- **Assertive behaviour is important so we can negotiate for the things we want without being bullied or influenced by others.**

LINKING SENTENCE

Knowing that how we communicate influences others' reaction to us is important, especially when we think about the fact that we can and often communicate without saying anything. This kind of communication is called non-verbal communication. Let us now look at this in detail.

ACTIVITY 3.7**NON-VERBAL
COMMUNICATION****Purpose:**

To explore how different parts of the body are used in communication.

To discuss verbal versus non-verbal communication.

Time:

45 minutes

Steps:

1. Divide participants into small groups of four or five and give each group flipchart paper and markers.
2. Tell participants that they are going to draw an animal and that they must find ways to describe and agree on what to draw without talking or writing.
3. When the group has agreed on which animal to draw it can begin its drawing.
4. Give the groups 15 minutes to complete the task.

NTF:

Participants are not allowed to grunt in disagreement or agreement but must be completely silent and rely only on body and facial expressions to communicate with each other.

5. Move around the groups and check how they are doing. Pay close attention to the kinds of non-verbal expressions that are used and how strongly they are used.
6. At the end of 15 minutes stop the participants and ask them to focus on the large group again.
7. Stimulate general discussion around the following questions:
 - a. How easy or difficult was it to discuss and agree on what to draw? Why?
 - b. How long did it take to agree on what the group should draw?
 - c. When the group had reached a decision, how easy or difficult was it to draw the item? Why?
 - d. What were some of the expressions used and observed that worked well? List responses to this.
 - e. What were some of the expressions used and observed that were confusing or difficult to interpret/understand? List responses.
8. Focus on the responses noted in “d” and “e” and use these to highlight the importance of non-verbal communication. The following “Presentation Notes” are also provided as a guide.



PRESENTATION NOTES

ROLE OF NON-VERBAL COMMUNICATION

Every face-to-face communication involves both verbal and non-verbal messages. Usually these messages match, so if a person is saying that they appreciate something you have done, s/he is smiling and expressing warmth non-verbally. Communication problems arise when a person's verbal and non-verbal messages contradict each other.

Non-verbal communication includes the use of facial expressions, hands, posture, eyes, etc. to communicate a message. If a person is saying one thing but is sending a different message non-verbally (i.e., physically), it is often a sign that what s/he is saying is not entirely true. It is important to pay attention to both verbal and non-verbal messages and ask direct questions so that you can get open, honest responses.

9. Ask if there are any questions or comments and discuss these. It should be noted that this discussion often raises issues related to saying "no" to sex or some kind of peer pressure. Advise the group that this will be discussed in detail in future units.
10. Ask participants to stand in a circle and to use non-verbal expressions to show the following (you can add others to or substitute some on this list):
 - a. Anger
 - b. Satisfaction
 - c. Confusion
 - d. Disappointment
 - e. Disinterest
 - f. Delight
 - g. Frustration
 - h. Happiness
11. Ask participants to share their feelings and general comments about non-verbal communication and the exercise.
12. Summarize and highlight the following points.

Key points:

- **Our verbal and non-verbal communication must send the same message.**
- **People can tell what we really mean by the non-verbal signs that we present.**

UNIT 3: COMMUNICATION

CONCLUDING NOTES

Communication is key to every aspect of our lives and plays an important role in our relationships with others. The way we communicate with others influences their reactions to us. Active listening is a critical element of effective communication; we must listen first, and then speak. Feedback and sharing are also important ways of improving communication. We also need to be aware of what our bodies are saying—not just our lips. We must make sure that we are sending one and the same message.

ACTIVITY 3.8**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves based on what we have learnt about communication.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that was learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their communication skills.
3. Ask participants to turn to **page 29** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around communication that took place in this unit. What commitment are you going to make to yourself based on what you learnt about communication? You will not be expected to share this with the group.

5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 to 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about communication.

UNIT 4: SEXUALITY

PURPOSE AND OBJECTIVES

This unit introduces the concept of responsible sexuality and provides an opportunity for young people to identify lessons and messages about sexuality. The unit helps participants to recognize and articulate some of the emotions that accompany adolescence. It also addresses sexual abuse and family violence and how to handle such situations. Lastly, the unit explains what rape and date rape are and how to help prevent and/or cope with these issues.

By the end of this unit, participants should be able to:

- Explain what “sexuality” means.
- Explain how values about sexuality affect behaviour.
- Become more comfortable talking and asking questions about sexuality.
- Describe ways to cope with sexual abuse and family violence.
- Know what rape and date rape are.
- Understand what situations may lead to rape.

ACTIVITIES 

Warm Up–Body Talk	<i>15 minutes</i>
Defining Sexuality	<i>45 minutes</i>
Aspects of Sexuality	<i>40 minutes</i>
Being Attracted to Someone	<i>45 minutes</i>
Communicating Expectations	<i>90 minutes</i>
Good Decision Making	<i>60 minutes</i>
Rape and Date Rape	<i>45 minutes</i>
Preventing Date Rape	<i>90 minutes</i>
Sexual Abuse and Family Violence	<i>60 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

8 hours 30 minutes

ACTIVITY 4.1**WARM UP—BODY TALK****Purpose:**

To get participants to speak freely and feel comfortable talking about different parts of the body, especially reproductive and sex organs.

Time:

15 minutes

Steps:

1. Ask all participants to sit in a circle facing each other.
2. Each person should say the name of a part of the body that starts with the first letter of her or his name. It does not have to be part of the sexual or reproductive organs, any part of the body will do.
3. If someone has a letter that is difficult, such as “Z” then that person can choose any letter in her or his first name and say a body part that starts with that letter.
4. This continues until everyone has had a chance or until the group is obviously relaxed and comfortable talking about different parts of the body.

ACTIVITY 4.2**DEFINING SEXUALITY****Purpose:**

To understand what “sexuality” means and the difference between “sexuality” and “sex.”

To discuss the different things that shape and influence our sexuality.

Time:

45 minutes

Steps:

1. Write the words **SEX** and **SEXUALITY** on the chalkboard or flipchart paper.
2. Ask participants to say what they understand the words to mean.
3. Write the responses on flipchart paper or the chalkboard under the respective word.
4. Use the following “Presentation Notes” to clarify and summarize.

**PRESENTATION NOTES****Sex and Sexuality**

Most people think of “sex” and “sexuality” as sexual intercourse and other physical sexual activity. **Sex refers to whether or not a person is male or female.** A person’s sex often means her or his reproductive system and genitalia, as well as how the person outwardly expresses her or his sex through gender roles and behaviour as a male or a female. Sex is an important part of sexuality.

Sexuality is much more than sexual feelings or sexual intercourse. It includes being aware of oneself as a sexual being, having sex appeal, and being sexy in the way a person behaves, dresses, and communicates. It is an important part of who a person is and what s/he will become. It includes feelings, thoughts, and behaviours of being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity. A person’s sexuality is shaped by the values and teachings that the person learns as a child and young person, as well as other influences such as media and society.

5. Ask if there are any questions and discuss these. Check that participants understand the difference between “sex” and “sexuality.”
6. Divide participants into same-sex groups and ask them to turn to **page 32** in their workbooks. Allow ten minutes to complete the activity (question 1). Then

ask participants to discuss their answers (question 2) and think how they would change them. Allow 20 minutes.



WORKBOOK ACTIVITY

SEXUAL TEACHINGS

1. **Think about the following questions:**
 - a. What are the messages that I learnt about sex whilst growing up?
 - b. Who were the different people and influences that taught me the different messages?
 - c. What impact or effect have these messages had on my attitude towards sex and life in general?
 - d. If I were to teach other children, what would I change about these messages?
2. **When you are done, the facilitator will put you into a group with other participants of the same sex. Discuss the key messages that you thought of with your group.**
3. **In your groups, discuss how you would change these messages to make them most suitable to youth of today. Use the table below to show how you would change any of the messages that you were taught.**

Message taught: In the space below, write at least three key messages that you received as a child.	New message: In the space below, write each message, as you would give it to a child today.
1.	
2.	
3.	

7. When participants are finished, bring them back together and let each group take turns sharing their discussion.
8. Summarize and highlight the following point.

Key point:

- **Sexuality means more than sex. It includes the whole development of a person and what or who influenced that person.**

LINKING SENTENCE

It is amazing how we are influenced by everything around us, sometimes consciously and other times, unconsciously. Our family and friends want the best for us and share their experiences and knowledge with us, but we are the ones responsible for the decisions we make, especially regarding sex and sexual intercourse. It is important to realize this and to make sure that we understand the many components that make up our sexuality.

ACTIVITY 4.3**ASPECTS OF SEXUALITY****Purpose:**

To discuss and understand the different components that are part of a person's sexuality.

Time:

40 minutes

Steps:

1. Tell participants that sexuality has many aspects and that the group is now going to look at these.
2. Divide participants into eight pairs or small groups and give each group one of the following words to discuss and share their understanding:
 - a. Body image
 - b. Gender roles
 - c. Relationships
 - d. Intimacy
 - e. Love/affection
 - f. Sexual stimulation
 - g. Social roles
 - h. Genitals
3. After a few minutes bring participants back to the big group and encourage general discussion. Ask for examples of behaviours or feelings that would fit into each aspect as you discuss it.
4. Start the discussion by drawing a circle on the chalkboard or flipchart and divide it into eight "slices," like slices of a pie.
5. Write the first word, **BODY IMAGE**, in one of the slices and ask that group to share what it discussed.
6. At the end, ask if other participants have any feelings about "body image" that they would like to share.
7. Use the following "Presentation Notes" to clarify and define the terms used.
8. Continue writing each word in the pie and having a discussion around each piece until all eight segments are filled. Ask for examples of behaviours and/or feelings that would fit into each segment.



PRESENTATION NOTES

ASPECTS OF SEXUALITY

Body image: This includes how we look and feel about ourselves, and about how we appear to others.

Gender roles: These refer to the ways that we express our sex as male or female.

Relationships: The different ways we interact with others and express our feelings for others.

Intimacy: A close sharing of thoughts or feelings in a relationship, not necessarily physical.

Love: Feelings of affection, and how we express these feelings to others.

Sexual arousal: The different things that “turn us on” sexually.

Social roles: How each one of us fits into and contributes to society.

Genitals: The physical parts of our bodies that define our sex, and are important in sexual pleasure and reproduction.

9. Ask participants to share any concerns or questions they may have at the end of the discussion.

10. Summarize and highlight the following points.

Key points:

- **Sexuality has many different aspects that are connected to each other.**
- **Sexuality is about what makes a person who they are.**

LINKING SENTENCE

Human sexuality is a process of continuous growth and discovery. It is an important part of who we are and plays a major role in who we will become. Understanding this is crucial to the decisions we make as well as how we take care of ourselves. Knowing our sexuality helps us to understand the different feelings that we experience and how we should respond to each one.

ACTIVITY 4.4**BEING ATTRACTED TO SOMEONE****Purpose:**

To examine what to do when one experiences certain sexual or intimate feelings.

Time:

45 minutes

Steps:

1. Copy the story below onto a sheet of paper and ask for a volunteer to read it aloud to the whole group.

Flora and Jumaa

Flora is 14 years old. She met Jumaa, age 15, at the school fair two months ago and they have become good friends. Lately, Flora has been thinking about Jumaa a lot and feels like she always wants to call him or be with him. Both Jumaa and Flora think that they are falling in love with each other. They spend a lot of time doing things together and they hug and hold hands a lot. Jumaa knows that his feelings for Flora are getting stronger because sometimes when they are together he feels like he would like to kiss and touch her all over. Flora too is longing to kiss Jumaa and to be in his arms—it just seems like the right thing to do.

2. Divide participants into small groups to discuss the following questions:
 - a. What do you think is happening to Jumaa and Flora?
 - b. How do their feelings relate to real life experiences?
 - c. What do you think Flora and Jumaa should do? Why?
 - d. What would you do if you were Flora or Jumaa? Why?
3. After ten minutes bring participants back together to share their responses to the questions. You can use the following “Presentation Notes” to give a short presentation.



PRESENTATION NOTES

COPING WITH SEXUAL AND INTIMATE FEELINGS

It is natural and normal for us to feel sexually aroused by something or someone. This can happen at any time and does not mean that we are “looking” for sex. The way people dress, the way they smile, walk, and talk, etc., can stir feelings inside us that are often thought of as sexual. This is just our sexuality expressing itself and is the body’s way of acknowledging others and ourselves as sexual beings.

Feeling “turned on” does not automatically mean that one has to have sexual intercourse. What it does mean is that that person has a strong feeling that s/he wants to express, but sexual intercourse is often not the way to do it. Many times, a girl or woman is happy to sit and talk about something personal or common to her and her partner. This intimate sharing can increase arousal and make the relationship stronger as the friendship builds.

Men and boys also need intimacy, but because society and other influences have suggested that arousal equals sexual intercourse, males tend to rush through this part and either miss out or shorten what could be a beautiful experience.

Getting to know one another intimately is important in building a strong relationship. It also helps for a couple to talk about the sexual feelings that they have so that both parties realize the tension that exists between them and can make a decision about how to handle it. There are many things that two people who are attracted to each other can do without having sexual intercourse, but while really enjoying being with each other and getting to know each other deeply.

4. At the end ask for comments and questions from the participants and discuss these.
5. Summarize and highlight the following points.

Key points:

- **Being attracted to someone is part of starting and building relationships and friendships.**
- **Attraction to someone does not have to lead to sexual intimacy, intercourse, or sexual activity of any kind.**
- **An erect penis does not always mean that the male must or wants to have sexual release or sexual intercourse.**

LINKING SENTENCE

Young people need to spend more time getting to know each other as individuals and not rush into sexual intercourse as a way of expressing their sexual feelings. We need to remember that being aroused by someone happens naturally. It can happen at any time and can be caused by a range of things. Both males and females need to be honest with each other about how they feel and what they want, so that they can clearly express what they will and will not do.

ACTIVITY 4.5**COMMUNICATING
EXPECTATIONS****Purpose:**

To look at how easily people misunderstand each other by not speaking honestly and clearly.

To discuss the dangers of “reading between the lines.”

To examine the importance of stating one’s expectations early in relationships.

Time:

90 minutes

Steps:

1. Ask for two volunteers, one male and one female. Give them each the relevant part of the story below to read and act out. You can copy the two parts on separate sheets of paper. Each actor should learn it well and be able to tell the story in her or his own words, making sure not to miss key points.
2. Do the play in two scenes, first with Rashid and then with Madina.

Actor 1 (male): Rashid
Instructions

Read through the following story and imagine that you are Rashid. Learn the part well so that you are able to tell it in your own words. You will be talking to your best friend two days after the incident with Madina takes place. Be sure not to miss out any key messages or information.

Rashid: I met Madina through my sister Josephine and the two of us liked each other immediately. When I invited her to the party on Saturday I was very happy that she agreed to come. When Madina arrived she looked very sexy—she must have taken a lot of time to dress and prepare for this party. Her wrapper and headscarf were beautiful and she painted her lips and nails bright red. As soon as she walked into the room our eyes met and she gave me a big smile. We started dancing and man, could she move. I was really getting turned on especially during the next slow dance when Madina kept moving her hands all over my shoulders and back. It felt so good. She was giving me all the signals. The eyes, the smile, the laughter, the touching... I knew it would be soon that the two of us would leave the party to kiss and fool around. We had been drinking since the party started and were feeling great. The time felt right, so I asked Madina if she wanted to go outside for some fresh air. When she said “sure,” I knew then that the two of us were going to have sex that night.

It was a full moon outside so we took a short walk away from the flats to be alone. We headed over to some bush on the side of the road where no one would see us if they walked by. I held her close to me and I could feel her heart beating hard in her chest. I began to touch her breasts and kiss and rub her body all over. She made a few small noises and pulled away from me a little bit, but I held her hands together behind her back and told her everything was just fine. I continued kissing her and she kissed me back, then I pulled her down onto her knees and laid her down on the thick grass.

She did ask me to wait but I thought, “What for?” We don’t have all night—somebody might miss us from the party and come looking so let’s just do it as quickly as we can. She kept repeating “no,” “don’t,” “please,” and “wait” over and over again but I knew it was all part of the game because she didn’t want me to think that she was a fast girl. So I didn’t stop because that is what girls do—they always have to pretend to put up a fight but always give in at the end. Even when Madina struggled and started crying, I knew it was all part of “the act.” I continued kissing her and simply lifted up her skirt and had sex with her.

When we were done Madina didn’t talk to me. She didn’t even look at me. I could see she was angry but I didn’t understand why. I tried to ask her what I’d done but she just pulled away from me, fixed her clothes, and ran off, still crying. Now I was really confused and started thinking that maybe she was upset because I came too quickly or that I put her on the grass and it scratched her back or something. I knew she wanted to have sex with me because if she didn’t, she wouldn’t have danced with me the way she did, right? Or she wouldn’t have gone outside with me, right? I just don’t know, man—she still won’t talk to me so I don’t know.

Actor 2 (female): Madina

Instructions

Read through the following story and imagine that you are Madina. Learn the part well so that you are able to tell it in your own words. You will be talking to your best friend two days after the incident with Rashid takes place. Be sure not to miss any key messages or information.

Madina: I really liked Rashid, whom I met a few months ago through my friend Josephine. Josephine is his sister and she’s very nice so I knew that he would be nice too. I felt really glad that Rashid invited me to the party last Saturday and was looking forward to dancing with him so much. He was so funny and made me laugh—we were having so much fun talking about all kinds of things. I knew he liked me from the way he was looking at me, you know, looking from my head down to my toes. He also had a really great smile that made me feel warm and relaxed inside. After dancing for a while Rashid asked me to take a walk.


I hoped it would be a chance to hold hands and maybe even kiss, and I felt tingly inside at the thought of kissing him. So I agreed and we left the party. We didn't walk too far from the party when we stopped near some bushes where no one could see us. Rashid and I started kissing and touching each other all over. It felt wonderful. I was enjoying his touch a lot and started feeling hot all over.

We dropped down onto our knees and continued heavy petting and I could feel that Rashid's penis was hard. That's when I realized that maybe we should slow down a bit so I asked him to wait. But Rashid didn't wait or stop. He started to say I was his woman and that he loved me. That made me feel funny inside, I don't know how really, and I still thought we should cool off. I asked him to stop again but he ignored me and put his weight on me so that I was lying down on my back. Then I got scared. I knew that I was enjoying what we were doing but I also knew that it could lead to sex, and I didn't want to have sex just yet. I started to cry, but that didn't make any difference to Rashid. He kept touching me and then he started undoing his belt and pants. I tried to tell him to stop, but he just smiled and kept going. Then he pushed open my legs with his knees and started having sex with me. I couldn't believe that this was happening.

I didn't plan to have sex with Rashid, and certainly not like that. I really didn't think that he would force himself on me. I trusted him but he is just like all men—all they want you for is sex. When he got off me I told him how angry I was at him, and he looked at me as if I was crazy. He even asked me what I was angry for. I didn't even talk to him—just fixed my clothes and left.

How could Rashid have done this to me?

3. Ask the other participants to watch and listen closely as the actors put on the role-play.
4. At the end of both scenes, ask participants to buzz in threes about the following questions:
 - a. What happened between Rashid and Madina? What do you think caused it?
 - b. How does this relate to real life?
5. After ten minutes ask them to share their responses and list key words or phrases on the chalkboard or flipchart. Participants should remain in their buzz groups.
6. At the end of the discussion divide participants into mixed-sex groups and ask them to turn to **page 34** in their workbooks.

 WORKBOOK ACTIVITY	
COMMUNICATING EXPECTATIONS	
<p>a. Imagine that you are Rashid (if you are a boy) or Madina (if you are a girl).</p> <p>b. Discuss with your group and agree on how you would respond to the feelings stated in the table below. Remember to communicate clearly with your partner. Your goal is to enjoy being with your partner but not to do anything that your partner does not want, or to be forced into anything that you do not want to do.</p> <p>c. Only fill in the area that applies to your sex (male/female).</p> <p>d. Decide what you think the two of them should do and discuss this in the group. Try to reach an agreement then fill in the last block, "They decide."</p> <p>e. Rashid starts the conversation.</p>	
MADINA FEELS/SAYS ...	RASHID FEELS/SAYS ...
DO NOT WRITE HERE	1. He feels Madina responding to his kisses and touch. He starts to think about having sex. He says...
2. She responds...	3. He responds...
4. She responds...	5. He responds...
6. She responds...	7. He responds...
They decide...	
You can use the blank page overleaf if you need more space.	

7. Ask participants to make any changes to the sequence of responses that came about through the discussion. Make sure that participants agree on the final responses and that they copy these into their workbooks.

8. Now ask for one male and one female volunteer to role-play the final sequence, in front of the rest of the group. They should sit next to each other and can hold hands. They do not have to touch each other in any other way.
9. Ask the observing participants to comment on how well they are communicating, including body language.
10. At the end of the role-play ask participants if they have any questions and discuss these. Get them to share their opinion on the verbal/non-verbal tools that they learnt in this activity.
11. Summarize and highlight the following points.

Key points:

- **It is best to say what we want and do not want, rather than leaving it up to the other person to guess or “read our mind.” Assertive behaviour must be shown both verbally, and non-verbally through good use of body language.**
- **Poor communication or lack of communication often causes misunderstandings that can cause friendships or relationships to break.**
- **When a person is getting conflicting or confusing messages, s/he tends to believe the non-verbal signs more than the verbal. It is important to make sure that both verbal and non-verbal messages are the same.**

LINKING SENTENCE

For too long people have said that in sexual relationships “no” means “yes” or “try harder to change my mind.” People (particularly women and girls) must start sending the message that they want to be heard, and not leave any room for misunderstanding or confusion. We should say exactly what we mean and mean what we say. If a young couple does decide to have sexual intercourse, then they will need a different set of communication skills, so they can discuss and negotiate for safer sex and contraception. This will be looked at in another unit.

We always know when we are uncomfortable with a situation or a person, but we do not always follow our feelings. It is important that we trust our instincts. This is the first step to making the right decisions for ourselves, and it plays a big part in our behaviour. Let us now look at how to make good decisions.

ACTIVITY 4.6**GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying a good decision-making model to real life situations.

Time:

60 minutes

NTF:

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- **Remind participants about the model, referring to the particular unit where it was done.**
- **Start with step 10.**

Steps:

1. Ask the group the question, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - When faced with a difficult situation.
 - When faced with more than one choice.
 - When faced by a challenge or challenging situation.
 - When there is a problem.
3. Use the following “Presentation Notes” to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the “**3C’s model**: challenges, choices, and consequences.”



PRESENTATION NOTES

We make decisions every day of our lives without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the explored choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions, and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 38** in their workbooks.

NTF:

For semi-literate youth, do the following:

- **Choose and brief youth to role-play the scenario.**
- **Ask participants to get into pairs or small groups of three and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

You are at a party at a friend's house. Some other friends of yours are there including a boy/girl that you are attracted to. Later in the evening your friends start to pair off and you find yourself alone with the person you are attracted to.

You start talking and then dancing together. S/he is telling you that s/he has liked you for a long time and is glad for the chance to get to know you better. S/he is pushing her/his body really close to yours and starts to move her/his hand all over your back. You do not feel comfortable with the situation but do not want to hurt her/his feelings. What should you do?

1. What is the **CHALLENGE** that you are faced with?
2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First, identify the problem or **challenge** that you are faced with.
 - b. Next, think of the **choices** that you have and write at least three of these down.
 - c. Next, identify the possible negative and positive **consequences** of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - a. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.

7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.

8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.

9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.
10. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can take extra efforts to succeed or achieve our goals.**

LINKING SENTENCE

Remember that the decisions we make could prevent us from being in a difficult situation. Let us now look at some of these situations and how we could avoid them or prevent them from happening.

ACTIVITY 4.7**RAPE AND DATE RAPE****Purpose:**

To understand what rape and date rape are.

To acknowledge that rape and date rapes are criminal acts.

Time:

45 minutes

Steps:

1. Write the following sentence on a flipchart or the board: “Young Tanzanian men learn violence. Young Tanzanian women learn to accept it.”
2. Ask participants to think about the statement without responding, then find a partner and discuss how they feel about the sentence.
3. Bring participants back together after five minutes and encourage general discussion about the sentence. Ask a few people to share whether they agree with the sentence or not and ask them to give reasons for their opinion. Allow participants with a different view to share this with the group.
4. Ask participants what they understand by the term “rape.” List the responses on the flipchart.
5. Ask what the crime is called that occurs when a known partner forces another to have sex. If no one answers correctly write **ACQUAINTANCE RAPE/DATE RAPE** on the board. Use the following explanation to clarify rape and acquaintance or date rape.

Acquaintance rape, also known as date rape, is forced sexual intercourse by someone that the victim knows, and with whom the victim may even have a romantic relationship. When a person is forced to have intercourse against her or his will, it is always rape or sexual assault, regardless of the circumstances, and it is illegal.

6. Ask if there are any questions and discuss these. Raise the issue of gang rape and give participants time to discuss how they feel about this, and what the risks are for HIV infection.
7. Summarize and highlight the following points.

Key points:

- **Rape is when a person is forced to have sexual intercourse or take part in any penetrative sexual activity against her or his will.**
- **Rape is a crime. The victims of these crimes are not responsible for what happened to them.**
- **No one deserves to be raped.**

LINKING SENTENCE

Rape is a crime. It is wrong. Nothing a person says or does gives another person the right to force her or him into any sexual act against her or his will. Whether the person is using drugs or alcohol, going to “risky” places, wearing sexy clothes, or kissing and sexually touching (even if s/he has had a previous sexual relationship with the other person)—none of this gives someone permission to sexually abuse or rape the person.

ACTIVITY 4.8**PREVENTING DATE RAPE****Purpose:**

To look at how date rape can happen and think through ways to prevent it or avoid being in situations that could lead to date rape.

Time:

90 minutes

Steps:

1. Ask participants to turn back to **page 34** and read through the story of Rashid and Madina again.
2. When they are finished reading, divide participants into five groups. Give each group one of the following to discuss:
 - **Group 1:** Did Rashid rape Madina? Give reasons for your answers.
 - **Group 2:** How many of our friends feel it is OK to force a girl to have sex, that it is all part of the “sex game?” Why might our friends feel this way?
 - **Group 3:** What could Rashid or Madina have done to prevent what happened?
 - **Group 4:** What should Madina do? What should Rashid do?
 - **Group 5:** Why do you think there is physical and sexual abuse in relationships among youth?
3. When the groups are finished let them share their responses. They should remain in their groups.
4. Be sure to point out the following points **if they were not** raised in the discussion:
 - a. Not all rape is committed by men.
 - b. A man or woman can be raped by a member of the same sex.
 - c. Most rape is committed by men against women.
 - d. Rape, whether by a stranger or an acquaintance, is an act of aggression and violence that uses sex to dominate and show the victim that the rapist has power.
 - e. Books and movies often suggest that women are turned on by the force of rape and may even fall in love with the rapist. But a person who is raped never experiences the act itself in a positive way, even in a date situation in which the beginning of the sexual encounter was pleasant.
 - f. Alcohol and/or drugs are very often involved when acquaintance/date rape occurs. Being drunk or high makes people less able to set clear sexual boundaries and less inclined to listen to, or abide by, those boundaries.
5. After the discussion, give the groups ten minutes to discuss tips that could help young people to prevent rape or date rape.

6. Ask each group to share its ideas and list these on flipchart paper. Encourage general discussion around these for a few minutes. Try to reach consensus on which tips or ideas the group should adopt.
7. Ask participants to turn to **page 41** in their workbooks.



WORKBOOK ACTIVITY

TIPS FOR AVOIDING OR PREVENTING ABUSE AND rape (including date rape)

These are just some of the things you can do. Add any others from the list that was discussed in the groups.

- Be alert to your surroundings.
- Avoid dark, lonely places at night.
- Keep doors and windows locked, especially if home alone.
- Walk in groups.

Others: Write the others that came up in the group discussion here.

8. Draw participants' attention to the tips on **page 42** in their workbooks and encourage them to read through them when they have more time.



WORKBOOK ACTIVITY

TIPS FOR PREVENTING ACQUAINTANCE/DATE RAPE

- No matter what the circumstances, you have the right to choose when, with whom, and how you want to be sexual.
- Ask direct questions if things get confusing.
- Communicate clearly and directly about your limits on sexual behaviour. Say something like: "I will do _____, but I will not do _____."
- Avoid sending mixed messages. It is OK to want to be intimate with someone and it is OK not to want to be intimate. Decide what you want sexually and do not act confused about it.
- Find out how your date feels about the roles of men and women, especially in relationships.
- Trust your feelings. If you begin to feel nervous or uncomfortable about the way things are going, do something about it right away. Let your date know how you feel and get away from the situation to a place where you feel more comfortable.
- If your date tries to force you to do anything, say "no" loudly and clearly. Yell and shout, if necessary, and resist in any way you can, including fighting back and running away.

- Avoid alcohol and/or drugs. Using alcohol and/or drugs makes it hard to make and to stick with good decisions.

9. Spend a few more minutes addressing any questions or comments that participants raise.

10. Summarize and highlight the following points.

Key points:

- **Females and males can prevent date rape by not being together in an isolated or lonely place.**
- **It is important to say upfront what we want or expect from a date or acquaintance, and what we are not prepared to do.**
- **People should not be embarrassed to scream for help if someone is sexually abusing or trying to force them to have sexual intercourse.**

LINKING SENTENCE

Remember! No matter what the circumstances, you have the right to choose when, with whom, and how you want to be sexual. Under no circumstances is rape the fault of the person who is raped. Sometimes you can do everything right or just happen to be in the wrong place at the wrong time and end up being abused or raped. If you are raped, get help immediately. Go to someone you trust, and do not feel guilty. **IT IS NOT YOUR FAULT!!!**

Practise communicating your needs and expectations clearly, even if you know the person you are with. Also remember that most abusers/rapists are often friends or family members of the people they rape or abuse. Be careful and attentive to how all people behave towards you.

ACTIVITY 4.9**SEXUAL ABUSE AND FAMILY VIOLENCE****Purpose:**

To help participants identify what abuse is and examine ways to deal with it.

To discuss the fact that most abusers are known to their victims and what this means for young people.

Time:

60 minutes

Steps:

1. Divide participants into four groups and give each group one scenario from below.

NTF:

Make copies of the following scenarios. Cut them and give copies of one to each group.

SCENARIOS**Sofi and the old man**

All night Sofi had been out in the streets of Dar es Salaam trying to sell her bread. She thought it was the freshest and the best around, but nobody seemed to want any this evening. The day was drawing to a close and Sofi was worried that she would have to go home without any shillings, and that meant facing her stepfather. He was very mean and told her every day that she better come home with some money, or she would not get any food. Sofi was very hungry and her feet were aching from walking all day in the hot sun. Finally, this man walked up to her and asked her name. When she told him, he asked if she was still a virgin. She did not answer him—she just turned and walked away. He said that he had noticed she was selling bread and that he would buy it all if she let him play sex with her.

What should Sofi do? It was getting late; she was tired, scared of her stepfather, and very hungry. Sofi thought hard about what the man said and decided that it would not be so terrible to let this man do what he wanted. After all, she would be getting money unlike the times when her older cousin forced her to have sex with him. She got nothing then. So she lied and said she was a virgin, and she agreed to have sex with him for Sh 10,000. The man was very happy. He took her behind an abandoned building. Sofi closed her eyes as he lifted her skirt, and she only cried a little bit when he pushed himself inside her.

Elda and her father

Elda started crying softly after her father left her room. She felt like she always did when he came into her room and molested her—she wanted to die. He would always do the same things. He had been doing them since she was only nine years old. She hated it and always felt so dirty and disgusted with herself when he left. He told her that it was her fault—that she made him do these things, and that if she told anyone, she would be made to leave the family. Elda had thought about telling her mother, or running away. She had even thought about killing herself.

But she was always too scared to do anything but lie in her bed and pretend she was asleep. She was so miserable. She knew that she should get help but whom could she trust? What should she do?

Bakari and Jamila

Bakari wondered all the way home what he should do. Jamila had forced him to have sex with her even though he had told her over and over again that he did not want to. She said it was his fault for kissing and touching and letting her get so turned on. She said that he must have wanted it too, and besides, he was her boyfriend so he should please her. Afterward, he had felt numb and angry, he felt no love anymore—he felt hurt, used, and betrayed. Would anyone care that she had made him have sex? Would anyone believe he had told her no?

She said it was his fault. Was it? He wanted to talk to someone so badly, but he could not bear to tell any of his friends. What would they think of him? Who would believe that he did not want to have sex with his beautiful girlfriend? He would just get laughed at so maybe he should just keep his mouth shut.

Adam and his mother

Adam heard the sounds again. He knew what was going on. His mother's friend, Ali had come in late again and he had already been drinking. Adam's mother had given him his supper and another beer. Adam always got angry when he watched his mother try to please this crazy man. Now it was almost midnight and he knew what was happening. Now he knew where his mother's last split lip and swollen eye came from.

But he did not know what to do. Should he go in her bedroom and try to stop Ali from beating up his mother? Or should he wait till morning and plead with his mother to leave this guy? He was really scared because tonight, things sounded even worse than usual. Adam was really worried about his mother. He thought about the police “hotline” he had read about in the newspaper the other day. Would they have any ideas?

2. Assign the scenarios as follows:

- Group 1—Sofi and the old man
- Group 2—Elda and her father
- Group 3—Bakari and Jamila
- Group 4—Adam and his mother

3. Give participants the following instructions.

Instructions

- a. Read through the scenario assigned to your group.
- b. Imagine that the main person in your scenario has confided in you and asked for your help.
- c. Using the decision-making model discussed previously, assess the situation and list the challenges, choices, and possible consequences of actions to be taken by the young character.
- d. Discuss and decide how you would advise the person.
- e. Prepare to share your decision with the rest of the group.

