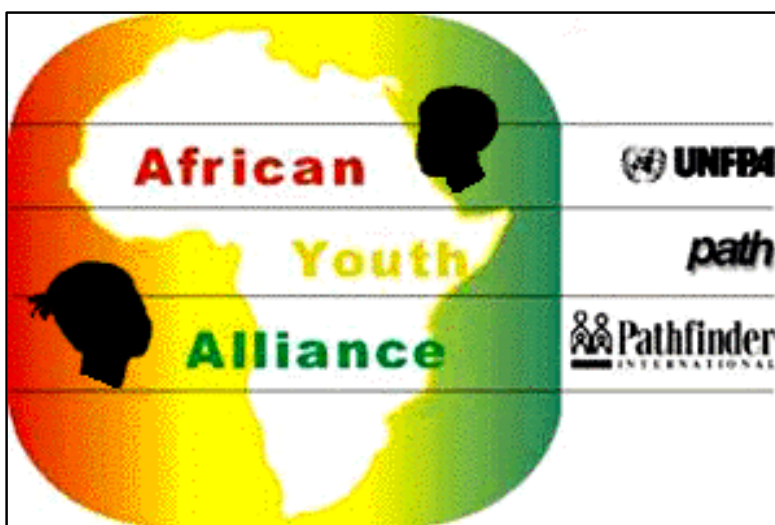


# LIFE PLANNING SKILLS

## A CURRICULUM FOR YOUNG PEOPLE IN AFRICA UGANDA VERSION FACILITATOR'S MANUAL



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# ACKNOWLEDGEMENTS

The LIFE PLANNING SKILLS (LPS) curriculum for Uganda is the result of PATH's interest in developing a skill-based curriculum for youth throughout Africa. The development of this curriculum was made possible through a grant from the Bill & Melinda Gates Foundation for the African Youth Alliance (AYA) Project. This five-year project (2000-2005) is implemented in four African countries: Botswana, Ghana, Tanzania, and Uganda. It focuses on reducing the spread of STIs, including HIV and 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 adolescent reproductive health and sustain successful programmes.

This Uganda version is an adaptation of the Botswana version, which was also based on an LPS curriculum for youth in Ghana written by PATH staff and consultants. 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* (Seattle, WA: 2001). *Advocates for Youth's Life Planning Education: A Youth Development Program* (Washington, DC: 1995) was also an important resource for the preparation of the LPS curriculum. The units and most activities essentially remain the same as the Botswana version, but have been re-arranged and modified to reflect findings from the field testing by the implementing partners. The Uganda version was field tested by PATH/AYA implementing partners between August 2002 and March 2003. Richard Kawooya of Devecom Consultancy adapted the document to make it more suitable to the Ugandan situation. Country-specific data were derived from publications from the Ministry of Health and the Family Planning Association of Uganda. Dr. Henry Kakande, a senior obstetrician and gynaecologist, reviewed the material on reproductive health, sexually transmitted infections (STIs), contraceptives, and the associated myths and rumours. Some additional material in the manual has been adapted from different sources as indicated. A team of PATH/AYA stakeholders reviewed the final draft in July 2003. Relevant comments from the stakeholders, a sample of facilitators, and young people are included in the final version. Mr. Anthony Kabiito facilitated the design of the document's graphics. Many photos are courtesy of the New People magazine.

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## LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral
ASRH	adolescent sexual and reproductive health
CV	curriculum vitae
FGM	female genital mutilation
HIV	human immunodeficiency virus
LPS	life planning skills
NTF	note to the facilitator
OHP	overhead projector
P.I.E.	planning, implementation, evaluation
STD	sexually transmitted disease
STI	sexually transmitted infection
TV	television
VCT	voluntary counselling and testing



## INTRODUCTION FOR FACILITATORS

Welcome to the LIFE PLANNING SKILLS (LPS) curriculum! This curriculum is designed to help young people in Uganda 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 and 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 in the world of 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 LPS curriculum is a simple guide that focuses on three important issues young people face:

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

- Gain information about themselves and their sexuality, including how to prevent pregnancy and avoid STIs and HIV.
- Learn more about preparing for work environment.
- Look at 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 in to 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. This is possible through 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 methods of birth control and family planning properly and responsibly. They also need to know that condoms can be used with other methods of family planning, and if used correctly, will prevent unplanned pregnancy and STIs, including HIV.
- Young people everywhere can learn to make good choices and decisions if they have complete and correct information, healthy attitudes, and good decision making, communication, and planning skills.

With the use of this manual, adults and experienced youth leaders can work with youth, and help them develop the skills they need to make healthy decisions and to clearly communicate more responsible life choices. “Experiential learning”—learning by doing—is a good way to help young people gain new information and skills, through participation in practical exercises and exploring 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 recognise 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 to grow, and are enthusiastic about the learning environment.
- Are non-judgemental.
- Are comfortable discussing sexuality issues and other issues that deal with human relationships.
- Are knowledgeable about the different types of life planning skills and how to nurture them.
- Have a sense of humour!

In using this manual, 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. A glossary of related terms is in the annex of



this document for ease of reference. Information on sexual and reproductive rights is also in the annex to help broaden facilitators' knowledge base.

## **CURRICULUM OBJECTIVES**

The full LIFE PLANNING SKILLS curriculum is designed as a series of units, each between three-and-three-quarters of an hour and more than nine hours long. The main curriculum objectives are to provide Uganda 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 feelings and choices.
- Identify what they want to happen in their lives, help them work toward building good futures by planning for work and deciding about parenthood, and help them to meet their plans and goals.
- Strengthen their knowledge and skills in three areas: sexuality, family planning, and communication.

The LIFE PLANNING SKILLS curriculum is comprised of two parts: the Facilitator's Manual and the Participant's Workbook.

## **FACILITATOR'S MANUAL**

This is made up of three sections. Each section contains the following elements:

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

### **SECTION ONE: WHO AM I?**

This section looks at the young person as an individual. It examines the different aspects of growth and development that an adolescent goes through. It is meant 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 s/he 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, and how young people should prepare to cope with these issues in a way that allows them to have a better chance at achieving their plans and goals.

Throughout the curriculum, the words "young people," "participants," "youth," "adolescents," and "teenagers" are used at different times, each meaning the same thing. Each activity shows a list of materials that are needed. A few activities require advance preparation.

In some cases, activities reappear in different units, for example, “Good Decision Making.” This is done to cover situations where the facilitator may be doing different units with different groups. However, if you are working with the same group of participants and have covered this 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 is factual information that participants need to know. The facilitator is not expected to copy this word for word on the chalkboard or flipchart, but to know it well enough to give the information to the participants, using whatever method is appropriate.

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

**Linking Sentences** are also provided at the end of each activity. These are to make the connection between activities. As with the presentation notes, the facilitator is not expected to learn or use these word for word, but should make sure that each activity is properly closed 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 these 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, chalkboard, or by making an overhead transparency.

Notes to the Facilitator (NTF):

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

## **PARTICIPANTS’ 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

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

## **GUIDELINES FOR THE FACILITATOR**

### **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 not in 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. During the final evaluation of the workshop, find out if the workshop was what they had expected it to be. A sample of a pre- and post-test questionnaire is included.

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 how they feel about these objectives.

### **TIPS FOR PLANNING YOUR WORKSHOP**

To design and conduct a programme that meets the needs of youth, 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 questions posted are addressed within the workshop or responded to accordingly.
- Use the photos provided in this LPS curriculum to set the mood and introduce the topic. Let the pictures do the “talking.” Involve the participants by asking questions like: “What do you see?” or “What do you think is happening?” or “How does the picture relate to your real life situation?”

## BACKGROUND INFORMATION

Facilitators are not expected to be knowledgeable in all areas of LIFE PLANNING SKILLS. Information continues to change and develop rapidly. The annexes contain information and a glossary to supplement the facilitators' knowledge. The curriculum also includes some background information at the end of Unit 10: 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 and respond to the questions that participants may ask.

A big effort has been made to provide up to date global and country-specific information about HIV and AIDS. However 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.

## 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:

<b>Confidentiality</b>	What we share in this group will remain in this group and will not be told to others outside of the group.
<b>Respect</b>	We should respect each others' opinions and experiences, even if they are different from our own or if we do not agree with them.
<b>Openness</b>	Be open and honest, but do not talk about someone else's private life. Give an example, or talk more generally, without identifying the person in your story.
<b>Non-Judgemental Approach</b>	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.
<b>Use "I" Statements</b>	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."

<b>Right to Pass</b>	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 view. It is OK to say: “I'd rather not do this particular activity” or “I don't think I want to answer that question.”
<b>Anonymity</b>	It is OK to ask a question without having to identify yourself. Tell the participants about the <b>Question Box/Anonymous Wall</b> .
<b>Acceptance</b>	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 experience with reading and writing, 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 local language and simple terms as much as possible.
- Use group work and sharing a lot.
- Let members of the group answer questions and summarise 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 papers 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 participants to share experiences so that 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 they are applicable, e.g. condom use. Allow the group's needs to guide you.

## FACILITATION TECHNIQUES

### EXPERIENTIAL EDUCATION

Learning by actively doing an activity is called “experiential” education because the youth 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 education participants do something and then talk about the experience together. They make 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, and focuses on practical skills and problem-solving.

The role of the facilitator is to:

- Facilitate and guide.
- Act less like a teacher and more like a mentor and sounding board.
- 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, summarise, and conclude discussions and activities, making sure that facts are given.
- 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’ experiences.
- ✓ 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 activities in advance.
- ✓ Be empathetic.
- ✓ Have a sense of humour.
- ✓ Act responsibly.
- ✓ Respect and appreciate the participants’ situation.
- ✓ Identify with the participants’ ways.
- ✓ Be a role model.
- ✓ Acknowledge correct behaviour.
- ✓ Use models when appropriate.
- ✓ Give feedback.

##### **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 discussions or intimidate each other.
- × Be judgemental.
- × Give factual and theoretical information in a formal lecture style.

## SPECIFIC TECHNIQUES

The LIFE PLANNING SKILLS curriculum uses several facilitation 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 (5-10 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 warm-up games. Young people are very creative. Facilitators should encourage this creativity by letting young people initiate or lead energizers.

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 activity.

### 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 of the unit.

#### Procedure:

- a. Decide on a topic.
- b. Clearly state the topic and time limit for the exercise 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**. It is useful to have a general discussion about the issues raised when all the points have been given.

### 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, should not be seen as the expert handing out information. Everyone in the group should get a chance to speak.

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. The principle is that 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 speaking. Giving everybody a chance to speak builds the individual’s confidence, self-esteem, and communications skills.

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 small 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 their 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 when needed and 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 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. Each group can be given the same case study. If you have more than three groups, different case studies on the same issue can be used.
- 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 its 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 people 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 be about ten minutes.

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

## 9. Drama

**Using the medium of 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

**An exciting way of spreading and reinforcing key messages**

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 given a straight yes or no answer.

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

Participants are then invited to 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.

### EXAMPLES OF A CONTINUUM



## 13. Story Telling

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

### Procedure:

- a. Tell the story. When it is finished, ask participants to discuss their understanding and feelings about the story. This can be done through pair work or small group work.
- b. After five to ten minutes of discussion, the facilitator may ask participants to comment (if the group is large, comments can be taken from selected pairs).
- c. As each comment is raised, a discussion can take place around it.

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 group has strong feelings about. It is used in a group situation to raise questions and to 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

A sequence of pictures used 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 story board is used to raise questions of how one situation leads to another.

### 16. Cycling Around the Newsprint/Flipchart

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 regarding a subject or their experiences with 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. The facilitator writes each issue on a separate piece of flipchart paper, and places the papers where each participant can see 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 the facilitator should note that participants usually need less time at each piece of paper towards the end of the cycling. This is because by this time most of the points would 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 Group Discussion**

A number of panellists speak about their viewpoints on a chosen subject to an audience. 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 a discussion amongst 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” who advocates risky behaviour or undesirable attitudes. The other participants question and argue in an attempt to defeat the devil’s argument, unaware of his or her deliberate intention. 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 opinion.

Devil's advocate is most often used when dealing with areas of behaviour and temptation. This technique helps participants to judge some of their behaviour choices, 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 speaking her or his own opinion, but is only playing a role. Otherwise participants may be reluctant to volunteer for the role.