4. When participants are done, invite each group to read its scenario and share its discussion.
5. Use the following points to stimulate discussion:
 - a. Many young people are abused by family members or people they know and trust. Why?
 - b. Many date rapes occur because someone put substances into their date's drinks to make them dizzy or confused. Why does this happen?
6. Ask participants to share their understanding of sexual abuse. List the responses on flipchart paper.
7. Use the following "Presentation Notes" to clarify and define sexual abuse.



PRESENTATION NOTES

Sexual Abuse


Abuse is when a person treats another person with cruelty or violence. Sexual abuse happens when a person uses cruel and or violent ways to get another person to participate in a sexual act with him/her. Sexual abuse includes:

- Adults manipulating or coercing children into sexual acts such as touching their genitals.
- Rape.
- Sexual assault—including use of instruments to cause pain.

Sexual abuse happens to many women and children and can also happen within marriages. As long as a person does not willingly agree to take part in a sexual act, it is considered sexual abuse.

8. Ask participants if they have any questions and discuss these.

9. Use the following “Presentation Notes” to give additional insight on sexual abuse.



PRESENTATION NOTES

MYTHS AND FACTS ABOUT SEXUAL ABUSE

There are many myths about sexual abuse that need to be exposed. Knowing about these myths is one of the ways in which young people can be empowered to protect themselves against sexual abuse. Use the following table to guide your discussion. Read out the myth and ask if the participants think it is true or false. Probe to get the corresponding fact.

	Myth	Fact
1	Incest usually happens once.	It usually occurs over and over. (The average length of an incestuous relationship is two to three years).
2	Child sexual abuse happens “out of the blue.”	Sexual abuse usually builds up over a period of time, progressing from fondling to other types of sexual contact.
3	Sexual abuse is rare.	According to reported cases, one in four girls and one in eight boys will be sexually abused in some way before age 18.
4	Offenders are usually under the influence of alcohol.	Less than one third of the cases involve alcohol.
5	Child sexual abuse always involves a violent attack.	Coercion, trickery, and manipulation are the most common forms, not extreme force.
6	Offenders are poor and uneducated.	Offenders can be anyone.
7	Sexual abuse is usually carried out by strangers.	85% of all reported cases involve someone familiar to the child, usually a family member or someone the child knows very well.
8	Victims are seductive and “ask for it.”	No one asks to be abused. No matter how seductive a child may have learnt to act, it is always the older person’s responsibility to make sure that there is no sexual contact.

Adapted from: Scout Programme Africa Region. *Curriculum Guide and Resource Manual for Family Life Education* (1988).

10. Summarize and highlight the following points.

Key points:

- **Sexual abuse is when a person uses cruel or violent treatment to get another person to give in to him or her sexually. This may be verbal, physical, emotional, or psychological violence or cruelty.**
- **Many victims often know the person who has sexually abused them.**

- **Sexual abuse can happen in long-term or steady relationships, including marriage.**
- **A person who is being abused should tell someone. Keeping silent leads to emotional and other problems and makes it easier to continue being abused.**

UNIT 4: SEXUALITY

CONCLUDING NOTES

Sexuality is much more than sex—it is an important part of who a person is. Sexuality is shaped by the values that a person learns from family, society, and other influences. Being attracted to someone is part of building relationships and friendships, but attraction does not have to lead to sexual intercourse. Young people, males and females, need to be comfortable talking about sexuality and should be honest with each other about how they feel and what they want in a relationship.

Sexual abuse, including rape, date rape, or any other kind of sexual act against a person's will, is wrong, and is a crime. No one has the right to do this, regardless of what the victim says, does, or who the victim is. Young people have the right to choose when, with whom, and how they want to be sexual. You can sometimes prevent abuse, but if it does happen, it is not your fault. Tell someone you trust if it happens.

ACTIVITY 4.10**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of our sexuality.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that was learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their sexuality.
3. Ask participants to turn to **page 43** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around sexuality that took place in this unit. What commitment are you going to make to yourself based on what you learnt about sexuality? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about sexuality.

Section Two: Where Am I Going?

LIFE PLANNING SKILLS

A CURRICULUM FOR YOUNG PEOPLE IN AFRICA

TANZANIA VERSION

SECTION TWO: WHERE AM I GOING?

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UNIT 5: RIGHTS

PURPOSE AND OBJECTIVES

This unit defines the rights adolescents have with respect to their sexual and reproductive health. It examines some of the rights as stipulated in the various International Conventions focused on reproductive health, and specific laws and policies in Tanzania. It draws attention to what legal rights are as opposed to other entitlements one might think s/he deserves from the community or elsewhere.

The unit also outlines the importance of understanding rights and their enforcement in working towards a society that values adolescent sexual and reproductive health (ASRH) and one that is committed to better standards. The unit is further geared to help equip the trainees to advocate for change.

By the end of this unit, participants should be able to:

- ➔ Define what “rights” means.
- ➔ Explain different types of rights and how they affect young people.
- ➔ Describe practices that violate ASRH rights and how to seek a solution when those rights are violated.
- ➔ Understand how to advocate for change in the existing legal system.

ACTIVITIES 

Warm Up—Marriage Ceremony	<i>10 minutes</i>
Understanding Rights	<i>45 minutes</i>
Rights and Dilemmas	<i>45 minutes</i>
Advocacy and ASRH Rights	<i>30 minutes</i>
Campaigning for ASRH Rights	<i>30 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

3 hours 30 minutes

ACTIVITY 5.1**WARM UP—MARRIAGE
CEREMONY****Purpose:**

To get participants feeling comfortable talking about the right to choose a marriage partner.

Time:

10 minutes

Steps:

1. Ask participants to stand in a circle facing each other.
2. Let the participants know that it is their right to choose a marriage partner.
3. Ask the participants to “act” and for each to freely choose a marriage partner among the group.
4. While participants are “choosing” marriage partners, the facilitator selects one or two couples and tells them, “I have chosen this person to be your marriage partner. You must marry him/her.”
5. Each person with a partner should then sit together.
6. This exercise continues until everyone has a chance to pick a marriage partner.
7. Discuss briefly how they felt about choosing a marriage partner and how those couples who did not get to choose felt about being “forced” to marry someone not of their choosing.

ACTIVITY 5.2**UNDERSTANDING RIGHTS****Purpose:**

To promote participants' general knowledge and understanding of rights regarding ASRH.

To provide factual information on existing laws and policies with respect to ASRH rights.

Time:

45 minutes

Steps:

1. Divide the participants into small groups and ask each group to discuss:
 - a. What is a right?
 - b. What is a human right?
 - c. What are ASRH rights?
2. After five minutes, invite each group to briefly share its discussion.
3. Use the following "Presentation Notes" to give the factual information on international conventions, laws, and policies regarding ASRH.

**PRESENTATION NOTES****FACTS ABOUT RIGHTS**

A **right** is defined as an abstract idea that a person is due or entitled to enjoy, be it by way of nature, law, or tradition. It follows that everyone has equal opportunity to enjoy rights with respect to natural, moral, and legal norms.

In a speech to the World Summit in Johannesburg on August 28, 2002, Mary Robinson said, "A right entails obligation on the part of the government to respect, promote, protect, and fulfill it. The legal and normative character of rights and the associated government obligations are based on international human rights treaties and other standards, as well as on national constitutional human rights provision."

Rights can also be defined items of a lawful claim and if violated, you can seek a legal remedy enforceable by law.

Human rights are any basic right or freedom to which all human beings are entitled, and in whose exercise a government may not interfere. Some basic human rights include the right to life, liberty, and equality before the law. Reproductive health is a human right.

INTERNATIONALLY RECOGNIZED SEXUAL AND REPRODUCTIVE RIGHTS

Sources of human rights to advance reproductive health, including ASRH, are found in many international conventions, treaties, and charters as well as national laws and policies. Important international conventions that address human and reproductive rights include:

- The Universal Declaration of Human Rights, 1948
- The Convention on the Rights of Child, 1989
- The Convention on the Elimination of All forms of Discrimination Against Women, 1990

Tanzania has ratified all of these listed Conventions.

Other documents reflect international consensus on issues of reproduction rights, including:

- Programme of Action, International Conference on Population and Development, Cairo, 1994
- Platform for Action, Fourth World Conference on Women, Beijing, 1995

Reproductive rights include but are not limited to:

- Adequate information and knowledge about sexuality and reproduction.
- Sexual education that is appropriate, comprehensive, secular, and gender-sensitive.
- Refusal to engage in sexual activity.
- Choice of sexual partners, to exercise sexuality without coercion or violence.
- Voluntary motherhood, to decide and live motherhood for one's own choice and not by obligation.
- Complete information concerning the benefits and relative effects of all contraceptive methods.
- Parenthood and the right to decide if and when to have children.
- Good quality services for prenatal care and postpartum care, guaranteed by appropriate legislation.
- Equal participation by women and men in childcare, creatively constructing children's identities beyond traditional gender roles.
- Effective legal protection against sexual violence.

EXISTING LAWS AND POLICIES RELATED TO ASRH IN TANZANIA

Laws are binding rules or rules that are supported by the power of government and that govern the behaviour of members of the society.

- **The Constitution** of Tanzania (1977) guarantees the right to life and that every person has the right to be protected by the society in relation to his/her health in accordance with the law of land.
- **The Law of Marriage Act** (1971) stipulates the age of marriage to be 18 years (for both boys and girls) but allows marriage of a 15 year-old girl, with her parents' or guardian's consent.
- **The Sexual Offences Special Provisions Act** (1998) creates the offence of rape for a person having carnal knowledge of a girl less than 18 years regardless of whether she has agreed or not. Female genital mutilation is also an offence.

- **The Penal Code (Cap. 16)** creates offence for a person to attempt or perform abortion. It is an offence to trade, possess, or distribute materials that are obscene and tend to corrupt morals.
- **The National Education Act (1978)** expels primary and secondary school pupils who get pregnant. Getting pregnant is considered evidence of misbehaviour.

ASRH POLICIES

A policy is a plan or course of action in directing affairs that shows the government's concern with respect to a certain matter.

Tanzania has various policies that urge revisiting, reviewing, and/or abandoning out-dated laws that are not in line with ASRH rights.

Some policies make the following issues clear:

- Good customs and tradition that are good and proper for up-bringing of adolescents should continue.
- Early marriages should be discouraged.
- The need to recognize that adolescents are sexually active and therefore in need of special intervention.
- The need to educate communities on the importance of family planning and that health is an indicator of development and poverty eradication.
- The need to give adolescents appropriate contraceptive methods.
- The need to campaign for improved adolescent health and help youth deal with their reproductive health problems.

4. Encourage questions around the presentation and tell participants that the notes begin on **page 48** of their workbook.
5. Summarize and highlight the following points.

Key points:

- **Reproductive health is a basic human right.**
- **International Conventions are sources of human rights to advance reproductive rights.**
- **Basic sexual and reproductive rights of youth include: information on sexuality and reproductive health; access to confidential, private, and respectful reproductive health services; and freedom and protection from sexual abuse.**

LINKING SENTENCE

The constitution of Tanzania guarantees the right to life. Health, specifically ASRH, is part and parcel of the right to life. Youth deserve the right to be protected from laws and practices that endanger or threaten their ASRH rights.

All laws should be in line with the constitution. Already there are positive laws and policies aimed at defending youth vulnerability and providing youth with rightful information and services according to their needs. Some laws need to be amended from time to time to meet youth's ASRH demands and needs. Youth and adults need to be aware of ASRH policies and laws and any changes in order to defend their rights.

ACTIVITY 5.3**RIGHTS AND DILEMMAS**

Purpose: To empower the participants by informing them of their rights and showing them how to be able to defend those rights.

Time: 45 minutes

Steps:

1. Divide participants into six groups. Cut the following scenarios apart so that each group receives only the one they are going to work on.

Scenario 1**Rose and Juma**

Rose (age 15) has cried about how her parents have been unfair to her. She has been in love with Juma (age 22) for the past two years. They met when Juma was selling second hand clothes while Rose was learning tailoring near her home compound. Rose's parents do not want their daughter to get married to Juma arguing that she is still a minor. Juma thinks that Rose's parents are concerned about his religion rather than the Rose's age because they have just allowed Roy (age 15), Rose's twin, to get married.

Scenario 2**Mchanga**

Mchanga (age 16) is schooling at Utaani Secondary School at Wete, Pemba. Next year she will be finishing Form IV (ordinary level). Her parents have arranged her marriage to Hamad (age 45), who already has two wives. Mchanga complained of this kind of early and unplanned marriage for her, arguing that she wanted to pursue further studies and to have a man of her own choice.

Scenario 3**Tabu**

Tabu (age 16) a Form II girl at Jangwani Secondary School is pregnant. Her boyfriend Conrad (age 19), who impregnated her, a Form V boy at Azania High School, has denied having sexual relations with her. A school authority has ruled to expel Tabu from school on the grounds of misbehaviour. Tabu's parents went to the school authority and complained about the expulsion. They further argued that Tabu could continue with her studies despite the pregnancy and that expulsion will be at Tabu's and the soon to be born baby's detriment.

Scenario 4**Maulid**

Maulid (age 17) completed his primary school education in his village three years ago and is now involved in petty business in town. He decided to go to the Mulika voluntary counseling and testing (VCT) centre to know his health status. The counselor told him that he must have parental consent prior to VCT.

Scenario 5**Time**

Time went to the clinic to get reproductive health services. She wanted condoms because as the holiday approached she could foresee the risk of going to meet her boyfriend and having unprotected sex. She thought she would rather visit a government facility to get free services because buying condoms from the pharmacy would be expensive and she could not afford it. A clinic staff member looked at her and asked whether she was married or having a child.

Scenario 6**Shariff and Mwajuma**

Shariff (age 17) is an orphan boy involved in a sexual relationship with Mwajuma (age 45). They first met in an office when Shariff was pursuing an opportunity to continue his studies. Mwajuma started to help him and made advances to him. They finally ended up in a sexual relationship. Shariff's relatives are furious and want to prosecute Mwajuma, but they were told that the rape law only covers girls, not boys.

2. Ask the groups to read through the scenarios and address the following questions:
 - a. What are the basic human or ASRH rights involved in this scenario?
 - b. What do international conventions or national laws and policies say about these rights?
 - c. Is there a conflict or dilemma?
 - d. Have any rights been violated?
 - e. If so, which rights and whose rights?
 - f. If there is a violation of rights, how can these rights be defended?
3. Bring the groups back together and ask someone from each group to summarize the scenario and conclusions for the larger group.
4. Use the following points to stimulate general discussion:
 - a. What are similarities and differences in each case?
 - b. What can happen when young people do not know their rights?
 - c. Is knowing ones rights sufficient to ensure that the rights are respected?
 - d. What can young people do to defend their rights?
5. Summarize and highlight the following points.

Key points:

- **Dilemmas or conflicts arise when a person does not know his/her rights.**
- **Dilemmas also arise when people do not know how to defend their rights.**
- **Youth should know about existing laws and policies related to ASRH rights.**
- **Males and females have equal rights under the law.**

LINKING SENTENCE

Every person has a right to life and the right to protection of his or her life by society in accordance with the law. National policies categorically state adolescents' right to protection from all forms of exploitation, sexual abuse, assault, and harassment. The constitution, laws, and policies of Tanzania guarantee young people many rights related to ASRH. Nevertheless, young people may sometimes need to speak out to ensure that these rights are recognized and respected. Also, some laws need to be amended from time to time to better meet ASRH demands and needs. It is for this reason that it is important for young people to get involved in advocacy efforts to ensure that current policies meet their needs.

ACTIVITY 5.4**ADVOCACY AND ASRH RIGHTS****Purpose:**

To help participants understand what advocacy is and why advocacy is needed to ensure ASRH rights and how it can help to create positive changes.

Time:

30 minutes

Steps:

1. Use the following “Presentation Notes” to introduce the definition of advocacy, and what it involves.

**PRESENTATION NOTES**

Advocacy means speaking up about issues that are important and promoting positive changes. This can be done by drawing the community’s attention to an important issue and influencing social or other behaviour in a specific way. Advocacy involves working with other people and organizations to make a difference and directing decision-makers towards a solution.

“Advocacy involves attempts to influence the political climate, public perceptions, policy decisions, and funding determinations in order to improve ARSH. Advocates work not only to promote a defined solution, but also to defeat unacceptable proposals...The only prerequisite to being an advocate is being committed to the issue at hand.”²

“Advocacy is first and foremost a process, occurring over unspecified amounts of time, sometimes brief and often lengthy. Advocacy is also strategic and targets well-designed activities to key stakeholders and decision makers.”³

2. Brainstorm with the group reasons why young people might want to advocate for ASRH rights.
3. List reasons on the blackboard or flipchart paper and briefly discuss and compare the reasons given.
4. Summarize and highlight the following points.

² Advocates For Youth. *Advocacy Kit*. Washington, D.C.: Advocates For Youth. <http://www.advocatesforyouth.org/advocacy.htm>

³ Save the Children. *Designing Advocacy Strategies*. Training Packet. Washington, D.C.: Save the Children (2003).

Key points:

- **Advocacy is about challenging the way things are to bring about positive changes.**
- **Advocacy addresses an issue, not a person.**
- **Young people have to stand up for each other's rights.**

LINKING SENTENCE

Standing up for issues we feel strongly about is a real challenge. It is not always easy because we have to convince people to listen to what we have to say, and to believe in what we are saying ourselves. We may also face the situation where elders and adults think we are behaving badly or are being troublemakers. Remember that it is important to know the facts and be able to put them across convincingly.


ACTIVITY 5.5**CAMPAIGNING FOR ASRH RIGHTS**

Purpose: To practice deciphering which rights are involved in different situations and then being able to create a related advocacy strategy.

Time: 60 minutes

Steps:

1. Ask participants to turn to **page 51** in their workbooks and complete the activity as it is described. Allow about 15 minutes.

 WORKBOOK ACTIVITY	
CAMPAIGNING FOR ASRH RIGHTS Alone or in pairs, consider the following issues and decide whether you agree or disagree with the statements. Then write down ideas that you have for advocating for or against the proposed statements, using existing laws to support your point(s).	
Issues Related to ASRH Rights	Advocacy Ideas
1. Many 15-year-olds are sexually active.	
2. Some parents believe they should select a marriage partner for their children.	
3. Pregnant girls should be able to continue schooling.	
4. Elders believe that FGM reduces the chances of promiscuity among girls.	
5. Boys should select their marriage partner.	
6. Girls should select their marriage partner.	
7. Sex education in school promotes promiscuity.	
8. Raped girls do not have the courage to report the crime to the police.	
9. Obscene materials are harmful to community morals.	
10. Bride price is often a reason for marriage.	

2. Bring the participants back together. As a large group, go over each issue one by one and address the following:
 - a. Ask individuals (two to three per issue) to volunteer to share their advocacy ideas with the larger group.
 - b. Discuss as a group the following questions for each issue:
 - i. What are the rights involved in the issue? What do international conventions, national policies, and laws say about the issue?
 - ii. Which institutions deal with these rights?
 - iii. What can participants do as individuals to advocate for their respective rights?
 - iv. What can they do within their families?
 - v. What can they do within their schools?
 - vi. What can they do in their communities?
3. Summarize and highlight the following points.

Key points:

- **Each of us can advocate for some issues we feel strongly about.**
- **No matter how small our efforts, we each have a role to play.**
- **Remember to “start with what you’ve got.” Family and friends are easy to reach and it will most likely be easier to get them to listen to us.**
- **Youth should learn about existing institutions dealing with laws and rights to help develop advocacy strategies.**
- **Youth can advocate for strategies for implementing ASRH policies and programmes.**

UNIT 5: RIGHTS

CONCLUDING NOTES

Human rights are any basic right or freedom to which all humans are entitled and in whose exercise a government may not interfere. Some basic human rights include the right to life, liberty, and equality before the law. Reproductive health is a human right. International conventions as well as national laws and policies address ASRH rights. These include the rights to education about sexually, the right to choose a sexual partner, the right to good quality reproductive health care, and the right to protection from sexual abuse and violence. It is important for young people to know their rights, and to stand up for their rights. Supporting ASRH advocacy is one way to defend your rights.

ACTIVITY 5.6**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves based on what we have learnt about rights.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer, or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this unit?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of ASRH rights.
3. Ask participants to turn to **page 52** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

4. What is the most important piece of information that you have learnt from this unit?
5. Why or how is this information important to you?
6. How does this information influence you to change your behaviour?

MY COMMITMENT

7. Think about the discussions around rights that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about rights? You will not be expected to share this with the group.
8. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 to 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about ASRH rights.


UNIT 6: GENDER ROLES AND EQUALITY

PURPOSE AND OBJECTIVES

This unit examines the meaning and role of sex and gender in society and human development, so as to help participants avoid making assumptions about what men and/or women should want or be able to do. The unit also looks at how gender influences two very important areas of a young person's life—male-female relationships and the choice of a vocation or job.

By the end of this unit, participants should be able to:

- Explain stereotypes/assumptions about gender and how they affect relationships.
- Explain how stereotypes affect vocational choices.
- Identify their values about male and female gender roles and gender equality.

ACTIVITIES

Warm Up—Fruit Basket	<i>10 minutes</i>
Sex, Gender Roles, and Stereotypes	<i>30 minutes</i>
Good Decision Making	<i>60 minutes</i>
Gender Versus Stereotypes	<i>60 minutes</i>
How Gender and Stereotypes Affect Us	<i>45 minutes</i>
Gender Roles and Vocations	<i>30 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

4 hours 15 minutes

ACTIVITY 6.1**WARM UP—FRUIT BASKET****Purpose:**

To have fun and warm up before engaging in intense discussions.

Time:

10 minutes

Steps:

1. Have participants sit in a circle or semi-circle.
2. Give each participant the name of a fruit (e.g., mango, apple, cherry, pear). Use fewer names so that there are more participants with the same name. Call each fruit name out loud so that everyone knows what the different names are.
3. Have participants repeat their fruit names after you, so that they can remember them.
4. Take away chairs so that there is one less chair than the number of participants in the group.
5. Tell the group when you call out, say, “Apples ... out the pot!” all the apples must leave their seats and come to the centre. When you say, “Apples ... in the pot,” all the apples must try and find a different seat in the circle. You can call more than one group of fruits to the centre or all the groups at once.
6. Let participants know that you, the facilitator will also be participating in the game and will be looking for an empty seat.
7. The left over “apple” who could not find a place in the pot then switches roles with you and calls out another fruit name.
8. Stop the activity when it is clear that participants have had fun and are relaxed.

ACTIVITY 6.2**SEX, GENDER ROLES, AND STEREOTYPES****Purpose:**

To define the terms “sex,” “gender,” and “stereotypes” and look at the differences between them.

To discuss how each plays a role in defining or influencing behaviour.

Time:

30 minutes

Steps:

1. Divide participants into three groups (if total number of participants is between 12 and 19) or six groups (if the total is between 20 and 30) and give each group one of the following topics:
 - a. Sex
 - b. Gender roles
 - c. Stereotypes
2. Ask each group to discuss, define, and give an example of its respective topic.
3. When the groups are finished, bring them back together and let them share their discussions.
4. Use the following “Presentation Notes” to clarify and summarize.

**PRESENTATION NOTES****Sex**

Sex has more than one meaning. It can refer to whether a person is male or female. It is also used to describe sexual intercourse.

Gender Roles

This refers to the different things that men and women do. Some of these things are based on fact because of male and female attributes, physical and other (e.g., only a woman can have children).

Other gender roles are based on what society believes about what men and women can or cannot do, for example, the idea that women are more caring and are therefore more suitable for certain jobs than men, such as nursing. Society’s beliefs and influences play a big role in determining male and female roles, but that is changing. For example, some countries do not allow women to join the army. The one clear difference between men and women is the fact that only women can become pregnant and bear children. Anything else is considered a stereotype.

Stereotypes

This includes beliefs about different groups of people that are not based on fact, but on what others think about that group. For example, statements such as “male dancers are homosexuals” or “women do not make good soldiers” are stereotypes because they are not based on fact.

5. Ask participants if they have any questions and discuss these. Discuss how stereotypes can affect the way we feel about ourselves, how we behave, what we believe we can do, the goals we set for ourselves, etc.
6. Summarize and highlight the following points.

Key points:

- **Sex means being either a male or female. This also applies to plants and animals.**
- **Gender role means the different things that a male or female is considered capable of doing. This is heavily influenced by society’s beliefs.**
- **Stereotypes are beliefs that have no factual truth—usually stories that have been around so long that people start to believe that they are true and treat them as such.**
- **Gender roles can change over time, especially when challenged to be proven right or wrong.**

LINKING SENTENCE

If a person believes that because s/he is a man or a woman, s/he is limited in what s/he can do with her or his life, the person will probably set different goals than what s/he really would like to achieve. Because gender roles can severely limit the plans we make and the goals we set for our future, it is important that we become aware of them and overcome the stereotyped expectations that are put on us. Then we can plan for ourselves, without worrying about how others see us.

To do this it is useful to be able to make the right decisions without being greatly influenced by what others say, think, or do.

ACTIVITY 6.3**GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying a good decision-making model to real life situations.

Time:

60 minutes

NTF:

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- **Remind participants about the model, referring to the particular unit where it was done.**
- **Start with step 10.**

Steps:

1. Ask the group the following question, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - a. When faced with a difficult situation.
 - b. When faced with more than one choice.
 - c. When faced by a challenge or challenging situation.
 - d. When there is a problem.
3. Use the following “Presentation Notes” to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the “**3C’s Model**: challenges, choices, and consequences.”



PRESENTATION NOTES

We make decisions every day of our life without always being aware of how we come to those decisions. Whenever we face a problem that needs us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the above choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 56** in their workbooks.

NTF:

For semi- or low-literate youth, do the following:

- **Choose and brief youth to role-play the scenario.**
- **Ask participants to get into pairs or groups of three and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

Your dad is a construction worker and you have grown up around many construction sites. You have also helped out a lot and have a lot of knowledge and skills and completed a Diploma in construction at the Technical College.

You see an advert for a builder with a local construction company and decide to apply. You get called for an interview and you realize that you are not taken seriously because you are young and considered inexperienced. What would you do?

1. What is the **CHALLENGE** that you are faced with?
2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First identify the problem or **challenge** that you are faced with.
 - b. Next, think of the **choices** that you have and write at least three of these down.
 - c. Next, identify both the possible negative and positive **consequences** of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.

7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.

8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.

9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.
10. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve our goals.**

LINKING SENTENCE

Although it is sometimes useful for us to discuss our situation with another person whose opinion we respect, it is important to realize that the final decision is ours and it will affect how we behave with and towards others.

ACTIVITY 6.4**GENDER VERSUS STEREOTYPES**

Purpose: To examine many beliefs about males and females and discuss which are fact or myth.

Time: 60 minutes

Steps:

1. Write each of the statements below on a separate sheet of flipchart paper:
 - “Males may believe that to be masculine they should ...”
 - “Females may believe that to be feminine they should ...”
2. Give each person a piece of paper and tell them to write one example of how they would complete each statement.
3. When all the participants are finished, invite comments and discussion on the points listed. Add any of the following points, **if they are not listed**.

Males may believe that to be masculine they should:

- a. Be in control and appear unemotional.
- b. Be the dominant partner in a relationship.
- c. Force sex on their sexual partners.
- d. Have sex early and with many partners.
- e. Work in careers that are mechanical or use physical strength.
- f. Be the “head of the family.”
- g. Have more than one wife and/or girlfriend.
- h. Have many children and earn lots of money.
- i. Take risks to prove their bravery.
- j. Settle things using physical violence.
- k. Drink or use drugs without showing the effects.
- l. Avoid “female” work like housework and raising children.

Females may believe that to be feminine they should:

- a. Show their emotions and be submissive.
- b. Give in to the demands of a sexual partner.
- c. Have many children, regardless of whether they want to or not.
- d. Think about the needs of others before their own.
- e. Look pretty and sexy for their partner.
- f. Accept men’s sexual harassment without complaint.
- g. Take the blame for violence, sexual assault, or rape.
- h. Avoid “mostly male” careers.

4. Divide the group into small, same sex groups. Ask each group to do the following:
 - a. Discuss the sentence “I’m glad to be a man/woman because ...” and list their reasons on flipchart paper.
 - b. Discuss “If I were a woman/man I could ...” and list these responses on a separate sheet.
 - c. When the groups are finished, ask them to put up their responses where all the participants can see them. They should put them up as follows:

Females' Responses	Males' Responses
I'm glad I'm a female because ...	I'm glad I'm a male because ...
If I were a male I could ...	If I were a female I could ...

5. Direct everyone's attention to the responses and ask if there are any stereotypes listed **or** if these are characteristics of women and men. You should expect and encourage as much discussion as possible to make sure that there is consensus.
6. Draw a line through any responses the group concludes are stereotypes.
7. Have a general discussion on what participants have learnt from the activity.
8. Summarize and highlight the following points:

Key points:

- **It is a fact that the only thing a man cannot do is give birth to a child.**
- **A woman can do anything she decides to do if given the opportunity.**
- **We need to be sure of what are real gender roles and what are stereotypes.**

LINKING SENTENCE

Gender roles have a great influence in shaping men and women's positions in life. But many people hold beliefs that are not based on any fact at all. It is important to know this and to realize the need for communicating clearly with others so we can understand how gender and stereotypes play a role in our lives and our relationships.

ACTIVITY 6.5**HOW GENDER AND STEREOTYPES AFFECT US****Purpose:**

To examine how gender and stereotypes influence our behaviour and the way we relate to others.

To get participants to realize the need to challenge certain beliefs about both sexes.

Time:

45 minutes

Steps:

6. Divide participants into four groups. Cut apart the following case studies so that each group can receive only the one they are going to work on.

GENDER ROLES CASE STUDIES**Case Study 1**

Salma has been offered a place at the village polytechnic to study engineering. She is the only girl in the class and the boys are always teasing her about a girl trying to do “a man's job.” When she came first in the exams, the boys stopped talking to her. She is feeling miserable because she has no friends in the class. What should she do?

Case Study 2

Malik wants to buy a doll for his younger brother, but his friend Bashir says, “No way!” Malik explains that dolls help teach little boys to take care of someone and be loving, but Bashir argues that they just teach boys to be sissies. Malik knows his own position is a good one, but he is concerned about what Bashir might say to their friends. What should Malik do?

Case Study 3

Stella and Oscar, both in tailoring school, have been writing to each other for more than a year now. Oscar is coming to visit Stella during the summer holiday and it is likely that they will end up having sex. Stella knows that having unprotected sex is risky so she goes to the corner pharmacy to buy some condoms. The cashier says to her that girls have no business buying condoms, and she refuses to sell them to Stella. What should Stella do?

Case Study 4

Yusuf and Nadya have been married for about one year. In the beginning, Yusuf would come home at awkward hours of the night and demand to be given food. Nadya would wake up, quickly prepare it, and return to bed. Now when Yusuf comes home, he is usually drunk and when Nadya wakes up to prepare his food, he often beats her, forces her to have sex, and tells her she is not a good wife. She is afraid to tell him to stop the beatings and the rape, and she does not dare tell his family. What should she do?

7. Give the following instructions:
 - a. Read the assigned case study.
 - b. Discuss and agree on a solution to the problem or situation given in the case study. Be sure to have reasons to back up your solution.
 - c. Choose someone from your group to present the case study and solution.

8. Invite discussion at the end of each presentation. Focus on:
 - a. Identifying the gender role or attitude/behaviour in each case study.
 - b. Exploring participants' views of the proposed solution and how they would do things differently.

9. Repeat the process until the group has discussed all the case studies.

10. Use the following points to stimulate general discussion:
 - a. Which sex has the most advantages? Disadvantages? Why is this so?
 - b. How do culture and religion affect gender roles for women and men? Give examples.
 - c. Are men and women equal? Are they treated equally? Do they have the right to be treated equally?
 - d. What have you seen that may suggest that gender roles are changing here in Tanzania?
 - e. How do gender roles and stereotypes affect male and female relationships?

11. Summarize and highlight the following points.

Key points:

- **Many relationships suffer because of expected gender roles and stereotypes.**
- **People, especially those in male/female relationships, must talk about what they expect from each other and not be bound by what others expect from them.**

LINKING SENTENCE

It is easy for us to fall into the gender roles that society expects of us. But we must be clear and talk about our own needs in our relationships, so that our partners become aware of our expectations, and not feel like they have to fit into any particular role. Let us now look at how gender affects the choices we make in terms of study and work.

ACTIVITY 6.6**GENDER ROLES AND VOCATIONS****Purpose:**

To look at how gender influences choices of work, training, and professions for both males and females.

Time:

30 minutes

Steps:

1. Remind the group that one of the most damaging results of stereotypes is the false belief that women and men should only have jobs in certain fields.
2. Divide participants into three small groups. Give each group a piece of paper and ask them to brainstorm and develop a list of:
 - a. Ten people from anywhere in the world who are well known or popular (male and/or female).
 - b. Ten African men who are well known or popular.
 - c. Ten African women who are well known or popular.
3. After a few minutes, ask volunteers to give you the names on their lists. Write these on the chalkboard or flipchart under the relevant heading.
4. Ask participants to discuss:
 - a. Which of these three lists was the easiest/hardest to compile? Why?
 - b. What kinds of jobs/professions do the men or women have?
 - c. Which of the males or females have non-traditional careers?
5. Allow general discussion on the questions above and any others that the participants may have.
6. Summarize and highlight the following points.

Key points:

- **People's beliefs about what men and women can do affects the work/study choices that they make.**
- **Sometimes people end up in jobs that they are unhappy about because of gender roles and beliefs.**

UNIT 6: GENDER ROLES AND EQUALITY

CONCLUDING NOTES

Gender roles are heavily influenced by society, and often based on stereotypes. Many relationships suffer because of expected gender roles and stereotypes. Beliefs about what men and women can do also affect choices about work and study, sometimes leading people to be unhappy. It will take a long time for us to start to change what society and others expect of us, and do more of what we feel is right for us. As we become more aware of our skills and abilities, as well as the need to pursue jobs that are in line with our values, it will get easier to challenge the stereotypes about gender that currently exist.

ACTIVITY 6.7**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves based on what we have learnt about gender and equality.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer, or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this unit?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of gender and equality.
3. Ask participants to turn to **page 59** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around gender roles and equality that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about gender roles and equality? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 to 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about gender and equality.

UNIT 7: RELATIONSHIPS

PURPOSE AND OBJECTIVES

This unit examines different kinds of relationships and helps participants to understand what builds or damages a relationship. In this unit we will look at the qualities of an ideal partner as well as explore the arguments young people put forward for and against having sexual intercourse as a teenager. The unit also looks at how heterosexual and homosexual relationships are formed and the advantages and disadvantages of being in a relationship.

By the end of this unit, participants should be able to:

- Explain which behaviours can improve or damage a relationship.
- Talk about what qualities develop and define friendship and romantic relationships.
- Explain what “homosexuality” means.
- Explain how to make effective decisions and the consequences of choices.
- Practise making difficult decisions.
- Apply effective decision making to sexual decisions.
- Practise resisting pressure.

ACTIVITIES 

Warm Up—The Human Web	<i>10 minutes</i>
Building Healthy Relationships	<i>45 minutes</i>
Peer Group Relationships	<i>45 minutes</i>
Heterosexual Relationships	<i>90 minutes</i>
The Ideal Friend or Partner	<i>45 minutes</i>
Good Decision Making	<i>60 minutes</i>
Under Pressure	<i>90 minutes</i>
What is Homosexuality?	<i>60 minutes</i>
Weighing the Options	<i>30 minutes</i>
When Relationships End	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

9 hours

ACTIVITY 7.1**WARM UP—THE HUMAN WEB****Purpose:**

To have participants focus on the complexities of relationships and the need to work together to solve most problems.

Time:

10 minutes

Steps:

1. Ask participants to stand in a circle with their eyes closed and arms outstretched in front of them.

NTF:

If working with a large group, do this activity in two smaller groups, either simultaneously if there is enough space, or one group after the next.

2. Explain that when you say “move,” all the participants should walk slowly towards the centre of the circle, and keeping their eyes closed, grab and hold on tight to whichever hands they touch.
3. Tell participants to keep their eyes closed until you tell them to open them.
4. Participants will find themselves entangled. When each person is holding someone else’s hands, tell them to open their eyes.
5. They should try to get untangled without letting go of each other.
6. If you are not happy with the way the hands have been held, for example, if more participants held hands of people to their sides and not in front of them, ask the groups to do the activity again.
7. Let participants return to their seats when you think the point has been made and it is clear that the “entanglement” is over.

ACTIVITY 7.2**BUILDING HEALTHY RELATIONSHIPS****Purpose:**

To identify positive and negative factors that influence relationships, and how to deal with these.

To discuss how to build positive relationships.

Time:

45 minutes

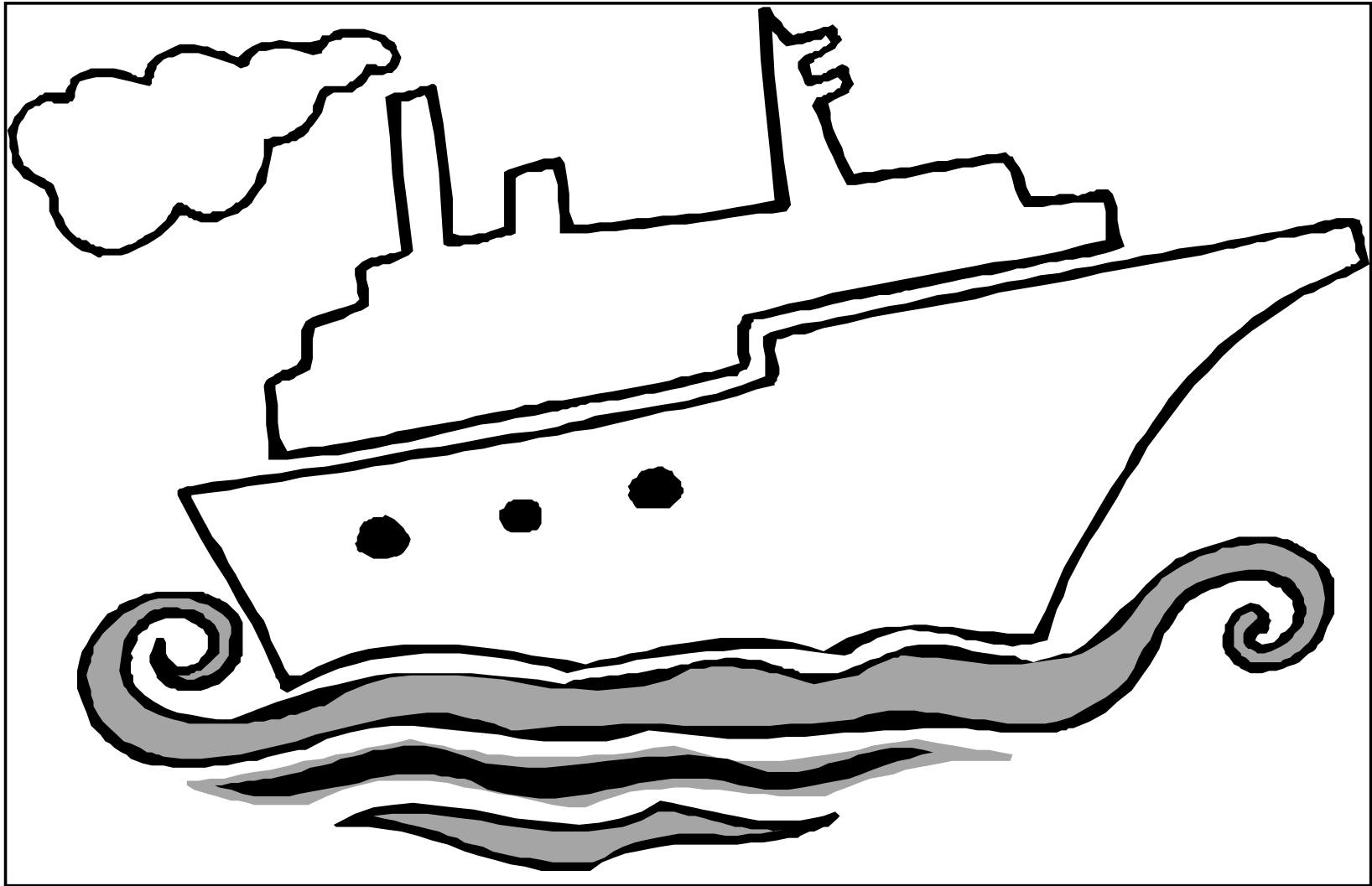
Materials Needed:

- Poster 7.1-The Ship
- Sticky tape or Prestik

Steps:

1. Start with an open discussion on the following questions:
 - Why do people get into relationships?
 - What are the different types of relationships that young people find themselves in?
2. List the responses on flipchart paper.
3. Display Poster 7.1: The Ship
4. Point out that just as there are certain things that keep a ship afloat and moving (calm seas, fuel, a solid hull or base), there are certain things needed to keep a relationship afloat.
5. Ask for an example of something that is necessary for a strong or healthy relationship (e.g., respect) and write it on the hull or base of the ship.
6. Also point out that there are certain things that can ruin a relationship, just as stormy seas or a bad storm can sink a ship. Ask for an example (e.g., dishonesty) and write it in the water beneath the ship.
7. Divide the participants into six groups and give each group a sheet of flipchart paper with one of the following headings written at the top. Explain that each heading refers to a type of relationship.
 - Peer
 - Social
 - Work
 - Sexual/Romantic
 - Family
 - Community

POSTER 7.1-THE SHIP



8. Tell participants that each group will do the following:
 - a. Draw a picture of a ship in the water.
 - b. Identify at least five things that help make their particular type of relationship successful and write these on the hull or base of the ship.
 - c. Identify at least five things that could damage or destroy the relationship and write these in the water beneath the ship.
 - d. Hang the flipchart on the wall when they are finished.
 - e. Spend no more than 15 minutes on this activity.
9. When all the groups are finished allow some time for them to move around and look at each other's ships.
10. You can use any of the following "Presentation Notes" to elaborate if needed.



PRESENTATION NOTES

Respect

- Respect is shown through attitudes and behaviour.
- The other person must feel valued, worthwhile, and important.
- Negative criticism, name-calling, and ridiculing are destructive.
- Useful ways to show respect include being there when needed, listening carefully to what is said, and responding appropriately.

Empathy

- Having empathy means trying to understand another person's position, that is, trying to see situations from the other person's point of view.
- This shows a deeper understanding, particularly if communicated back to the other person using different words.
- Empathy is different from sympathy.

Genuineness

- Being genuine involves being yourself and having positive self-esteem.
- Genuineness is shown if verbal and non-verbal behaviour give the same message.

Values and Attitudes


- Successful friendships/relationships are often based on the individuals having similar values. Two people will continuously be in conflict if their values about most things differ.
- Values can change over time, owing to changing circumstances, etc. This may have an effect on a relationship.
- Pressure to change values may jeopardize a relationship. If virginity before marriage is valued, for example, then pressure to become sexually active will harm the relationship.

Communication

- Humans communicate verbally and non-verbally. Verbal communication is talking. Non-verbal communication, also known as body language, is shown by listening, smiling, frowning, nodding, body posture, etc.
- Communication reveals how one individual feels about another.
- Most people tend to spend more time talking than listening.
- Listening is a skill that takes time to develop and needs to be practised.

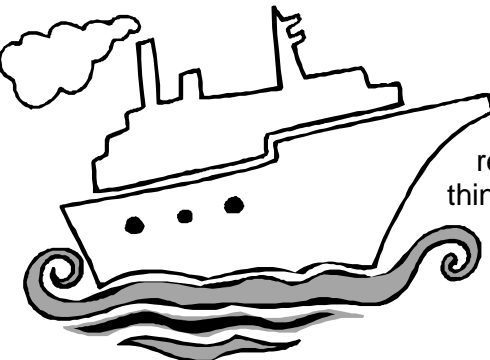
11. Encourage a brief discussion around the question, “Which qualities do you think are the most **difficult** to find in a relationship?”

12. Ask participants to turn to **page 62** in their workbooks.



WORKBOOK ACTIVITY

BUILDING HEALTHY RELATIONSHIPS



You can copy the list of things that can build or damage a relationship. Write them where they belong on the ship; things that build a relationship should be listed on the hull, and things that break or damage a relationship should be listed in the water.

13. Ask if there are any questions or comments and address these.

14. Summarize and highlight the following points.

Key points:

- **No two people are the same. We therefore need to compromise and understand each other's differences for relationships to be successful.**
- **Many people practise negative behaviours in their relationships.**
- **Respect and communication are two important factors needed to build a good relationship. (NTF: Here you can check what participants remember about communication from Unit 3.)**
- **We have to be honest with ourselves and those we have a relationship with. We should say when things are going right and when we are unhappy about something.**
- **We need to assess our relationships and decide whether they are good or bad for us.**

LINKING SENTENCE

Everyone deserves good relationships. Each of us has a clear idea of what we would like in a friend or partner, and we must be able to hold onto that. Apart from the five qualities discussed in this activity, there are several other qualities that make a relationship special. Remember that the best relationships result from each person working hard at giving the best of themselves at all times. Many relationships are far from perfect so we need to keep working at those that are important to us, especially those with our peers.

ACTIVITY 7.3**PEER GROUP RELATIONSHIPS****Purpose:**

To discuss the importance of belonging to a group.

To look at the benefits and disadvantages of belonging to a group.

Time:

45 minutes

Steps:

1. Ask participants to brainstorm common areas where adolescents may meet each other. List the responses on a chalkboard or flipchart paper.
2. Ask participants to talk about what makes friends and friendships important. Encourage the participants to share how they feel about having friends and different kinds of friendships.
3. Use the following “Presentation Notes” to explain the importance of friends.


**PRESENTATION NOTES****The Importance of Friends**

The peer group is important during adolescence. There is a great need to belong to a group, and this need is a natural part of adolescent development. This creates a need to conform to the behaviour acceptable to the group, which may lead to the individual being “swallowed” up by the group. The group’s behaviour may be detrimental to the adolescent (e.g., use of alcohol or drugs), and the adolescent may find herself or himself under pressure to take part in activities that s/he would not normally do. This is called peer pressure and often results in the adolescent joining in the group’s behaviour rather than risk being ridiculed or rejected by the group.

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

4. Put two sheets of flipchart paper on the wall. Write the heading **ADVANTAGES** on one sheet and **DISADVANTAGES** on the other. You could also write the two words on the chalkboard.

5. Place an assortment of markers next to the flipchart or several pieces of chalk near the board.
6. Ask for participants to buzz in threes for two minutes on the advantages and disadvantages of belonging to a group, then invite a volunteer from each group to write one point under each heading. The participants can add points from where they are seated.
7. Ask participants to share stories of how they have been influenced positively or negatively or pressured by their friends, and how they feel or felt about the individual or group at that time. Encourage them to share how they handled peer pressure.
8. Ask the group to get into their buzz groups of threes and come up with a list of ways to cope with peer pressure.
9. At the end, let the groups give their feedback and write the list of points on the chalkboard or flipchart paper.
10. Encourage general discussion at the end to make sure that all the participants agree with and accept the list for themselves.
11. Ask participants to turn to **page 63** in their workbooks.



WORKBOOK ACTIVITY

MANAGING PEER PRESSURE

Copy the guidelines that the group has come up with in the space below. You can refer to this for your own use or to share with your friends.

Guidelines for Dealing With Peer Pressure

12. Ask if there are any comments or questions and discuss these.

13. Summarize and highlight the following points.

Key points:

- **It is healthy and normal to want to belong to a peer group.**
- **Many youth find themselves bullied or taken advantage of by a peer group.**
- **We must first and always be true to ourselves and our values and make decisions that are good for us.**
- **Friends are important but we should not be led astray or pressured into doing things that we do not want to do.**

LINKING SENTENCE

As part of normal adolescent development, you may become more dependent on peers than on your family because you feel that they understand you better. This is fine, but it is important to know which peers are not good for you. They may not be bad people themselves, but have such an influence over you that they can convince you to do things that you do not want to, or that are not good for your development.

During adolescence you are especially vulnerable to peer pressure because you need to have friends, but you must choose friends who are “good” for you and who will help you make the right choices and decisions.

Friendships established during adolescence are vital, whether with the same sex or with the opposite sex, and those friendships can sometimes last a lifetime.

ACTIVITY 7.4**HETEROSEXUAL RELATIONSHIPS****Purpose:**

To examine how male/female relationships come about and look at the dating process.

To discuss what “platonic” means and its role in relationships.

Time:

90 minutes

Steps:

1. Write the word **HETEROSEXUAL** on the chalkboard or flipchart and ask the group to describe what it means. List the responses.
2. Acknowledge participants’ responses and clarify the meaning by explaining that “heterosexual” means “a person who is involved in an intimate or sexual relationship with a member of the opposite sex,” that is, male and female.

NTF:

If questions are raised about homosexuality you can explain what this means, “A person who is sexually attracted to a member of the same sex,” and say that this will be covered in another activity.

3. Ask participants to get into small groups and discuss the following for a few minutes:
 - a. How does a young person know when s/he is attracted to another person?
 - b. What are the common feelings that adolescents feel when they are attracted to someone?
 - c. How do adolescents express these feelings?
4. Bring the groups back together and ask participants to share their responses. List the responses on the chalkboard or flipchart paper and facilitate group discussion around them.

NTF:

The word “date” may be raised. If so, move to step 6. If not, continue with step 5.

5. Write the word **DATE** on the chalkboard or flipchart paper and ask participants what it is or what it means. List the responses. Go to step 7.
6. Point out or circle the word “date” and ask participants what it is or what it means. List the responses.
7. Divide participants into same-sex pairs or small groups. You will need a total of eight pairs or small groups of the same sex.

8. Give each pair or group a sheet of paper to write on.
9. Assign each of these topics to one male and one female group each.
 - a. Why would you go on a date? What are the advantages of dating?
 - b. What are some of the negative feelings or behaviours you could experience on a date? What could go wrong?
 - c. What are some of the positive feelings or behaviours you could experience on a date? What could go right?
 - d. What would you expect from a person you go out on a date with? How would you want that person to behave?
10. Ask each pair or group to choose a person to give feedback.
11. List the responses on the chalkboard or flipchart paper under the headings "male" and "female."
12. Facilitate discussion on each point and allow participants to share their views.
13. Ask participants to turn to **page 64** in their workbooks.



WORKBOOK ACTIVITY

ASKING FOR A DATE

Asking for a date is difficult because most teenagers are scared of being rejected or laughed at. Remember that asking for a date is not asking someone to commit him/herself to you in any way.

Below is a set of questions about dating. Choose one answer for each question to show how you feel. Put a tick (✓) next to the answer you choose.

1. What is the best way to ask a person for a date?
 - a. Phone
 - b. Face to face
 - c. Via a friend
 - d. Letter
 - e. Invitation to a party or special occasion
 - f. Other: _____
2. Who should ask for a date?
 - a. Boy
 - b. Girl
 - c. Either
 - d. Friend on the person's behalf
 - e. Other: _____

3. How soon/when does a person ask for a date?
 - a. When you have only just met
 - b. When you have been friends for a while
 - c. For a special occasion (e.g., party)
 - d. Other: _____

4. Where is the best place to go on your first date?
 - a. To the movies
 - b. To a disco
 - c. To a school function
 - d. To play sport
 - e. For a walk
 - f. To a bar
 - g. On a youth-group outing
 - h. Other: _____

5. What is the best way to get to and from the place you are going for your date?
 - a. Be dropped off by a relative or friend and later picked up at the end of the date
 - b. Walk
 - c. Use public transport
 - d. Go together
 - e. Meet at the place
 - f. Other: _____

14. When participants are finished, encourage them to share their answers and stimulate general discussion.

15. After a few minutes, present the following tips on dating.



PRESENTATION NOTES

TIPS ON DATING

- Be yourself.
- Use the time to talk about each other's likes, dislikes, and interests, and get to know each other better.
- Try to be genuine, open, and honest.
- Remain true to yourself.
- Show respect for your partner's privacy—do not ask too many personal questions until you get to know her or him better.
- Do not try to dress or act like someone else.
- Behave in a way that does not embarrass your partner or yourself.
- Discuss how you each feel or what you believe about certain behaviours before the date (e.g., using alcohol/drugs, sexual activity, etc.), and make decisions for yourself.

16. Ask if there are any questions or comments and discuss these generally.

Additional points for discussion include:

- a. What does the word “platonic” mean? (“Platonic” refers to a spiritual, friendly, non-physical/non-sexual relationship. There is no romantic or sexually intimate expression of feelings between the two people involved.)
- b. Can adolescents have platonic relationships? Why or why not?
- c. What are the advantages and disadvantages of platonic relationships?

17. Summarize and highlight the following points:

Key points:

- **Dating is a fun thing to do when we are comfortable with the person.**
- **We should make sure that we know what we expect from a date and state this clearly to the person.**
- **It is best to go to public places on a date, such as the movies, so as to avoid any dangerous or unpleasant incidents, such as being forced into sexual activity.**
- **Anyone can have a platonic relationship if he or she wants to.**
- **Girls do not have to wait to be asked out; they can take the initiative and ask a boy out on a date.**

LINKING SENTENCE

It is not always easy to get to know what a person is really like. Sometimes we can know a person for a long time and still be surprised by something they do or say. What is important is to know ourselves and what we want in a relationship, and be able to decide if someone is good for us or not. This decision will help us determine which people we will have in our lives and what kind of relationship we will have with each one.

ACTIVITY 7.5**THE IDEAL FRIEND OR PARTNER****Purpose:**

To discuss the qualities that adolescents seek in friendships or intimate relationships and to rank these in terms of importance.

Time:

45 minutes

Steps:

1. Choose and brief actors from the group to do the following short scenes. Each person should get a chance to share. Each scene should last no more than five minutes.

NTF:

Copy and cut out the scenes to give to the different groups.

2. Do all the scenes before any discussion.

Scene 1: Two female friends talking

You are both hanging out on the school grounds during lunch and talking about what you want out of life. Tell each other what behaviour, qualities, etc. you expect or will look for in a boyfriend.

Scene 2: Male and female on a date

This is the second time you are on a date together and you are still getting to know each other. Tell each other what behaviour, qualities, etc. you expect or will look for in each other as a boyfriend and girlfriend.

Scene 3: Two male friends talking

You are at a party where there are lots of pretty girls. You are sitting together and watching the dancing. You start talking about what behaviour, qualities, etc. you expect or will look for in a girlfriend.

3. Ask the other participants to observe the scenes quietly and make a note of the different behaviours and qualities that are mentioned.
4. At the end of the three scenes ask participants to share what they observed and to say which different qualities were mentioned in the three scenes.
5. Write down a list of the behaviours, qualities, etc. that are mentioned and ask the group to share their views on these points.
6. Ask participants to get into same sex groups of five or six people. Each group should first list the behaviours, qualities, etc. that they expect or look for in a partner/lover, then rank them in order of importance, with number one being the most important.

7. When each group is finished, ask them to display the responses on the wall.
8. Allow everyone to read them and invite comments on common qualities that people look for in others. You can use the following points to stimulate discussion:
 - a. How similar are the lists?
 - b. What are the main differences between the ideal man and the ideal woman? How does this play itself out in relationships?
 - c. What are the differences between the sexes in terms of how they ranked certain qualities? How do these affect relationships?
 - d. How does a person find the qualities that he or she is looking for in a partner?
9. Summarize and highlight the following points.

Key points:

- **We will not find in just one person all the behaviours or qualities that we expect or like.**
- **We should get to know people well enough so that we know what qualities they bring to the relationship that are in line with our expectations, and what they lack.**
- **No one is perfect. Everyone has a weakness and makes mistakes at some time.**
- **We should not judge others but learn to accept people for who they are.**

LINKING SENTENCE

Dating and getting to know people are exciting and interesting parts of life. This is how we make friends and find intimate partners or lovers. But we still need to remember to follow the rules and take time to know people. This is the only way we can make the right decisions about our friends or lovers. And remember, we all have to live with the consequences of any decision we make, so it is important that we make the right decisions, especially those that may have a major impact on our lives.

ACTIVITY 7.6**GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions about our relationships.

To practise applying the decision-making model to real life situations.

Time:

60 minutes

NTF:

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- **Remind participants about the model, referring to the particular unit where it was done.**
- **Start with step 10.**

Steps:

1. Ask the group the following question, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - a. When faced with a difficult situation.
 - b. When faced with more than one choice.
 - c. When faced by a challenge or challenging situation.
 - d. When there is a problem.
3. Use the following “Presentation Notes” to introduce the **decision-making model**. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the “**3C’s model**: challenges, choices, and consequences.”



PRESENTATION NOTES

We make decisions every day of our lives without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the above choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions, and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 66** in their workbooks.

NTF:

For semi-literate youth, do the following:

- **Choose and brief youth to role-play the scenario.**
- **Ask participants to get into pairs or small groups of threes and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

You are in a new relationship with a girl/boy and all s/he wants is to spend time with you. S/he is really nice and you enjoy being with her/him, but you miss spending time with your other friends. When you tried telling her/him that the two of you need to spend time with other people, s/he accused you of wanting to sleep around. What should you do?

- 1. What is the **CHALLENGE** that you are faced with?

- 2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

- 3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First, identify the problem or **challenge** that you are faced with.
 - b. Next, think of the **choices** that you have and write at least three of these down.
 - c. Next, identify both the possible negative and positive **consequences** of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.
9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.

10. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all, or as many as possible of the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through the 3C's model when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve our goals.**

LINKING SENTENCE

Being able to make the right decision is especially important when you are faced with a tough challenge, or being pressured by a situation or someone else. We will now look at how to deal with such situations.

ACTIVITY 7.7**UNDER PRESSURE****Purpose:**

To look at situations that call for quick or urgent decision making.

To discuss how to make the right decisions when one is in a difficult or pressured situation.

Time:

90 minutes

Steps:

1. Divide participants into four groups and give each group one of the following scenarios:

NTF:

Copy and cut the scenarios to give to the groups.

SCENARIOS: TOUGH DECISIONS**Scenario 1**

You have recently succeeded in giving up smoking weed (marijuana). At a party one weekend your good friend offers you a joint (marijuana cigarette). S/he is very persistent and says, "Just this last time." You know very well the high feeling you get from weed, and you do not experience any bad side effects. In fact, it makes you feel really cool and gives you confidence to talk to people. But you know that if you start again it may take a while before you can give it up. What would you do?

Scenario 2

You know about HIV and AIDS and other STIs, and have decided that you will not have unprotected sex with anyone. Your new girlfriend/boyfriend does not like condoms though, and says that you do not have to use one. S/he insists that using the herbs s/he got from her or his aunt/uncle will be more effective. S/he says that if you insist on condoms the two of you will have to end the relationship and s/he will find someone else who will not want to use a nasty condom. One afternoon at a friend's house you are drinking beers and watching TV. You and your girlfriend/boyfriend start to kiss and get really turned on so you move off to the bedroom for privacy. You really want to have sex with your girlfriend/boyfriend but s/he insists that you cannot use a condom. What would you do?

Scenario 3

You are one of the last to leave a party at your friend's house in Dar es Salaam. It is late at night and to get home you have to walk through some empty, deserted areas. Themba, your brother's friend, is supposed to walk with you but he has been drinking and smoking weed. He is not really drunk, but your mother told you never to be alone and far away from people with anyone that you do not know well or who has been drinking, but walking home alone at night through those isolated areas is very dangerous. What would you do?

Scenario 4

You have a very short temper and you always get into fights, so your family has sent you to spend some time with your aunt in Kanye to keep you out of trouble. One weekend at a party this young woman/man accuses you of trying to steal her or his boyfriend/girlfriend. You say you do not know what s/he is talking about and turn your back, but s/he grabs you by the arm and says you are lying. You feel your temper heating up and try to walk away, but s/he holds onto your clothes and starts shouting at you, saying how s/he is going to beat you up for talking to her or his boyfriend/girlfriend. What would you do?

2. Give each group flipchart paper and the following instructions:
 - a. Using the good decision-making model, identify the **challenges**, **choices**, and **consequences** presented in the scenarios. Write these on flipchart paper.
 - b. Spend ten minutes preparing a scene based on the decision made.
3. Bring the groups back together and let each group present its scene.
4. Use the following points to stimulate discussion at the end of each presentation:
 - a. How real is it to make the kind of decision shown by the group?
 - b. What other decision could the group have made?
 - c. Do you think the group made the best decision? Why? Why not?
 - d. What makes it difficult or easy to make the right decision?
5. After all the scenes, ask a few volunteers to share their experiences of having to make decisions in difficult situations before. These do not have to be sexual or related to the scenarios, just situations that they found themselves in where they found it difficult to make the best decision for themselves.
6. Encourage general discussion, allowing participants to share their views and opinions.

7. Summarize and highlight the following points.

Key points:

- **If in a difficult situation, decisions made should be determined by the measure of danger or difficulty we are in.**
- **We should try to remain true to our values.**
- **We should remember that we are the main person who will suffer the consequences of any decision that we make.**
- **If there is no time to consider all the choices and possible consequences, we should at least think of the best and worst things that could possibly happen and make a decision based on this.**

LINKING SENTENCE

It will not always be possible to go through the step-by-step process of the 3C's model. Sometimes because of time and circumstances we may have to make a fast or immediate decision. It is therefore important that we communicate our needs and expectations clearly so that people understand what we want and what we are not prepared to do, and avoid being in a "pressured" situation as much as possible.

This is important in all friendships, including those where we might find ourselves attracted to a member of the same sex or notice that someone of the same sex is attracted to us. It is useful to know how to deal with this, so let us now try to understand homosexual relationships and what homosexuality means.

ACTIVITY 7.8**WHAT IS HOMOSEXUALITY?****Purpose:**

To understand what homosexuality means.

To explore how to deal with attraction to members of the same sex.

Time:

60 minutes

NTF:

This activity is not designed to explore the right or wrong of homosexuality. Its key objective is to acknowledge that there is homosexual behaviour in our communities and to help youth understand and know the facts regarding homosexuality.

The facilitator is not expected to show support or disapproval of homosexuality, but to facilitate the discussions in a way that allows participants to share their views and acquire the factual knowledge they need.

It is important that the facilitator's personal feelings about homosexual behaviour not affect or influence her or his facilitation of this activity. S/he must not come across as judgemental or disapproving as there may be youth in the group who are grappling with this issue. The need for sensitivity is therefore very high!

A co-facilitator is recommended if the lead facilitator is uncomfortable with this activity and discussion.

Steps:

1. Write the word **HOMOSEXUAL** in the middle of the chalkboard or flipchart paper. You may also list the word **GAY**. If you chose to list the word **BISEXUAL** you will need to address that definition separately later on.
2. Ask participants to call out the first words that come to mind on hearing or seeing the word "homosexual" or "gay."
3. Ask participants as many of the following questions as possible:
 - a. What picture comes to mind when we think of a person that is homosexual, for example:
 - i. What would a homosexual person look like?
 - ii. How would s/he dress?
 - iii. How would s/he behave?
 - iv. What job would s/he have?
4. Encourage discussion around what the group thinks influences or makes a person homosexual. Ask them why a person may choose to be in a homosexual relationship.
5. Ask participants to turn to **page 69** in their workbooks.



WORKBOOK ACTIVITY

HOW WOULD YOU FEEL IF...

Read through and think about the following questions. You can make notes in the space below each one if you want to. You will be asked to share your feelings with the group.

HOW WOULD YOU FEEL IF...

1. Your closest friend told you he or she was homosexual?
2. You found out that your teacher was in a homosexual relationship?
3. Your favourite pop star announced that she or he was homosexual?
4. Your brother or sister told you he or she was homosexual?
5. A man dressed as a woman sat next to you on a bus?
6. Your church minister announced that she or he was homosexual?
7. Your boyfriend or girlfriend told you they think they might be homosexual?

6. At the end, ask for a few volunteers or call on a few participants to share their responses. Discuss why it is easier to accept homosexuality amongst strangers or in foreign communities than with people we know or in our own community.

NTF:

If you are running out of time you can choose some of the scenarios to do, rather than doing all of them.

7. Divide participants into four groups and give each group one of the following scenarios and instructions. Check that they understand what they have to do before they start.

NTF:

Copy and cut the scenarios to give to groups.

Instructions

In your groups, read through the scenario assigned to you and discuss whether or not you think that the person highlighted in bold may be homosexual or not, and why.

Omar is a married man with children. He has only been sexually involved with his wife and his girlfriends before. Omar watches a lot of pornographic (sex) videos and finds himself fantasizing about having sex with men including some of his male friends.

James was sent to prison for a number of years. There he developed a close and loving relationship with his cellmate that involved sexual activity. When he was released he began dating women again. He has been out of prison for five years now and has not had a sexual relationship with any man.

Zakaria is a young man who has been unemployed for a long time. A friend of his introduced him to a “sugar daddy” who offered him money and clothes in exchange for sex. Zakaria lives with his girlfriend but has started having sex with the man for the money and gifts that he gets.

Geoffrey says that from an early age he knew he was different from other boys. He has never fantasized about or had sex with a woman, although he has several female friends. Since adolescence he has always been involved in male sexual relationships.

8. At the end bring participants back together. Ask each group to read its scenario and say whether or not the group thinks that that person could be homosexual. The group should give reasons to support its answers.
9. Encourage general discussion at the end of each presentation. Here are some guiding questions.
 - a. How easy or difficult was it to decide the person’s sexual preference in some of the scenarios? Which ones? Why?
 - b. What do you think labels a person as a homosexual?
 - c. What good and or bad can come from labelling people?
 - d. What could be the advantages or disadvantages of homosexuality?
10. Summarize and highlight the following points.

Key points:

- **Homosexuality is not accepted in many societies, but it exists in every society. Acceptance of homosexuality is a human justice issue.**
- **Like in any relationship, a person must weigh the pros and cons of being involved with an individual, regardless of the person’s sex.**
- **During adolescence, many young people may feel attracted to a member of the same sex. How these feelings are dealt with and how family and friends respond to the person greatly influences how that individual acknowledges their sexual feelings.**
- **The dangers of being in a homosexual relationship are like in any other relationship. If a person practises unsafe sex, s/he may suffer**

the same consequences regardless of whom s/he has sexual intercourse with.

- **If a young person is concerned that s/he may have strong homosexual feelings, s/he should talk to someone that s/he trusts or a community/social worker. It is important to get the facts so that we are able to make the right choices for ourselves.**

LINKING SENTENCE

During adolescence, many teenagers experience feelings of attraction to members of the same sex, and some may actually have intimate physical or sexual contact with friends of the same sex. This does not always mean that the person is a homosexual; it could mean that they are going through a stage of physical/sexual development and experimentation. This could be a very confusing and difficult time and we must be careful not to judge or label others, but to be tolerant and supportive regardless of what they end up doing.

ACTIVITY 7.9**WEIGHING THE OPTIONS****Purpose:**

To examine reasons for and against having sexual intercourse as an adolescent.

To discuss what influences a young person to engage in or delay sexual intercourse.