The devil’s advocate technique is not restricted to one devil arguing with a large group. The devil’s advocate 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, the facilitator can 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 about

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

## 21. Lecture/Presentation

A formal presentation made 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.

## NURTURING LIFE PLANNING SKILLS

Life skills help young people achieve their personal best in life by inspiring them to pursue healthy and productive behaviours. Life planning skills training promotes responsibility and good character amongst young people. Life skills therefore help youth stay healthy physically, mentally, psychologically, and emotionally. The facilitator should be aware of the various categories of life skills and make a conscious effort to nurture the appropriate skills amongst the participants.

### Categories of Life Planning Skills

Life planning skills help young people learn how to maintain their bodies, grow as individuals, work well with others, make logical decisions, protect themselves when they have to, and achieve their goals in life. These life planning skills are categorised into three main areas:

#### 1. Skills of Knowing and Living with Ourselves

##### a. *Self-Awareness*

This is a skill that enables us to understand and appreciate our strengths and weaknesses. When we have this skill, we can use it to make judgements about

what we can do. In order to be self-aware we need to know our identity, that is, our name and its meaning, our parents, clan, community, and ethnic origin, and our culture. Knowledge of this personal identity helps us to make decisions and choices that are consistent with our capability, culture, and opportunities.

**b. Self-Esteem**

This is the ability that enables us to be aware of our worth. Self-esteem is enhanced by the friendly and positive support of the people around us and our relationships with them. Positive, friendly, and supportive interactions such as recognition, praise, tangible rewards, etc, build self-esteem. Negative interactions involving hostility, ridicule, shame, etc., damage self-esteem. Individuals who have high self-esteem feel competent and confident, respect others, exhibit productive behaviours, and have a sense of responsibility.

**c. Coping with Emotions**

Emotions such as fear, passion, anger, jealousy, etc., are usually impulsive responses to a situation, and are therefore subjective. That is why emotional responses often lead to actions that are not based on logical thinking. They can, therefore, easily make us behave in ways that we might later regret. In order to cope with emotions, we need to recognise them so that we are in a position to address their effects.

**d. Coping with Stress**

Stress is an inevitable part of life. Family problems, broken relationships, examination pressures, or the death of a friend or family member, or even a happy event such as a marriage, are all examples of situations that cause stress in people's lives. Stress can be a very destructive force if we do not learn how to handle it. Therefore, it is important that we recognise stress, including its causes and effects, and know how to deal with it.

**2. Skills of Knowing and Living with Others**

**a. Interpersonal Relationships**

As children grow up, they develop relationships with peers, parents, teachers, neighbours, local leaders, visitors, etc. Young people need to know how to appropriately relate to and interact with people.

**b. Friendship Formation**

Learning how to form friendships starts early in life. It is important because friends help us to build our lives by sharing activities, hopes, fears, and aspirations. However, we should be cautious of friends who could lead us into dangerous or risky behaviour. We should look for friends who can promote positive behaviour.

**c. Empathy**

Empathy is the ability to understand and share the feelings of others. When friends, family members, or acquaintances are faced with problems, such as the loss of a loved one, we should help lessen their worries or sorrows. We can do this by counselling and giving practical advice, as well as just being present for them and letting them know we care.

**d. Peer Pressure Resistance**

Peer pressure resistance means rejecting or refusing to accept peers' values, beliefs, and practices if they are unacceptable, dangerous, or risky. Peer pressure often has negative influences on a young person's habits and lifestyles. We must refuse to do things that we believe to be wrong, and should be able to defend our stand even if we are threatened, ridiculed, or rejected.



**e. Negotiation**

Negotiation is a discussion between two parties or individuals aimed at reaching an agreement. During negotiation we can be assertive and still be respectful but we have to keep in mind possible risks or threats as we try to uphold or build a mutual understanding and agreement.

**f. Non-Violent Conflict Resolution**

Conflict in this context refers to a disagreement or clash of two or more interests, principles, or opinions that can lead to violence. Non-violent conflict resolution skills are necessary so conflicts do not become violent and destructive.

**g. Effective Communication**

Effective communication is a skill that enables us to effectively pass on or receive messages. It requires us to be good listeners, and to be articulate and clear when communicating with others.

**h. Assertiveness**

Assertiveness means being able to take the relevant and necessary steps to achieve what we want, and cause others to recognise our rights without being aggressive. It assumes that we know what we want and why we want it. Assertiveness therefore is not the same as aggressiveness.

**3. The Skills of Making Effective Decisions****a. Critical Thinking**

Young people growing up in the contemporary world are confronted by multiple and contradictory messages, expectations, and demands from parents, peers, teachers, religious leaders, and the media. These expectations interact with their own aspirations and ambitions and constantly require them to make choices. Youth need to be able to critically analyse their environment and the multiple messages that bombard them.

**b. Creative Thinking**

The furniture in a room can be arranged in such a way that the room looks pleasing to the eye. Another person can re-arrange the same furniture in a different way and make the same room look even more attractive. In general, there is not just one way of doing things. Neither is human life static. Coming up with new ways of doing things, with new ideas and arrangements is called creative thinking. Creative thinking is important because we are continually placed in unexpected or unfamiliar situations where creativity is required to make an appropriate response.

**c. Decision Making**

Each day we must make decisions. We are frequently faced with demands that cannot be fulfilled at the same time. When we are confronted with the need to make appropriate decisions about relationships, our future, our life, etc. we must make choices, and at the same time be aware of the possible consequences of that choice. Thus, it is important to weigh the consequences before making a decision and have a framework for working through these choices and decisions so that we can achieve our personal best.

**d. Problem Solving**

Problem solving is a skill that enables us to recognise problems and find ways to meet our needs and avoid conflicts and dangers. Young people need to practise solving problems in order to strengthen their problem-solving skills.

Outcomes of life planning skills are not always immediate. So facilitators may not notice changes in young people's attitudes and behaviours for a long time. However, some life planning skills, when well taught, can cause immediate behaviour change: problem-solving and interpersonal relationship skills, as well as empathy can sometimes be put into practice quickly.

**THE WORKSHOP P.I.E.**

Each workshop 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 planning every 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 do the participants have on the topic?
- What do you want your 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 people 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.

**Workshop Checklist**

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

- 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 childcare at the workshop venue is 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?

### **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 adolescent sexual and reproductive health (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 the breaks 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:

- Do you need more than one facilitator 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 to address the 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 on the issues in a way that can influence and change the participants behaviour.

### **REMEMBER!**

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

## 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 expectations of the participants.
- 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 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 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)
What my values tell me to do	 Happy/Satisfied	
	 Frustrated/Upset	
	 Bored/Indifferent	
Sexual abuse and family violence	 Happy/Satisfied	
	 Frustrated/Upset	
	 Bored/Indifferent	

**2. Flash Feedback**

Participants and facilitators 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 can 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 the 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 to develop 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 the facilitator wants 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 participants 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 accomplish 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 aspects of the workshop, such as:

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

**Sample Questionnaires****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 with the facilitator asking the questions out loud.

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

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3. What do you understand Life Planning Skills to mean?

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

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

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6. Have you ever participated in a workshop on life skills before? Circle one.

Yes

No

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

7. What did you learn during that workshop?

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**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. Which one 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 infection?
  - a. Reduce the 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 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



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?

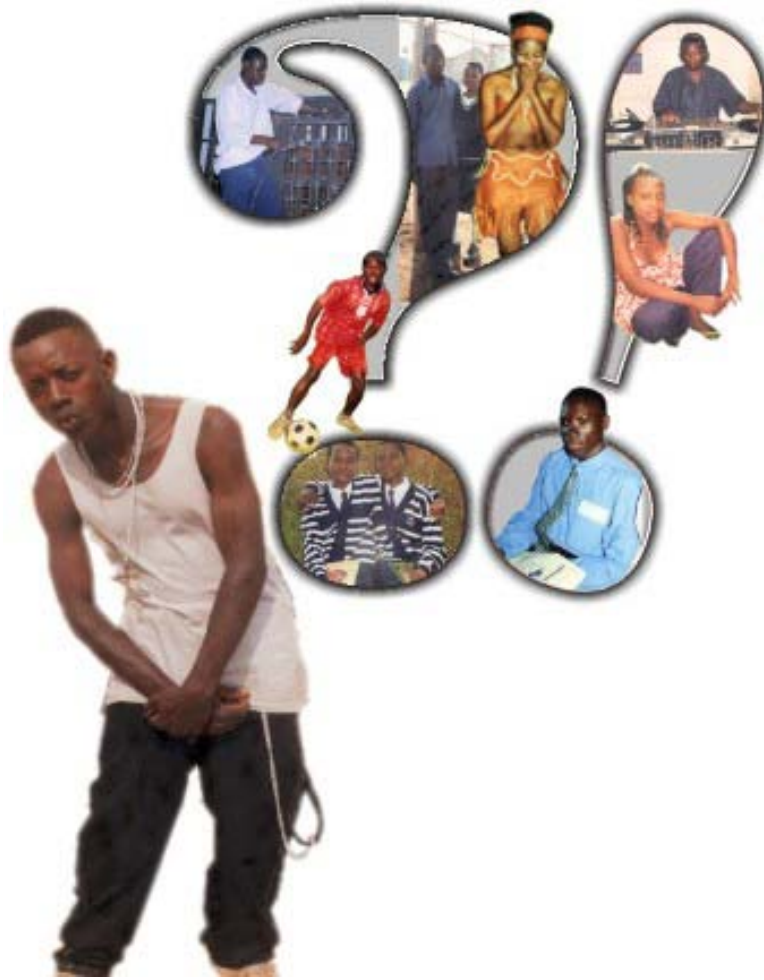
8. Is there anything you think the facilitator could have done better or differently? Any suggestions?

THANK YOU!!



# Section One:

Who Am I?



# LIFE PLANNING SKILLS

## A CURRICULUM FOR YOUNG PEOPLE IN AFRICA UGANDA VERSION

### SECTION ONE: WHO AM I?

#### UNIT 1: PERSONAL, FAMILY, AND COMMUNITY VALUES

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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 families and communities. The unit helps young people 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.
- Identify factors that influence values.
- Identify which values are most important to them.
- Explain 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 the values of others.

**ACTIVITIES**



Warm Up—Zip Zap	<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 others' names in a fun way.

**Time:** 5 minutes

**NTF:**  
Each participant must be wearing a name tag 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 her or his **left**.
  - d. When I say “**Zap**” the person I am pointing at must say the name of the person sitting on her or his **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:** 15 minutes

**Materials Needed:**

- Uganda shillings notes and coins
- Flipchart headed “Values Are”

**Steps:**

1. Place several Uganda shillings notes of different values on the table.
2. Ask for two volunteers to come to the table and 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 monetary terms. 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 avoids 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; 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 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.

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. Summarise 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 in exchange for gifts, clothing, etc.

3. Each participant should share her or his 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. Summarise 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 sex with their children or are not sure how to approach values on this topic. Understanding our family values is important because they influence the decisions we make. Let us now look at how we make decisions and the role that values play in this process.



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**ACTIVITY 1.4**

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**GOOD DECISION MAKING**

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**Purpose:**

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

To practise applying the 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:
  - 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. Emphasise the 3Cs: 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:

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made

**E**valuate—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 its decision as a short skit.



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs 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 won't. 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 could 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?

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5. Why did you make this decision?

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

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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 her or his 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. Summarise 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 realise 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 goal.**

**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 recognise what values are important to us.

**Time:** 40 minutes

**Materials Needed:**

- Three signs marked “Agree,” “Disagree,” and “Unsure.”
- Tape to put signs on the wall

**NTF:**

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

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.

**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 who gets pregnant, it is her responsibility to use birth control.
- h. It is impossible for a man to 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 should be treated equally in schools.
- o. A girl who dresses in sexy, revealing clothing is asking to be raped.
- p. Abortion should be legalised 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 well understand their own values.

People who truly value something are usually secure about telling others about it. **Values clarification**, or the way a person becomes more aware of her or his own values, involves sorting out our 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 them 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 for the group to hear.
  - b. After 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 under the “Agree” sign.
    - ii. If you disagree with the statement, stand under the “Disagree” sign.
    - iii. If you are not sure about whether you agree or disagree, 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 her or his 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. Summarise and highlight the following points.