Time:

30 minutes

Material Needed:

- Poster 7.2–Weighing the Options Scale
- Sticky tape or Prestik

Steps:

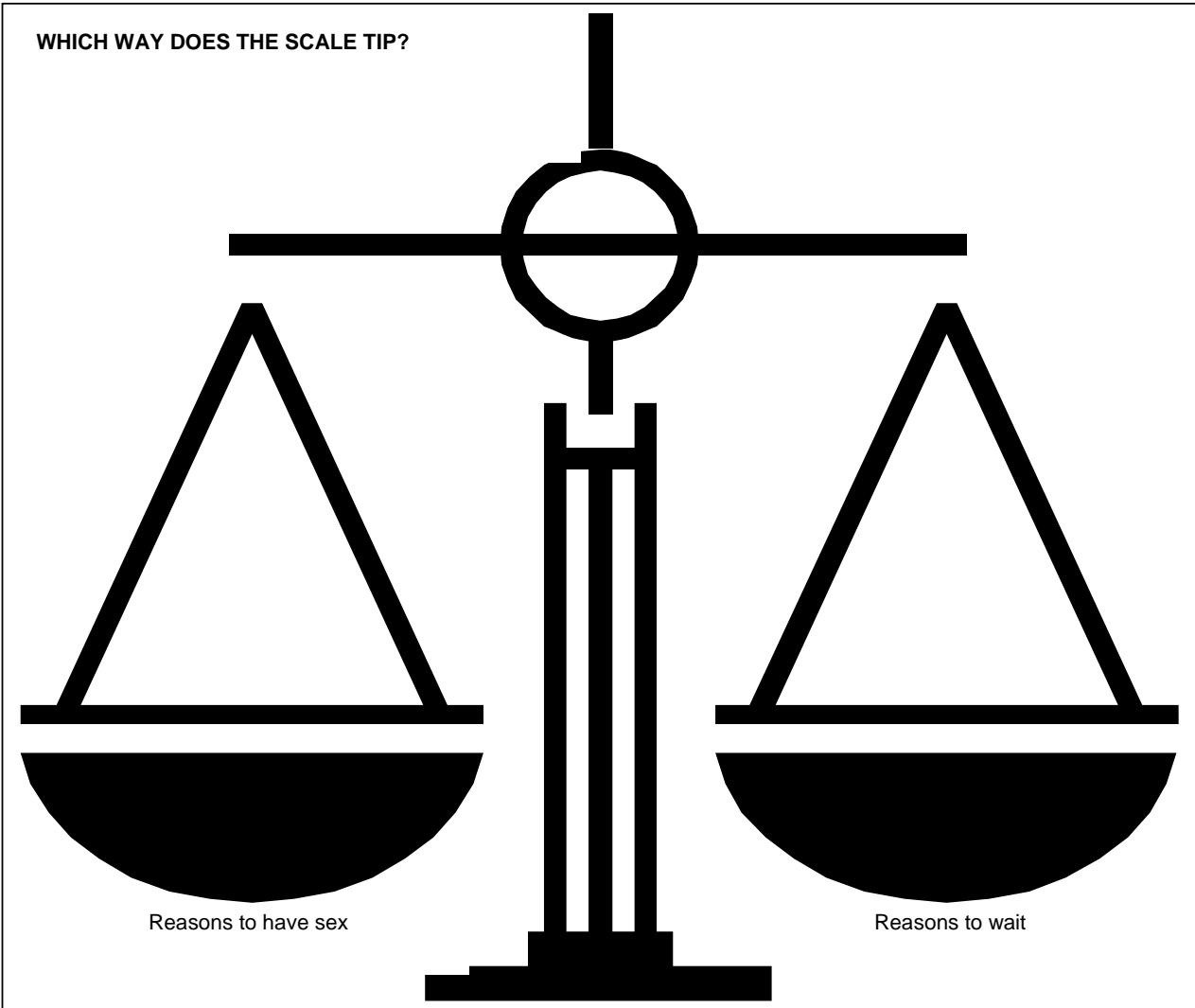
1. Start the activity by explaining to the participants that they will focus on sexual decision making in this activity.
2. Display Poster 7.2–Weighing the Options Scale.
3. Explain that the scale represents two choices young people can make about having sexual intercourse—either to have sex now (as a teenager) or to wait.
4. Divide the participants into two or four groups (depending on the total number of participants) and give each group a sheet of flipchart paper.

NTF:

If working with four groups, two will answer the same question. You can then discuss their responses jointly.

5. Ask the groups to do the following:
 - a. Brainstorm all the reasons and arguments why a young person would say “no” to sexual intercourse at this age.
 - b. Brainstorm all the reasons and arguments why a young person would say “yes” to having sexual intercourse at this age.
6. Each group should write their responses on a flipchart.
7. After ten minutes, bring the groups back together and ask them to present.
8. If working with four groups, let one group that is answering question “a” put up its flipchart paper, and then ask the second group that is also answering question “a” to add any additional points.

POSTER 7.2: WEIGHING THE OPTIONS SCALE



9. Do the same for the groups answering question “b.”

NTF:

Whether working with two or four groups, you should have only two sheets of flipchart paper on the wall.

10. Add any of the following points that do not come from the group.

Reasons for saying “Yes”

- To stop pressure from friends/partner.
- To communicate loving feelings in a relationship.
- To avoid loneliness.
- To get affection.
- To receive presents or gifts.
- To receive and give pleasure.
- To show independence from parents and other adults.
- To hold onto a partner.
- To prove you are an adult.
- To become a parent.
- To satisfy curiosity.

Reasons for saying “No”

- To follow religious beliefs or personal or family values.
- To be ready for intercourse before engaging in it.
- To keep a romantic relationship from changing.
- To avoid pregnancy.
- To avoid STIs, including HIV and AIDS.
- To avoid hurting parents.
- To avoid hurting your reputation.
- To avoid feeling guilty.
- As a result of early or previous sexual abuse.
- To reach future goals.
- To find the right partner.
- To wait for marriage.

11. Ask participants to discuss the two lists and rank the reasons using a scale of 1 to 3, where 1 = not a very good reason, 2 = a fairly good reason, and 3 = an extremely good reason.

12. Stimulate general discussion using the following questions as a guide:

- a. What influences teenagers to say “yes” to sex?
- b. What is the best and worst thing about saying “no” or “yes” to sex as a teen?
- c. What does a teenager need to know, or be prepared to do, if s/he is going to say “yes” to sexual intercourse?

13. Summarize and highlight the following points:

Key points:

- **It is an individual choice whether or not to have sexual intercourse as a teenager. The person must make her or his own decision based on the advantages and disadvantages to herself or himself.**
- **Teenagers are very vulnerable to peer pressure and the influence of friends and media. This often causes them to make the wrong choices and decisions.**
- **Being cool and popular is fun, but it often challenges our values. It may be very unpopular to do the right thing, but more self-satisfying.**
- **Being sexually aroused is normal and natural. It does not mean that we have to engage in sexual intercourse.**
- **Choosing to have sex is a serious decision. It needs to be thought about carefully so that we take the necessary precautions.**

LINKING SENTENCE

Failure to make good decisions about sexual intercourse is one reason many teenagers have unplanned pregnancies and/or contract STIs, including HIV. Young people need to be aware that if and when they do decide to act upon their sexual feelings, and have sexual intercourse, this is no guarantee that their friendship or relationship is going to last.

ACTIVITY 7.10**WHEN RELATIONSHIPS
END****Purpose:**

To examine what causes adolescent relationships to end.

To discuss how to end a relationship with dignity and respect.

Time:

45 minutes

NTF:

It is useful to have a co-facilitator for this activity.

If working with a large group (more than 12) choose participants or ask for a few volunteers. Make sure that you have enough to pair each participant with a member of the opposite sex.

Choose and brief the actors for the TV talk show (see Step 12) and let them practise beforehand. Copy the instructions for the actors.

Steps:

1. Ask the group to form pairs with members of the opposite sex. If there are uneven numbers make enough pairs and let those without partners act as observers.
2. Ask one partner from each pair to leave the room but make sure that it is not all the girls or all the boys that go out.
3. Give the following instruction to the partners that stay in the room. Make sure that the partners outside cannot hear what is being said.

“You have been dating your partner for six months. You like her/him a lot and the relationship has been going OK. You both have the same friends and like the same things, but you have decided that you no longer want to be in a relationship with her/him. You know that it will be a shock to your girlfriend or boyfriend. You have asked her/him to come and visit you today but s/he has no idea that you intend to break off the relationship.”

4. Ask the partners in the room to wait whilst you go and talk to the partners outside. Give them the following instruction and again, be careful not to let the partners in the room hear what you are saying.

“You have been dating this person for six months. You really care for her/him and think that the two of you can be together for a long time. Everything is going just great and you are sure that your partner feels the same way. You do a lot of things together and all your friends think that you are a great couple. You are going to visit your girlfriend/boyfriend today and are really excited at the thought of seeing her/him.”

5. Ask everyone to return to her or his partner and start talking. All the pairs should talk at the same time—not one after the other. Participants can stand if they want to or choose any position that is natural and comfortable.
6. Allow the conversations to go on for not more than four minutes, then stop the group.
7. Ask participants to return to their seats and discuss how they feel, either as the person breaking up or the person being let go.
8. Write two headings, **PERSON BREAKING OFF** and **PERSON BEING LET GO**, on the chalkboard or flipchart, and list the feelings mentioned under the appropriate heading.
9. Discuss:
 - a. What makes teenage relationships break?
 - b. Do most teenagers know when their relationship is not working and is likely to end?
10. Write down the responses and use the following “Presentation Notes” to contribute information and facilitate discussion.



PRESENTATION NOTES

REASONS FOR BREAKING UP

- One or both partners are no longer in love or no longer wants(s) to stay together.
- One partner wants a different kind of relationship from the other, e.g., going steady versus friendship, sexual versus non-sexual, or spending time mainly together versus being in a group.
- One person changes too much because of being in a different group, experimenting more than the other, undergoing a personality change when drinking or using drugs, normal adolescent changes, or personal, family, or school pressures.
- One starts taking an interest in or dating others.
- The partners have different sexual desires.

- The partner is found to be different from what was expected.
- The partner's qualities are found to be different from what is considered important.
- One partner places higher value on outside activities, such as sports, than being with friends or each other.
- One of the partners is moving to a different city or town.
- Parents do not consider the person or the relationship to be acceptable.
- There is conflict over roles within the relationship, e.g., equal status versus one dominating the other.
- There is emotional and/or physical abuse.

11. Ask participants if they have any comments or questions and discuss these. Encourage participants to talk about how teenagers can cope with a broken relationship. They can share their own experiences or that of friends.

12. Ask the participants that you have chosen for the TV talk show to put on the show at this point. All other participants should listen and observe.

TV Talk Show

This is a weekly programme on youth issues on national television. Today's guests are two youth from a local secondary school, a parent from the community, a counsellor, and a youth on parole for beating up his girlfriend. The television interviewer manages the programme.

Choose five people to play one of the roles above and give each person her or his part to read. The facilitator can act as the interviewer.

Interviewer: Welcome once again to "Youth Talk." Today we will be looking at breaking off relationships. We have with us Henry and Hilda from a Secondary School in Dar es Salaam, Charles (who was charged with assault and is currently in a rehab programme), Mama Swai from the Counselling Centre, and Mr. Mushi, a parent. Welcome, guests. If I can start with you, Hilda, what message do you have for our young viewers?

Hilda: Well, first thing is that they should be prepared for painful feelings. It is not easy breaking off a relationship, or being told that you're not wanted as a partner anymore. It hurts either way. If you're the one ending the relationship, be careful not to let yourself be talked out of it. Always remember why you made the decision to break up.

Interviewer: Thanks Hilda. How about you, Mama Swai? What do you have to say about this issue?

Mama Swai: Well, it is really important that you are kind and honest, not cruel. Give reasons for the breakup, but do it in the way you would like it to be done to you. And also, you should think about the timing. If the other person is writing exams or experiencing family problems, it may be best to wait until a better time, but don't wait too long.

Interviewer: Some good points there from counsellor Swai. Can we hear from Mr. Mushi? As a father of four teenagers, you must have seen a fair number of broken hearts.

Mr. Mushi: Oh yes, I certainly have. My advice to any young boy or girl out there who is about to break up with someone is, try not to blame yourself or your partner. People change, especially teenagers. But more important, try to stay friends. This isn't always easy to do, but at least try.

Henry: It is all right to try to remain friends but people shouldn't make promises they can't keep. If you're breaking up you can try to be friends but don't promise to call each other and go out "once in a while" and stuff like that. That only makes it harder. The point I would like to make is that the person should break up face-to-face. It is not nice to write a letter or call the person on the phone to end a relationship. You should be brave enough to talk to that person so that they can see that you mean what you're saying.

Interviewer: Unless, of course, if the person lives really far away or if you're afraid of some physical harm. Which brings us to you, Charles. What would you say?

Charles: Yeah, well, I've learnt my lesson. My girlfriend wanted to end the relationship and I was so hurt and angry that I hit her. I was really sorry afterwards but it was too late. Anyway, I would say to girls especially, make sure that you're in a place that is safe and open. You never know how people will react so don't take a chance and be alone. It could turn out quite nasty if the man doesn't take it too well.

Interviewer: Well, there you have it, viewers, tips on how to break off a relationship. That's all for today. Do join us again tomorrow as we discuss "How to mend a broken heart." Thank you and goodbye.

13. At the end ask if there are any comments or questions on the issues raised in the talk show and discuss these. Encourage participants to speak openly and freely and to share their experiences.

14. Ask participants to turn to **page 70** in their workbooks and ask each volunteer to read one of the guidelines.



GUIDELINES FOR ENDING A RELATIONSHIP

Read through the following guidelines then share how you feel about them:

- Be prepared for hurt feelings. Sometimes people re-establish relationships so that they do not feel uncomfortable. This does not help but only delays the person getting in touch with how they really feel.
- Be kind and honest but not cruel. Give reasons for the break-up, but do it in the way you would like it to be done to you.
- Do not let yourself be talked out of it. Always remember why you made the decision to break up.
- Do not blame yourself or your partner. People change, especially as teenagers.
- Consider your timing. If either of you is writing exams or experiencing family problems it may be best to wait until a better time, but not too long.
- Break up in a place where you can safely leave. Being stranded is not pleasant.
- Try to stay friends. This is not always possible but it is important to try to achieve.
- Do not make promises you cannot keep. This will only prolong the difficulty.
- Try to end the relationship face-to-face. Fearing the other person's reaction causes some people to write a letter or phone or to get others to break up the relationship for them. This should only be done if physical abuse is feared or if living far away from each other.

15. Allow a few minutes to discuss the given points. Remind participants of the ground rules they established at the beginning of the workshop, such as using "I" statements and a non-judgmental approach. Ask how these "rules" apply to ending a relationship.

16. Summarize and highlight the following points.

Key points:

- **No one has the right to force us to stay in a relationship or to physically or verbally abuse us if you choose to leave.**
- **If we are in an abusive relationship, we should talk to a relative or local counsellor or social worker. It is our right to leave that relationship, so we must get the help we need.**

UNIT 7: RELATIONSHIPS

CONCLUDING NOTES

Building and maintaining healthy relationships of all kinds requires respect, communication, and honesty. Friendships established during adolescence are vital, but not all relationships are healthy or good for us. We must be true to our values and ourselves and make decisions about relationships that are good for us. We should resist pressure from our peers to do things we do not want to do. Dating can be lots of fun, but we should know what we expect from it. Choosing to have sexual intercourse is a serious decision, and it needs much careful thought. Being sexually aroused is normal and natural, but it does not mean you have to have sex.

In adolescence, many relationships will end. Breaking up is never easy—not for the one ending the relationship or the one being let go. But it is bound to happen at some time, especially during adolescence as teens discover personal likes and dislikes about themselves and their friends. Except in relationships where there is some kind of abuse, it is a good thing to try and break up in a way that lets both partners keep their dignity and self-respect.

ACTIVITY 7.11**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of our relationships.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions they should answer. Write and hang them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this unit?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their relationships.
3. Ask participants to turn to **page 71** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around relationships that took place in this unit. What commitment are you going to make to yourself in terms of what you have learnt about relationships? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about relationships.

Section Three: How Am I Going To Get There?

LIFE PLANNING SKILLS
A CURRICULUM FOR YOUNG PEOPLE IN AFRICA
TANZANIA VERSION

**SECTION THREE:
HOW AM I GOING TO GET THERE?**

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UNIT 8: TEENAGE PREGNANCY

PURPOSE AND OBJECTIVES

This unit describes the different ways an unwanted pregnancy can be avoided. It also explains the social and health consequences of early pregnancy and some of the health risks of illegal abortion.

By the end of this unit, participants should be able to:

- Understand and explain how to prevent an unwanted pregnancy.
- Understand the consequences of early pregnancy and the options that are available for pregnant teenagers.
- Explain how pregnancy occurs and contraceptive measures that are suitable for teens.
- Know how to make good decisions for themselves.
- Speak more comfortably about contraception.

ACTIVITIES

Warm Up–Robot Testing	<i>10 minutes</i>
Bag of Dreams	<i>15 minutes</i>
Consequences of Teenage Pregnancy	<i>120 minutes</i>
Good Decision Making	<i>60 minutes</i>
How Pregnancy Happens	<i>30 minutes</i>
How Contraception Works	<i>90 minutes</i>
Discussing Contraception	<i>45 minutes</i>
Options Available to Pregnant Teenagers	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

7 hours 15 minutes

ACTIVITY 8.1**WARM UP—ROBOT TESTING****Purpose:**

To get participants moving around the room in a relaxed way.

To have fun before engaging in intense discussions.

Time:

10 minutes

Steps:

1. Divide the participants into groups of three.
2. Two people in each group should act as robots and the other as a “robot tester.”
3. Let all the robots start moving at the same time, walking in the same direction.
4. The testers should follow her or his two robots and control her or his robots’ movement by simply touching either their right or left shoulder.
5. The tester must try to stop his or her own robots from crashing into obstacles such as walls, chairs, or other robots.
6. Stop the game when it is clear that participants are having fun and are relaxed.
7. If time allows you can let the “robots” and “testers” change places or do the activity at another time during the training programme, so that each person gets a chance to be a “robot” and a “tester.”

ACTIVITY 8.2**BAG OF DREAMS****Purpose:**

To examine how our behaviour affects our plans.

To acknowledge that today's actions affect us in the future.

Time:

15 minutes

Materials Needed:

- Paper bags (so they cannot be seen through)—one per participant

Steps:

1. Write the following statements on two separate pieces of paper and place one inside a paper bag:
 - a. You just found out that your girlfriend is pregnant.
 - b. You just found out that you are pregnant.
2. Label each bag “F” or “M” for each female or male participant.
3. Divide participants into pairs and give each one a paper bag. Tell them not to open the bags. Make sure that participants get the right one according to their sex.
4. Ask participants to do the following:
 - a. Close their eyes and think about their **hopes, dreams, and plans** for the future. Tell them that what is in the bag is something that could have a big influence on their hopes, dreams, and plans for the future.
 - b. Share their hopes, dreams, and plans for the future with their partner. Allow five minutes each for this sharing to take place.
 - c. Open the bags and read the statement inside.
 - d. **Discuss the effect of the statement on their hopes, dreams, and plans.**
5. After five minutes, bring the group back together and encourage general discussion around point “d.” Add any additional information and clarify issues.

ACTIVITY 8.3**CONSEQUENCES OF TEENAGE PREGNANCY****Purpose:**

To discuss the effects of teenage pregnancy as shown in the video “Yellow Card” and relate these to real life.

Time:

120 minutes

Material Needed:

- “Yellow Card” video

Steps:

1. Show the “Yellow Card” video.
2. After the first 45 minutes, ask participants if they would like a “stretch break.” If yes, take a five-minute break.
3. Take a short ten-minute break at the end of the video, before the discussion.
4. When the group is back ask them to raise any comments or questions that they have about the video and discuss these, or use the following questions to stimulate discussion:
 - a. From the video, what are the consequences of teenage pregnancy?
 - b. Why do you think that Tiyane and Linda:
 - i. Decided to have sex?
 - ii. Did not use protection?
 - c. What were the challenges or difficulties that Tiyane faced in the video?**
 - d. How did the decisions that he made affect his life? Others?
 - e. How do the issues shown in the video relate to real life?**
 - f. What key lessons can we learn from the video?**

NTF:

If pressed for time, ask only the questions highlighted in bold to stimulate effective discussion.

5. Summarize and highlight the following points:

Key points:

- **People do not always plan to have sex. Sometimes they find themselves in situations where it seems like the right thing to do.**
- **Young people need to consider the consequences of their actions seriously, before engaging in sexual intercourse.**
- **Sexual intercourse has many risks. You must think carefully before deciding to have sex.**

LINKING SENTENCE

Teenage sexual activity is risky. Remember that avoiding or postponing sexual intercourse is always the most effective way to prevent sexual risks. If and when a person decides to have sex he or she should bear in mind the possible consequences and make responsible decisions for herself or himself and her or his partner.

ACTIVITY 8.4**GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying a good decision-making model to real life situations.

Time:

60 minutes

NTF:

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- **Remind participants about the model, referring to the particular unit where it was done.**
- **Start with step 10.**

Steps:

1. Ask the group the question, "Under what situations or conditions does a person make a decision?"
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - When faced with a difficult situation.
 - When faced with more than one choice.
 - When faced by a challenge or challenging situation.
 - When there is a problem.
3. Use the following "Presentation Notes" to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the "**3C's model**: challenges, choices, and consequences."



PRESENTATION NOTES

We make decisions every day of our life without always being aware of how we come to those decisions. Whenever we face a problem that needs us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the above choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions, and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 76** in their workbooks.

NTF:

For semi-literate youth, do the following:

- **Choose and brief youth to do the role-play.**
- **Ask participants to get into pairs or small groups of threes and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

You and your boy/girlfriend had unprotected sex some time ago. You are both worried that she/you may be pregnant because she has/you have not had a menstrual period since then, and it's been a month already. What should you do?

1. What is the **CHALLENGE** that you are faced with?

2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1: _____

Choice 2: _____

Choice 3: _____

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First, identify the problem or **challenge** that you are faced with.
 - b. Next, think of the **choices** that you have and write at least three of these down.
 - c. Next, identify both the possible negative and positive **consequences** of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.
9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.

10. Encourage participants to complete the workbook activity on **page 76** in their free time. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of consequences and we have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**

LINKING SENTENCE

Decisions about sex and sexuality are amongst the most difficult ones to make. Adolescents need to take time to get the facts about how engaging in sexual intercourse may affect them. Let us now look at how pregnancy happens.

ACTIVITY 8.5**HOW PREGNANCY HAPPENS****Purpose:**

To understand the facts about conception and the role that the male and female organs play.

To discuss special cases of pregnancy and what causes them.

Time:

30 minutes

Steps:

1. Divide participants into three or four small groups. Give each group flipchart paper and assorted markers.
2. Tell each group to do the following:
 - a. Look at the posters showing the male and female reproductive organs.
 - b. Think back to the discussions we had before about the reproductive organs and how they function (Unit 2: Adolescent Development).
 - c. Discuss and show on flipchart paper how you think pregnancy happens.
 - d. You have ten minutes to complete this.
3. Choose one person from the group to present at the end.
4. After ten minutes bring participants back together and let each group present the outcome of their discussion. Ask participants to hold their comments for general discussion at the end of all the presentations.
5. When all the groups have finished, invite questions and comments from participants. List questions that are raised and inform participants that you will try to address these in the presentation.
6. Use the following “Presentation Notes” to explain each step.



PRESENTATION NOTES

HOW PREGNANCY HAPPENS

About once a month, one ovary releases an egg. This is called **ovulation**. This is the time that a woman is fertile and most likely to become pregnant if she has sexual intercourse. Because it is very difficult to know in advance when ovulation will happen, it is possible to get pregnant any time a woman has sexual intercourse.

Once the egg leaves the ovary, it begins to travel through the Fallopian tube, making its way to the uterus (womb). When a male and female have sexual intercourse, a fluid called semen comes from the male's body. The semen carries sperm in it. A sperm is very small. If the male ejaculates during sex, the sperm are left in the vagina. If he does not ejaculate, sperm may still be in the vagina from the sexual fluid that comes out of the penis. This is called "pre-ejaculation." Sperm can move on their own. They swim up through the cervix, into the womb and into the tubes, looking for the female egg. If a female's egg(s) is/are in the tubes at this time, the sperm may find it/them. When one sperm joins with one egg, this is called **fertilization**. A fertilized egg can grow into a foetus, and that is **pregnancy**. Pregnancy can happen whenever there is unprotected sexual intercourse between a man and woman. Unprotected means when no method of contraception is used to prevent pregnancy.

Because the Fallopian tube is small, only the joining takes place there. The fertilized egg then travels into the womb and settles into the soft part on one side of the womb. This is called **implantation**.

7. Ask participants if they have any questions and discuss these. Be sure to check that questions raised during the first discussion have been addressed.
8. Use the following "Presentation Notes" to describe special cases of pregnancy.



PRESENTATION NOTES CONTINUED...

HOW PREGNANCY HAPPENS

Special Cases of Pregnancy

Ectopic pregnancy happens when the joined sperm and egg remain in the **tube** and begin to grow. This may be for different reasons, such as when the tube is blocked. The foetus begins to grow in the tube, but because the tube is small, it can burst without warning. This is very dangerous and needs to be treated as an emergency in a hospital. In most ectopic pregnancy cases the foetus dies and the woman stands to lose that Fallopian tube. It is still possible to become pregnant with one tube however.

Twins are formed in two ways. Sometimes one fertilized egg splits into two foetuses resulting in **identical twins**. They are called identical because they come from the same egg. Sometimes the two foetuses do not separate completely, but remain joined at some part. The babies are then born joined to each other and are called conjoined or Siamese twins. When this happens, the babies will have to be separated by an operation. Twins may also be formed when the woman's body releases two eggs at once. If both eggs are fertilized separately, two foetuses can develop. These are called **fraternal twins**.

If a woman is having trouble conceiving, a doctor may suggest **artificial insemination**, in which sperm taken from a man is put into the woman's vagina. A more complicated technique is called "in vitro" or "test tube" fertilization. It is when sperm is taken from the male and an egg is taken from the female, and fertilized in a lab—outside of the mother's uterus. Once the egg has been fertilized, it is then put into the uterus so that the foetus can grow normally.

9. Summarize and highlight the following points:

Key points:

- **Pregnancy happens if a female and male have unprotected sexual intercourse and the sperm from the male body meets an egg in the female body. This is called fertilization.**
- **As long as a male's body is producing enough fertile sperm he can make a female pregnant; it does not matter what age he is.**
- **Female eggs are released once a month. If the egg meets a sperm and becomes fertilized, it will attach itself in the uterus/womb and grow into a baby.**

LINKING SENTENCE

Now that we understand how pregnancy happens, it is important to understand how to prevent unwanted pregnancies. If young people choose to engage in sex, they need to be informed about the different methods of contraception, how they work, and which ones are most appropriate for them.

ACTIVITY 8.6**HOW CONTRACEPTION WORKS****Purpose:**

To look at contraceptive methods that are suitable /appropriate for teenagers.

To discuss how contraception works to prevent pregnancy and discuss different methods of contraception.

Time:

90 minutes

NTF:

You should have as many samples as possible of different methods of contraception for this activity.

It is useful to invite a nurse or medical person to give the factual presentation. S/he could also address questions related to advantages and disadvantages of each method.

If conducting the activity alone, make sure that you know the facts about the different methods so as to address participants' questions properly.

Steps:

1. Ask the group how pregnancy can be prevented, then brainstorm as a group on the common (known to them) methods of contraception available in Tanzania.
2. List these on the chalkboard or flipchart paper and discuss those that are proven methods and those that are myths.
3. Encourage discussion about these methods and give factual information. Add any that are missing, such as rhythm or traditional methods. The facilitator should clearly distinguish between scientifically proven and mythical methods.
4. Ask participants to share their views on how each method works and which, if any, they think are most suitable for teenagers. Make a note of key words from the responses.
5. Use the following "Presentation Notes" to clarify and give factual information.



PRESENTATION NOTES

SUITABLE CONTRACEPTION FOR ADOLESCENTS

Contraception is birth control. Most methods are chemicals or devices designed to prevent pregnancy. Others, like abstinence, are a behavior.

Contraception works in three main ways:

- a. Complete avoidance of sexual intercourse; abstinence.
- b. Hormonal methods; interfere with either the ovulation process, the sperm, or the egg.
- c. Barrier methods; prevent the sperm and egg from meeting.

There are a number of contraceptive methods recommended for adolescent use. These are:

- Abstinence
- The pill (oral contraceptives)
- Contraceptive injections
- The male condom
- The female condom
- Spermicides
- Emergency contraception

All of these methods are reversible. That means that a woman can get pregnant when she and her partner stop using it. None of them are permanent, and none cause a woman or man to be sterile. No method is completely effective, except abstinence. Therefore, there is a risk involved when using any method. Ideally, the choice of a contraceptive method should be made with the partner's involvement.

Abstinence: Completely avoiding sexual intercourse. This is an important choice for those adolescents who are not ready for sexual intercourse and its risks of pregnancy, STIs, or emotional challenges. This method does call for self-discipline and respect for each other's wishes. The responsibility rests with both partners.

The pill (oral contraceptives): These are hormonal methods, including the combination and mini-pill. The mini-pill is not advisable for teenage use. These pills contain hormones that change the body in a number of ways to prevent pregnancy (e.g., suppress and prevent ovulation and alter the movement of the Fallopian tubes). This method does not protect against STIs, including HIV.

Contraceptive injections: These work similarly to the pill. There are two types of injections; one that gives protection for eight weeks and another for 12 weeks. This method does not protect against STIs, including HIV, and AIDS.

Male condom: The rubber sheath rolled onto the erect penis before sexual intercourse prevents the sperm from entering the vagina. It is more effective at preventing pregnancy if used with a spermicide. Used properly, condoms can effectively protect sexual partners from contracting STIs, including HIV.

Female condom: This is inserted into the woman's vagina before sex. A ring holds the condom in place during intercourse and catches the man's sperm so that it does not enter the vagina. Used properly, female condoms can effectively protect sexual partners from contracting STIs, including HIV, and AIDS.

Spermicides: These kill or immobilize sperm so that they are prevented from moving towards the egg. This method does not protect against STIs, including HIV, and AIDS.

Emergency contraception: This is a special dose of contraceptive pills that is taken within 72 hours of unprotected sexual intercourse. This pill dose may cause a disruption in the menstrual cycle. It is highly effective. It is especially useful in the following situations:

- Rape
- Contraceptive method failure, e.g., a broken condom
- A single act of unprotected sex

With all contraception, it is important that partners are counselled, especially in cases where the sexual intercourse was either unplanned, unprotected, or unwanted. Each person must get the facts and make his or her own decisions, considering the disadvantages of each method against an unwanted pregnancy.

Common side effects and symptoms vary with the different methods but particularly with pills and injections girls and women may experience:

- Headaches
- Irregular menstrual cycles
- Stomach cramps
- Nausea (sometimes vomiting)
- Weight loss or weight gain

6. At the end of the presentation, invite questions and comments from participants and discuss these.
7. Divide participants into small groups according to the number of samples of contraceptives that you have.
8. Give each group one of the contraceptive samples (and any available additional information, such as brochures) and ask them to discuss:
 - a. How this method prevents pregnancy.
 - b. What the advantages and disadvantages are of using this method.
 - c. How this method prevents a woman from becoming pregnant in the long term.
 - d. What fears or concerns they have about this method.

9. Bring all the groups together. Ask each group to select one participant to report to the whole group about the method his or her group has just discussed.
10. Make sure participants understand this activity well. Be sure to correct any misinformation. Ask for questions or clarifications from other participants.
11. If possible, organize a visit for the whole group to a local clinic where they can see and examine these methods.
12. Summarize and highlight the following points.

Key points:

- **Abstinence is a form of contraception.**
- **Other contraceptives are generally hormonal or barrier methods.**
- **Different people experience different side effects of contraception, and some may have none at all.**
- **The rhythm method is not suitable for teenagers because it involves more pregnancy risk and does not help prevent STIs, including HIV and AIDS.**
- **The safest form of contraception is one that provides protection against unwanted pregnancy and STIs. That means either abstinence or condoms alone, or condoms with another method such as oral contraceptives or injections.**

LINKING SENTENCE

It is important to know the different methods of contraception available and how they work. But it is not easy to raise the issue of contraception with your partner or parents. Sex is still considered “taboo” in many communities and this makes it difficult to talk about it. For this reason, many young people find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.

ACTIVITY 8.7**DISCUSSING CONTRACEPTION****Purpose:**

To look at how to raise the issue of contraception with partners and parents.

Time:

45 minutes

NTF:

Depending on the number of participants and the time, choose only some of the scenarios to do. You can select the groups and give them their scenarios beforehand.

Steps:

1. Divide participants into single sex groups of three or four people and give each group one of the following scenarios and instructions.

NTF:

Copy and cut scenarios to distribute to groups.

Instructions

In your groups do the following:

- a. Read through the scenario.
- b. Discuss how you would deal with or discuss the problem/situation.
- c. Prepare a sketch to show the scenario and solution.
- d. You have 20 minutes to do this.

Scenario 1: Girl group

You are a 15-year-old teenage girl who is experiencing painful menstrual cramps. A health worker who visited your school told you that sometimes using the contraceptive pill stops the cramps or makes them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think this is an excuse to have sex.

Scenario 2: Boy group

You and your girlfriend have been having sex regularly for a few weeks. You do not use a condom every time but you hope that she is using the pill or something else so that she does not become pregnant.

Scenario 3: Girl group

A number of your teenage friends have become pregnant. Your mother takes you to the family planning clinic and tells the provider to put you on contraception. You are a virgin and did not expect this from your mother, plus you are not planning to have sexual intercourse anytime soon.