**Key points:**

- **Our opinions and decisions are based on our values, which are strongly influenced by our families and communities.**
- **Everyone has the right to her or his own opinions, as people's values are shaped by different things.**
- **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 realise 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 Mpiima and Gorret. Use the brief below to explain their roles and give them time to practise if they want to.**

**Brief for Actors**

**Mpiima's role:** You like Gorret 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 Gorret how you feel and try to convince her to have sex. 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.

**Gorret's role:** You really like Mpiima 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 Mpiima, you really do not want to have sexual intercourse yet. Try to get Mpiima to understand how you feel.

**Steps:**


1. Review thoughts with the group, asking, "Where can values come from? What things can influence a person's values?"
2. List the responses on flipchart paper.
3. Ask the actors to perform the scenario of Mpiima and Gorret. 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 "no"
  - d. 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.**

- 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. A boy 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 questions 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 include: People often want to “try” someone else's values; friends pressure each other to do things that challenge their values, and frequently give in to the pressure so as not to lose friends; or some people enjoy the opportunity to make someone else angry by questioning their values.)
  - c. What happens when your behaviour is not in line with your parents' or friends' values?
  
7. Ask participants to turn to **page 10** in their workbooks.



**WORKBOOK ACTIVITY**

**WHAT MY VALUES TELL ME TO DO**

Think about the discussion that has just taken place and complete the following sentence:

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

You will be asked to share your responses with the group.

8. Summarise 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 young people 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. Values 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 to achieve it.

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 sets out to do.*

3. Brainstorm, “How do you think self-esteem is developed?” Write the responses on a flipchart.
4. Encourage general discussion around the points for a few minutes.
5. Give each participant a 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.

**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 11** 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” and one thing 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. Summarise 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.**

## **CONCLUDING NOTES, UNIT 1: PERSONAL, FAMILY, AND COMMUNITY VALUES**

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 can 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 larger group, first divide them 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 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 values.
3. Ask participants to turn to **page 12** in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of your values. You will not be asked to share this with the group.

### 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: 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 helps them examine their interpersonal communication skills.

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

- Explain the importance of communicating their 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>50 minutes</i>
Non-Verbal Communication	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**4 hours 30 minutes**

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**ACTIVITY 2.1****WARM UP—TELEPHONE WHISPERS**

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**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 rules of the game before you start. These are:
  - a. Each person must tell the story they hear 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 or him to repeat what s/he heard.
5. Check what the participants heard and compare that with the original story you told.
6. Discuss briefly where communication could have gone wrong and encourage participants to share what they learnt from the activity.

**ACTIVITY 2.2****WHAT IS COMMUNICATION?**

**Purpose:** To come up with an understanding of what communication means.

**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 as that will be covered in following activities.
5. Explain that for the purposes of this unit, the following definition will be used:

*Communication is when a person sends a message to another person with the hope and desire of receiving a response.*

6. Ask participants if they have any questions or comments and discuss these.
7. Summarise 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 people. Let us now look at different ways that people communicate.

**ACTIVITY 2.3****DIALOGUE OR MONOLOGUE**

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

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

**Time:** 35 minutes

**NTF:**

**The actors should practise the play before performing it 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 much that 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 one 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 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 it into the 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 on how the speaker feels.

**Red Flag Listening**

Certain words can make some people upset and stop them from listening. When these words, perhaps "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 more attentively if someone uses them in conversation.

**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 away 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 someone 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 far 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*, 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 16** 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 (with words). If a person is in doubt they 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, hands, and tone of voice. Look for feelings behind the words. 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 they are telling us. Do not say “I see” or “I understand” unless you are sure that you do. From time to time, repeat and summarise 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 they really want 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. **Be non-judgemental:** Try not to judge people. 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, that 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 judgement too quickly or in advance.
- Give advice unless the speaker asks for it.
- Jump to conclusions.
- Let the speaker's emotions affect our own.

Ask if there are any questions and discuss these.

Summarise and highlight the following points.

**Key points:**

- **We 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 conversations need to be sensitive to others—they need to listen.**
- **Others can often tell when we are not interested, or not listening. It is best to delay the discussion until another time rather than to risk poor communication.**

**LINKING SENTENCE**

Effective listening is the key to motivating others to give us feedback. Listening and feedback are both essential ingredients of good communication. As in the case of other skills, they require 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 practise 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. In the following activity we are going to examine the importance of giving and receiving feedback.

**ACTIVITY 2.4****IMPORTANCE OF FEEDBACK**

<b>Purpose:</b>	To explore the role of feedback in communication and how this influences behaviour change.
	To learn how to give feedback effectively.
<b>Time:</b>	45 minutes

**NTF:**  
**Copy and cut these scenes below so the actors can practise 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... uncool!" 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/his friends drop in to see how things are going. At the end of the practice the person singing asks her/his friend what s/he thought of the song and singing. The friend replies "The song is nice but not the way you sing it. Your voice doesn't sound right!" The singer doesn't know what to say and just stands there as the friend walks off.

**Note: Do not show scene 3 until after the discussion, at step 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 her/his 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 "cannabis" 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. List key words that come out on flipchart paper.
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

Personal feedback means 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 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 positive aspects of a person's behaviour and gives the person an opportunity to change those aspects that are not positive.

#### 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 helpful feedback to a person if s/he knows that we accept and appreciate her/him 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.

- If the person does not ask for feedback, the listener can ask if he or she can offer feedback, for example, “I hear what you are saying. May I give you some feedback?”
- 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 happens. 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/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 an entire group felt the same way, s/he might realise that it is important to try to change that behaviour.

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

10. Summarise and highlight the following points.

#### **Key points:**

- **Feedback is when you give someone your opinion about something they 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 criticising someone. It is helping someone to understand how s/he is 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.

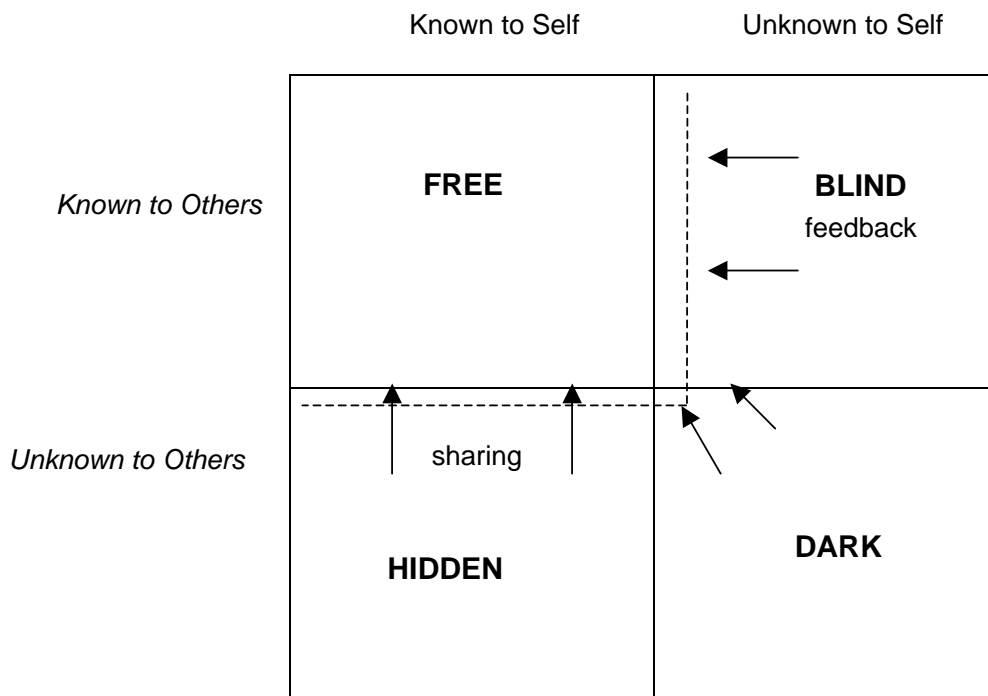
**ACTIVITY 2.5****JOHARI'S WINDOW**

**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.
2. Ask participants to get in pairs (encourage those who know each other well to work together).
3. Using a piece of paper, ask each person in a pair to:
  - a. List what is known to self and also to the friend (free).
  - b. List what is known to self but not to the friend (hidden).
  - c. List what each friend knows about the other but the self does not know (blind).
4. Put their presentation on Johari's Window.
5. Add and explain the "dark" window.



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

- FREE:** That part of yourself which is known to you and to others. It is the area of mutual sharing.
- HIDDEN:** That part of yourself which 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 which 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 which 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 up your blind area by letting you know what they see in you that you do not see yourself.
- Sharing:** A way of opening yourself to others.
- Revelation:** An experience during which part of your “dark” area is suddenly revealed. Revelation comes spontaneously; it cannot be planned.

6. Allow questions and comments during the presentation so that these are addressed immediately.
7. Summarise and highlight the following points.

**Key points:**

- **Each one of us has a hidden, a blind, a dark, and a free 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 will respond to us, and how openly and honestly they will communicate and share with us.



**ACTIVITY 2.6****BEHAVIOUR AND COMMUNICATION**

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

**Time:** 50 minutes

**Steps:**

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

**NTF:**

**Make a copy of the following scenes and cut them to share with the actors.**

**Scene 1**

**Actor 1 (mother):** Your firstborn 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 her/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. S/he 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 realise 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 firstborn 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, s/he is going to university, and then 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 but become angry. Eventually you are so mad with her that you just hang up.

**Scene 3**

**Actor 1 (mother):** Your firstborn 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/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/his wishes and that you support her/his decision to further her/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 in time to come. 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. 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 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.

3. Ask participants to turn to **page 18** 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 findings with the group if you would like to.

**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:**

- Lend the book because you do not want to hurt her/his feelings?
- Talk to your friend and explain why you do not want to lend the book?
- Tell the friend to get her/his own?

**You have just met a new girl/boy. Whenever s/he visits you s/he brings you gifts. This makes you uncomfortable. Do you:**

- Take the gifts and give them to someone else?
- Explain that you are uncomfortable receiving the gifts or refuse to take them?
- Throw the gifts back at the person and tell her/him to “bug off”?

**You have decided that you want to further your studies. Your mother says that you must find a job to earn money. Do you:**

- Give up on your studies and look for a job because she says you must?
- Talk to her about why it is important to get an education?
- Argue with your mother?

**Your close friend tries to get you to go out with a friend of hers/his whom you do not like. Do you:**

- Go with the person because you do not want to disappoint your friend?
- Explain to your friend why you do not want to go out with the person?
- Call your friend names and get mad at her/him?

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

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

4. 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 young person 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 you 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 down others. You respect yourself as well as other people. 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 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. S/he is sometimes verbally or physically violent.

5. Use the following statement to reinforce the need to practise assertive behaviour:
- Most people behave either aggressively or passively, but 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 hers/his with the group.  
**Note that this is not compulsory.**
7. Ask if there are any questions and discuss these.
8. Use this statement to introduce the **seven Cs** of effective communication.

Whichever approach you use in communication, the major purpose is to get your message across and receive the desired action response. This is what is referred to as **effective communication**. Effective communication is a result of a conscious effort to develop, package, and deliver a specific message to the intended audience. This message should always be clear, consistent, and action-oriented. Always remember the **seven Cs** of effective communication.

Use the following “Presentation Notes” to give examples of the **seven Cs**.

 <b>PRESENTATION NOTES</b>	
<b>SEVEN Cs OF EFFECTIVE COMMUNICATION</b>	
<p>Using a scenario of a girl who is not yet ready to get involved in an affair, but is being pestered by a boy, let us explore the seven Cs of effective communication from <i>her</i> perspective. The boy is making verbal advances, and suggestively caressing her, too.</p>	
1. <b>C</b> ommand Attention	Say what you want to say in a way that your message stands out loud and clear and gets the person’s attention: <b><i>“Hey you, hands off me, please.”</i></b>
2. <b>C</b> larify the Message	Make your message simple but clear and direct. Be explicit. Avoid long-winded and ambiguous messages: <b><i>“Don’t fondle me. I don’t want to be touched, I don’t want to play sex, and I don’t want to get involved in any affair.”</i></b>
3. <b>C</b> ommunicate a Benefit	The message should tell the recipient (boy) what he would get (benefit) in return for the good behaviour (desired action response): <b><i>“We’ll remain good friends.”</i></b> The benefit can also be conveyed in the form of a threat: <b><i>“If you persist, I am going to expose/avoid you...”</i></b> In that case, the benefit would be: <b><i>“I won’t tell anyone or make a fuss if you stop.”</i></b>
4. <b>C</b> onvey a consistent Message	All similar or related situations should be responded to in a consistent manner. Let your “no” sound like a “no,” be a “no,” and mean a “no,” no matter what approach, appeal, or tactic the boy uses. Deliver the same message repeatedly and emphatically every time: <b><i>“I told you before and I am telling you again: Leave me alone. I am not interested in romance, or sex, or an affair with you.”</i></b>

5. <b>C</b> ater to the Head and Heart	Offer emotional values as well as practical reasons to influence desired behaviour. People normally respond emotionally, not intellectually: <b>“C’mon Simon, you’re not a pig. You can control yourself. You never know what is in stock for tomorrow. Be cool. Go easy. Don’t behave like a loser!”</b>
6. <b>C</b> reate Trust	Communication is effective in a climate of credibility. This climate is built by the behaviour of the source of the message. Make the other party “believe” in your decision and the sincerity of your actions. Avoid any innuendos, insinuations, duplicity, false promises, double-meaning statements, half-hearted gestures, and non-verbal contradiction of your message. Be empathetic if need be, but still clear, consistent, and emphatic in your message: <b>“I appreciate your interest in me but I am just not ready—and that’s it.”</b>
7. <b>C</b> all for Action	An effective message should always specify the desired action response: <b>“Cut that out. Stop patting my back. Keep your distance and don’t call me again!”</b>

9. Summarise 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.**
- **Use the seven “Cs” to make your messages effective.**

**LINKING SENTENCE**

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

**ACTIVITY 2.7****NON-VERBAL COMMUNICATION****Purpose:**

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

To discuss verbal vs. 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 it can begin to draw the animal it has chosen.
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 from “d” and “e” and use this to highlight the importance of non-verbal communication. The following notes are also provided as a guide for this presentation.



## PRESENTATION NOTES

### ROLE OF NON-VERBAL COMMUNICATION

Every face-to-face communication involves both verbal and non-verbal messages. Usually these messages are matching, 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, it is often a sign that what the person 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. Lack of interest
  - f. Delight
  - g. Frustration
  - h. Happiness
11. Ask participants to share their feelings and general comments about non-verbal communication and the exercise.
12. Use the following "Presentation Notes" to summarise types of non-verbal communication and the associated feelings. Mention type of a non-verbal communication, and probe for a corresponding associated feeling, following examples given in the table.



**PRESENTATION NOTES**

	<b>NON-VERBAL COMMUNICATION</b>	<b>ASSOCIATED FEELING</b>
<b>1</b>	Smile	Happy
<b>2</b>	Frown	Unhappy
<b>3</b>	Does not seat still on seat	Uncomfortable
<b>4</b>	Moving leg(s) up and down	Tense
<b>5</b>	Cannot keep hands still	Tense
<b>6</b>	Eyes widen	Afraid
<b>7</b>	Scratches head	Unsure of herself/himself
<b>8</b>	Eye contact	Serious, paying attention
<b>9</b>	Nodding head	Understanding
<b>10</b>	Sitting close by	Relaxed
<b>11</b>	Leaning towards	Interest/encouragement to continue
<b>12</b>	Eyes wide open, mouth agape	Flabbergasted

13. Summarise 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.**

## CONCLUDING NOTES, UNIT 2: COMMUNICATION

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, 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 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 communication.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them 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 their communication skills.
3. Ask participants to turn to **page 19** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of communication. You will not be asked to share this with the group.

**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 communication.



## UNIT 3: 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, social, 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**

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**ACTIVITY 3.1****WARM UP—CLAY GAME**

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**Purpose:** To help participants understand that all young people 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. Ask one person to begin the game by imagining s/he is holding a handful of clay that s/he can make into any object s/he wants. S/he mimes with her or his hands transforming the clay into an object, e.g. a cup of tea, then s/he must use the object, e.g. drink the tea.
3. The imaginary object is then passed on to the next person, 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 “moulded” into a unique individual.



**ACTIVITY 3.2****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, healthy future.
  - A period of becoming independent from your family.
  - The age bracket of 10 to 19 years (according to WHO).
2. Discuss the list for a few minutes, giving participants a chance to share their views.
  3. Summarise 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, preparing us 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/his body begins to prepare for adulthood. The person goes through many physical, emotional, and psychological changes 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 3.3**

**PHYSICAL CHANGES DURING ADOLESCENCE**

**Purpose:**

To discuss the different physical changes that take place in males and females.


To acknowledge that all adolescents go through a similar process of physical changes, though perhaps at different times.

**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, while 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 22** 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 changes they have listed. Use the notes below to check that the group has mentioned the major changes and to add any that may have been left out.

### Physical Changes That Occur During Adolescence

BOYS	GIRLS
Testes and penis enlarge	Breasts grow
Sweat glands develop	Development of sweat glands
First ejaculation occurs	Vaginal lubrication occurs
Erections occur	Menstruation and ovulation occur
Body hair; underarm, pubic, and facial hair grow	Underarm and pubic hair grow
Wet dreams occur	Vaginal and cervical secretions increase
Body height and weight increase	Body height and weight increase
Voice changes	Voice changes
Body shape takes on characteristic adult pattern Muscular strength increases	Body shape takes on characteristic adult pattern
Skin problems (acne) may develop	Skin problems (acne) may develop

7. Summarise 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 14 years old or older. Boys’ bodies start changing from age 10 to 12.**
- **The changes are a normal part of human development.**

#### 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 having babies. We will also discuss the monthly period and pregnancy.

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**ACTIVITY 3.4** **THE FEMALE REPRODUCTIVE SYSTEM**

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

**Time:** 40 minutes

**Materials Needed:**

- Poster 3.1–The Female Reproductive System 1
- Poster 3.2–The Female Reproductive System 2
- Sticky tape or prestik

**Steps:**

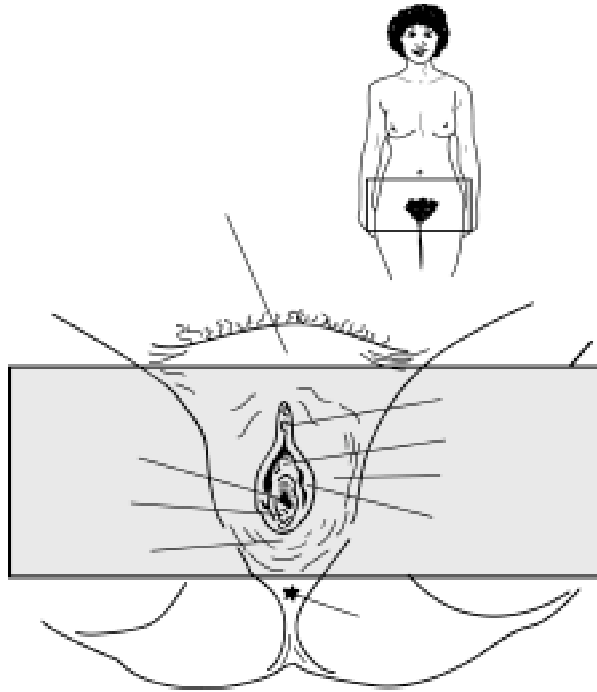
1. Brainstorm what the word “reproduce” means.
2. Copy the words below onto the chalkboard or flipchart.
  - a. Vulva
  - b. Mons pubis
  - c. Labia majora
  - d. Labia minora
  - e. Clitoris
  - f. Urethra
  - g. Vaginal opening
  - h. Hymen
  - i. Perineum
  - j. Anus
3. Divide participants into groups of three or four and ask each group to discuss:
  - a. How it understands each word.
  - b. Where on the body each part is located. The group should try to reach an agreement on this.
4. Bring the groups back together for a general discussion.
5. Ask participants to turn to **page 23** in their workbooks.



**WORKBOOK ACTIVITY**

**THE FEMALE REPRODUCTIVE SYSTEM 1**

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

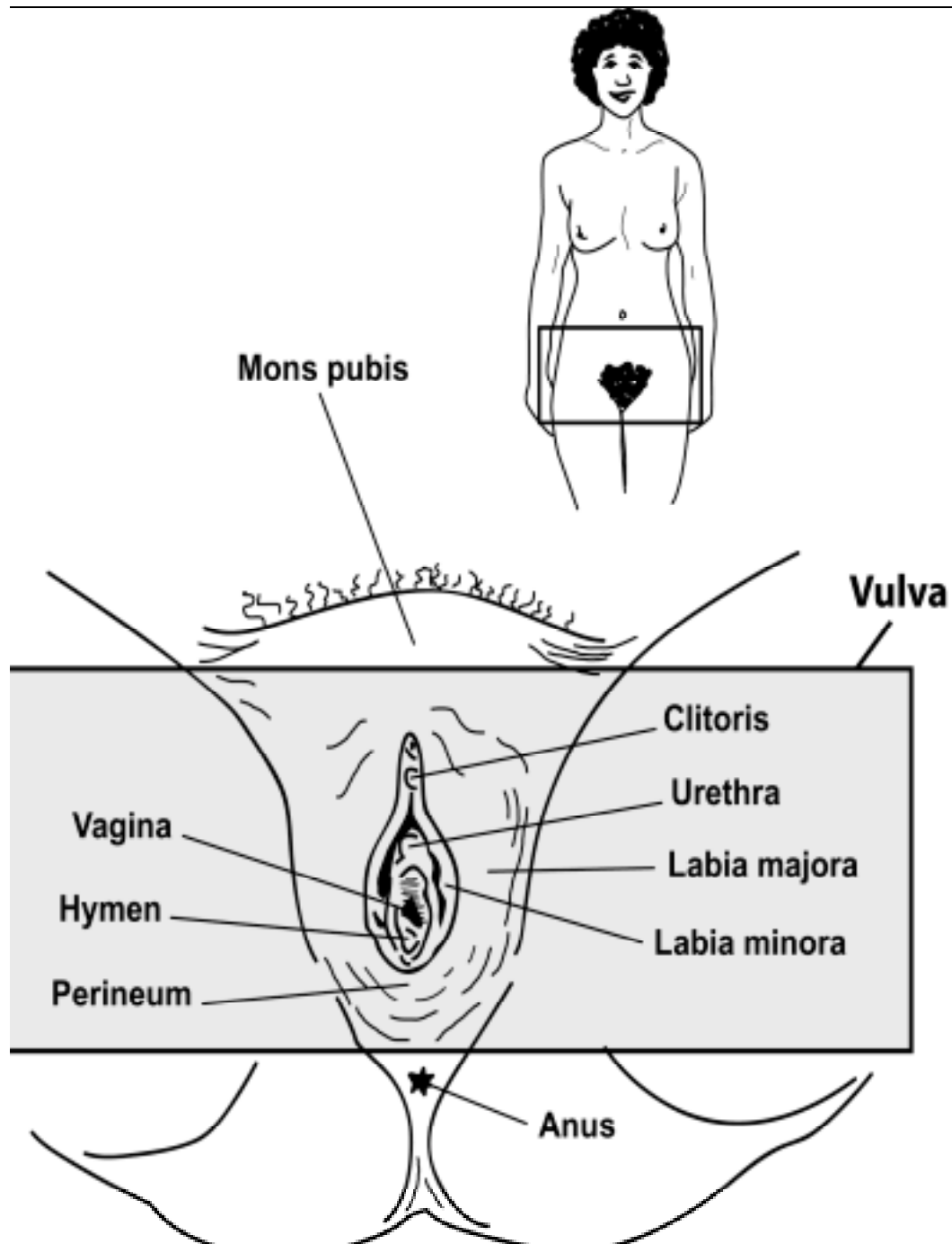


6. Display Poster 3.1: The Female Reproductive System 1 on a wall, flipchart stand, or board. Point to each part of the body on the poster as you talk about it.