Scenario 4: Boy group

Your father finds a condom in the pocket of your pants that are waiting to be washed. He calls you and starts questioning you about your sexual activities. He knows you have a girlfriend but does not think that you should be having sex. You and your girlfriend are not having sex and have decided that you are not ready for sex until you finish school. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

2. After 20 minutes bring the groups back together. Let each group take turns presenting its scenario.
3. At the end of each scenario invite questions and comments from the observing participants about the approach and solutions presented.
4. After all the presentations/scenarios have been done, have a general discussion. You may use the following questions to get the group started:
 - a. Do most youth want to be able to discuss issues of contraception with parents or partners?
 - b. Why is it difficult for teens to raise these issues with parents or partners?
 - c. How can these problems be addressed?
5. Summarize and highlight the following points.

Key points:

- **Contraception is the responsibility of both partners.**
- **Although difficult, it is good if parents can be included in discussions about contraception.**
- **More young people need to communicate and exercise their right to abstain from sexual intercourse.**

LINKING SENTENCE

Most parents find it difficult to accept that their child is now a young man or woman and might be having sexual intercourse. If necessary, it may be helpful to ask another member of the family or a health/social worker to help you talk to your parents, rather than hiding or doing risky things.

Also, bearing in mind that apart from abstinence no method is 100 percent safe, it is good to have your partners' and parents' involvement in your decision to use contraception. That way, should you or your partner accidentally become pregnant, you will know that your parents and partner will be able to help you discuss your options and support the decision that you make.

ACTIVITY 8.8**OPTIONS AVAILABLE TO PREGNANT TEENAGERS****Purpose:**

To discuss the different choices that a pregnant teenager may have and look at the advantages and disadvantages of each.

Time:

45 minutes

Steps:

1. Ask participants to brainstorm on the choices a pregnant teenager has.
2. List the responses on flipchart paper and encourage general discussion.
3. If the word “fostering” comes up, discuss what it means. If it does not, add it to the list and ask participants to share their understanding of the word.
4. Use the following “Presentation Notes” to provide some possible options that a pregnant teenager has to consider.

**PRESENTATION NOTES****OPTIONS AVAILABLE TO PREGNANT TEENAGERS**

There are a few options available to teenagers who become pregnant. These include:

- a. Termination of pregnancy/abortion. (Abortion is illegal in Tanzania.)
- b. Adoption.
- c. Single parenthood.
- d. Marriage.
- e. Fostering.

a. Termination of pregnancy/abortion

Illegal termination of pregnancy (sometimes called “back street abortion”) is more common than some people realize. Health risks include infertility and maternal death. The emotional and physical risks are higher and the girl is less likely to be counselled before and after the procedure.

Facts to consider

- Abortion can sometimes evoke emotional responses.
- Abortion is illegal in many countries.
- Many religions do not support abortion.
- Some people have very strong feelings for or against abortion.

Some reasons for choosing abortion include:

- To finish education.
- To save the family name.
- To keep the pregnancy a secret.
- To please the boyfriend.
- To pursue other goals.
- To not raise a child in poverty.
- To protect the mother's health.
- In cases of rape or incest.

b. Adoption

There are two types of adoption: adoption in which the teenage mother or parents know the identity of the adoptive parents, and adoption in which she/they do not know the identity of the adoptive parents.

Facts to consider

- Giving up a child for adoption may be a very traumatic decision for the mother and family.
- Agencies involved with adoption are not there to “take the baby away” but to help people make the best decision for themselves.
- The ultimate decision rests with the teenage mother; whether 11 years old or 18, she has to sign the legal papers.
- Once legal papers are signed, adoption becomes final. This usually takes three to four months after delivery.
- The young mother may go to a home for unmarried mothers that may help her make her decision.
- She may experience emotional stress or hardships after the adoption if she :
 - Was forced into a decision.
 - Kept it a secret and is later found out.
 - Is rejected by her family or community.

Some reasons for choosing adoption include:

- Termination of pregnancy is against the girl's principles.
- She wishes to keep the pregnancy a secret.
- She wants to finish her education.
- She wants to please her family.
- The child may have a better chance in life with another family.
- The girl may be able to start a new life.

c. Marriage

A marriage that takes place because of unplanned or unwanted pregnancy is often referred to as a “shotgun marriage” because it happens so fast, and often under pressure from the girl's or boy's family.

Facts to consider

- Few teenagers realize the enormous responsibility of parenting.
- Poor employment opportunities cause financial difficulties for young parents.
- A child may be resented and seen as a cause of isolation from friends.
- The young parents may mourn the loss of missed opportunities.
- Young parents may feel trapped.
- If they live with their own parents, the new young parents may have no privacy.
- Emotional immaturity may contribute to an inability to cope and to instability in the relationship.
- The pressures of young parenthood may lead to marital conflict.

Some reasons for choosing marriage include:

- Parents force it on the young people.
- Young parents want to give the child a name.
- Young parents feel it is their payment for making a mistake.
- Young parents want to leave their unhappy homes.
- Young parents may think it was “meant to be.”

d. Single parenthood

Single parenthood is a more common choice among teenagers but a very challenging one. As a result they often find that their education, career, and marriage opportunities are restricted.

Facts to consider

- A child is a 24-hour responsibility—this is often not seriously considered by young people.
- A young parent’s earning capacity is limited, resulting in a lower socio-economic lifestyle.
- A young parent is frequently unable to afford babysitters and entertainment.
- Single parenthood often results in social isolation and loneliness.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother continues living at home, it may result in confusion of roles with her own parents, and eventually lead to conflict and power struggles.
- The adolescent father
 - May experience conflict regarding his rights.
 - May be the “forgotten factor.”
 - Must decide on the child’s maintenance payment.

Some reasons for choosing single parenthood include:

- The belief that it is a more acceptable choice.
- The girl’s own parents may help raise the child.
- Either the boy’s or girls’ parents may want a grandchild.
- The young mother has unrealistic ideas about having and supporting a baby.
- The young parent may think it is her or his “payment” for making a mistake.

e. Fostering

Some people may not believe fostering is a good option because they think it can be traumatic for both the child and the foster parents when the biological mother retrieves the baby. Yet, many children and parents have benefited from foster care.

Some reasons for choosing fostering include:

- The teenage mother is able to finish her education.
- The teenage mother is better able to take responsibility when she is ready and more mature.

5. At the end of the presentation ask if there are any comments or questions and discuss these.
6. Tell participants that the presentation is on **page 79** in their workbooks and encourage them to read through it when they have more time.
7. Summarize and highlight the following points.

Key points:

- **Pregnant teenagers have several options to choose from.**
- **Everyone involved (the adolescent parents and their immediate families) must consider the different choices and the consequences, and make any decision based on this.**
- **The final decision rests with the pregnant teen (sometimes with the consent of her partner and parent[s]).**

UNIT 8: TEENAGE PREGNANCY

CONCLUDING NOTES

Teenage pregnancy is just one of the consequences of unprotected sexual intercourse. As discussed, it brings up a number of problems and difficulties for both teenagers and their families. Adolescents therefore need to give more thought to the consequences of their actions before engaging in sexual intercourse and avoid having unplanned and unprotected sex. Abstinence is the most effective method of contraception. There are other contraceptive methods that are suitable for young people as well. Most importantly, youth should communicate about their desire to abstain or to contracept before engaging in sexual intercourse. Another major result of unplanned or unprotected sex is the risk of getting an STI, including HIV.

ACTIVITY 8.9**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of our choices about getting involved in early sexual activity.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions that they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their choices about getting involved in early sexual activity.
3. Ask participants to turn to **page 82** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around teenage pregnancy that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about teenage or unwanted pregnancy? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 to 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about teenage pregnancy.

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

PURPOSE AND OBJECTIVES

This unit aims to help participants understand sexually transmitted infections (STIs) and encourages them to delay their first sexual activity. Those who are already sexually active are encouraged to use condoms correctly each time they have sexual intercourse. The unit also helps to build important communication skills that young people need to be able to discuss and negotiate their sexual needs or preferences. It also looks at other ways to express sexual feelings other than sexual intercourse, and examines the relationship between a person's self-esteem and her or his ability to protect herself or himself.

By the end of this unit, participants should be able to:

- Explain basic facts about STIs.
- Correct misinformation about unprotected sexual intercourse and its consequences.
- Explain how to use abstinence and condoms to reduce the risk of STI transmission.
- Practise communication skills related to STI prevention.
- Discuss the importance of self-esteem for behavioural change.
- Identify where in the community sexual health services are located. (Optional)
- Explain, through field experience, how it feels to seek services, condoms, and other methods of risk reduction in the community. (Optional)

ACTIVITIES



Warm Up–Front to Front/Back to Back	<i>15 minutes</i>
Myths About STIs	<i>35 minutes</i>
Facts About STIs	<i>90 minutes</i>
Telling Our Partners	<i>60 minutes</i>
Condom Use	<i>90 minutes</i>
Saying “No” to Peer Pressure	<i>90 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>
Teen Services Safari (Optional)	<i>240 minutes</i>

**6 hours 40 minutes
(additional 4 hours
optional)**

ACTIVITY 9.1**WARM UP—FRONT TO FRONT/BACK TO BACK****Purpose:**

To acknowledge adolescents' right to question and challenge things, especially if uncomfortable about something, so that they can make clear choices for themselves.

Time:

15 minutes

Steps:

1. Divide the group into pairs.
2. Start by calling out points of contact for partners to make with each other, e.g., "knee to knee" or "ear to ear."
3. Participants must do as instructed.
4. When the facilitator calls out the word "change," everyone has to find a new partner, including the facilitator.
5. The person left without a partner becomes the new caller and the game continues.

NTF:

The game will come to a stop on its own if someone calls out something uncomfortable like "nose to nose" or "lips to lips." If not, call out something that you know the participants will be reluctant to do and stop the game at that point.

6. Allow a few minutes to discuss how participants felt about the activity, especially when asked to touch parts of the body that they did not feel comfortable touching.

ACTIVITY 9.2**MYTHS ABOUT STIs****Purpose:**

To assess participants' understanding, knowledge, and beliefs about STIs.

Time:

35 minutes

Materials Needed:

- Three signs marked “True,” “False,” and “Don’t Know/Unsure”
- Sticky tape or Prestik

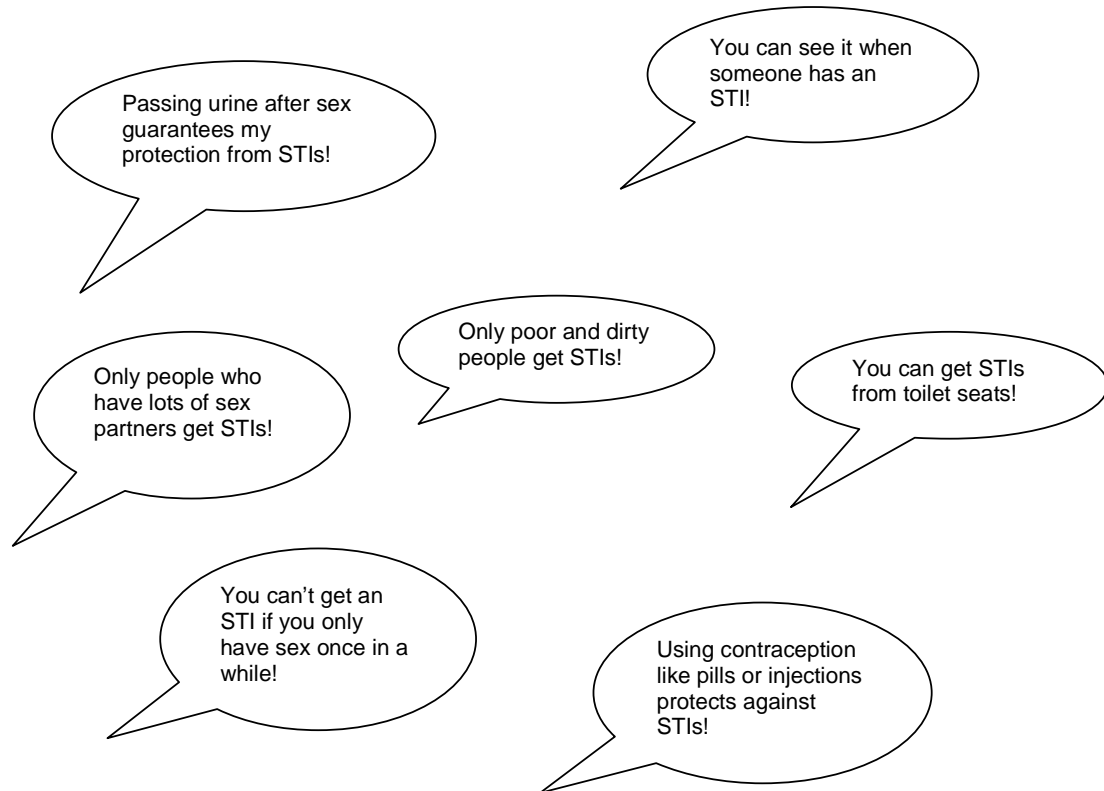
NTF:

Before starting the activity write the words SEXUALLY TRANSMITTED INFECTIONS (or STIs) and SEXUALLY TRANSMITTED DISEASES (or STDs) on the flipchart or chalkboard. Ask participants to share their understanding of what the two terms mean. Clarify by explaining that they both refer to the same thing—infections that are passed through sexual activity—but that STI is the preferred term because the word “infection” is thought to carry less stigma than the word “disease” (see Activity 9.2 for an explanation of “stigma”).

Steps:

1. Brainstorm on the question, “What are myths?” Discuss for a short while and give examples.
2. Write the letters **STI** at the top of a sheet of flipchart paper.
3. Ask for volunteers to say what the letters stand for and write their answers. Affirm the participants' responses if correct, or give the correct information if the responses are incorrect.
4. Place the three signs marked “**True,**” “**False,**” and “**Don’t Know/Unsure,**” at different places around the room.
5. Explain to participants that you are going to call out a list of statements, and that they should move to the sign that shows what they think about each statement.

6. Call out one of the following statements and give participants time to move. You can also substitute any of the following for other statements about STIs that you are used to or have used before.



7. When participants have gathered around the signs, they should talk amongst themselves and discuss, "Why do I feel this way about the statement?"
8. Call out a second statement and repeat the process for as many of the statements as time allows.
9. After ten minutes bring participants back together and encourage general discussion around the statements and feelings of the group.
10. Refer participants to the discussion of myths at the start of the activity and ask them to mention other myths they know of that relate to STIs.

11. Discuss these and any other questions or comments. Use the “Presentation Notes” for a reference for the discussion.



PRESENTATION NOTES

Passing urine after sex guarantees my protection from STIs! Myth. Germs (bacteria and viruses that cause STIs) enter the body very quickly. Urinating does not eliminate them.

Only poor and dirty people get STIs! Myth. Anyone who engages in unprotected sexual intercourse can get an STI—rich or poor.

Only people who have lots of sex partners get STIs! Myth. Anyone who has sexual intercourse can get an STI.

You can see it when someone has an STI! Myth. Many STIs have no signs or symptoms.

You can get STIs from toilet seats! Myth. Most germs that cause STIs cannot live in the open air or outside the human body.

Using contraception like pills or injections protects against STIs! Myth. Only condoms protect against both STIs and pregnancy.

You can't get an STI if you only have sex once in a while! Myth. Any time you have unprotected sexual intercourse you can get an STI.

12. Summarize and highlight the following points.

Key points:

- **A myth is a story that people believe about something or someone, but is not based on any fact. In most cases it has been passed on through generations and from community to community.**
- **We need to know the facts about STIs, not the myths, so that we can make the right choices and decisions.**

LINKING SENTENCE

STIs are common. They are easy to get if people engage in unprotected sexual activity. If detected early enough, most STIs can be cured and all of them can be treated. It is therefore important that we know the facts so that we can avoid getting STIs, and know what to do if we get infected.

ACTIVITY 9.3**FACTS ABOUT STIs****Purpose:**

To learn how STIs are spread and how they can be prevented.

To look at signs and symptoms of STIs.

To discuss the effects and consequences of STIs.

Time:

90 minutes

Steps:

1. Brainstorm with the group:
 - a. Examples of STIs
 - b. Common names for STIs
2. List the responses on a separate sheet of flipchart paper.
3. Divide participants into four groups and ask each group to discuss the following:
 - a. How does a person know if s/he has an STI?
 - b. What should a person do if s/he suspects s/he may have an STI?
 - c. What may happen if an STI goes for a long time without being treated?
 - d. How can STIs be prevented or avoided?
4. Whilst groups are working, prepare a sheet of flipchart paper as below:

Signs and Symptoms	What to Do	Consequences

5. After ten minutes bring the groups back together. Ask each group to report back.
6. Use the following information to give key facts about the common STIs, especially those that are common amongst youth. If participants bring up HIV or AIDS, acknowledge that it is an STI, and tell them they will learn much more about it in the next unit.


SEXUALLY TRANSMITTED INFECTIONS (STIs) have been around for a long time, but in recent years new ones have been discovered, such as HIV, and the number of people suffering from STIs has increased. The table below lists some of the most common STIs and information about each of them.

	Syphilis	Gonorrhoea	Chlamydia	Candida (yeast)	Pubic lice
How do you get it?	Unprotected sexual contact.	Sexual contact.	Sexual contact.	Can occur in women who have <u>not</u> had physical contact.	Sexual contact, close physical contact, sharing the same bed or clothing.
Common names	The pox.	Drip, clap, dose.		Thrush, yeast.	Crabs.
How long before the infection starts to show?	Stage 1: 1-3 months Stage 2: 3-6 months Stage 3: Many years	1-10 days	1-3 weeks	No set timeframe.	Immediately.
What are the symptoms?	Stage 1: a painless sore called a chancre. Stage 2: fever, headache, and a rash. Stage 3: very ill, and the cause is not always easy to find.	Women: Pelvic pain, painful urination, vaginal discharge, or fever, or no symptoms . Men: Painful urination, discharge or drip from penis, or no symptoms .	Women: Pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse, or no symptoms . Men: <u>Discharge</u> from penis, painful urination, or no symptoms .	Women: Thick white <u>discharge</u> , swelling of vulva, painful and frequent irritation, itching around genitals. Men: Swelling, redness, itching of the penis.	Itching in the area of the chest or genital hair. Lice crawling and small eggs (nits) on hair and clothing.
Treatment	Antibiotics.	Antibiotics.	Antibiotics.	Vaginal cream for women. Cream for men.	Special shampoos or lotions, and all bedding and clothing must be washed in hot soapy water.
What are the effects if untreated?	<ul style="list-style-type: none"> • Severe infection. • Infertility. • Skin diseases. • Paralysis. • Mental illness. • Arthritis. • Baby may be born blind or <u>stillborn</u>. • Compromised immune system facilitates HIV transmission. 	<ul style="list-style-type: none"> • Pelvic infection. • Infertility. • Blindness in baby. • Sterility in men. • Risk of tubal pregnancy. • Compromised immune system facilitates HIV transmission. 	<ul style="list-style-type: none"> • Severe infection of reproductive organs. • Compromised immune system facilitates HIV transmission. 	<ul style="list-style-type: none"> • Extreme discomfort. • Burning when urinating. 	Skin irritation.

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

	Genital Herpes	Hepatitis B	Venereal Warts	Scabies
How do you get it?	<ul style="list-style-type: none"> • Sexual contact. • Direct contact with a sore. 	<ul style="list-style-type: none"> • Sexual contact. • Body fluids. 	<ul style="list-style-type: none"> • Skin-to-skin contact with venereal warts. • Sexual contact. 	<ul style="list-style-type: none"> • Sexual contact. • Close physical contact.
Common names	Blisters	Jaundice	Warts	
How long before the infection starts to show?	2-20 days	1-6 months	1-6 months	1 month
What are the symptoms?	Painful blisters break into open sores. Sores can be found on the mouth or sex organs. Or no symptoms .	<p>Stage 1: flu, fatigue, weight loss, painful joints.</p> <p>Stage 2: jaundice—the skin and whites of the eyes are yellow.</p> <p>Stage 3: gradual recovery.</p>	Small painless bumps grow on the genitals, with a slight itching or burning. They may be inside the vagina in women and the urethra in men. There may be no outward signs . Women need a <u>pap smear</u> to tell.	<ul style="list-style-type: none"> • Itching at night. • Red lines in the skin as the scabies burrow. • Ulcers develop after scratching.
Treatment	Once infected the virus stays in the body for life. There are antiviral medications that can prevent the sores from reappearing, but they are not widely available.	Rest and healthy food. Lifelong infection. A vaccine can be given to prevent this infection.	Removed by burning, freezing, or minor surgery, but this does not cure the infection.	Special cream; all clothing and bedding to be washed before applying. Repeat after three days.
What are the effects if untreated?	Sores will go away without treatment, but often reappear when the person is ill or stressed. Compromised immune system facilitates HIV transmission.	<ul style="list-style-type: none"> • Associated with liver cancer. • Can cause liver disease and death. • Can pass on to a baby. 	<ul style="list-style-type: none"> • Grow large and spread. • Can lead to cervical cancer. • Can be passed on to a baby. 	Spreads all over the body.

7. Go through the information in the table and allow questions and discussions as you go. Check that the group understands any words that are underlined like THIS (i.e., Discharge or Pap Smear).
8. Make sure that participants understand the infections presented and that any concerns and/or fears are addressed.
9. Refer participants to **page 86** in their workbooks.



WORKBOOK ACTIVITY

GOLDEN RULES OF STIs

If you think you may have an STI, you should:

1. Go for treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
2. Tell anyone with whom you have had unprotected sexual intercourse. Both of you must be treated to avoid re-infection.
3. Finish the course of medicines given. Go back for a check-up to make sure the infection is gone.
4. Avoid sex or use a condom each time you have sexual intercourse.
5. Go back to the doctor if you do not feel better.

REMEMBER THAT....

- a. Anyone can get an STI.
- b. STIs can be spread through unprotected sexual intercourse or sexual activity.
- c. Both sexual partners must be treated to make sure that there is no chance of re-infection.
- d. Abstinence or condoms that are used properly are the only methods of preventing STI transmission.
- e. Most STIs can be cured but some, such as herpes and HIV, have no cure.

10. Spend a few minutes discussing this and address any questions or comments that come up.

11. Summarize and highlight the following points.

Key points:

- **Anyone can get an STI.**
- **STIs can be spread through unprotected sexual intercourse.**
- **Both partners must be treated to make sure that there is little chance of re-infection.**
- **Abstinence or properly used condoms are the only methods of preventing transmission of an STI.**
- **Most STIs can be cured, but some, such as herpes and HIV, have no cure.**

LINKING SENTENCE

STIs happen because people engage in unprotected sexual intercourse. STIs are common among adolescents. If a person suspects that s/he may have an STI, s/he should go for treatment rather than leave it untreated. It is a fact that a person with an STI is more likely to get HIV or spread HIV more easily.

Although we may feel scared or nervous to go to a clinic, it is the best thing to do to make sure that we are properly treated. It is not easy to practise the golden rules but we must try so that we can protect ourselves and our partners.

ACTIVITY 9.4**TELLING OUR PARTNERS****Purpose:**

To identify the importance of informing partners if a person has an STI.


To look at skills needed and ways of informing partners about STIs.

Time:

60 minutes

Steps:

1. Refer participants to the No. 2 golden rule of STIs: "Tell anyone with whom you have had unprotected sexual intercourse." Ask them to explain why this is important.
2. Divide participants into four to six same sex groups and give them paper to write on.
3. Ask them to turn to **page 87** in their workbooks.



WORKBOOK ACTIVITY

HARD TALK

Read the following scenario and follow the instructions below:

Scenario
 You have been itching around your genitals for a few days and now you have a slight discharge as well. You went to the clinic and were told that you have an STI. The doctor has given you medicine and says you should bring your partner for treatment as well. How would you raise this with your sex partner?

Instructions

- a. Imagine that you are now going to tell your partner.
- b. Discuss how you would tell your sexual partner that you have an STI.
- c. Choose one person from your group to role-play your responses. S/he will team up with a participant from the other group and present the role-play.
- d. You have 15 minutes to do this.

4. Mix a male and female group together to share their discussion. Each group should:
 - a. Decide which partner (male or female) has an STI and will be telling the other partner.
 - b. Talk about what they shared in the single sex group and prepare their role-play to show this.
5. The two actors from each group should do the role-play at the front of the room. Other participants should observe and listen without interruption.
6. At the end of the role-plays encourage general discussion around how easy or difficult it is to talk to your partner about STIs as shown in the role-plays. Ask participants to discuss how they would like to be told by their sex partner that s/he has an STI.
7. Summarize and highlight the following points.

Key points:

- **Although difficult, it is important to let our partners know if we have an STI so that s/he can be treated as well.**
- **A person may have an STI and not have any signs or symptoms for a long time.**

LINKING SENTENCE

It is difficult to talk about sex as well as STIs. We can see why it is important, however, to let our sex partners know if we are infected, but that does not make it any easier to do. It is therefore important that we practise talking freely and honestly with our partners about anything, including our fears or feelings about our relationship with them. This makes it easier to develop the trust and mutual understanding needed to discuss sexual issues.

ACTIVITY 9.5

CONDOM USE

Purpose:

To examine the effectiveness of condoms as a means of protection.

To learn how to use a condom properly.

Time:


90 minutes

Materials Needed:

- Male and female condoms—two male condoms and one female condom per participant
- Wooden willies (penis models)—one per participant
- Model of female reproductive system (if available)

Steps:

1. Brainstorm with the group on reasons why people use or reject condoms. List the responses on the chalkboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask each participant to turn to **page 88** in their workbooks.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.



WORKBOOK ACTIVITY

WHY NO CONDOMS

1. Below is a list of common reasons that many young people give for not wanting to use a condom.
2. With your partner, read through and discuss ways that you could reply to say why you should use a condom.
3. Choose one reply that you both feel is a good one and write it in the space provided.

Statements	Replies
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill; you don't need a condom.	
c. I'm a virgin.	
d. I can't feel a thing; it's like wearing a raincoat.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once—I promise to use one next time.	
l. I won't have sex if you want us to use a condom.	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

6. When participants are finished, bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.

NTF:

If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion around the others.

7. Explain to the group that they will now have a chance to practise using the male and female condoms.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward. If they are uncomfortable, let them talk about their feelings.
10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a male condom properly. Remember to talk about proper disposal as well.

NTF:

If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.

11. Give each participant a wooden willy and a new male condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well, then give each participant a female condom and let each one see how it works (or practise if a model is available).

Using a Female Condom Correctly

The female condom is a polyurethane (plastic) pouch that fits inside a woman's vagina. It has two soft rings, one at either end. The inner ring fits inside the vagina and holds the condom in place during sexual intercourse. The outer ring stays on the outside of the vagina and partly covers the labia (lips).

To use the female condom:

- Do not let the penis touch the vagina before inserting the condom.
- Open the package carefully.
- Grasp the flexible inner ring (at the closed end) and squeeze it with the thumb and middle finger so it becomes long and narrow.
- Gently insert the ring into the vagina (as you would insert a tampon or a diaphragm).
- Place the index finger on the inside of the condom, and push the inner ring as far as it will go.
- The outer ring remains on the outside of the vagina.
- Guide the penis into the condom's opening.
- After intercourse, removed by twisting the outer ring and pulling gently.
- Wrap the condom in the package or tissue, and throw it in the garbage.

13. At the end, let participants say how they feel about being able to use a condom properly.
14. Tell participants that the steps to using a condom correctly are on **page 90** of their workbooks.
15. Encourage general discussion, including a discussion on buying and storing condoms.
16. Refer participants to **page 92** in their workbooks.



GOLDEN RULES OF MALE CONDOM USE

Learn the following tips on how to use a condom properly:

- Check the manufacture or expiry date on the packet. Never buy a condom that has no date stamp or is more than five years old.
- Use a condom only once. A new condom should be used for every sexual round.⁴
- Do not have “a little sex first” before putting on a condom.
- Buy latex condoms that have a teat or nipple at the tip, as this acts as a reservoir for the semen and helps keep the condom from bursting.
- If the condoms are not lubricated, do not use lubricants with an alcohol, oil, or petroleum base, such as baby oil or Vaseline®, as this will cause the condom to break.
- Use water-based lubricants such as K-Y Lubricating Jelly®.
- Do not buy condoms if the wrapper is broken or dried out.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers.
- Store condoms in a cool, dry place.

⁴ The World Health Organization (WHO) recommends use of a new male or female condom for every act of intercourse where there is a risk of unplanned pregnancy and/or sexually transmitted infection, including HIV. Since access to female condoms may be limited and reuse of female condoms has been reported, WHO has convened two consultations to address considerations regarding such reuse. Based on these consultations, WHO does not recommend or promote reuse of female condoms. Recognizing the urgent need for risk-reduction strategies for women who cannot or do not access new condoms, the consultation developed a draft protocol for safe handling and preparation of female condoms intended for reuse. This protocol is based on the best available evidence, but has not been extensively studied for safety and has not been evaluated for efficacy in human use. Given the diversity of cultural and social contexts and personal circumstances under which female condom reuse may be acceptable, feasible and safe, and since the balance of risks and benefits varies according to individual settings, the final decision on whether or not to support reuse of the female condom must ultimately be taken locally. (<http://www.who.int/reproductive-health/rtis/reuse.en.html>)

- Never leave condoms in the glove compartment of a car, or in a wallet or pocket that is close to the body, as sunlight and heat destroy them.
- If condoms are kept in a bag or pocket as a precaution, regularly check the expiry date and condition, and replace when necessary.

REMEMBER: If the condom is not on then the penis is not in!

17. Go through the points one by one, then check if there are any questions or comments and discuss these.
18. Remind participants to use the Question Box or Anonymous Wall if they have questions that they do not wish to raise in the group.
19. Summarize and highlight the following points.

Key points:

- **Abstinence and condoms are the only prevention against both pregnancy and STIs.**
- **Always check the expiry date when buying condoms and before using them.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

LINKING SENTENCE

If we are to prevent the spread of STIs, we must stop having unprotected sex. It is a fact, not a myth, that STIs are common amongst many young people. If we cannot avoid sex altogether then we must protect our partners and ourselves by using a condom each time we have sexual intercourse.

Remember that it is your choice to have unprotected sex and risk infection, or to use a condom correctly and for each sexual round. Try not to let friends or others influence you to make the wrong decisions.

ACTIVITY 9.6**SAYING “NO” TO PEER PRESSURE****Purpose:**

To look at pressure situations that young people may find themselves in and practise saying “no.”

Time:

90 minutes

Steps:

1. Choose participants to act out the following scenes.

NTF:

Copy and cut out scenarios to give to participants.

Scene 1

Actor 1 (male): You are at a party with your good friend Ahmed. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed. Use every way you know how to say “no” to Ahmed.

Actor 2 (male): You offer Patrick a smoke of your weed. You can see he is not sure and you keep pushing for him to try some. Stop trying to force him if he manages to convince you that he really does not want to.

Scene 2

Actor 1 (female): Your two best friends both have sexual intercourse with their boyfriends. You know this because they are always telling you what they did over the weekend. Your boyfriend has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you do not think that you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it” with. Use every way you know to say “no” to your boyfriend.

Actor 2 (male): You and Nafisa are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it, and you really want to “get it on” with her. Try to convince Nafisa to have intercourse with you.

Scene 3

Actor 1 (female): You and Bernadette are good friends. Her boyfriend Jonathan drives a nice car and takes you both to bioscope and parties. You know that Jonathan likes you because he has told you so. One Easter weekend Bernadette goes to visit her aunt in Harare. Jonathan invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school who try to change your mind. Use every way you can think of to get your friends to understand why you said “no” and to realize that you are not going to change your mind.

Actors 2 and 3 (females): Your friend Zuhura has told you many times how Jonathan looks at her and passes comments about how nice she is. Now she has told you that Jonathan invited her out and she refused. You know that Zuhura and Bernadette, Jonathan’s girlfriend, are good friends, but you think that Zuhura should still go out with Jonathan. After all, Bernadette is gone away for four days. Try to convince Zuhura to go to the party with Jonathan.

2. Give each actor her or his role only. They must not know who the other actor or actors are playing in the given scene.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to body language.
4. At the end of each act invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
 - a. How convincing was the person saying “no?”
 - b. What did s/he do that could be done differently?
 - c. What was the relationship between the verbal and non-verbal communication that the person saying “no” showed?
5. Brainstorm:
 - a. How can a person say “no” verbally, with words. List the responses.
 - b. How can a person say “no” non-verbally with facial and body expressions. List the responses.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say “no” that the group brainstormed and ask them to act these out. The following are some you can use as well.

Verbal

- Say “no” and leave it at that.
- Say “no” and repeat it.
- Say “no” and give a reason.
- Say “no” and give an excuse.
- Say “no” and suggest an alternative.
- Say “no” and laugh it off with a joke.

Non-Verbal

- Use your body to signal “no” (e.g., stand back, hold up your hands, shake your head).
- Use your face to signal “no” (e.g., make a face, frown, grimace, look disgusted with the idea).
- Leave—walk away and make it clear you want nothing to do with the situation.

8. At the end, ask if there are any questions or comments and discuss these.
9. Summarize and highlight the following points.

Key points:

- **There are many different ways to say “no.”**
- **Youth must practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

CONCLUDING NOTES

Unfortunately STIs are very common among young people, and they are taking an ever-greater toll on health. Although most can be cured, others, such as HIV cannot. You cannot tell if someone has an STI by looking at them. Prevention is the best measure—if we cannot avoid sexual intercourse altogether, we must protect ourselves and our partners by using a condom correctly each time we have sexual intercourse. Although it is sometimes easy to give in to pressure from friends, we must always try to think for ourselves and make the right choices and decisions that are good for us.

ACTIVITY 9.7**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to protect ourselves from contracting an STI.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups then get a report back from each group.