**POSTER 3.1: THE FEMALE REPRODUCTIVE SYSTEM 1**

OUTER SEXUAL AND REPRODUCTIVE PARTS

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



**PRESENTATION NOTES**

**FEMALE REPRODUCTIVE SYSTEM**

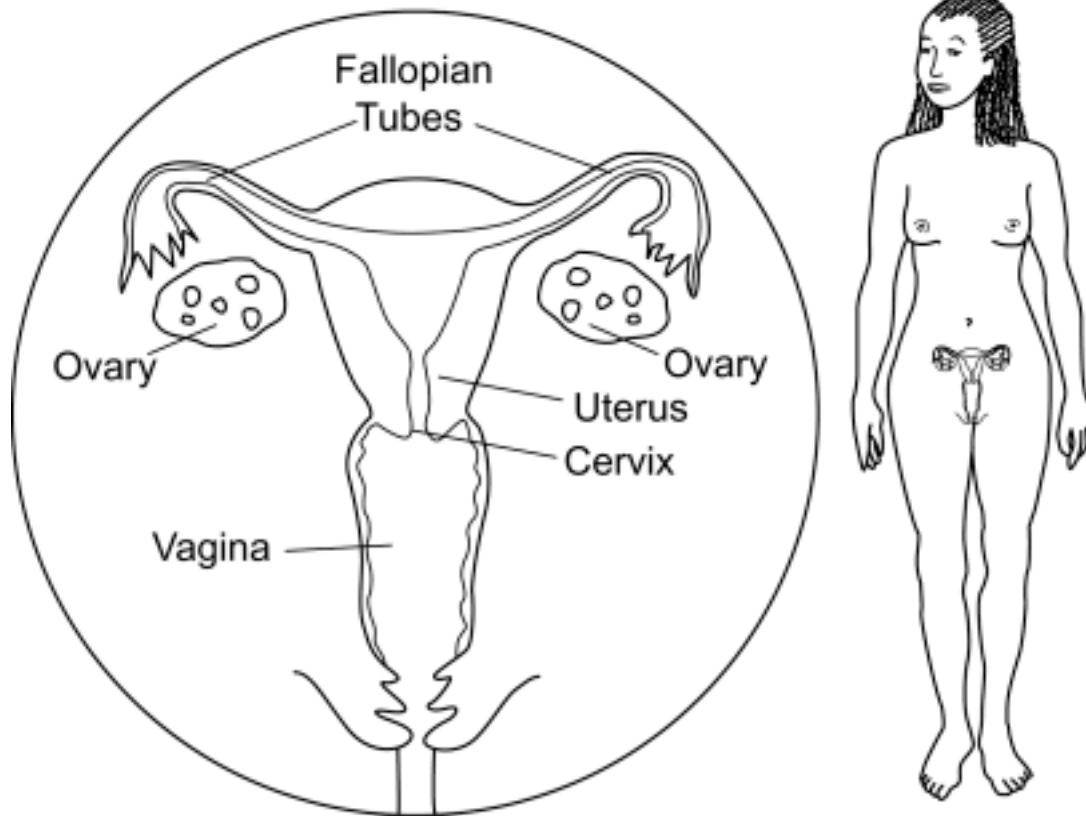
**Outer Sexual and Reproductive Parts**

- 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**.
- 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 **mons pubis** (fatty part over the pubic bone). It is small, shaped like a flower bud, and 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 3.2: The Female Reproductive System 2](#) and use the following notes to describe the inner reproductive parts. Allow questions and comments during the presentation.

POSTER 3.2: 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 avocado. 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 woman's womb. It makes it impossible for objects such as fingers, a 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 24** 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. Summarise and highlight the following points.

**Key points:**

- **To reproduce means to “make one of your own kind.”**
- **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 fertilised 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 recognise 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, that 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 3.5****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 3.3–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. The period is controlled by hormones. 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 fertilised at the same time, resulting in fraternal twins.<sup>1</sup>

**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).

<sup>1</sup> Inform participants that fraternal twins will be discussed in detail later in the unit.

**Reader 3**

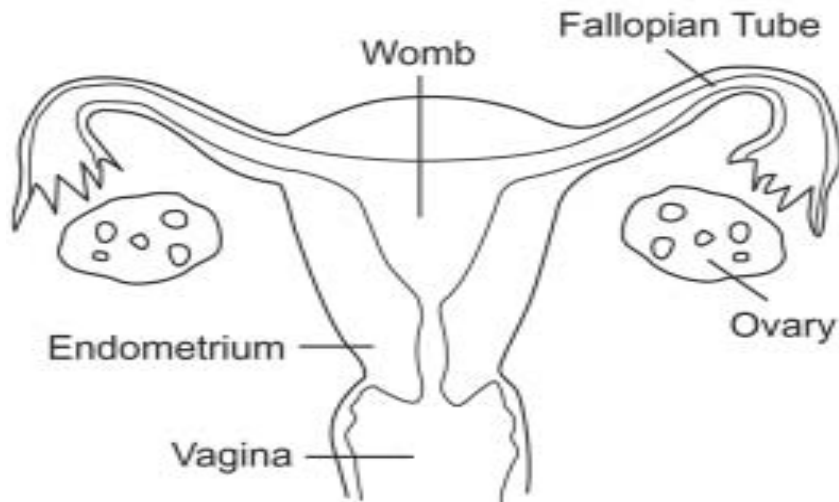
While the egg is moving through the Fallopian tube towards the womb, the body's hormones are making the inside of the womb develop a sponge-like surface, full of blood vessels. This is in case the egg meets a sperm along the way and the two join (fertilize). If this happens the fertilised egg travels to the uterus and attaches itself to the blood-rich lining that has been prepared, and begins to grow into a foetus. If the egg does not meet a sperm on the way, it continues on and breaks apart.

**Reader 4**

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 3.3: 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 3.3: 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 Nora 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.**

**NORA'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. 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, "Nora, 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 Nora not tell her mother about the bleeding?
  - b. Why did Nora 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 one person from each pair/group can report back on the discussion.
10. Use the following "Presentation Notes" to summarise 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,” 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 sometime 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 fertilises the egg while it is in one of the female’s Fallopian tubes. The egg then travels to the uterus (womb) where it is implanted. It is at this point that a baby (foetus) begins to grow.

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 sexual intercourse.**

Each month, in preparation for a fertilised 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 after sexual intercourse, the egg cell is said to be fertilised. 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 fertilised, 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, sometimes referred to as pre-menstrual syndrome or 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. Summarise and highlight the following points.

#### **Key points:**

- **Menstruation is a natural, normal process the body goes through.**
- **It happens when the egg does not meet a sperm and become fertilised.**
- **The blood that passes from the woman's vagina is not unhealthy and does not mean that anything is wrong with the woman.**
- **Proper hygiene should be practised at all times, including during menstruation.**
- **It is normal for each girl to have a different menstrual cycle.**

### **LINKING SENTENCE**

Menstruation is the body's way of cleaning itself 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 pregnancy happens, as it takes two to make a baby.

**ACTIVITY 3.6****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:**

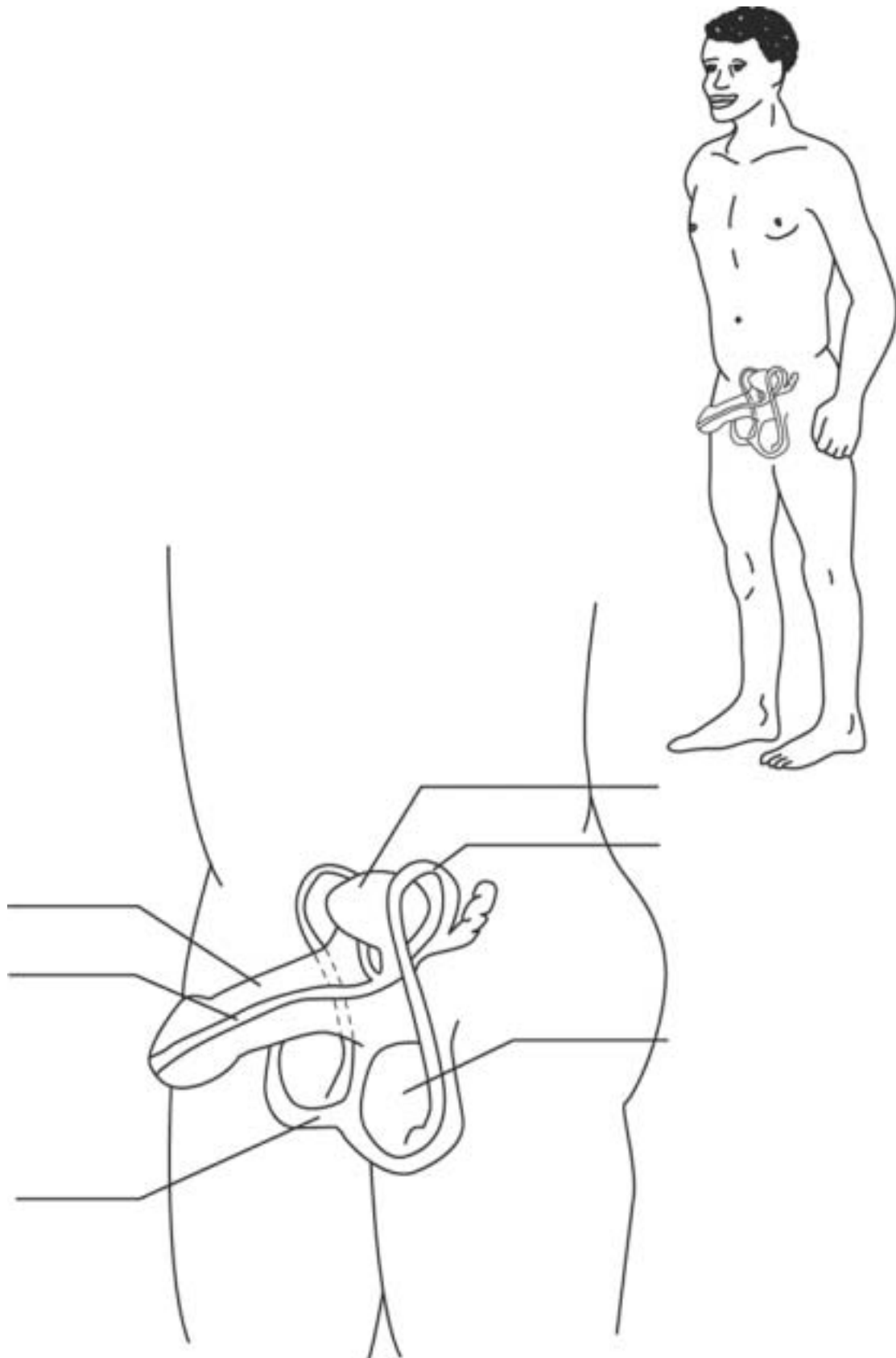
- Poster 3.4–The Male Reproductive System 1
- Poster 3.5–The Male Reproductive System 2
- Sticky tape or prestik