Make sure to give each group the questions they are answering or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that was learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make based on what they have learnt about STIs.
3. Ask participants to turn to **page 93** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around STIs that took place in this unit. What commitment are you going to make to yourself in terms of what you have learnt about STIs? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about STIs.

ACTIVITY 9.8

**TEEN SERVICES SAFARI
(Optional)**

Purpose:

To explore the kind of sexual and reproductive health services available to young people in the community.


Time:

4 hours

NTF:
This activity can be done at the end of the training on STIs if there is enough time. Some preliminary research into available STI service centres in the communities should be done before sending the youth out to do this activity. Use the findings to assign youth to a particular facility. You can also assign youth to visit chemist shops or other places that sell condoms.

Steps:

1. Divide participants into pairs or groups of no more than three or four. Make sure that there is one assertive person and mix the sexes if possible.
2. Ask each pair to turn to **page 95** in their workbook.



WORKBOOK ACTIVITY

TEEN SERVICES SAFARI

When you go to the facility you have been assigned to, use the questions below to gather information. Both of you can write the responses in your own workbooks.

Name of place visited _____

Date of visit _____

Time spent at facility _____

Hours services are available _____

Are services available specifically for teens? ____ Yes ____ No

If special teen services are available, what are they? List below:

EMPLOYEE INTERACTION

Title of staff member or employee interviewed _____

Male/Female _____

Response to questions _____ Positive _____ Negative

LOCATION AND ACCESS

1. Where is the facility located? Tick (✓) those that apply:

_____ Near public transportation

_____ An area that is easy to get to

_____ Near village

_____ Near where youth hang out

_____ A separate youth section from adult section

_____ An area that gives a youth full privacy

_____ Other:

2. Are there any signs to identify services? _____ Yes _____ No

If yes, what does the sign say? _____

3. Were any of the signs made especially to attract youths for programmes, contraceptives, or services?

4. Are all services and programmes found in one place? _____ Yes _____ No

5. How did the receptionist and/or staff treat you when you asked for information or special youth services? _____

NOTES

You can write any additional notes in this space. _____

3. When the group comes back together, ask the participants to share their experiences and findings.
4. Use the following questions to stimulate discussion:
 - a. How do you feel about seeking out these services? Were the facilities “youth-friendly”?
 - b. How were the girls’ experiences different than that of the boys?
 - c. If you ever needed treatment for STIs, or contraceptives such as condoms, would you go to any of these facilities? Why?
 - d. Would you recommend any of these facilities to other teens? Why?

CONCLUDING NOTES

Not many facilities offer “youth-friendly” services, but there are many organizations that do. Adolescents need to remember that it is their right to access basic health services, and they must assert their right to these services.

UNIT 10: HIV AND AIDS

PURPOSE AND OBJECTIVES

This unit aims to promote understanding about how HIV is mainly transmitted (through sexual activity) and how HIV causes AIDS. The unit examines facts and myths about HIV and AIDS, and helps to equip young people with relevant skills and knowledge that they can use to make informed choices and educate their peers. The unit also puts great emphasis on living positively with HIV and on how to address the stigma that is associated with being HIV-positive.

By the end of this unit, participants should be able to:

- Explain basic facts about HIV and AIDS.
- Correct misinformation about the transmission and prevention of HIV infection.
- Understand and be able to explain safer sex behaviours.
- Know and explain how to live positively with HIV and AIDS.
- Be advocates for adequate and appropriate youth services to facilitate living positively with HIV and AIDS.

ACTIVITIES

Warm Up–Lifeboat	<i>10 minutes</i>
Marking Time	<i>15 minutes</i>
Understanding HIV and AIDS	<i>45 minutes</i>
HIV and Unprotected Sexual Activity	<i>60 minutes</i>
How HIV Makes You Sick	<i>45 minutes</i>
Risky Behaviours	<i>50 minutes</i>
Saying “No” to Peer Pressure	<i>90 minutes</i>
Safe and Safer Sex Practices	<i>45 minutes</i>
Condom Use	<i>90 minutes</i>
Showing Care and Giving Support	<i>40 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

8 hours 30 minutes

Note: Resource notes on HIV and AIDS can be found at the end of the unit.

ACTIVITY 10.1**WARM UP—LIFEBOAT**

Purpose: To have fun and move around the room.

Time: 10 minutes

Steps:

1. Ask participants to stand and form a circle.
2. Explain that they are on a sinking ship. They have to get into lifeboats, but there may not be enough room for everyone.
3. Explain that the lifeboats can only carry small groups of people.
4. They have to listen carefully for the number of people who need to group themselves and do so quickly so as not to miss the boat.
5. Announce that the first lifeboat is leaving and call out the number that should be in a group, e.g., “The lifeboat is taking groups of three, or fives, or sevens.” Choose numbers according to the size of the entire group.
6. Give the participants five seconds to get into groups. Anyone left outside a group, or any groups that are more or less than the number you called are then out of the game.
7. You then make a new announcement for the next lifeboat and call a new number for participants to form new groups.
8. Continue until participants are relaxed and they have all had fun playing the game.

ACTIVITY 10.2**MARKING TIME****Purpose:**

To help participants realize that anyone can become infected with HIV.

To start to think positively about the letters H, I, and V.

Time:

15 minutes

Steps:

1. Using a red marker go around the group and write one of the letters **H**, **I**, or **V** on the palm of each participant's hand. Write **H** on the first person's palm, **I** on the next, **V** on the next, **H** on the next, and so on until each person is marked.
2. Ask participants to think about HIV, study the mark, and take turns describing what they thought and felt while studying it.
3. Point out that the original meaning of the word "stigma" is a "mark on the skin made by cutting, branding, burning, pricking, or puncturing"—drawing blood, and therefore a red marker was used for this exercise.
4. Conclude the activity by having participants cross their arms across their chest to hug themselves, while closing their eyes, and making a silent wish.

ACTIVITY 10.3**UNDERSTANDING HIV
AND AIDS****Purpose:**

To assess participants' general knowledge and understanding of HIV and AIDS.

To provide factual information about HIV and AIDS.

Time:

45 minutes

NTF:

You can get a co-facilitator who is experienced in the field of HIV and AIDS to assist you with the factual information, or you can invite someone from the local clinic or another relevant institution to assist. Also, read the PRESENTATION NOTES—FACTS ABOUT HIV AND AIDS on page 296 before beginning this unit.

Steps:

1. Divide participants into small groups and ask each group to discuss what HIV is and what AIDS is.
2. After five minutes, bring the group back together and ask groups to give their responses. List these on the chalkboard or flipchart paper.
3. Acknowledge participants' responses and give a presentation on HIV and AIDS.
4. Start the presentation by writing the letters "H-I-V" and "A-I-D-S" on the chalkboard or flipchart paper. Discuss and explain the terms.
5. Use the following "Presentation Notes" to give factual information on HIV and AIDS.



PRESENTATION NOTES

FACTS ABOUT HIV AND AIDS

What is HIV? What is AIDS?

HIV stands for Human Immunodeficiency Virus. It is a germ that lives in humans and attacks the immune system. AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a disease that happens to someone infected with HIV. It is when the body's immune system, the body's defence against infection and disease, is so damaged by HIV that it is too weak to fight off any infection.

How is HIV transmitted?

HIV can be spread from one person to the next in three ways:

- Through unprotected sexual activity with a person infected with HIV.
- Through contact with blood that is infected with HIV, for example, through sharing of needles or blades, or a blood transfusion of infected blood.
- From a mother to her unborn or newborn child.

Where does HIV live in the body?

HIV is found in large numbers in sexual secretions or juices, blood, and breast milk. HIV can be passed from one person to the next through coming into contact with sexual juices during unprotected sexual intercourse, contact with infected blood, or from an infected mother to her unborn or newborn baby. Not all babies born to HIV-infected mothers get HIV. Medicines called antiretrovirals (ARVs) can be given to an HIV-positive woman during pregnancy (and sometimes to the newborn baby as well) to reduce the chance of the woman passing HIV to her baby.

How does HIV make you sick?

Our bodies have many different parts, and every part has an important job to do. For example, the heart pumps the blood around, the brain thinks, the lungs breathe air, the breasts make milk, etc. We have a very important system in our bodies called the immune system. The job of this system is to protect and defend the body against germs and diseases. It also helps to heal the body after sickness or injuries.

The immune system is like our body's army. We cannot defend ourselves against germs when this army gets weak.

The HIV "germ" slowly damages the immune system if it gets into a person's body. This means that the body starts to lose its power to defend itself against other germs, such as tuberculosis (TB). It also loses its power and strength to heal itself. Slowly HIV gets stronger and stronger, while the immune system gets weaker and weaker.

The person starts to feel sick when HIV has broken down most of her or his immune system. This may take many years to happen. This person with a very weak immune system is then said to have the disease AIDS. The person with AIDS is very weak and can get sick very easily from many different germs.

Signs and Symptoms

Many people who are infected with HIV do not know they are infected because they feel and look healthy. It takes many years for the signs of HIV infection to show up, and this usually happens when a person becomes ill from other diseases. Some of the most common signs include:

- Weight loss.
- Severe diarrhoea.
- Sores in the mouth.
- Thrush.
- Coughs that take a long time to get better.
- Swellings.
- Fever.
- Sweating.

How to tell if a person is HIV-positive?

HIV-positive means the person is infected with HIV, as shown by an HIV test. It is impossible to know if a person is infected with HIV by checking the way the person looks. The only way to know is to have a special test done that will show whether or not there is HIV infection.

Voluntary counselling and testing for HIV, also known as VCT, is the best way for a person to learn her or his HIV status. VCT is **voluntary**—a person should never be forced to be tested for HIV as a condition for employment or for any other reason. VCT includes **counselling** before and after the blood test. Before the test, the counsellor will explain the procedure and talk to the person to be sure he or she is ready for the test. If the person is found to be HIV-negative, then after the test the counsellor will give the person advice about how to stay HIV-negative. If the person is found to be positive, the counsellor will help him or her cope with the news, discuss steps the person can take to avoid passing the infection to someone else, and refer the person to available services and treatment. VCT is **confidential**, which means the counsellor must not reveal the test results to anyone else.

How can HIV be prevented?

HIV infection can be prevented by:

- Not having sexual intercourse.
- Having sex with only one partner when you have both been tested and found to be HIV-negative.
- Using a condom correctly every time you have sex.
- Not sharing needles for intravenous drug use.
- Not having body piercing, tattooing, or getting cut with needles, razors, or other sharp objects that have not been sterilized.
- Avoiding direct contact with blood by using gloves or plastic bags.

STIs, Including HIV and AIDS

Most STIs can be treated at any clinic, but AIDS cannot. It is important to treat STIs because a person with an STI can more easily get HIV or pass HIV on to someone else. There is no cure for AIDS, but it is possible for people infected with HIV to live long, healthy lives.

These are the basic facts about HIV. It is important to read more and find out as much as possible because the information about HIV and AIDS keeps changing every day.

6. At the end, check if participants understand. Ask if there are any questions or comments and discuss these.
7. Summarize and highlight the following points.

Key points:

- **HIV is spread mainly through unprotected sex.**
- **There is no cure for AIDS.**
- **It is impossible to tell if a person has HIV by just looking at him or her. Only a special test can tell. Someone who wants to know his or her HIV status should go for VCT, which is confidential.**
- **Having an STI makes it easier to spread or get HIV.**
- **HIV can be prevented by not having sexual intercourse.**
- **Using a condom properly every time you have sexual intercourse greatly reduces the chances of getting HIV.**

LINKING SENTENCE

Just like a virus causes the flu, AIDS is caused by a virus called HIV. Though most people recover from the flu, AIDS is a disease that has no cure. For a long time people did not know the difference between HIV and AIDS, and that is one reason why there is so much fear and stigma associated with HIV and AIDS. Another reason why there is so much shame and fear is because HIV is spread mainly through sexual activity.

ACTIVITY 10.4**HIV AND UNPROTECTED SEXUAL ACTIVITY****Purpose:**

To understand how engaging in unprotected sexual intercourse can spread HIV.

Time:

60 minutes

Materials Needed:

- Index cards and pencils—one per person (or one piece of paper per person)

Preparation:

Write each of the following statements on one index card only:

Z: Shake hands with any two people in the room. Get any two participants to put their signatures on your card.

X: Shake hands with any two people in the room. Get any two participants to put their signatures on your card.

Prepare no more than two index cards with the following statement:

W: Do not shake hands with anyone but try to get at least two signatures.

Write the statement below on the remaining index cards. Put a small “c” on the bottom right of some of these (at least three or four cards should have a “c” listed).

Ask any two participants to put their signatures on your card.

NTF:

X = Infected with HIV

Z = Infected with genital herpes, an incurable STI

W = Chose to abstain

C = Used a condom

Steps:

1. Give the card marked “**Z**” to one participant and the card marked “**X**” to another participant.
2. Give the cards marked “**W**” to two participants. Give the remaining cards to other participants.
3. Tell participants to keep the special instructions on their cards a secret and to follow the instructions.
4. Ask the group to stand, move around the room, and follow the instructions on their card.
5. Tell participants that when they have achieved the task on their card they should return to their seats.

6. When all the participants are back at their seats, ask the people with “Z” and “X” written on their cards to stand up. Ask them to call the names of the people who signed their cards and get these people to stand up.
7. Ask everyone who shook hands with these persons to stand up. Ask everyone who shook hands with a person that is standing to stand up, and so on.
8. Continue this until all the participants are standing except for the three who received cards marked “W: **Do not shake hands with anyone.**”
9. Now tell the group to pretend that the person with the card marked “X” was infected with HIV and that instead of shaking hands, that person had unprotected sexual intercourse with the three people whose signatures s/he collected.
10. Do the same for the card marked “Z” (genital herpes).
11. Ask those that are still seated why they did not stand up. Someone should say/read what the instruction was on her or his card. Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from STIs, including HIV.
12. Ask participants to check if they had a “c” written on their card. If so, tell them they can sit down.
13. Explain that these people were sensible enough to use a condom properly during sexual intercourse and therefore were not at great risk of being infected.
14. Let the participants sit down and remind them that this was just a game.
15. Use the “Presentation Notes” below to encourage discussion and clarify facts about how HIV is spread.



PRESENTATION NOTES

HOW A PERSON CAN CONTRACT HIV

1. Unprotected sexual intercourse or activity

Unprotected sexual intercourse is the **most common way** that HIV is spread. HIV is found in the semen or vaginal juices of a person who is HIV-positive. During sex, the virus can pass into the other person's sexual juices or through the thin membrane in the sex organs. It can also pass through any sores, cuts, or scrapes that a person may have on their sex organs, for example, a person with an STI may have sores, which will make it easier for HIV to get into their body during sex.

2. From mother to child

HIV can pass to the baby if a pregnant woman is HIV-positive; the mother may pass the infection on to her child during pregnancy, childbirth, or breastfeeding. There are now medicines, called antiretrovirals (ARVs), available to help stop the spread of HIV from the mother to the baby.

3. Through contact with contaminated blood

HIV can pass from one person to another through her or his blood. This refers to the sharing of razor blades or other cutting tools that are not properly cleaned, or by injecting drugs and sharing needles. If blood is not tested before a blood transfusion, it is possible to get HIV, but most places test blood before it is given to sick people.

HOW HIV IS NOT SPREAD

Many people are scared of HIV because they still do not understand how it is passed from one person to the next. Everyday contact with people is safe. HIV is not spread in the following ways:

- Kissing.
- Hugging or touching.
- Sneezing or coughing.
- Sharing plates, cups, spoons, etc.
- Sharing toilets, baths, or showers.
- Playing in swimming pools.
- Shaking hands.

16. Ask participants if they have any questions or comments and address these.

17. Allow participants to share their feelings about the activity and stimulate discussion. The following questions can be used:
- Did anyone not want to exchange signatures or shake hands but felt pressured to do so? Why?
 - How does this activity relate to real life?
 - How did person “X” and person “Z” feel when they found out they were infected? How did others feel towards them?
 - How did the people with “W” manage to get signatures without shaking hands?
 - How did the people feel who discovered they escaped infection because they used condoms?
 - How did others feel at the thought that they might be infected?
18. Ask if there are any questions or comments and discuss these. Check that participants are feeling OK after the activity. Remind them again that it was only a game.
19. Distribute blank index cards to each participant and remind them that they can either use the Anonymous Wall or Question Box to post sensitive questions or statements, or they can find time to talk to you later on.
20. Summarize and highlight the following points.

Key points:

- **HIV is spread mainly through unprotected sexual intercourse.**
- **Many people often choose or decide to have sex without thinking of the consequences.**
- **The spread of HIV can be greatly reduced if people stop having unprotected sex.**

LINKING SENTENCE

HIV continues to spread fast because people are still having unprotected sex. Remember that no one can tell if a person has HIV by just looking at them. Many times people with HIV do not even know themselves that they have the virus, and so they unknowingly pass it on to others. Once a person is HIV-positive, then that person has the virus for life, and will need to change their lifestyle to keep the immune system strong enough so that s/he does not get full-blown AIDS.

ACTIVITY 10.5**HOW HIV MAKES YOU SICK****Purpose:**

To understand the immune system and how it works.

To examine what HIV does in the body and how it causes illness.

Time:

45 minutes

NTF:

If working with a small group (12 to 15 participants), reduce the body soldiers to two and the flu virus to one.

Steps:

1. Ask for nine volunteers to play the following parts in the drama:
 - a. One healthy young woman (Rose) or man (George)
 - b. Three body soldiers
 - c. Two flu viruses
 - d. One TB germ
 - e. One health worker or nurse
 - f. One HIV virus
2. Narrate the story as follows, and ask the actors to play their parts as you read.

DRAMA: HOW HIV WORKS IN THE BODY

Actor: Rose/George

Narrator: This is Rose/George. S/he loves partying with friends and enjoys life to the fullest.

Actor(s): Body soldiers

Narrator: These are Rose's/George's body soldiers. They are part of the immune system. They are armed to the teeth and always on the lookout for any germs that want to attack. They fight them off with everything they have so that Rose/George does not get sick.

Actor: Flu virus

Narrator: With the change of season and everybody getting sick, it is hard for Rose/George not to get the flu. Here comes the flu virus. But the body soldiers fight back and fight hard. They know the flu virus and know exactly what to do to get rid of it. After a while the flu virus goes away and Rose/George is back to her/his healthy self again.

Actor: TB

Narrator: One day Rose/George gets TB. The immune system also fights off the TB and with a bit of medicine from the local clinic, Rose's/George's body is able to win the fight and TB is defeated.

Actor: HIV

Narrator: Rose/George does not know it, but the person they are about to have unprotected sex with is HIV-positive.

There it goes, the HIV virus enters the body silently—there is nothing whatsoever to tell Rose/George that s/he has just been infected. The body soldiers know though and they start to fight, but this is a new virus and they are not sure how to beat it.

Rose/George continues to enjoy life, partying and having fun, whilst her/his body soldiers continue trying to fight off the HIV with everything they can think of. They have been fighting for a long time now and nothing seems to work. HIV continues to slowly win the fight and the body soldiers start to get weak.

Actor: Rose/George

Narrator: After a while Rose/George starts to suspect that something is wrong because s/he has been having a runny nose and a slight temperature. It must be the flu again so s/he buys some flu medicine at the pharmacy.

Actor: Flu

Narrator: But then here comes the real flu virus. The body soldiers see it coming and try to fight it off but they are just too weak.

Actor: TB

Narrator: Then TB attacks again and it is just too much for the body soldiers. They can no longer fight off all these germs because HIV has weakened them too much. They eventually die.

Actor: Rose/George

Narrator: With all these germs in her/his body, Rose/George is not well at all. S/he starts to feel really sick and cannot seem to get better. Sometimes s/he has diarrhoea, sometimes fever, sometimes there is a rash. S/he just does not know what is wrong. With the body soldiers dead, Rose/George has no way to fight off any germ at all and s/he eventually dies.

3. At the end of the drama remember to “de-role” the actors by reminding the group that they were only playing a role, and are not viruses, body soldiers, or HIV-positive people.
4. Ask participants to share their understanding of the drama and the key messages they learnt. Also discuss what they think people with HIV can or cannot do.
5. Ask participants to turn to **page 98** in their workbooks. Ask for volunteers to read the different paragraphs.



WORKBOOK ACTIVITY

FROM HIV TO AIDS

Read through the following facts on HIV and AIDS. The facilitator will give you time to ask any questions that you have.

A person who is HIV-negative has a lot of healthy body cells called CD4 or T-cells (our body soldiers) in her or his immune system. This person is said to have a high “CD4 count.” A person who is infected with HIV also has a high CD4 count in the beginning, but this gets lower as HIV starts to attack and destroy the immune system.

A person with HIV can have the virus for a very long time before starting to feel sick. Some people may feel a bit sick soon after being infected and may think that they have the flu, but many people can be HIV-positive for as long as eight years or more and not know that something is wrong.

From 2 to 12 weeks after a person is infected with HIV by having unprotected sex with a HIV-positive person (or other ways, such as sharing needles), a blood test will **not** show that the person is HIV-positive. This is because there are not enough special cells that the body produces to fight off infections (called antibodies) to be detected by the test. During this time, however, the person can continue to spread the virus through unprotected sexual activity. The virus also continues to destroy the CD4 cells, weakening the immune system in the process.

Although the person does not feel or look ill, the body is getting weaker and it is becoming difficult to fight off infection. The longer the person remains unaware that s/he is HIV-positive, the more likely it is that s/he will develop AIDS sooner, because s/he is less likely to take extra care of her or his body.

A person who is HIV-positive should avoid smoking and drinking because cigarettes directly affect the lungs and alcohol affects the blood stream. This weakens the immune system.

A person who is HIV-positive can get sicker and sicker as the virus reproduces itself (multiplies) and continues to destroy the immune system. The more viruses are in the body, the less healthy body soldiers there are. When there are many HIV virus particles in the body and the number of CD4 cells is low, the person is said to have a high “viral load” and low “CD4 count.” This is when the person starts to get AIDS.

When there are not enough CD4 cells to fight infection it is easier for other sicknesses like tuberculosis (TB) and pneumonia to attack the body. When this happens it is likely that the person will eventually die from AIDS.

6. Invite general comments and questions and discuss these. Make sure participants' concerns have been addressed and that they understand the immune system and how it works.
7. Remind participants to post any sensitive questions in the Question Box or on the Anonymous Wall.
8. Summarize and highlight the following points.

Key points:

- **HIV attaches itself to healthy cells and destroys them.**
- **The more HIV there is in the body, the fewer healthy cells there are.**
- **A weak immune system makes it easier for other infections and diseases to occur.**
- **A person can live with HIV for a long time and look and feel healthy.**
- **The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS.**
- **There are medicines that a person can take to slow down the spread of HIV in the body, and to strengthen the body cells. This can delay the person from developing AIDS, but these medicines can be very costly and are not always available.**
- **There is no cure for HIV infection and AIDS.**
- **There is no vaccine to prevent HIV infection.**

LINKING SENTENCE

Most people who contract HIV do so because they continue to have unprotected sex. Changing this behaviour is the only thing that will protect us from getting infected. We need to stop engaging in risky sexual behaviours so as to protect ourselves and others from HIV and other STIs.

ACTIVITY 10.6**RISKY BEHAVIOURS****Purpose:**

To examine different sexual behaviours and discuss the levels of risk involved.

To look at how much risk there is with certain behaviours.

Time:

50 minutes

Materials Needed:

- Four signs, each listing one of the following: “Definitely a Risk,” “Probably a Risk,” “Probably Not a Risk,” “Definitely Not a Risk”
- Index cards or pieces of paper
- Sticky tape
- Pens/pencils

Steps:

1. Prepare the four signs that say “Definitely a Risk,” “Probably a Risk,” “Probably Not a Risk,” and “Definitely Not a Risk,” as well as index cards or pieces of paper with the following behaviours written on them (one on each card or piece of paper):
 - a. Abstaining from sexual intercourse.
 - b. Sharing needles for drug use.
 - c. Sharing needles for ear piercing.
 - d. Having intercourse without condoms.
 - e. Kissing.
 - f. Getting a blood transfusion.
 - g. Donating blood.
 - h. Using a public telephone.
 - i. Shaking hands with an HIV-infected person.
 - j. Hugging a person with AIDS.
 - k. Being close to a person with HIV who is coughing.
 - l. Going to school with a person who has AIDS.
 - m. Being born to a mother who is HIV-positive.
 - n. Sharing a toothbrush or comb with a person who is HIV-positive.
 - o. Being bitten by a mosquito.
 - p. Using a condom during sexual intercourse.
 - q. Being breastfed by a mother who is HIV-positive.
 - r. Deep or French kissing.
2. Explain to participants that assessing the risk of transmitting HIV from an infected to non-infected person is based on the following facts:
 - a. If person A is infected with HIV, he or she has sufficient quantities of HIV in his or her sexual fluids (semen or vaginal fluids), and his or her blood to infect a sexual partner.

- b. The virus is also found in other bodily fluids such as saliva and tears, but not in sufficient quantities to infect another person, for example, through mouth-to-mouth kissing.
 - c. In order to infect another person, the virus in A's sexual fluids and/or blood has to enter the bloodstream and/or pass through the mucous membranes of that person (e.g., inside the person's penis or vagina).
 - d. HIV cannot pass through unbroken skin, or through unbroken latex condoms.
3. Give a few participants a statement each (no more than three at a time). After reading the card aloud, ask them to tape the card under one of the signs ("Definitely a Risk," "Not a Risk," etc.).
 4. Ask them why they have put the card under that particular sign. Check if the group agrees.
 5. Give another two or three participants a different statement each and follow the above procedure, correcting any misinformation until all or as many cards as possible have been placed. Refer to the following guidelines for clarification.

Definitely a Risk

- Sharing needles for drug use.
- Sharing needles for ear piercing.
- Having intercourse without using condoms.

Probably a Risk

- Getting a blood transfusion (the risk here will be specific to the location; find out about your local blood transfusion HIV testing procedures).
- Being breastfed by a mother who is HIV-positive.

Probably Not a Risk


- Deep or French kissing (if both mouths are healthy, not bleeding).
- Sharing a toothbrush or comb (no blood involved).
- Kissing.
- Having intercourse with a person correctly using an unbroken condom.

Definitely Not a Risk

- Being close to a person with HIV who is coughing.
- Abstaining from having sexual intercourse.
- Giving blood.
- Using a public telephone.
- Shaking hands with an HIV-infected person.
- Hugging a person with AIDS.
- Going to school with a person who has AIDS.
- Being bitten by a mosquito.

Remember that there is a degree of risk with almost all activities that involve any kind of intimate or sexual interaction. This of course depends on a number of factors like whether or not there is broken skin, etc.

6. Encourage discussion for a few minutes then ask participants to turn to **page 99** in their workbooks.



WORKBOOK ACTIVITY

AM I AT RISK?

1. Read through the following sentences and ask yourself the following questions. Write a “Y” for yes, “N” for no, or “U” for unsure on the line next to each sentence according to what you believe.
2. Explain how you can reduce your personal risk of getting an STI or HIV, and of an unwanted pregnancy. You can use the space below or the blank pages at the end of this unit.

Am I at risk if...

I hug, kiss, or massage a friend? _____

I do not protect myself when handling blood? _____

My sexual partner has unprotected sex with others? _____

I drink beer or other kinds of alcohol? _____

I masturbate myself? _____

Mosquitoes bite me? _____

Semen or vaginal fluid touches my outer (unbroken) skin? _____

I have unprotected sex with more than one person? _____

I have been treated and cured of an STI in the past? _____

I share a razor with someone? _____

I only have sex with one partner? _____

I do not always use a condom when having sex? _____

I do not know if my sexual partner is HIV-infected or not? _____

Think of how you can reduce your chances of being at risk of STIs, including HIV, and AIDS, or unwanted pregnancy. Write your thoughts in the space below.

I can reduce my chances of being at risk by ...

7. When all are finished, bring participants back together. Go through the list of statements and ask participants to indicate what their responses were.
8. Clarify and give factual information where necessary and use the following questions to stimulate discussion:
 - a. Does knowing that some things are definitely or probably a risk worry you?
 - b. Did you learn any new information? Do you have any questions about any behaviours we did not list today?
 - c. If you were explaining information on risky or non-risky behaviour to a friend, what would you say first?
9. Summarize and highlight the following points.

Key points:

- **Abstinence is the only completely safe sex behaviour. Condom use can only be considered “safer.”**
- **There is a degree of risk with most sexual activities that we do, especially sexual intercourse. This depends on whether there is broken skin on our partner or ourselves, and includes things like small cuts or scrapes, many of which might not be visible.**
- **Having unprotected sex with one partner is risky because we cannot be 100 percent sure that that person is only having sex with us.**
- **Knowing our own HIV status helps minimize the risk of HIV transmission, if we take actions to avoid spreading it.**

LINKING SENTENCE

Sometimes it is difficult to tell just how much at risk we may be. Not all behaviour is clear-cut, so we may find ourselves doing something that unknowingly exposes us to the risk of HIV infection. Remember that as long as a person has unprotected sex with someone whose HIV status is unknown, that person is putting herself or himself at risk. It is therefore important not to give in to peer pressure and end up engaging in sexual activity that puts us at risk.

ACTIVITY 10.7**SAYING “NO” TO PEER PRESSURE****Purpose:**

To look at pressure situations that young people may find themselves in and practise saying “no.”

Time:

90 minutes

NTF:

There is no need to repeat this activity if it was covered in Unit 9 with the same group of participants. Just refer and refresh participants' knowledge using the key points.

Steps:

1. Choose participants to act out the following scenarios.

Scene 1

Actor 1 (male): You are at a party with your good friend Ahmed. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed. Use every way you know how to say “no” to Ahmed.

Actor 2 (male): You offer Patrick a smoke of your weed. You can see he is not sure and you keep pushing for him to try some. Stop trying to force him if he manages to convince you that he really does not want to.

Scene 2

Actor 1 (female): Your two best friends both have sexual intercourse with their boyfriends. You know this because they are always telling you what they did over the weekend. Your boyfriend Rashid has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you do not think that you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it” with. Use every way you know to say “no” to your boyfriend.

Actor 2 (male): You and Nafisa are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it, and you really want to “get it on” with her. Try to convince Nafisa to have intercourse with you.

Scene 3

Actor 1 (female): You and Bernadette are good friends. Her boyfriend Jonathan drives a nice car and takes you both to bioscope and parties. You know that Jonathan likes you because he has told you so. One Easter weekend Bernadette goes to visit her aunt in Nairobi. Jonathan invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school who try to change your mind. Use every way you can think of to get your friends to understand why you said “no” and to realize that you are not going to change your mind.

Actors 2 and 3 (females): Your friend Zuhura has told you many times how Jonathan looks at her and passes comments about how nice she is. Now she has told you that Jonathan invited her out and she refused. You know that Zuhura and Bernadette, Jonathan's girlfriend, are good friends, but you think that Zuhura should still go out with Jonathan. After all, Bernadette is gone away for four days. Try to convince Zuhura to go to the party with Jonathan.

2. Give each actor her or his role only.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to the actors' body language.
4. At the end of each scene invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
 - a. How convincing was the person saying "no?"
 - b. What did s/he do that could be done differently?
 - c. What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
 - a. How can a person say "no" verbally, with words? List the responses.
 - b. How can a person say "no" non-verbally, with facial and body expressions? List the responses.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say "no" that the group brainstormed, and ask them to act these out. The following are some that you can use as well.

Verbal

- Say "no" and leave it at that.
- Say "no" and repeat it.
- Say "no" and give a reason.
- Say "no" and give an excuse.
- Say "no" and suggest an alternative.
- Say "no" and laugh it off with a joke.

Non-Verbal

- Use your body to signal "no" (e.g., stand back, hold up your hands, shake your head).
- Use your face to signal "no" (e.g., make a face, frown, grimace, look disgusted with the idea).
- Leave—walk away and make it clear you want nothing to do with the situation.

8. At the end ask if there are any questions or comments and discuss these.

9. Summarize and highlight the following points.

Key points:

- **There are many different ways to say “no.”**
- **Youth need to practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

LINKING SENTENCE

It is easy to have unprotected or unplanned sex. This is the main way that HIV is being spread and more young people are becoming infected. It is hard for some people not to have any sexual activity at all so the next best thing is to know which sexual activities are relatively safe, and how to protect yourself.

ACTIVITY 10.8**SAFE AND SAFER SEX PRACTICES****Purpose:**

To discuss what sexual behaviours or practices are considered safe in terms of STIs, including HIV.

To examine the degree of risk involved in practising certain behaviours.

Time:

45 minutes

Steps:

1. Write the word **SAFE** on the chalkboard or sheet of flipchart paper.
2. Ask participants to discuss what the word means to them with the person sitting next to them. Ask them to share with the group and write down the key points.
3. Write the word **SAFER** on a different space on the chalkboard or a separate sheet of flipchart paper.
4. Ask participants to discuss what the word means to them with the same person.
5. Divide participants into two groups to discuss the following:
 - a. Group 1: What sexual behaviour is considered “safe?” Why?
 - b. Group 2: What sexual behaviour is considered “safer?” Why?
6. Bring the groups back together to discuss and share their responses. Make a list of the activities presented under “safe” and “safer.”

NTF:

Be sure to discuss the “ABC” message, “Abstain, Be faithful, and Condomise” if it is not raised, and let participants examine what each part of the message means and how safe it is.

7. Facilitate a general discussion and intervene to give factual information as needed.
8. Use the following “Presentation Notes” to clarify and summarize “safe” and “safer” sex.



PRESENTATION NOTES

SAFE AND SAFER SEX

The word “safe” means no risk or negative consequence. The word “safer” means the reduction of risk or negative consequence. In the sexual connotation, safe means no risks or negative consequences at all.