**Steps:**

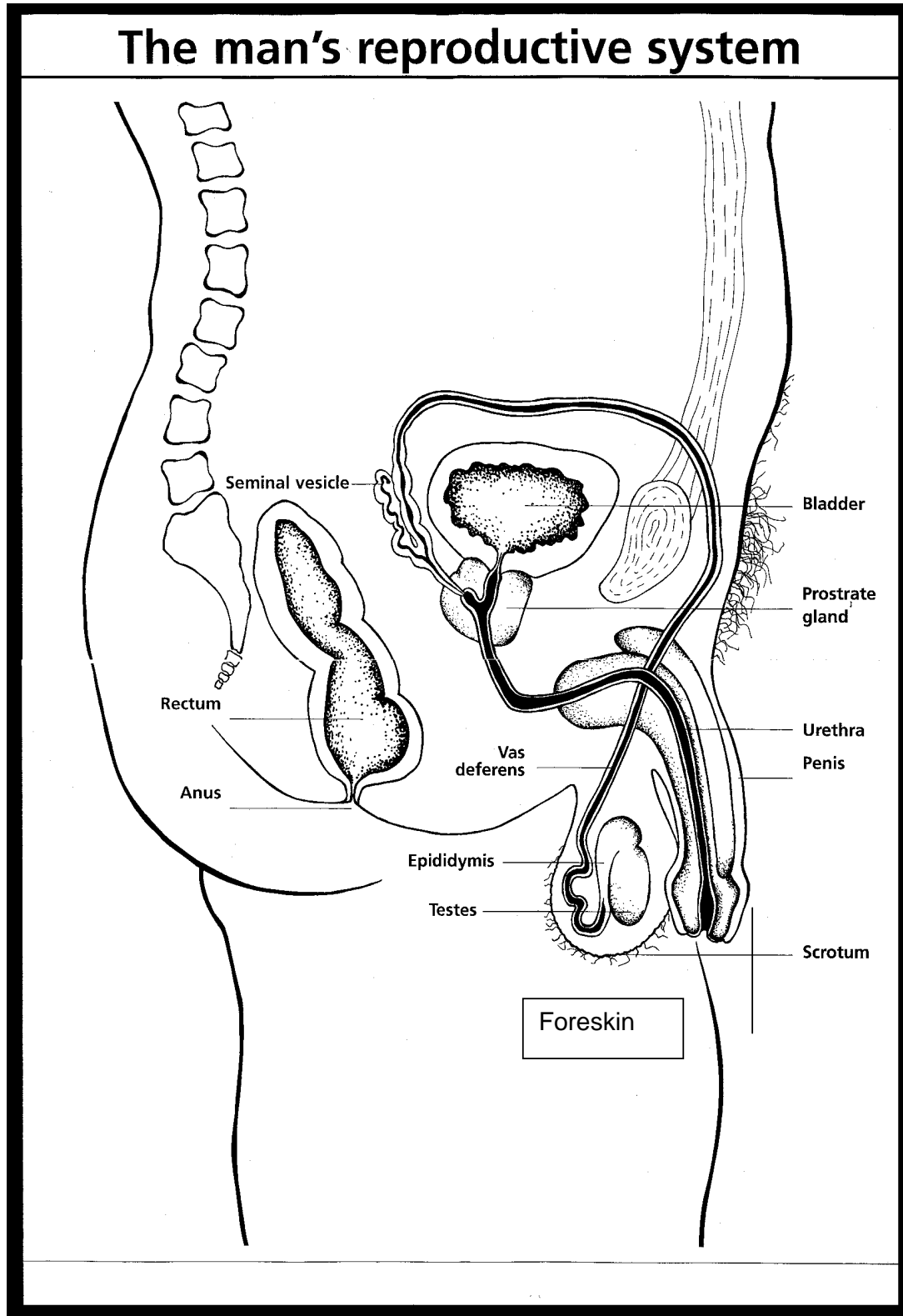
1. Copy the following parts onto separate pieces of paper and place them on a desk or in a box or basket:
  - Scrotum
  - Testes
  - Penis
  - Urethra
  - Bladder
  - Vas deferens
2. Put up Poster 3.4–The Male Reproductive System 1 and ask participants to study it for a while. Explain that you will ask for volunteers to name the parts of the male reproductive system.
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.
4. Put up Poster 3.5: The Male Reproductive System 2 and point out the different parts.
5. Ask participants to discuss what each part is/does. Use the following “Presentation Notes” to clarify and provide factual information.



**POSTER 3.4–THE MALE REPRODUCTIVE SYSTEM 1**



**POSTER 3.5—MALE REPRODUCTIVE SYSTEM 2**





## PRESENTATION NOTES

### THE MALE REPRODUCTIVE SYSTEM

The main outer reproductive parts in a man's body include the following:

- 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**, which has an opening at the end. The urethra has two main roles: It carries urine to the outside of the body, and allows semen to pass during sexual intercourse.
- 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.

The inner reproductive parts include the following:


- **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 matured it travels along the tube called the **vas deferens**.
- The **seminal vesicles** are two pouches that contain some fluids that nourish the sperm.
- The **prostate gland** produces lubricating fluid for sperm.
- **Semen** contains the sperms 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.

6. Ask participants if they have any questions on the presentation, and spend a few minutes responding to these 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

This is when the male body starts to produce sperm as part of normal growth. Often when this happens a boy may wake 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 and that he can therefore make a girl pregnant.

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.



**SOME TIPS FOR TAKING CARE OF YOUR TESTICLES**

**Your testicles are an important part of your reproductive system. It is important to take care of and protect them. 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.
- Wear cotton rather than synthetic (man-made) material.
- Protect the genital area during sports.
- Check your testicles regularly for any strange growths or lumps. If you find any, visit a health clinic or talk to a nurse to get guidance on what to do.

10. Encourage questions around the presentation and tell participants that the notes are on **page 25** 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 3.5–Male Reproductive System 2 for the next activity.
13. Summarise 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’s 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 it is not only bodies that are changing during adolescence; a young person’s emotions are also changing, preparing her or him for adulthood as well.

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**ACTIVITY 3.7** **SOCIAL AND EMOTIONAL CHANGES**


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**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 realised 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 young people 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 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. Summarise 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 young people go through these changes.**

## CONCLUDING NOTES, UNIT 3: ADOLESCENT DEVELOPMENT

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 young people go through the same things.

**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 in terms of our adolescent development.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, and 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 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 adolescent development.
3. Ask participants to turn to **page 26** in their workbooks.



**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about adolescent development. You will not be asked to share this with the group.

**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 adolescent development.



## UNIT 4: SEXUALITY

### PURPOSE AND OBJECTIVES

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

**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 deal with sexual abuse and family violence.
- Explain what rape and date rape are.
- Understand situations that can lead to rape.
- Demonstrate skills for dealing with risky situations.

**ACTIVITIES**

Warm Up—Body Talk	<i>15 minutes</i>
Defining Sexuality	<i>45 minutes</i>
Aspects of Sexuality	<i>55 minutes</i>
Being Attracted to Someone	<i>60 minutes</i>
Communicating Expectations	<i>90 minutes</i>
Good Decision Making	<i>60 minutes</i>
Rape and Date Rape	<i>55 minutes</i>
Preventing Date Rape/Sexual Assault	<i>90 minutes</i>
Sexual Abuse and Family Violence	<i>60 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**9 hours 10 minutes**

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**ACTIVITY 4.1****WARM UP—BODY TALK**

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**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 in 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 “J” 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 with 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 summarise.


**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 express 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 30** in their workbooks. Allow 10 minutes to complete the activity. Then ask

participants to discuss their answers (no. 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 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 sexuality 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 use the following table to change these messages to make them most suitable to children today.

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

7. When participants are finished, bring them back together and let each group take turns sharing their discussion.

8. Summarise and highlight the following points.

**Key points:**

- **Sexuality means more than sex. It includes the person’s whole development and what or who influenced them.**

**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 realise 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.

To dispel common rumours related to sex and sexuality.

**Time:**

55 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 or phrases 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.
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 get that group to share its discussion.
6. At the end ask if other participants have any feelings about body image that they would like to share.
7. Use the "Presentation Notes" below to clarify and define the terms used.
8. Continue writing each word in the pie and having a discussion around it until all eight segments are filled. Ask for examples of behaviours or feelings that would fit into each segment as you discuss it.





## 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 can identify and express these feelings for others.

**Sexual arousal:** A state of being sexually “turned on.”

**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. Use some of the information provided by the participants to introduce the subject of rumours and make a detailed explanation about common myths and misconceptions on sex and sexuality. Use the information provided in the following “Presentation Notes” to guide you.



## PRESENTATION NOTES

## SEX AND SEXUALITY: MYTHS/MISCONCEPTIONS AND RESPONSES

ISSUE	MYTH/MISCONCEPTION	RESPONSE
1	Having frequent sexual intercourse regularly enlarges the hips of young women and makes it easier to deliver babies in the future.	<b>FALSE.</b> Having sexual intercourse does not enlarge the size of a woman's hips. The size of the birth canal is determined to a large extent by the size of the pelvic bones ( <i>which actually determine the size of the hips</i> ).
2	If a man goes a long time without having sexual intercourse, sexual fluids accumulate in the back, making it unbearably painful, hence affecting his health.	<b>FALSE.</b> There is no storage facility for sexual fluids in the back, and there is no connection between the testicles and the back to cause backache. Besides, any sperm or sexual fluids that are not ejaculated quickly breakdown (or degenerate) and are absorbed into the body.
3	Some women are sour and others are sweet. One needs to experiment with many women to get the sweetest of all.	<b>FALSE.</b> Sexual enjoyment is a subjective, emotional, and psychological phenomenon for both the man and the woman. So feelings of "sweetness" are influenced by the partners' moods, degree of sensitivity, attitudes, and fears.
4	Some women have razors and sand in their vaginas.	<b>FALSE.</b> No one is born with sand or razors in their vaginas and it is impossible for a woman to put them in there without serious injury. What is possible is that the vagina may lack lubricating fluids. This can occur if the woman is not sexually aroused, or is being forced to have sex against her will. In such a case, both partners will experience dry (rough) sex, which results in pain and wounds due to friction. However, there are some infections which cause some glands in a woman's private parts to harden like a stone. Fortunately, these are treatable.
5	Female genital elongation (pulling the labia minora) enhances sexual fitness and sweetness. Girls who did not "pull" are not sweet at all.	<b>FALSE.</b> Explanation of "sweetness" as in three above. The "benefits" in "pulling" are psychological, social, and cultural and not physical or medical. <i>Only do it if you choose to.</i>



## PRESENTATION NOTES

## SEX AND SEXUALITY: MYTHS/MISCONCEPTIONS AND RESPONSES

ISSUE	MYTH/MISCONCEPTION	RESPONSE
6	Women with very moist vaginas are immoral and promiscuous.	<b>FALSE.</b> Promiscuity has nothing to do with vaginal moistness. Once a woman is sexually aroused, her vagina becomes moist naturally in order to assist penetrative sex by lubrication. <i>Remember: Just because a woman is aroused does not necessarily mean that she is ready to have sex.</i>
7	Better sex and faithfulness are assured with a mutilated girl. Therefore all girls should undergo female genital mutilation (FGM).	<b>FALSE. THE OPPOSITE IS THE CASE.</b> FGM, which is a total or partial removal of the female genitalia, or any other deliberate injury to the female organ, actually deprives the affected female of natural enjoyment of sexual intercourse. <i>FGM may have adverse consequences such as HIV infection, severe bleeding, and complications during delivery.</i>

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

11. Summarise and highlight the following points.

**Key points:**

- **Sexuality has many different aspects that are connected to each other.**
- **Sexuality is part of what makes us who we are.**
- **Believing myths about sexuality can be harmful to you and others.**
- **FGM is harmful to girls.**

**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 whom 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 and intimate feelings.

To know the difference between love and infatuation.

**Time:** 60 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.

**Betty and Tomasi**

Betty is 14 years old. She met Tomasi, aged 16, at the school fair two months ago and they have become good friends. Lately Betty has been thinking about Tomasi a lot and feels like she always wants to call him or be with him. Both Tomasi and Betty 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. Tomasi knows that his feelings for Betty are getting stronger because sometimes when they are together he feels like he would like to kiss and touch her all over. Betty is also longing to kiss Tomasi 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 Tomasi and Betty?
  - b. How do their feelings relate to real life experiences?
  - c. What do you think Betty and Tomasi should do? Why?
  - d. What would you do if you were Betty or Tomasi? Why?
  - e. Do you think Betty and Tomasi are in love or simply infatuated with each other? Why?
3. After ten minutes bring participants back together to share their responses to the questions.
4. You can then use the last question (e) as a cue to introduce the concept of “infatuation” as contrasted with love, and discuss its basic differences with “love.” Use the following “Presentation Notes” to guide your facilitation. Brainstorm for ten minutes. Compare and contrast the two concepts.




## PRESENTATION NOTES

## DIFFERENCES BETWEEN LOVE AND INFATUATION

LOVE	INFATUATION
1. Love usually comes gradually as a boy and girl share many experiences together. They grow into it slowly.	Infatuation comes suddenly after a date or two. The pair “fall” into it almost as soon as they meet.
2. True love is based on knowledge. It knows the reasons for love. It involves the entire personality. (Shakespeare: “Love looks not with the eyes but with the mind”.)	Infatuation is narrowly based on a few attractive traits—mostly physical. It does not have thoughtful reasons for its love. It argues that “you cannot explain love.”
3. True love kindles kindly feelings toward others. It makes the lover happy and improves her or his emotional well-being.	With infatuation, if advances are not responded to as desired, a person can become gloomy or moody. S/he may be self-centred, indifferent, and disagreeable towards others who “do not understand.”
4. True love inspires work and honest effort, and brings new energy, ambition, and increased interest in life.	Infatuation destroys interest and application to work. It causes general inertia and discontent.
5. True love causes one to be proud of the loved one and eager to introduce her or him to others—other young people and adults.	Infatuation is often embarrassed about the relationship and secretive with parents, teachers, the clergy, etc.
6. True love says, “We want forever! We can afford to wait! Nothing can happen to our love.”	Infatuation or lust says, “We have only tonight. Let’s live it up.” Or, “Let’s get married. Now.”
7. True love is tender and pure. It uplifts the lover and the beloved.	Infatuation seeks sensual delights and often ends in sexual pleasures. It often demeans character.
8. True love is accompanied by a willingness to face reality and solve problems realistically after mature decisions.	Infatuation causes one to disregard problems, obstacles, and barriers. “If we love each other, nothing else matters” is the attitude.
9. True love involves thinking of the other person. True lovers desire to protect the beloved ones and to do things to make the loved ones happy.	Infatuation tends to exploit the other person for personal pleasure, security, or other selfish satisfaction.
10. True love is trustful, sure, calm, secure, hopeful, and self-confident.	Infatuation is distrustful, insecure, jealous, nervous, and fearful.
11. In true love, physical expression has tender meaning and comes slowly, naturally, sincerely, and “creatively.”	In infatuation, physical contacts—common and ordinary—tend to be the end. The meaning is lacking. It is “for fun” for the “thrill” of the experience, for personal gratification.