In general, there are several risks or negative consequences linked to sexual intercourse of any kind. These include pregnancy, STIs (including HIV), cervical cancer, and emotional hurt or exploitation. As long as there is sexual intercourse, there is a measure of risk involved. Condoms reduce the risk of transmission of STIs, including HIV, if used properly, but there is no guarantee.

Emotional hurt and exploitation is probably the most difficult to prevent, but entering into a sexual relationship for the right reasons and at the right time, rather than to please others, can reduce this risk.

Safer sex includes remaining faithful to only one partner who is faithful to you, taking a sexual history before having sexual intercourse and/or using other forms of sexual expression, such as mutual masturbation, in the place of sexual intercourse. The benefits of safer sex behaviours or practices are that they provide a chance to:

- Get to know each other better, and to develop trust and affection, so that each individual can do what s/he feels is right for her or him, rather than doing what is “expected.”
- Explore the whole body as a source of pleasure.
- Experience romance and courtship.

Therefore, one can conclude there is no such thing as truly safe sex. Hence, in sexual relationships people are encouraged to practise safer sex.

9. Check if there are any questions or comments and discuss these.

10. Ask participants to brainstorm different ways to practise safer sex and list these on flipchart paper.

11. Summarize and highlight the following points.

Key points:

- **Sexual intercourse involves emotional, psychological, and physical risks.**
- **Absolute abstinence is the only way to be completely safe from risk.**
- **Being faithful is only safe if both partners are completely faithful to each other, and are not HIV-positive.**
- **Condoms reduce the risk of pregnancy and STIs (including HIV) but only if used properly.**

LINKING SENTENCE

Part of practicing safer sex is being able to negotiate for condom use. Let us now look at people's attitudes towards condoms and talk about the myths related to these. We will also demonstrate using the male and female condom so that each of us knows how to do this.

ACTIVITY 10.9**CONDOM USE****Purpose:**

To examine the effectiveness of condoms as a means of protection.

To learn how to use a condom properly.

Time:

90 minutes

Materials Needed:


- Male and female condoms—two male condoms and one female condom per participant
- Wooden willies (penis models)—one per participant
- Model of female reproductive system (if available)

NTF:

If you have already done this activity with the same group in Unit 9, you do not have to do it again. You can ask them to repeat the golden rules of condom use and re-emphasize that apart from total abstinence from any sexual activity, condoms are the only protection against STIs, including HIV.

Steps:

1. Brainstorm with the group on reasons why people use or reject condoms. List the responses on the chalkboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask each participant to turn to **page 101** in his or her workbook.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.



WORKBOOK ACTIVITY

WHY NO CONDOMS?

1. Below is a list of common reasons that many young people give for not wanting to use a condom.
2. With your partner, read through and discuss ways that you could reply to say why you should use a condom.
3. Choose one reply that you feel is a good one and write it in the space provided.

Statements	Replies
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill; you don't need a condom.	
c. I'm a virgin.	
d. I can't feel a thing; it's like wearing a raincoat.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once—I promise to use one next time.	
l. I won't have sex if you want us to use a condom.	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

6. When participants are finished, bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.

NTF:

If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion around the others.

7. Explain to the group that they will now have a chance to practise using the male and female condom.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward. If they are uncomfortable, let them talk about their feelings.
10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a male condom properly. Remember to talk about proper disposal as well.

NTF:

If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.

11. Give each participant a wooden willy and a new male condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well, then give each participant a female condom and let each one see how it works (or practise if a model is available).

Using the Female Condom

The female condom is a polyurethane (plastic) pouch that fits inside a woman's vagina. It has two soft rings, one at either end. The inner ring fits inside the vagina, and holds the condom in place during sexual intercourse. The outer ring stays on the outside of the vagina and partly covers the labia (lips).

To use the female condom:

- Do not let the penis touch the vagina before inserting the condom.
- Open the package carefully.
- Grasp the flexible inner ring (at the closed end) and squeeze it with the thumb and middle finger so it becomes long and narrow.
- Gently insert the ring into the vagina (as you would insert a tampon or a diaphragm).
- Place the index finger on the inside of the condom, and push the inner ring as far as it will go.
- The outer ring remains on the outside of the vagina.

- Guide the penis into the condom's opening.
- After intercourse, remove the female condom by twisting the outer ring and pulling gently.
- Wrap the condom in the package or tissue, and throw it in the garbage.

13. At the end, let participants say how they feel about being able to use a condom properly.
14. Tell participants that the steps to using a male condom correctly are on **page 90** of their workbooks.
15. Encourage general discussion, including a discussion on buying and storing condoms.
16. Refer participants to **page 92** in their workbooks for the Golden Rules of condoms use.
17. Go through the points one by one, then check if there are any questions or comments and discuss these.
18. Remind participants to use the Question Box or Anonymous Wall for any queries/comments they may have.
19. Summarize and highlight the following points.

Key points:

- **Abstinence and condoms are the only prevention against both pregnancy and STIs.**
- **Always check the expiry date when buying condoms and before using them.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

LINKING SENTENCE

If we are to prevent the spread of HIV and AIDS, we must stop having unprotected sex. It is a fact, not a myth, that this is the fastest way that the virus is spreading, and we can see that more and more people are being infected, especially young people.

We need to protect ourselves and to give care and support to those who are already infected. Let us now look at what kind of support a person living with HIV needs.

ACTIVITY 10.10**SHOWING CARE AND GIVING SUPPORT****Purpose:**

To look at what an HIV-infected person needs to do to live positively with the virus.

To examine how we can support a person living with HIV or AIDS.

Time:

40 minutes

Steps:

1. Ask participants, "What should you do if someone you know, a family member or friend, is HIV-positive?"
2. List the responses and discuss these. Remind participants to be sensitive as they do not know who in the group may be living this experience.
3. Use the following "Presentation Notes" to clarify any misconceptions and give factual information.

**PRESENTATION NOTES****CARE AND SUPPORT OF PEOPLE LIVING WITH HIV AND AIDS**

First you must know that you cannot get AIDS from living with someone who is HIV-positive unless you have unprotected sex with her or him, or expose yourself to her or his blood.

A person that is HIV-positive needs:

To be encouraged to live positively. S/he needs to feel that there is hope for a good life and that being HIV-positive is not the end of life. Friends and family members play a key role in keeping the person's hope alive.

Love and support. S/he needs to know that s/he is still part of a family and will not be pushed away or rejected. It is good for the person if s/he continues to live with the family and carry on with normal activities.

To practise safer sex (protected sex). S/he needs to know how to use a condom properly and to understand the need to always have protected sex. This is to prevent her or him from becoming re-infected with another strain of HIV, or getting an STI that will make her or him sicker and could cause her or him to get AIDS sooner. It also protects the person with whom s/he is having sex.

Counselling and medical care. There are many other things that a person needs to do to live positively with HIV. S/he should talk to a counsellor, medical doctor, or social worker that will be able to offer her or him the information s/he needs and tell her or him where to go for more help.

To continue being part of the family and community life. It is important that the person is given the chance to continue work, training, or study so that s/he feels useful and able to participate in routine life. S/he should try to live a normal life and do the things that s/he likes to do to maintain her or his self-esteem. This also helps her/him build a positive outlook on life.

4. At the end, ask if there are any questions or comments and address these. Remind participants about the Question Box or Anonymous Wall so that they can post any other questions they may have.
5. Summarize and highlight the following points.

Key points:

- **You cannot get HIV through casual contact, so it is OK to be friends with a person who is HIV-infected.**
- **A person living with HIV should not be isolated or rejected. This breaks the person's spirit and makes it difficult for her or him to have hope or believe that life is worth living. Stress from this kind of mistreatment may contribute to the breakdown of the immune system and the rapid development of AIDS.**
- **More than anything, having someone to talk to is very important to a person living with HIV or AIDS.**

UNIT 10: HIV AND AIDS

CONCLUDING NOTES

HIV infection and AIDS are serious challenges facing youth today. There is no cure for the deadly disease AIDS, so prevention is the only solution. Fortunately, AIDS is an avoidable disease. You can avoid AIDS by abstaining from sexual intercourse. If you are already having sex, use a condom correctly with each and every act of intercourse, and you will greatly reduce your risk.

It is also important to remember that anyone can get HIV, and this does not make her or him a different person. We need to treat people with HIV just as well as we treat everyone else. The illness will be with us for a long time and we need to give support to our affected friends and family especially if they become ill.

ACTIVITY 10.11**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to protect ourselves from becoming HIV-infected.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups then get a report back from each group.

Make sure to give each group the questions that they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of HIV and AIDS.
3. Ask participants to turn to **page 103** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?
4. Think about the discussions around HIV and AIDS that took place in this unit. What commitment are you going to make to yourself in terms of what you have learnt about HIV and AIDS? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based what you learnt about HIV and AIDS.

BACKGROUND INFORMATION FOR FACILITATORS ON HIV AND AIDS

Note: If resources are available, you may want to photocopy parts of this information for your participants.

The topic of HIV and AIDS can seem overwhelming; it seems like every day the newspapers report a new development about the disease. This material provides basic background information about HIV and AIDS.

Fortunately, although scientists and epidemiologists keep generating information that refines our understanding of the disease, the basic information about how the virus works, and how infection can be prevented has remained the same for quite some time.

The term “HIV infection” is used to describe infection with the virus that causes AIDS. Someone who is HIV-infected and has no symptoms is termed “asymptomatic.” People infected with HIV can be asymptomatic for many years, but are still able to pass the virus on to others without knowing it. A person who is HIV-infected and has some symptoms of illness related to this infection, but is not yet diagnosed with AIDS, is said to have “symptomatic” infection. A person is considered to have AIDS only when they have a certain group of opportunistic infections that add up to the proper medical diagnosis of AIDS, such as certain types of pneumonias or cancers, or if their T-cell/CD4 count (a laboratory test that indicates how healthy the body’s immune system is) has fallen below a certain level (often around 200).

Tips for Teaching About HIV and AIDS

Teaching young people about HIV and AIDS is likely to be professionally and personally challenging. Everyone has feelings and values about the concerns the AIDS epidemic raises. You may not be comfortable with some of the issues that participants raise. Examine your discomfort but try to put this aside during the activities. The most important thing is to assess how the young people are thinking and feeling, and start with that—correcting misinformation and providing helpful information for all their current or potential situations.

It is important to acknowledge the wide range of sexual experience in a classroom or group of young people. Some will be dating, while others may not yet be interested in romantic relationships. Some teenagers will have had intercourse, and some will never have kissed anyone. Some teens may have good reasons to believe that they have been exposed to HIV, while others may fear they contracted it from mosquitoes. Teens may have friends or relatives with AIDS, and some may have parents whose behaviour puts them at risk.

Many young people are afraid of AIDS and that fear may keep them from protecting themselves. Reduce this fear by emphasizing that AIDS can be prevented; not becoming infected is within their control. Teens can feel empowered by understanding they have the ability to practise behaviours that prevent them from becoming infected.

Reduce fear by emphasizing that AIDS can be prevented; not becoming infected is within their control.

One subtle, yet powerful, way to help youths consider delaying sexual intercourse is to change the language when discussing sexual behaviour.

Try to be specific when talking about sex, and use the term “sexual behaviour” to describe the range of sexual expressions that do not risk pregnancy and STIs.

Teens who are having intercourse are usually described as “sexually active.” The message conveyed to a teen (who may see “sexual activity” as an important part of their passage into adulthood) is that only sexual intercourse (placing the penis inside the partner's vagina or anus) really constitutes the behaviour of a “sexually

active” person! Try to be specific when talking about sex, and use the term “sexual behaviour” to describe the range of sexual expressions from fantasy to social interaction, from touch, to masturbation, that do not risk pregnancy and STIs.

Young people need explicit information about the specific sexual behaviours that put them at risk of HIV infection. Since most young people experiment with some types of sexual behaviour, you can help them to understand which ones are safer and which ones are risky.

You can help young people understand the risk of becoming infected and how to practise safer sex. Any type of sex between two **uninfected** partners is safe from HIV infection. The difficulty is that most people, teenagers or adults, do not know if they have been exposed to the virus. “Knowing someone well” or “asking your partner about AIDS” is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is infected just by looking at her or him. Avoid emphasizing that “monogamous” relationships are safe (i.e., those where both partners are faithful to each other), since young people think each time they have a relationship with one person, and they are faithful, they are being monogamous. Having one faithful relationship after another is called **serial monogamy**, and each new partner can be a risk to the other.

Help young people to understand that there are many ways to express sexual feelings—ways that do not risk unplanned pregnancy or STIs, including HIV. These include touching, fantasizing, caressing, massaging, and masturbating. Talking, kissing, whispering, hugging, singing, dancing, and holding hands are also ways of showing and receiving affection from a partner.

Strategies for avoiding penetrative sexual intercourse (abstinence) are an important component of AIDS education. Young people need to know that putting the penis into the vagina or anus is not the only way to give or receive sexual pleasure. You do not have to come up with the ideas; ask the youth to come up with their own ideas. Try to assess what lies behind the young people's need to have sex or desire to have sex (if they express this desire).

Young people need guidance on expressing and receiving affection in non-sexual ways.

Does it have more to do with their need for basic affection or attention? Young people also need guidance on expressing affection, and receiving it, in non-sexual ways.

Be realistic about the numbers of young people in the programme who are having sexual intercourse. In a group of 16-year-olds, half are likely to be virgins and half are likely to be having sex. Those who have sexual experience need explicit information about how to protect themselves. Those who are virgins need to be empowered to remain virgins as well as help preparing for the eventuality of sexual intercourse.

Young people need to know that most protected sexual activities are called “safer sex,” not “safe sex,” because, even with precautions, only avoiding all contact with a partner’s vaginal or seminal fluid or blood is 100 percent effective. Intercourse using condoms with an infected partner, or a partner who does not know his or her HIV status, can only be considered “safer.”

Latex condoms have been proven to be an effective barrier to HIV. They can, however, break or leak, especially when used incorrectly. Although condoms are not a 100 percent safeguard against the spread of HIV or for preventing pregnancy (since they may break or slip off if used incorrectly), they do offer the best protection there is during penetrative sexual intercourse. Most of the problems associated with condoms have to do with incorrect use—so spend time on this section of the unit.

People can lower their risk of becoming infected with HIV or other STIs by understanding exactly how to use a condom correctly, and being certain to use one every time they have sex. Many young people feel even safer if they use another method of contraception, besides a condom, to increase the effectiveness against pregnancy.

When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another youth leader if necessary.

If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your organization, school, or community who could more appropriately facilitate the HIV and AIDS education activities in this unit. Remember, even if we try to tell all the youth in our community about the risk of HIV, and we encourage young people to abstain from sexual intercourse, many will still go ahead and have sex before marriage, or before they are emotionally ready.

Between the two alternatives—pre-marital sex with risk of HIV and AIDS, or teaching young people to use a condom to avoid HIV and AIDS—the more responsible alternative is the latter (teaching them to use a condom); to empower young people to protect themselves and their current and/or future sexual partners from death.

—Adapted from: Hunter-Geboy, Carol. *Life Planning Education: A Youth Development program*. Washington, DC: Advocates for Youth (1995).

The State of HIV and AIDS

There are over 40 million people living with HIV and AIDS worldwide. More than 24 million of them live in sub-Saharan Africa. AIDS is an incurable disease that eventually kills the infected person. It is a disease that can now be controlled with special drugs that restrict the activity and multiplication of HIV, the virus that causes the disease. However, many of these treatments require very costly drugs, and are thus not available to most people.

HIV stands for Human Immunodeficiency Virus. The name indicates that it is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens it.

The immune system is the body's defence against disease. With a damaged defence system the body is vulnerable to a whole range of infections and diseases. The person becomes weaker and eventually dies.

AIDS stands for Acquired Immune Deficiency Syndrome. "Acquired" refers to the fact that a person gets the disease from elsewhere—a person does not just develop it spontaneously. A person gets it from another person who is infected, through contact with that person's infected blood and/or sexual fluids. "Immune" refers to the body's defence system for fighting off disease, and "deficiency" indicates a weakness in that system. "Syndrome" means a specific collection of symptoms and diseases. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that the person has a particular collection of symptoms and diseases defined medically as AIDS. An AIDS diagnosis usually means that, in order to continue to live, the person will need special care and medical support.

When AIDS emerged as a potential threat to human health some 20 years ago, it was difficult to predict how the epidemic would develop. We now know from experience that AIDS can ruin and destroy social, economic, and family life in whole villages, and in whole regions. It can throw national development into decline, make poor nations poorer, and make the lives of already stigmatized and disadvantaged groups even more difficult.

Why is AIDS So Important for Young People?

AIDS is spreading among young people in Africa faster than in any other age group. AIDS stands to kill more than half of the young adults in the countries where it has its firmest hold (such as the southern cone of sub-Saharan Africa), most of them before they finish the work of caring for their own children, or providing for their elderly relatives.

While West Africa is relatively less affected by HIV than the southern cone, prevalence rates (particularly among young people) are creeping up. More than one adult in three in Botswana are already infected as of the end of 2001 (38% prevalence among people ages 15 to 49).

In general, the infection rates in young African women are far higher than those in young men, as much as three to five times higher. One contributory factor is that older men engage in sexual activity with young girls, thereby heightening the girls' risk of becoming infected at an earlier age than their male peers. It is also because females are more easily infected during vaginal intercourse than males.

However, the picture is not all gloom and doom. Young people have shown themselves capable—with the right support and information—of lowering the general rates of infection. A large community-based study in Uganda, a country that has been devastated by AIDS, has shown that the HIV prevalence rate among 13- to 19-year-old girls has fallen significantly since 1989.

AIDS is an avoidable disease. If a young person decides not to have sex, he or she is very likely to not become infected with HIV (unless it is contracted by other means, such as through sharing needles used for injections where one or more person sharing is infected, or receiving a transfusion of infected blood). Other than not engaging in sexual intercourse (being abstinent), a young person can reduce the risk of HIV and AIDS by always using condoms the correct way, each time s/he has sex.

How Does HIV Make Someone Sick?

It is helpful to think of HIV infection as a continuum, starting from the moment of infection, through the first signs of sickness, to the final appearance of AIDS. This is an important concept because it means:

- Someone can be infected for a long time (even up to and over ten years) and have no symptoms and feel healthy.
- Someone can be infected and feel poorly, but not be diagnosed with AIDS.

This means that an infected person can unknowingly pass the virus on to other people through sexual contact, or a mother may pass the infection on to her child during pregnancy, childbirth, or breastfeeding. HIV slowly weakens the immune system, which is the body's defence against infection and illness. Eventually the body is unable to fight off even mild infections and the infected person can eventually die of one or more infections or diseases. It is unclear whether everyone who is infected with HIV will develop AIDS, but researchers estimate that a very high percentage of HIV-infected people will develop AIDS. Eventually, people with AIDS die of one or more of the opportunistic infections that invade their bodies.

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection, by producing “antibodies.” However, these are insufficient to battle against the growth and multiplication of the virus that slowly destroys key cells in the immune system itself.

What Does HIV-Positive Mean?

HIV-positive means that an HIV test has shown that a person has been infected with HIV. There are several kinds of HIV tests. The most common tests require a sample of blood, urine, or inner cheek cells. Usually, it takes several days or weeks for a test result. Some newer tests give results within minutes. The tests show whether the person has produced antibodies to HIV, but they do not show the presence of the virus itself (these tests are rarer and more expensive). A test cannot tell when or how a person was infected with HIV.

A negative test result indicates that the body is not creating antibodies to the virus. Therefore, it is assumed that the person is not infected with HIV. It is important to understand, however, that there is a “window period” between the time when a person is infected with HIV and when the immune system begins producing antibodies in a great enough number to be detected. So, it is possible for

someone to test HIV-negative during the window period, yet still be infected with HIV and be able to transmit it to someone else. Scientists are unsure about the length of the window period; it is probably between two weeks and six months but in rare cases may be as long as three years.

It is very important for a person to be counselled by a trained counsellor before and after an HIV test. This is called **voluntary counselling and testing** for HIV, also known as **VCT**, and is available in many places. VCT is voluntary—no one should ever force a person to be tested for HIV as a condition for employment or for any other reason. Before the test, the counsellor will explain the procedure and talk to the person to be sure he or she is ready for the test, and ask about recent sexual activity to determine whether the person could be in the window period. If the blood test shows the person to be HIV-negative, after the test the counsellor will give advice about how to stay HIV-negative. If the person is found to be positive, the counsellor will help him or her cope with the news, discuss steps the person can take to avoid passing the infection to someone else, and refer the person to available services and treatment. VCT is confidential, which means the counsellor must not reveal the test results to anyone else.

When are People With the Virus Infectious to Others?

People with HIV are infectious to others as soon as they are carrying the virus, even before antibodies are produced. People with HIV may not know they are infected and may look, act, and feel healthy for a long time, possibly longer than ten years. It is impossible to tell from looking whether or not a person is infected. Knowing a person well does not tell you anything about his or her HIV-positive or negative status.

How is HIV Transmitted?

HIV can be transmitted from person to person through contact between the blood or mucus membranes of one person, with the infected blood, semen, vaginal fluids, or breast milk of another. Ways to get the virus include:

- Exchanging blood, semen, or vaginal secretions during sexual activity with someone who has HIV.
- Sharing circumcision knives, or needles used for injecting drugs (including steroids), tattooing, or ear piercing, with someone who has HIV.
- A baby getting the virus from an HIV-positive mother through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth, or through breast milk.

HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV-infected or has AIDS.
- Sharing plates, glasses, or towels used by someone with HIV or AIDS.
- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV infection or AIDS.
- Having someone with HIV or AIDS spit, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood.
- Being sneezed at or coughed on by a person with HIV or AIDS.

What is “Safer” Sex?

“Safer” sex describes a range of ways that sexually active people can avoid exchanging sexual and other body fluids, thereby reducing the risk of becoming infected with an STI, including HIV infection. **Practicing safer sex also provides birth control protection.** There are many ways for loving and sexual feelings to be shared that are not risky including:

- Hugging.
- Holding hands.
- Massaging.
- Rubbing against each other with clothes on.
- Sharing fantasies.
- Masturbating your partner or masturbating together, as long as males do not ejaculate near any opening or broken skin on partners.

There are other activities that are probably safe such as deep kissing and using a latex condom for every act of sexual intercourse. However, having any kind of sexual intercourse without using a condom is very risky. It leads to exposure to the bodily fluids where HIV lives.

What About Kissing?

There are no reported cases of people becoming infected with HIV just from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores in their mouths. People should use common sense and should wait until any sores or cuts have healed before kissing.

Why is Sharing Needles Risky?

Sharing needles for injecting drugs, shooting steroids, tattooing, or ear piercing is risky because blood from the first user often remains on the needle or in the syringe. It can then be directly injected into the bloodstream of the next user. So far, injecting drugs is not as big a problem in Africa as it is in Europe and North America. Of course, it is safest not to share needles and syringes but, if shared, they should be cleaned between uses with bleach and water. Bleach (such as Clorox or Jik) kills HIV. The correct procedure for cleaning needles and syringes used for drug injections is: fill the syringe with bleach, then flush the bleach through the needle into a sink, toilet, or container and repeat. Then, fill the syringe or needle with water and flush the water through the needle into a sink, toilet, or container and repeat this again.

Source: Hunter-Geboy, Carol. *Life Planning Education: A Youth Development program.* Washington, DC: Advocates for Youth (1995).

Updated data from *UNAIDS/WHO 2002 Update.*

UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL

PURPOSE AND OBJECTIVES

This unit discusses how adolescents get involved in using substances, including drugs and alcohol. It looks at ways to deal with this. It also looks at how drugs and alcohol affect a person and helps participants apply decision-making techniques to avoid drug use, by providing an opportunity for participants to practise assertive refusal skills.

By the end of this unit, participants should be able to:

- Explain the risks involved in substance use and abuse.
- Explain the effects of tobacco, alcohol, and other drugs on a person's health.
- Practise decision-making and assertiveness skills needed to avoid the use of alcohol and other drugs.

ACTIVITIES



Warm Up–Copy Cat	<i>10 minutes</i>
Myths and Facts About Substance Abuse	<i>90 minutes</i>
Good Decision Making	<i>60 minutes</i>
Resisting Peer Pressure to Abuse Substances	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

3 hours 45 minutes

ACTIVITY 11.1

WARM UP—COPY CAT

Purpose:

To highlight how easily we do what others do and the need for us to start doing what is right for us.

Time:

10 minutes

Steps:

1. Tell each participant to pair up with a partner.
2. Each person should take turns being the leader.
3. Everything the leader does, the other person copies.
4. Participants should change roles after five minutes.
5. Ask participants to share what lessons they have learnt from this activity. Keep this short.

ACTIVITY 11.2

MYTHS AND FACTS ABOUT SUBSTANCE ABUSE

Purpose:

To discuss the effects of substance use and abuse.

To understand the facts about drugs and alcohol.

Time:

90 minutes

Materials Needed:

- Basket
- Scissors

NTF:

You will need to explain the physical, emotional, and health effects of alcohol and drugs, with specific focus on the impact they have on study, work, and relationships. You may ask a co-facilitator trained in this field to assist you with this. You will need a basket and scissors for this exercise.

Steps:

1. Explain to participants that this activity will test their knowledge and understanding of how drugs and alcohol (or substances) affect them.
2. Brainstorm:
 - a. What is a drug?
 - b. What is alcohol?
3. List responses on the chalkboard or flipchart paper and discuss briefly. Use the following notes to explain and define the term “drug.”

Definition of Drug

A chemical or natural substance that, when used, alters the person in some way. It is something that changes the body's natural processes and may affect a person's normal thought and behaviour process.

4. Ask participants to list other substances that people take. Responses should include vitamins, medicines, etc. List these and tell the group that we are now going to look at truths versus myths about drugs and alcohol use.
5. Ask participants to list names of common drugs that they know. They can mention names of local drugs as well. Encourage discussion around how these drugs affect youth.

6. Divide the group into pairs and ask them to sit together. Let each pair draw a statement (listed on the following page) from the basket.

NTF:

Copy and cut the statements and put them in a basket. If participants do not know how to read, read each statement to the pair.

7. The pair must discuss and decide if the statement is true or false (fact or myth).
8. After a few minutes invite participants to share their responses with the group and give reasons for their answers. Encourage discussion at the end of each report back to give participants a chance to share their view on the statement.

Statements

- a. Alcohol is not a drug.
- b. Alcoholism is a disease.
- c. More young people use alcohol than weed (marijuana).
- d. Young people are often introduced to drug use by their friends.
- e. Coffee, tea, and sodas contain drugs.
- f. It is rare for a teenager to be an alcoholic.
- g. Cigarette smoking can be addictive.
- h. Drugs help people to deal with difficult situations better.
- i. Substances like glue are basically harmless.
- j. A cup of coffee and a cold shower will sober up a drunken person.

9. Use the notes below to give the participants the correct answers.

Myths and Facts about Drugs and Alcohol

Alcohol is not a drug.

Myth. Alcohol is a drug as is any substance that affects the mind or body.

Alcoholism is a disease.

Fact. Alcoholism is a disease; just as diabetes and epilepsy are diseases. It is a common disease in many parts of the world, including Africa. It is especially common among males. It can respond to treatment that includes completely eliminating alcohol consumption.

More young people use alcohol than weed (marijuana).

Fact. Alcohol is the most frequently abused substance. Substances abused by young people (as well as other people) include tobacco, valium, saccharine, akpeteshie, weed, and glue.

Young people are often introduced to drug use by their friends.

Fact. Almost half of young people are initiated into drug use by their peers.

Coffee, tea, and sodas contain drugs.

Fact. They all contain caffeine, which is a stimulant. Caffeine is addictive. Headaches are a common sign of caffeine withdrawal.

It is rare for a teenager to be an alcoholic.

Myth. Definitely not. Many secondary school students use alcohol weekly and many of them are addicted to it.

Cigarette smoking can be addictive.

Fact. Cigarettes contain nicotine, which is addictive. Cigarette smoking is harmful to health. It has been found that smoking is directly linked to cancer, especially lung cancer. It is especially dangerous for pregnant women to smoke, as this may affect the lungs as well as the breathing of the foetus and the development of its brain.

Drugs help people to deal with difficult situations better.

Myth. Drugs do not help people forget about their problems or reduce the pain caused by other problems. They may provide a temporary distraction only. The problems do not go away, in fact, they often get worse as a person under the influence of drugs makes no attempt to solve his or her problems.

Substances like glue (inhalants) are basically harmless.

Myth. Substances like glue or petrol can be extremely dangerous. Inhalants can cause permanent damage to organs like the liver or brain.

A cup of coffee and a cold shower will sober up a drunken person.

Myth. Only time will cause a person to become sober. It takes one hour for the liver to process one gram of pure alcohol.

NTF:

If working with a group larger than 20 people, use the following additional statements.

Alcohol affects some people more than others.

Fact. Factors that influence how alcohol affects the individual include: body weight, amount of alcohol consumed, the presence of other drugs in the system, the general health of the individual at the time, and how recently she or he has eaten.

Alcohol is a sexual stimulant.

Myth. Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as inability to have an erection, loss of sexual feeling, or inability to feel pleasure.

When people stop smoking cigarettes, they can reverse some of the damage to the body.

Fact. If there is no permanent heart or lung damage, the body begins to heal itself when a person stops smoking.

Drinking only beer will prevent problems with alcohol.

Myth. Ethyl alcohol affects drinkers and ethyl alcohol is present in beer, as well as wine and spirits.

Smoking cigarettes every now and then is not harmful.

Myth. As soon as people start smoking, they experience yellow stained teeth, bad breath, and shortness of breath that may affect their physical performance. Addiction to nicotine is quick. People who smoke for any period of time have a greater risk of lung cancer and other lung diseases, cancer of the tongue and throat, and heart diseases.

Weed gets you high but is not harmful.

Myth. Although research is ongoing, many experts believe that long-term use of marijuana is dangerous and may lead to: a decrease in motivation and memory loss; damage to coordination; impaired judgement; damage to the reproductive system; and throat and lung irritation.

Alcoholism tends to run in families.

Fact. Children of alcoholics are much more likely to be alcoholics than children of non-alcoholic parents. Some theories state that alcoholics have a different chemical make-up that might be passed from one generation to the next. Others argue that children imitate their parents' or other adults' behaviour, and therefore children of alcoholics become alcoholics themselves.

10. Ask participants if they have any other general comments or questions and discuss these.

11. Ask participants to get into three or four small groups and come up with a list of guidelines they could use to convince their friends not to use drugs or abuse alcohol.
12. Each group should choose a representative and share their guidelines with the others.
13. Start the feedback by letting one group give its guidelines. List these then ask the other groups to add any others that they have. Steer participants towards coming up with one list of guidelines or take a vote to decide which group list all the participants accept.
14. Ask participants to turn to **page 106** in their workbooks.



WORKBOOK ACTIVITY

GUIDELINES FOR AVOIDING DRUGS AND ALCOHOL

Copy the list that the group came up with. Learn these so that you can teach your friends how they can stay away from drugs and alcohol.

Guidelines:

15. Ask participants if there are any questions or comments and address these.
16. Summarize and highlight the following points.

Key points:

- **Substance abuse can cause physical, emotional, and psychological problems.**
- **Drugs and alcohol have addictive tendencies.**
- **Prescribed drugs should be taken as they are prescribed (be cautious of self-medicating).**
- **Herbal and other preparations should be taken very carefully.**
- **Most young people are introduced to drugs and alcohol by friends and family members.**
- **Using alcohol and drugs is a major contributor to broken relationships and families.**
- **Respect yourself; do not harm yourself by abusing substances.**
- **Do something healthy and positive instead of using drugs or alcohol.**

LINKING SENTENCE

Knowing information about drugs and their dangers is not enough to help young people resist pressure to start using them. Young people need certain skills to be able to cope with peer pressure. These skills include decision making, communication, and assertiveness. Let us now look at good decision-making skills.

ACTIVITY 11.3**GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying a good decision-making model to real life situations.

Time:

60 minutes

NTF:

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- **Remind participants about the model—refer to the particular unit where it was done.**
- **Start with step 10.**

Steps:

1. Ask the group, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
 - When faced with a difficult situation.
 - When faced with more than one choice.
 - When faced with a challenge/challenging situation.
 - When there is a problem.
3. Use the following “Presentation Notes” to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes so that the word **DECIDE** is spelt vertically. Emphasize the “**3C’s model**: challenges, choices, and consequences.”



PRESENTATION NOTES

We make decisions every day of our life without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

Define the problem or **challenge** you are facing.

Explore the **choices** that you have.

Choose one of the above choices.

Identify the **consequences** of this choice.

Do—Act out the choice you have made.

Evaluate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 107** in their workbooks.

NTF:

For semi-literate youth, do the following:

- **Choose and brief youth to do the role-play.**
- **Ask participants to get into pairs or small groups of threes and do the activity.**
- **Each pair or small group should present their decision as a short skit.**



WORKBOOK ACTIVITY

GOOD DECISION MAKING

Read through the scenario below and use the **3C's model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

Scenario

Your best friend drinks a lot of alcohol and is often drunk at parties. One weekend at her/his house s/he is really drunk and starts trying to force you to drink with her/him. You feel really uncomfortable but do not want to lose the friendship. What would you do?

1. What is the **CHALLENGE** that you are faced with?

2. What are your **CHOICES**? Think about these and write three of them in the space below.

Choice 1:

Choice 2:

Choice 3:

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

5. Why did you make this decision?

6. How did your values influence the decision you made?

6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
 - a. First identify the problem or **challenge** that you are faced with.
 - b. Next, think of the **choices** that you have and write at least three of these down.
 - c. Next, identify both the possible negative and positive **consequences** of each choice.
 - d. Look at the choices and consequences that you have listed and make a decision.
 - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share their responses to the questions before moving on to another participant.
9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.