(Source: Scout Programme Africa Region. *Curriculum Guide and Resource Manual for Family Life Education*. [1988].)

5. Use the following “Presentation Notes” to conclude the activity.



**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 sexual intercourse. 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 ourselves and others as sexual beings.

Feeling “turned on” does not automatically mean that a person 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 person (particularly 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 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 they have so that both people realise 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.

Remember there is a big, though not seemingly obvious, difference between true love and infatuation. Whereas love tends to be gradual, rational, accommodating, open, patient, and trustful, infatuation is correspondingly spontaneous, emotional, self-centred, secretive, impatient, and distrustful. When all is said and done, it can be very frustrating if we mistake infatuation for love. Beware of the difference!

6. Summarise 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.**
- **Infatuation should not be mistaken for love. Look out for the right signs. We should not get involved until we are sure of which is what.**

**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 clearly express what they will and will not do.

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**ACTIVITY 4.5**

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**COMMUNICATING EXPECTATIONS**

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**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 expectations early in relationships.

**Time:**

90 minutes

**Steps:**

1. Ask for two volunteers, one male and one female. Give each of them 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 out key points.
2. Do the play in two scenes, first with Steve and then with Teddy.



**Actor 1 (male): Steve****Instructions**

Read through the following story and imagine that you are Steve. 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 Teddy takes place. Be sure not to miss out any key messages or information.

**Steve:** I met Teddy through my sister Joyce 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 Teddy 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 slow dance when Teddy 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 we would leave the party soon to kiss and fool around. We had been drinking a lot and were feeling great. The time felt right, so I asked Teddy 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 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 then I laid her 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 Teddy 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 sexual intercourse with her.

When we were done Teddy 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 sexual intercourse 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): Teddy****Instructions**

Read through the following story and imagine that you are Teddy. 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 Steve takes place. Be sure not to miss out any key messages or information.

**Teddy:** I really liked Steve, whom I met a few months ago through my friend Joyce. Joyce is his sister and she's very nice so I knew that he would be nice too. I felt really glad that Steve invited me to the party last Saturday and was looking forward to dancing with him so much. He was very 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 Steve asked me to take a walk.

I knew 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 when we stopped near some bushes where no one could see us. Steve 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 Steve's penis was hard. That's when I realised that maybe we should slow down a bit so I asked him to wait.

But Steve 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 sexual intercourse, and I didn't want to have intercourse just yet. I started to cry, but that didn't make any difference to Steve. 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 intercourse with me. I couldn't believe that this was happening.

I didn't plan to have sexual intercourse with Steve, 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 most guys. 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 Steve 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 on:
  - a. What happened between Steve and Teddy? 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 32** in their workbooks.



**WORKBOOK ACTIVITY**

**COMMUNICATING EXPECTATIONS**

1. Imagine that you are Steve (if you are a boy) or Teddy (if you are a girl).
2. Discuss with your group and agree on how you would respond to the feelings stated in the following table. 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.**
3. As a group, discuss and decide what you think the two of them should do. Try to reach an agreement then fill in the last block, “they decide.”
4. **Only fill in the area that applies to your sex (male/female).**
5. Steve starts the conversation.

TEDDY FEELS/SAYS ...	STEVE FEELS/SAYS ...
<b>DO NOT WRITE HERE</b>	1. He feels Teddy 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...	

7. Ask participants to make any changes to the story of Steve and Teddy 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 they learnt in this activity.
11. Remind the participants about the seven Cs of effective communication.
12. Summarise 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 minds.” Assertive communication must be shown both verbally and non-verbally through good use of body language.**
- **Poor communication or lack of communication often causes misunderstandings that could cause friendships or relationships to break.**
- **When we are getting conflicting or confusing messages, we tend 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 should not leave any room for misunderstanding or confusion. We should say exactly what we mean and mean what we say. If a young couple decides 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 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 the 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:
  - b. When faced with a difficult situation.
  - c. When faced with more than one choice.
  - d. When faced by a challenge or challenging situation.
  - e. 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. Emphasise **the 3Cs**: 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:

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—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 35** 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 its decision as a short skit.**



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

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

**Scenario**

You have been invited to a party at your friend’s house on Saturday. Some other friends of yours are there too, including a girl/boy that you are attracted to. Later in the evening friends start to pair off and you find yourself alone with her/him.

You enjoy her/his company and start 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 very comfortable with the situation but don’t want to hurt her/his feelings. What should you do?

1. What is the **CHALLENGE** 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 following table.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

<p>4. What is your decision?</p> <hr/> <hr/> <hr/>
<p>5. Why did you make this decision?</p> <hr/> <hr/> <hr/>
<p>6. How did your values influence the decision you made?</p> <hr/> <hr/> <hr/>

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 her or his 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. Summarise 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, both negative and positive, of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realise 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 decision 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 or prevent them from happening.

**ACTIVITY 4.7****RAPE AND DATE RAPE**

<b>Purpose:</b>	To understand the meaning of the words “rape” and “date rape”.
	To acknowledge that rape and date rape are criminal acts.
	To gain knowledge about asserting one’s boundaries.
	To understand the consequences of rape.

**Time:** 55 minutes

**Steps:**

1. Write the following sentence on a flipchart or the board:  
“Young Ugandan men learn violence. Young Ugandan 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 romantic partner forces another to have sex. If no one answers correctly write **ACQUAINTANCE RAPE/DATE RAPE** on the board. Use the following notes to clarify the words “rape” and “acquaintance/date rape”.

Acquaintance rape, also known as date rape, is forced sexual intercourse by someone that the victim knows and may even have an intimate relationship with. 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 its causes and consequences.
7. Probe for the likely consequences of rape for both the victim and the perpetrator: diseases, including AIDS, pregnancy, psychological and physical trauma, stigma, loss of self-esteem, etc.

8. Summarise and highlight the following points.

**Key points:**

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

**LINKING SENTENCE**

Rape/sexual assault is a crime. It has severe consequences for both the victim and the attacker. 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 another person permission to sexually abuse or rape the person.

**ACTIVITY 4.8****PREVENTING DATE RAPE/SEXUAL ASSAULT**


**Purpose:** To look at how date rape/sexual assault can happen and think through ways to prevent or avoid being in situations that could lead to rape.

**Time:** 90 minutes

**Steps:**

1. Ask participants to turn back to **page 32** and read through the story of Steve and Teddy again.
2. When they are finished reading, divide participants into five groups. Give each group one of the following to discuss:
  - a. **Group 1:** Did Steve rape Teddy? Give reasons for your answers.
  - b. **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?
  - c. **Group 3:** What could Steve or Teddy have done to prevent what happened?
  - d. **Group 4:** What should Teddy do? What should Steve do?
  - e. **Group 5:** Why do you think there is so much physical and sexual abuse in young people’s relationships?
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/sexual assault is committed by men.
  - b. A man or woman can be raped/sexually assaulted 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 person who is raped 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 or sexually assaulted 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 one or both partners less able to set clear sexual boundaries and less inclined to listen to, or abide by, those boundaries.
  - g. Rape and all other forms of sexual abuse violate the sexual and reproductive rights of an individual.

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 37** in their workbooks.



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

Copy the tips the group agreed on into the space below.

8. Draw participants' attention to the tips on **pages 37 and 38** in their workbooks and encourage them to read through them when they have more time.


**Tips for Avoiding or Preventing Rape**

1. Be alert to your surroundings.
2. Avoid dark, lonely places at night.
3. Keep doors and windows locked—especially if home alone.
4. Keep a loud whistle or noisemaker on a key ring or somewhere handy.
5. Walk in groups.

**Tips for Avoiding or Preventing Acquaintance/Date Rape**

1. No matter what the circumstances, you have the right to choose when, with whom, and how you want to express your sexuality.
2. Ask direct questions if things get confusing.
3. Communicate your limits on sexual behaviour clearly and directly. Say something like, "I will do \_\_\_\_\_, but I will not do \_\_\_\_\_."
4. Do not send 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.
5. Find out how your date feels about the roles of men and women, especially in relationships.
6. 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.
7. 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.

9. Use the following “Presentation Notes” to present tips on asserting your boundaries.



**PRESENTATION NOTES**

**ASSERTING BOUNDARIES**

- Assert your boundaries: say no to confusing or unwanted touch, or to someone getting closer than you are comfortable with.
- Sometimes people with more power, knowledge, and skill than you may try to trick you or trap you into doing something you do not want to do, for example, through giving you car lifts, enticing you with gifts, doing you big favours, promising you job offers, giving you free marks, special coaching, private tuition, and the like.
- If someone touches you in a way you do not like or that is confusing, firmly tell that person “no.” Take action.
- Use protection skills: be aware of your environment, look out for the above tricky situations, trust your feelings, and assert your boundaries.

**SUPPORT SYSTEMS**

- You have a support system made up of your family, friends, and community members. They can help you if you have a problem.
- Sometimes you may need help caring for yourself. There are times you need help, for instance, to wash your hair, to get dirt out of your eye, to help your sore throat get better, or to see if you have cavities in your teeth. Such situations could be exploited by someone to sexually abuse you. So, seek help from only those you trust. Some example of trusted helpers are your parents, your doctor, a baby sitter, or friend.
- If someone touches you in a way that makes you feel bad or confused, tell a trusted adult: your mother or father, grandparents, a friend’s mother, the school nurse, your teacher, pastor, counsellor, or the police.
- Keep telling until someone believes you and helps you.

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

11. Summarise 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 trying to force them to have sexual intercourse.**

- Remember that rape/sexual assault violates the reproductive rights of an individual on top of traumatizing her or him.
- Asserting your boundaries and saying “no” are ways to avoid sexual abuse. If you are abused, tell someone immediately.

**LINKING SENTENCE**

Remember! No matter what the circumstances, you have the right to choose when, with whom, and how you want to express your sexuality. 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!!!**

Remember to practise communicating your needs and expectations clearly, even if you know the person you are with. Also remember that most abuse and rape is committed by people you know, so be careful and attentive to how all people behave towards you. Always assert your boundaries and use the support system most accessible to you.

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

To help young people identify what is sexual abuse.

To examine ways of dealing with sexual abuse.

To discuss and understand 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 scenarios below. Cut them and give one to each group.**

**SCENARIOS****Nakatto and the Old Man**

All day Nakatto had been out in the streets of Kampala trying to sell her sweet bananas. She thought they were the best around, but nobody seemed to want any this evening. The day was drawing to a close and Nakatto was worried that she would have to go home with out any money, 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. Nakatto 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 didn't answer him—just turned and walked away. He said that he'd noticed she was selling sweet bananas and that he would buy them all if she let him have sexual intercourse with her.

What should Nakatto do? It was getting late; she was tired, scared of her stepfather, and very hungry. Nakatto 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 Shs 1,000. The man was very happy. He took her behind an abandoned building. Nakatto closed her eyes as he lifted her skirt, and she only cried a little bit when he pushed himself inside her.



**Bizibu and Her Father**

Bizibu 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. Bizibu 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 who could she trust? What should she do?

**Khauka and Nagudi**

Khauka wondered all the way home what he should do. Nagudi 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 understand 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 get laughed at so maybe he should just keep his mouth shut.