10. Summarize and highlight the following points.

Key points:

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realize this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve our goals.**

LINKING SENTENCE

It is not always easy to make the right choices and decisions, especially when we are influenced by what our friends are doing. When facing a tough challenge, and unsure of the decision to take, we can talk to someone whose opinion we respect, such as a friend, elder, auntie, teacher, etc. The final decision however, is ours to make so we must be clear about the consequences of our actions. We must “own” our decisions. Let us now practise making decisions about drug use.

ACTIVITY 11.4

RESISTING PEER PRESSURE TO ABUSE SUBSTANCES

Purpose:

To use real-life situations to discuss dealing with being pressured to use drugs or alcohol.

Time:

45 minutes

NTF:

Prepare each of the following as separate letters. You can copy them and cut them so that each group gets only the one it is working on.

Steps:

1. Divide participants into three groups.
2. Give each group one of the following letters. Write the instructions on the chalkboard or flipchart paper so that all the groups can see them.

Group 1

Dear Aunt Salma,

My friend has begun to hang around with older boys who sell drugs. He comes to me and tells me that he makes a lot of money doing nothing except “keeping” some drugs for his new friends. He tells me that he can get me in on the action, and that there is little or no danger to me. He’s always flashing lots of cash around and lately was wearing a nice gold watch and chain. I could use some extra money because I don’t get much money from my parents, but I am not sure about selling drugs. What should I do?

Mussa

Group 2

Dear Aunt Salma,

I am 16 years old and my best friend is 20. We get along very well even though she is so much older than me—we have a lot of fun together. There is only one thing that I don’t like and that is, my best friend smokes weed. Whenever I visit her at her home or we go to a party she’s always trying to get me to smoke. I’ve told her that I don’t want to but now she’s starting to avoid me and make excuses when I say let’s go out. She even called me a chicken the other day and said I was acting like a kid. I really like her and wouldn’t like to lose her as a friend. What should I do?

Mwajuma

Group 3

Dear Aunt Salma,

My cousin and I are very close—her parents died when she was five and she's been living with us ever since. Some people even think we are brother and sister because we go everywhere together. Recently my cousin made a new friend at school and now spends a lot of time with her. I caught the two of them sniffing cocaine at the back of the house one day, and since then my cousin's been trying to get me to try it. She keeps telling me how good it makes you feel and says that if I continue to be so “goody goody” she won't hang out with me anymore. What should I do?

Henry

Instructions

- Using the good decision-making model in your workbook, try to reach a decision that your group agrees on.
 - When your group has reached a decision, write a letter responding to the one you read, advising the person what to do and why. Be sure to list at least three choices that s/he has.
 - Choose a representative from your group to report back to everyone. S/he will be asked to read the letter that your group wrote and to describe how the group came to the decision.
 - You have 15 minutes to do this activity.
3. When the groups are finished let each one give its presentation.
 4. Encourage general discussion at the end of each presentation before moving on to the next group.
 5. Use the following to stimulate discussion:
 - a. How difficult or easy was it to make these decisions?
 - b. Which one do you think was the toughest decision to make?
 - c. What were the “worst-case consequences” for each of the situations?
 6. Summarize and highlight the following points.

Key points:

- **Many young people get involved in drugs and alcohol, or are influenced to try drugs and alcohol by their friends.**
- **Resisting peer pressure calls for a strong love of ourselves and a commitment to be true to ourselves and our values.**
- **Our decisions and choices affect us first—it is important to make the right decisions for ourselves.**

UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL

CONCLUDING NOTES

Anything that affects the mind or body is a substance. Drugs and alcohol are substances that are often abused, causing physical, emotional, and psychological problems and addiction. It is too easy to get involved in drugs and using alcohol excessively, because so many people around us are doing it. Remember that these substances are not good for the body or the mind. They may make a person feel good, but this is only for a short while, and they create a dependency that makes it hard to quit.

Although peers are important to our lives, like in everything else, we are responsible for ourselves and the decisions we make. We have to know and love ourselves enough not to want to do anything to hurt ourselves in anyway. We need to be our own best friends and be able to say “no” to peer pressure.

ACTIVITY 11.5

CONVERSATION CIRCLE & COMMITMENT

Purpose:

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves based on what we learnt about substance abuse.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups, then get a report back from each group.

Make sure to give each group the questions that they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make based on what they learnt about substance abuse.
3. Ask participants to turn to **page 110** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around substance abuse that took place in this unit. What commitment are you going to make to yourself based on what you have learnt about drug and alcohol abuse? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:

For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about substance abuse.

UNIT 12: PLANNING FOR THE FUTURE

PURPOSE AND OBJECTIVES

This unit helps youth think about setting clear goals for their future, and identify obstacles that may affect them achieving their goals. The unit will help young people recognise the link between personal values and vocational choices. It will also help them to learn about various work forms, and what a curriculum vitae (CV) is and how to prepare one.

By the end of this unit, participants should be able to:

- Recognise their short-term and long-term goals.
- Identify how their own personal values relate to potential vocational choices.
- Explain how to and be able to prepare a CV.
- Define advocacy and identify how young people can get involved in advocating for youth issues.

ACTIVITIES

Warm Up–The Letter	<i>10 minutes</i>
Understanding Short-Term and Long-Term Goals	<i>30 minutes</i>
Setting Goals	<i>45 minutes</i>
Understanding Values	<i>20 minutes</i>
Values and Vocations	<i>30 minutes</i>
The Career Path	<i>45 minutes</i>
Start With What You’ve Got	<i>40 minutes</i>
Preparing for Work	<i>50 minutes</i>
Understanding Advocacy	<i>40 minutes</i>
Advocating for Youth Issues	<i>30 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

6 hours

ACTIVITY 12.1

WARM UP—THE LETTER

Purpose:

To have fun and move around the room.

Time:

10 minutes

Steps:

1. Ask participants to sit in a circle.
2. Explain that you are the postman and you have a letter for certain people in the group.
3. Start by saying, “I have a letter for all participants wearing jeans or T-shirts or black shoes” (choose something common to most people in the group).
4. Those people who fit the description then have to move and find another seat. You should also find a seat, which means that someone will be left standing.
5. The person left standing becomes the “postman” and the game continues.

ACTIVITY 12.2**UNDERSTANDING SHORT-TERM AND LONG-TERM GOALS****Purpose:**

To understand the difference between short-term and long-term goals and understand which is easier to achieve, and why.

Time:

30 minutes

NTF:

Prepare a list of short-term goals and a list of long-term goals for this activity. Some examples are given in step 5 below. Make sure that there are enough goals that each participant can have one.

Steps:

1. Write the word “goal” on a flipchart and ask participants to brainstorm around what they think the word means.
2. List the responses on the flipchart.
3. Work towards getting the group to agree on one common definition.
4. Explain that a goal is something a person works to accomplish. It may be any of the following:
 - a. Something to do.
 - b. Someplace to go.
 - c. Something to have.
 - d. Some personal development.
5. Divide participants into two groups. Write each short-term and long-term goal on a separate piece of paper and label it “A” or “B.” For example:


“A” Goals: Short Term

I want to go to the movies on Saturday.
 My sister wants to buy a bicycle.
 I want to get a new pair of shoes.
 My mom wants to go to Kenya next weekend.

“B” Goals: Long Term

My brother wants to get married.
 I want to work as a computer programmer.
 My sister is in Form 1 and wants to go to university.
 I want to have my own business.

6. Give each participant one of the goals—there can be “A” and “B” goals in each group. You may need to develop more goals if you have a larger number of participants.
7. Ask each person to:
 - a. Read out her or his goal so that the group can hear.
 - b. Say what is common about the “A” goals and the “B” goals.
 - c. Discuss which of the two are more easily achievable, and why.
8. When each group has finished let participants return to their seats.
9. Use the following “Presentation Notes” to give a presentation on short-term and long-term goals.



PRESENTATION NOTES

SHORT-TERM AND LONG-TERM GOALS

A goal that can be accomplished in a short period of time, such as a day, or even a month, is called a **short-term goal**. Goals to be accomplished over a longer period of time, six months or several years or more, are **long-term goals**. Both short-term and long-term goals do all of the following:

- Give direction and purpose to life.
- Make life more interesting.
- Guide decisions in life.

When a person is setting goals s/he should consider setting **S.M.A.R.T.** goals. This means the goals are:

Specific. The goals are clearly stated to show what is required.

Measurable. The goals can be easily monitored for progress and success.

Achievable. Each goal is realistic and can be reached.

Realistic. Goals are based on one's abilities, resources, etc.

Time specific. There is a given time frame for achieving each goal.

Most goals are achieved step by step and not all at once.

10. At the end, ask for questions or comments and discuss these.

11. Summarize and highlight the following points.

Key points:

- **Setting goals is a good way to focus our energy and efforts.**
- **Short-term goals are easier to achieve.**
- **Long-term goals call for more planning.**

LINKING SENTENCE

Goals are part of life. We all set different goals for ourselves at different stages of our lives. Understanding the difference between short-term and long-term goals makes it easier for us to set the right goals for ourselves, at the right time.

ACTIVITY 12.3**SETTING GOALS****Purpose:**

To practise setting goals.

To analyze possible obstacles to goals and how to plan for them.

Time:

45 minutes

Steps:

1. Divide participants into small groups, and ask them to think about one long-term goal that they would like to achieve in the next five years.
2. Ask them to discuss the following:
 - a. What could delay or prevent me from achieving my goal?
 - b. How would this affect my plan?
 - c. How would I deal with this problem? What would I do?
 - d. How can I still achieve my goal or what new goal would I have to set?
3. After 20 minutes bring the groups back together and let them share their responses.
4. Use the following questions to stimulate discussion:
 - a. Many adults think they can control what happens to teens. How do you feel about this? Who is really in control of your life during adolescence? Who decides what goals you want to achieve?
 - b. When it comes to life plans, which years are more difficult to think about? Why?
 - c. Which points on your future timeline would change if you became a parent this year, or next? Describe how your goals would change and why, and who or what would be in control then.
 - d. How can you plan for unforeseen incidents?
5. Summarize and highlight the following points.

Key points:

- **We should be flexible in planning so that if we cannot achieve a certain objective, we can focus on another. Have alternative plans.**
- **Remember the S.M.A.R.T. way to set goals.**
- **Imagine the obstacles that could come up, and plan for these.**

LINKING SENTENCE

Setting goals is like making decisions for our future. This is usually influenced by what values we have, so understanding ourselves and our values will make it easier to understand why we make certain decisions and plans.

ACTIVITY 12.4**UNDERSTANDING VALUES****Purpose:**

To look at the different meanings of the word “value” and come to an understanding of what it means in the context of planning one's future.

Time:

20 minutes

Materials Needed:

- Shillings notes and coins
- Flipchart headed “Values Are”

NTF:

There is no need to repeat this activity if it was covered in Unit 1 with the same group of participants. Just refer and refresh their knowledge using the key points.

Steps:

1. Place several shillings notes of different values on the table.
2. Ask for two volunteers to come to the table and to choose a note.
3. Ask each person to say why s/he chose that particular note.
4. Thank both participants and let them return to their seats.
5. Write the word **VALUE** on a flipchart or on the board and explain that in this situation, value refers to the worth of each shillings note.
6. Ask the group to give more examples of what has value. If the group only lists material or physical things, ask for examples of something that cannot be physically seen or touched but has value. (Possible answers may include things like: respect, love, honesty, friendship, kindness, hard work, and talent.)
7. List the responses on the flipchart or board and add any of your own.
8. Use the following “Presentation Notes” to explain the meaning of values to the group.



PRESENTATION NOTES

VALUES

The word “value” means different things. One meaning is the actual worth of an object or an item in shillings. Another meaning involves a more personal aspect of worth, such as how important certain beliefs or ideas are to a person. Different things are worth more or less to different people, meaning they have more or less value. **The things, ideas, beliefs, and principles that are of worth to us shape our values.** Our values help to define who we are and help determine the choices we make, also called our behaviour. For example, a man who values his family cares for and takes care of his wife, children, and home life. A person who values health will try to have a healthy diet, avoid behaviours that can put her or him at risk of STIs, and avoid alcohol, tobacco, and other drugs. People who value their education will try to study hard, get good grades, and pass examinations.

9. Ask for one or two more examples from the group.
10. Put up the flipchart headed “Values Are” and go through each statement giving examples and explaining how a person can tell what her or his values are.

VALUES ARE

(Prepare this on flipchart beforehand)

- a. Things you are for (you support) or against (you do not support).
- b. Things you have chosen on your own, with no outside pressure; i.e. no one has forced you to choose your values, although your family, friends, teachers, the media, and traditional and religious leaders have certainly influenced you.
- c. Things you believe in and are willing to stand up for before others.
- d. Things that you use to make choices and that can guide your behaviour in life.

11. Ask participants to turn to **page 114** in their workbooks.



WORKBOOK ACTIVITY

UNDERSTANDING VALUES

MY VALUES

In the space below, write two values that are important to you.

Two values that are important to me are:

1.

2.

12. Invite participants to share their responses with the group.

13. Encourage general discussion around the responses, focusing on who or what was the most influential person or factor in the values presented.

14. Summarize and highlight the following points.

Key points:

- **Values are things we believe in or support.**
- **Our values are shaped by everything and everyone around us.**
- **Values often influence the decisions and choices we make.**

LINKING SENTENCE

A range of things such as religious teachings, culture, friends, and media influence our values, but family is one of the most important and powerful sources of messages about values. These values play an important role in shaping our lives as they influence the choices and decisions we make as we grow and develop. It is therefore important to make decisions and live life according to personal values.

ACTIVITY 12.5**VALUES AND VOCATIONS****Purpose:**


To look at how our values influence the choices we make in the areas of study, further training, or employment.

Time:

30 minutes

Steps:

1. Ask participants to turn to **page 115** in their workbooks.



WORKBOOK ACTIVITY

VALUES AND VOCATIONAL CHOICES

Here are some values you may want to consider when choosing a job. Circle three that are important to you in choosing a job. Then draw a line through those that are not as important to you.

Helping other people	Earning a lot of money
Having job security	Adding beauty to the world
Being creative or artistic	Becoming famous
Working with people all the time	Finding adventure
Having a daily routine that changes	Working when you want
Having job satisfaction	Learning new things
Being known as a thinker/intelligent person	Influencing other people
Helping to make the world a better place	Working with new technology

2. Tell participants to form small groups of three or four and talk about jobs they like and how the values they have circled relate to these.
3. After 15 minutes, ask volunteers to share one value they circled and to give examples of jobs that reflect that value.
4. Now ask participants to turn to **page 116** in their workbooks.



WORKBOOK ACTIVITY

JOBS THAT REFLECT MY VALUES

Based on the discussion that you had in the small group, list three jobs that you might be interested in because they reflect values that are important to you. Write these in the space below.

Job 1:

Job 2:

Job 3:

5. When participants are finished, use the following guiding questions to stimulate discussion:
 - a. How difficult was it to think of jobs that relate to the values that you consider important?
 - b. Were you surprised by the jobs that fit your own personal values? If so, why?
 - c. Which work-related values are most important to your parents or friends?
 - d. Are there jobs that interest you but that were not listed under values you initially chose? Think of ways that your values can still be expressed in other jobs not listed under those values.
 - e. Ask participants to list as many different jobs as they can think of and allow discussion around these for a few minutes.

6. Summarize and highlight the following points.

Key points:

- **Our values influence how we feel about certain types of work.**
- **It is more satisfying to be in a job that is in line with our values than one that we are doing for reasons that do not coincide with our values.**

LINKING SENTENCE

There are many jobs that a person can do. If we choose a job or career that is “close to our hearts,” it is more likely that we will succeed in it, than if we choose to do something for reasons that are not really of value to us. Knowing our value areas is key to choosing a successful career. It is also useful to have certain basic skills and knowledge about the world of work. Let us now look at the different work options that a person has.

ACTIVITY 12.6**THE CAREER PATH****Purpose:**

To explore the career choices that adolescents have.

To identify what adolescents need to be suitable for different career choices.

Time:

45 minutes

NTF:

The acronym **EEV**, pronounced “eve,” represents **Employment, Entrepreneurship, and Volunteerism**.

Prepare the three sheets of flipchart paper beforehand.

Steps:

1. Write the words **EMPLOYMENT**, **ENTREPRENEURSHIP**, and **VOLUNTEERISM** on a chalkboard or flipchart paper. Ask participants to share their understanding of what the words mean.
2. Use the “Presentation Notes” below to clarify the three words. At the end of each description ask participants to give examples of the kind of job or work that falls into that category.

**PRESENTATION NOTES****THE EEV OF A CAREER**

There are three main areas to think of in terms of developing a career. These are:

Employment: You work for someone else. You are an employee and receive a regular salary. You may also receive certain benefits such as a pension fund, medical aid, travel, study, and car allowance, etc.—although not all employers provide all of these benefits. Your normal daily hours are usually 08h00 to 17h00 and there are times when you are required to work weekends and public holidays.

Entrepreneurship: You are self-employed. You have your own business and are your own boss. You sell your services or goods to people who need and can pay for them, and you set your work hours. You may be in a partnership with someone but have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service for yourself. Anyone who uses her or his skill or talent to earn money for herself or himself can be considered an entrepreneur.

Volunteerism: You carry out certain duties because you enjoy them and not because you are earning any pay or benefit. You get involved in different activities that are important to you, e.g. youth development or health issues. There is no payment for the services or assistance you offer, but sometimes you may get a small allowance. You gain valuable experience and skills through the different projects and activities that you are involved in.

3. At the end of the presentation divide participants into three groups.

NTF:
Give each group one sheet of flipchart paper divided as below and instruct them to write their points under the different headings.

Group 1

Advantages		
Employment	Entrepreneurship	Volunteerism

Group 2

Disadvantages		
Employment	Entrepreneurship	Volunteerism

Group 3

Qualities/Skills Needed		
Employment	Entrepreneurship	Volunteerism

4. After two minutes ask each group to:
 - a. Leave their flipchart.
 - b. Move left to the next flipchart.
 - c. Read through and add any additional points.


5. Let the groups rotate again after two minutes until each group has had a chance to write on all three sheets of flipchart.

6. Let participants return to their seats and sit in their groups when they are done. Discuss the points written on the flipcharts, and then ask them to discuss the following in their groups:
 - a. Do I have the qualities or skills needed for any of these three career areas right now?
 - b. Which of these three am I most suited for right now or when I complete school? Why?
 - c. What skills and qualities do I need most to be suitable for the other areas?
 - d. Do I need to have all the skills and qualities to be suitable for any of the three areas? Can I learn them? How?

7. Bring participants' attention back to the big group and let them share their discussions. Spend more time on question "c" and list the responses to this on a flipchart with the following heading.

Career Development—Adolescents' Needs

8. Stimulate general discussion by asking, "How can you achieve the skills, knowledge, etc. that you identified in "c" above?" List responses on a flipchart. Allow a few more minutes for general discussion. Let participants share their concerns, worries, fears, or anxieties about their future options.
9. Ask participants to turn to **page 117** in their workbooks and copy the list of identified needs.



WORKBOOK ACTIVITY

MY CAREER NEEDS AND HOW TO FULFILL THEM

Copy the list of career needs discussed in the group and the suggestions made on how to fulfill them.

Need	How to Fulfill It

10. Summarize and highlight the following points.

Key points:

- **It is hard to get employment without skills and experience.**
- **A person needs money and business skills to start a business.**
- **A lot of experience and skill can be gained through volunteerism.**
- **Many employers recognize volunteer activities.**

LINKING SENTENCE

From this exercise it is clear that we need a lot of different things in order to be successful in employment or entrepreneurship. It is natural to feel downhearted if we think we do not have the skills or training needed, and that it would be difficult to get these. But it is not as hard as we may think.

Let us now look at how each of us can gain more knowledge and skill without being a paid employee.

ACTIVITY 12.7

START WITH WHAT YOU'VE GOT

Purpose:


To help us identify the natural abilities and qualities we already possess that could help us achieve our goals.

Time:

40 minutes

Steps:

1. Review the meaning of “ability” and “quality.” Ask for examples of each and check participants' understanding.
 - a. **Ability** is a skill, a competence, or a talent. It may come through training or education or it may be from natural abilities.
 - b. **Quality** is a personal characteristic, such as enthusiasm or persistence.
2. Clarify what the two terms mean.
3. Ask participants to turn to **page 118** in their workbooks.
4. Read through the instructions and make sure that participants understand the activity before they begin. Give an example of one of your abilities and qualities before the group starts.

 <p>WORKBOOK ACTIVITY</p> <p>START WITH WHAT YOU'VE GOT</p> <p>1. Think about yourself for a few minutes then fill in the blocks below.</p>	
<p>A. My Abilities (list three below)</p>	<p>B. My Good Qualities (list three below)</p>
<p>Things I can do well or am great at :</p>	
<p>2. Choose one item from block “A” and write below how you could use this either to earn money or gain more skills or knowledge.</p>	

3. Look at the qualities listed in block “B” and decide if you have what it takes to achieve the task you wrote in step 2. If “yes,” set one goal for yourself using one of the abilities from block “A.”
4. If “no,” repeat steps 2 and 3. Do this until you have set one goal that is realistic and achievable.
5. When you are happy with your choices, write the goal you have set for yourself in the space below. You will be asked to share this with the group.

Goal:

5. When participants are finished, invite them to share their qualities and abilities.
6. Encourage general discussion around the following:
 - c. How do you feel about yourself when you look at your abilities and qualities?
 - d. How do you feel when you compare your qualities and abilities with the career development needs from the previous activity? (Refer participants to **page 109** in their workbooks.)
7. Summarize and highlight the following point.

Key point:

- **Each person has natural gifts or talents that can be used to earn money.**

LINKING SENTENCE

Knowing our areas of strength is important because it helps us make realistic choices in terms of work or training, and set goals that we can achieve. In addition, there are also some basic “work tools” that are useful when planning for the world of work. Let us now take a look at what these are.

ACTIVITY 12.8**PREPARING FOR WORK****Purpose:**

To examine and discuss the application letter and CV.

To practise preparing both documents.

Time:

50 minutes

Steps:

1. Explain the purpose of the activity and brainstorm on the following question:
“What is an application letter?”
2. Discuss this briefly and summarize the explanation that an application letter is “a letter that a person writes when s/he is asking to be considered for a certain position. This may be for either employment or training.”
3. Ask participants to turn to **page 120** in their workbooks.

SAMPLE APPLICATION LETTER	
Your address and contact numbers	P.O. Box 123 Moshi 285-479
20 June 2003	Date that you write the letter
The Personnel Manager ABC Electronics P.O. Box 4567 Dar es Salaam	Company and person to whom the letter is going
Dear Sir/Madam: (use the name of the person if you know it)	
RE: APPLICATION FOR TRAINEE ELECTRICIAN	
	Draws reader's attention to what the letter is about

Body of your letter

I am applying for the position of Trainee Electrician as advertised in the Guardian on June 15, 2003.

I completed my Electrical Technician Diploma from the Dar es Salaam Technical College in 2002 and have been seeking employment since then.

For the past year I have done small jobs with different companies, but am willing and ready for full-time employment. I have also done a lot of volunteer work in my community, at schools and centres that needed my service.

I feel that this job will help me build on the skills that I have gained so far and believe that I meet the requirements mentioned in the advertisement.

I am ready and willing to attend an interview at your convenience and can be contacted at the above number anytime after 14h00 daily.

I look forward to your response.

Yours sincerely,

Your signature goes here

Francis Nzeru

4. Go through the different parts of the application letter (mainly indicated by an arrow) and let participants raise any questions that they may have.
5. Tell participants to turn to **page 122** in their workbooks.



WORKBOOK ACTIVITY

WRITING AN APPLICATION LETTER

Using the sample application letter as a guide, write an application letter for the position advertised below.

Advertisement:

WANTED!! Young man or woman to do basic office work. Will receive training on the job so no previous experience needed. Duties will include answering the phone, filing, sorting and posting mail, deliveries, and collections. Send all application letters to:

The Manager
 Benny's Office Supplies
 P.O. Box 1357
 Arusha

Write your application letter in the space below.

6. At the end, allow participants to share how easy or difficult they found the activity. Invite a few of them to share their letters with the group and have a general discussion.
7. Now ask participants to explain what a CV is. Discuss this for a few minutes and explain that "CV" means curriculum vitae. This is a short description about yourself that is given to someone when you are applying for a certain position. There are many styles of writing a CV but the general information usually consists of:
 - a. Personal details
 - b. Education and work history
 - c. Hobbies and Interests
 - d. Voluntary work
 - e. References
8. Ask participants to turn to **page 124** in their workbooks.



WORKBOOK ACTIVITY

PREPARING FOR WORK SAMPLE CV

There is more than one way to prepare a CV. The important thing is that it has the right information in a way that is easy to read and follow. This is one way of writing a CV:

Personal Details

Name:	Francis N. Nzeru
Date of Birth:	20.01.1980
Citizenship:	Tanzania
Postal Address:	P.O. Box 389, Arusha
Phone Number:	285-479
ID No:	BB 196550120

Formal Education

Tertiary: *(any studies or training that you had since leaving secondary school)*

2002	Diploma in Electrical Engineering, Dar es Salaam Technical College, Tanzania
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Secondary: 1995-1996	Arusha Secondary School—O Levels
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Work Experience *(what work you have ever done that you were paid for)*

2002 to present	Freelance worker: I have done work with different households and businesses on a short-term or contract basis.
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Voluntary Service *(what work you have done that you were not paid for)*

I have worked with a number of schools and community/youth centres in my area. I helped to repair damaged cables, install electrical fittings, and make sure that circuits were working properly.

References (*This is where you write the names, addresses, and contact details of three people who are not family. These should be people who know you well and can say the type of person you are and what your work, character, or abilities are like.*)

Ms Flora Lugeye
Teacher
Arusha CJSS
P.O. Box 1678
Arusha

Mr Rashid Brown
Manager
General Trading Store
P.O. Box 2877
Arusha

Ms Godisang Ramalefo
Youth Director
Kumasi Youth Centre
P.O. Box 1222
Dar es Salaam

9. Go through the CV in detail and explain each part of it. Allow participants to raise any questions or comments that they might have.
10. Ask participants to turn to **page 126** in their workbooks.



WORKBOOK ACTIVITY

WRITING A CV

Using the sample CV as a guide, write your own CV in the space below. If you need more space you can use the blank pages at the end of this unit.

MY CV

11. At the end, allow participants to share how easy or difficult they found the activity. Invite a few of them to share their CVs with the group and have a general discussion.
12. Summarize and highlight the following points.

Key points:

- **An application letter is used when we are applying for a certain position—either a job or to be accepted for training or study.**
- **A CV is the story of our school and work life, in an easy to read format.**
- **All information on a CV must be true and honest as people usually check with references.**
- **A smart CV is one that is written for a specific position. CVs can be changed to suit the particular position that we are applying for instead of putting all general information into it.**

LINKING SENTENCE

The world of work can be a scary place we do not feel ready enough for. We need to look for opportunities to learn as much as possible about different things, so that we can develop a range of skills and get new knowledge to use when we are preparing to be part of the workforce. We also need to support and encourage each other by getting involved in activities that focus on the overall improvement of life for young people and the development of youth in general.

ACTIVITY 12.9**UNDERSTANDING
ADVOCACY****Purpose:**

To discuss and understand what advocacy means.

To identify how young people can get involved in advocacy.

Time:

40 minutes

Steps:

1. Write the word **ADVOCACY** on the chalkboard or flipchart paper and ask participants to share what they know or understand by this word.
2. Explain that advocacy has different meanings in different situations, but the key meaning is “to influence behaviour and attitude change by standing up for an issue on someone else's behalf.”
3. Give the following two scenarios to two participants to read aloud for the group.

NTF:

Copy and cut the scenarios below to give to participants.

Scenario 1


A teenage girl went to the local family planning clinic in her village to ask for information about contraceptives. The nursing sister told her that she was too young to ask for such information and sent her away. She told her that young girls her age who want contraception are encouraging loose behaviour and that she should just concentrate on her bible studies. She did not give the girl any information.

Scenario 2

A young boy went to the doctor because he suspected he had an STI. The sister there shouts at him as she treats him, telling him that a boy his age has no right to be having sex. She says, “It is people like you who keep spreading HIV and AIDS.” She treats him very rough the whole time that he is there and when he leaves she tells him to make sure to use a condom so that he does not make anybody sick. The boy is embarrassed because everyone heard what she said.

4. Divide participants into three small groups and give each group one of the following questions:
 - a. What is wrong in both scenarios?
 - b. In each scenario, what could the boy or girl do?
 - c. What could others do to help them?

5. Bring participants back together and let them share their responses. Discuss these for a while and explain that when others get involved and help people to know and understand their rights, and when they help people stand up for their rights, it is called **advocacy**.
6. Use the following “Presentation Notes” to give a presentation on advocacy.



PRESENTATION NOTES

WHAT IS ADVOCACY?

Advocacy means speaking up about issues that are important and pushing for positive change. This can be done by drawing the community’s attention to an important issue and influencing social or other behaviour in a specific way. Advocacy involves working with other people and organizations to make a difference, and directing decision makers toward a solution. In the case of improving the lives of youth, we advocate for a cause or an issue because we want to:

- Assist youth, family, community, and policymakers to understand key issues facing youth.
- Change or improve something for youth.
- Build support for that cause or issue.
- Influence others to support that issue by developing organized programmes.
- Influence or change legislation that affects youth.

Successful advocacy depends on a full understanding of all the issues being debated, including the rights of youth, and the strategies that can be used to support these issues. It also depends on the commitment of those advocating for change.

7. At the end of the presentation ask if there are any questions or comments and discuss these.
8. Ask participants to briefly discuss the following:
 - a. What have you learnt from this activity?
 - b. What role can you play as an advocate for youth issues and rights with your family, your school, and your community?

9. Summarize and highlight the following points.

Key points:

- **Advocacy is about challenging the way things are so as to bring about positive change.**
- **Advocacy addresses an issue—not a person.**
- **Young people have to stand up for each others' rights.**

LINKING SENTENCE

Standing up for issues we feel strongly about is a real challenge. It is not always easy, as we have to convince people to listen to what we have to say, and to believe in what we are saying ourselves. We may also face the situation where elders and adults think that we are behaving badly or were troublemakers. Remember, it is important that we know our facts and are able to put them across convincingly.

ACTIVITY 12.10**ADVOCATING FOR YOUTH ISSUES****Purpose:**

To identify what issues young people can advocate for and discuss ways to do this.

Time:

30 minutes

Steps:

1. Brainstorm on youth issues that participants think they should advocate for and write these on the chalkboard or flipchart.
2. Include the following issues if they are not mentioned and get participants' views on whether or not they are relevant:
 - a. Preventing early marriage.
 - b. Allowing pregnant girls to be allowed to return to school after delivery.
 - c. Needing accurate information on how youths can abstain from sex and/or protect themselves from STIs, including HIV.
 - d. Providing equal opportunities for both boys and girls at home, in school, and in the community.
 - e. Eliminating traditional harmful practices such as early and/or forced marriages, bride price, and son preference.
 - f. Protecting young girls and boys from abuse such as rape, domestic violence, and sexual exploitation.
 - g. Offering better employment opportunities for youth.
 - h. Providing more youth programmes that address the real issues of youth.
3. Encourage general discussion on the points raised and try to come up with a list that all the participants agree on and accept as issues that young people can and should advocate for.
4. Refer participants to **page 128** in their workbooks.



WORKBOOK ACTIVITY

ADVOCATING FOR YOUTH ISSUES PERSONAL ADVOCACY PLAN OF ACTION

1. Choose one of the youth issues listed on flipchart paper that you feel strongly about and would advocate for, and write it here:

2. Using the information that you just learnt about advocacy and what it means, think about how you can advocate for the issue above.

3. Answer the following questions as best as you can:
 - a. What can I do myself?
 - b. What can I do within my family?
 - c. What can I do in my school?
 - d. What can I do in the community?

5. When participants are finished ask a few to share their plans.

6. Encourage general discussion for a few minutes.

7. Summarize and highlight the following points.

Key points:

- **Each one of us can advocate for some issue we feel strongly about.**
- **No matter how small our efforts, we each have a role to play.**
- **Remember to “start with what you’ve got.” Family and friends are easy to reach and it will most likely be easier to get them to listen to us.**

UNIT 12: PLANNING FOR THE FUTURE

CONCLUDING NOTES

Adolescence is an exciting and challenging time. It brings many opportunities and many challenges. It is also a time to explore our long-term career goals, think about the strengths we have, and plan what we need to do to achieve our goals. We need to be familiar with “work tools” such as the CV and the application letter.

As young people, we also need to be involved in standing up for issues that are important to youth, our community, and our nation.

ACTIVITY 12.11**CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of planning for the future.

Time:

20 minutes

NTF:

This activity works best with groups of 12 or less. If working with a large group, first divide participants into smaller groups then get a report back from each group.

Make sure to give each group the questions that they should answer or write them where the entire group can see them.

This activity can be done in a number of ways. For literate groups, do the following.

Steps:

1. Ask participants to sit in a circle and discuss the following:
 - a. What is one very important piece of information that you learnt from this activity?
 - b. How or why is this important to you?
 - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of planning for their future.
3. Ask participants to turn to **page 129** in their workbooks.



WORKBOOK ACTIVITY

KEY LESSONS LEARNT

Based on the information discussed and the learning that took place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

MY COMMITMENT

4. Think about the discussions around planning the future that took place in this unit. What commitment are you going to make to yourself in terms of what you have learnt about planning for the future? You will not be expected to share this with the group.
5. Write your commitment in the space below.

I commit myself to the following things:

NTF:
For semi- or low-literate groups do steps 1 through 3 above then continue as follows.

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about planning for your future.