**Nathan and His Mother**

Nathan heard the sounds again. He knew what was going on. His stepfather, Tony, had come in late again and he had already been drinking. Nathan’s mother had given him his supper and another beer. Nathan 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 their bedroom and try to stop Tony 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. Nathan 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–Nakatto and the old man.
  - Group 2–Bizibu and her father.
  - Group 3 –Khauka and Nagudi.
  - Group 4–Nathan 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 previously discussed, assess the situation and list the **challenges**, **choices**, and possible **consequences** of action to be taken by the young character.
- d. Discuss and decide how you would counsel 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 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 people put substances into other people'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 AMONGST YOUNG PEOPLE**

Abuse is forced, tricked, or manipulated touch or sexual contact. Sexual abuse happens when a person uses manipulative, cruel, and/or violent ways to get another person to participate in a sexual act with her/him. Sexual abuse includes:

- Adults manipulating or coercing children into sexual acts such as touching their genitals.
- Rape and defilement.
- Obscene phone calls.
- Disrespecting privacy (inappropriate exposure).
- Sexual assault—including use of instruments to cause pain.
- Incest.

Sexual abuse happens most often to 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 percent 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. Summarise 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 her or him sexually. This may be verbal, physical, emotional, or psychological violence or cruelty.**

- **Most of the people who are abused know the person who has sexually abused them.**
- **Sexual abuse is common and rarely happens “out of the blue.” It usually builds up over a period of time and is usually carried out by people well known to the person who is abused.**
- **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.**
- **We can prevent sexual abuse by knowing the facts, asserting our boundaries, and exposing any advances or acts. Always use the most appropriate support system.**
- **Remember: Take immediate action.**

## CONCLUDING NOTES, UNIT 4: SEXUALITY

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 need to be comfortable talking about sexuality and 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 larger groups, first divide them into smaller groups, then get back a report 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 their sexuality.
3. Ask participants to turn to **page 39** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you learnt about sexuality in the space below. You will not be asked to share this with the group.

**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.





## UNIT 5: HARMFUL TRADITIONAL PRACTICES

### PURPOSE AND OBJECTIVES

This unit explains what tradition is and how traditions change over time. It highlights some of the harmful traditional practices that affect girls in particular and why these practices continue. The unit outlines what female genital mutilation (FGM) is and the differences between male and female circumcision. It points out the social and health effects of this harmful practice. The unit also describes the impact of early marriage on educational and vocational opportunities for girls. It further explains the basic human and individual rights that are protected under national and international conventions, which are violated by early marriage and FGM. Lastly, the unit describes how these practices can be eliminated.

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

- Explain what “tradition” means and how they can change over time.
- Describe what harmful traditional practices are.
- Explain why FGM, wife inheritance, and early marriage continue to be practised.
- Describe the differences between male and female circumcision.
- Explain the social and health effects of harmful traditional practices, especially on girls.
- Identify what human and other rights FGM, wife inheritance, and early marriage violate.
- State the positions of the major religions regarding FGM.
- State what can be done to end these harmful practices.

**ACTIVITIES**

Tradition and Change	<i>25 minutes</i>
Myths and Facts about Harmful Traditional Practices	<i>60 minutes</i>
Social and Health Effects of FGM	<i>40 minutes</i>
Eradicating Harmful Traditional Practices	<i>60 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**3 hours 25 minutes**

**ACTIVITY 5.1****TRADITION AND CHANGE****Purpose:**

To examine what tradition is, and how some traditions can change over time.

To identify common traditional practices, both harmful and beneficial.

**Time:**

25 minutes

**Steps:**

1. Ask the teens if they can give any examples of traditional practices from their communities. (Answers should include: dowry, bride price, wife inheritance, self help, harambee, tooth extraction, scarification, story telling.) Spend a few minutes talking about these practices.
2. Ask if all traditional practices are good. If not, what are some harmful traditional practices? (Possible responses may include: wife beating, wife inheritance, female circumcision, early marriage.)
3. Ask participants to brainstorm on why they think some communities continue to practice certain traditions, like FGM, even though they know they are harmful, while others modify or abandon these practices. Write their responses on a flipchart. Add the following points if they do not appear:
  - a. People all around the world modify and/or abandon their traditions as they discover the harmful effects of some traditional practices, such as foot-binding in China. (*If possible, also provide relevant local examples, such as extraction of the lower teeth.*)
  - b. A good tradition is a tradition that respects, honours, and safeguards human worth and lives. However, FGM mutilates women and young girls' sexual organs putting their health and well-being at risk.
  - c. Early marriage means the girl is denied an opportunity to complete her education. It also means she starts child bearing at a very young age, which can be very risky for her health, and which also means that she is likely to have many children and fewer resources.
4. Facilitate a discussion about the following points:
  - a. Which traditions in your community are good and beneficial?
  - b. Should we discourage harmful traditions from being practised? Why/Why not?
5. Summarise and highlight the following points.

**Key points:**

- **All communities have traditional practices. Some of these may be beneficial and some may be harmful.**

- **Many people consider practices such as wife beating, wife inheritance, FGM, and early marriage to be harmful, especially for girls.**
- **People around the world may choose to modify or abandon practices that are found to be harmful.**

**LINKING SENTENCE**

Every community has traditions that have been practiced for many generations. Often, these traditions are so familiar that members of the community seldom consider whether they are harmful or beneficial. Sometimes, communities have certain beliefs about traditional practices that have persisted for a long time. Some of these beliefs are facts, but some are myths. Let us now look at some of the myths and facts about the harmful traditional practice of FGM.

**ACTIVITY 5.2**

**MYTHS AND FACTS ABOUT HARMFUL TRADITIONAL PRACTICES**

**Purpose:**

To examine common beliefs about harmful traditional practices, and understand which are myths and which are facts.

To understand the different types of FGM, and learn where in Africa it is prevalent.

To discuss the difference between male circumcision and FGM.

**Time:**


60 minutes

**Material Needed**

- Prepare overhead transparency or poster of the map of Africa showing countries where FGM is prevalent.

**Steps:**

1. Ask participants to turn to **page 42** in their workbooks.
2. Give them 15 minutes to fill in their answers.



**WORKBOOK ACTIVITY**

**IS IT A MYTH OR A FACT?**

Read the following statements and indicate which are facts and which are myths.

	<b>Fact</b>	<b>Myth</b>
1. The Bible and the Koran state that females should be circumcised.	_____	_____
2. Traditions do not change.	_____	_____
3. People decide what traditions to follow in society.	_____	_____
4. All Ugandan tribes practise FGM on their daughters.	_____	_____
5. Early marriage is a harmful traditional practice.	_____	_____
6. There are no risks involved if FGM is done in a hygienic environment with sterile equipment.	_____	_____

7. FGM can cause infertility (inability to have children) in women.	_____	_____
8. Women who have undergone FGM smell cleaner than women who have not.	_____	_____
9. If the clitoris is not excised, it will grow big, and make childbirth difficult.	_____	_____
10. FGM guarantees girls' virginity.	_____	_____
11. There are no health risks involved if the woman's clitoris is removed.	_____	_____
12. If a girl is forced into early marriage, she is less likely to return to school.	_____	_____
13. FGM violates the basic human rights of women and girls.	_____	_____
14. Children born to mothers who have not undergone FGM are bound to be mad (crazy).	_____	_____
15. A new born baby dies if its head touches the clitoris of a mother who has not undergone FGM.	_____	_____
16. FGM enhances men's sexual pleasure.	_____	_____

3. When the time is up, have the teens exchange their workbooks with one another. Go over the paper with them in the large group, using the answer sheet below.

### ANSWER SHEET FOR "IS IT A MYTH OR A FACT?"

1. **Myth:** There is no verse in the Koran or the Bible that supports FGM.
2. **Myth:** Traditions are flexible. We change what we believe and what we practise when more effective ways of doing things are found or when some of the practices become invalid. For example, today, women in Kenya eat eggs and specific meat parts that had formally been reserved for men.
3. **Fact:** People in the community initiate the community's beliefs and cultural practices. Not everyone in the community believes the same things or follows the same practices. People follow customs and beliefs that are suitable to their age, ethnic group, gender, etc. Each person makes her or his own decision about what traditions to follow or not to follow.
4. **Myth:** There are very few tribes in Uganda that believe in or practise FGM.
5. **Fact:** Early marriage is a harmful traditional practice because it affects the health and social well being of women and young girls. It is known that

- many young girls are forced to leave school and enter into a pattern of early and prolonged childbearing if they are forced to marry when they are too young.
6. **Myth:** There are always risks involved when FGM is practiced. FGM subjects women and young girls to various health complications, ranging from infection to bleeding to keloid scars and birth defects, and possibly death.
7. **Fact:** One of the complications of FGM is infection in the genital area. Infections can occur for different reasons: using unsterile equipment to perform the procedure; application of substances such as ashes to cover the wound; accumulation of normal vaginal secretions in the vagina after infibulation as only a tiny hole is left through which urine and other body fluids can pass. If the infection travels up the female reproductive tract, the uterus, Fallopian tubes, and the ovaries may also become infected, possibly leading to fertility problems.
8. **Myth:** Cleanliness of women or any other person is based on the availability of clean water and good hygiene practices, not on the practice of FGM. Women who have undergone FGM may suffer infection which could be accompanied by abnormal discharge and a foul smelling odour. Also, some women who have undergone FGM may develop a fistula—a division between the vagina and the rectum or between the vagina and the bladder which can occur as a result of obstructed labour and results in the inability of a woman to control her urine and/or faeces.
9. **Myth:** Childbirth experiences are determined by the woman's overall health, diet, exercise patterns, and body make-up. In reality, women who have undergone FGM are more likely to have difficult childbirth. The complications from FGM such as pelvic infection, keloid scars, and a small vaginal opening, can cause a woman to have long and obstructed labour.
10. **Myth:** Moral values and family values, such as honesty and respect for elders, can be taught by setting examples, that is, parents, elders, and educators becoming role models for children. Education is an important tool in teaching children about morality and sexuality issues. Teaching children about sexuality issues such as virginity can be achieved best through open, informative dialogue between parents and children, educators and students, and nurses, doctors, and patients, not by the cutting of the clitoris and other genital parts. The practice of FGM does not guarantee that girls will not have sex before marriage.
11. **Myth:** There is always a risk of infection, bleeding, or shock, etc. when any form of mutilation is performed on the genitalia. Often FGM is practised in an unhygienic environment with equipment that is not sterilised, which increases the risk of infection, bleeding, scarring, and the transmission of disease such as HIV.
12. **Fact:** Early marriage often causes a girl to drop out of school, and begin childbearing before she is fully developed for pregnancy and childbirth. Once this harmful cycle begins, it is often impossible for her to go to school to gain the opportunities that education offers.
13. **Fact:** FGM violates international conventions and reproductive rights of women and girls.

14. **Myth:** A person may become mentally disturbed as a result of psychological trauma or from a brain defect, but not because the mother is uncircumcised. If this myth were true, how many crazy children would be born to the many Ugandans who do not practise FGM?
15. **Myth:** If this myth were true, how many babies would die in all the parts of Uganda where FGM is not practised?
16. **Myth:** FGM complicates the sexual relationship between men and women. In humans, the ability to have sexual pleasure depends on having normal external sex organs and the individual's psychological state. FGM alters the female sex organs and causes complications, which in turn complicate the sexual relationship between men and women.

4. Ask participants if they know any girl or woman who has undergone FGM. Then ask them to explain what FGM is. Make sure the following points come out:
  - a. FGM refers to the traditional rituals of cutting and removing parts of the female sexual organs for cultural or non-medical reasons.
  - b. It may be performed during infancy, childhood, or adolescence.
  - c. It is prevalent in about 28 countries in Africa. (Show overhead transparency.)
  
5. Explain that there are three types of FGM. Describe the three types, using the following notes:



## PRESENTATION NOTES

### TYPES OF FGM

**Infibulation:** The clitoris is removed, some or all of the labia minora are amputated and incisions are made on the labia majora (outer lips) to create a raw surface. These surfaces are either stitched together and/or kept in contact until they seal as a “hood of skin” covering the urethra and most of the vaginal opening. A small opening (sometimes the size of a match head or the tip of the small finger) is left to allow for the flow of urine and menstrual blood.

**Clitoridectomy:** The prepuce (clitoral hood) is removed, sometimes along with part or all of the clitoris.

**Excision:** Both the clitoris and part or all of the labia minora (inner vaginal lips) are removed.

6. Ask participants if they can explain the difference between male circumcision and FGM (which is sometimes referred to as “female circumcision.”) Write their responses on the newsprint. Then ask if boys



who undergo circumcision experience the same health and psycho-social complications as girls. The following points should come out:

- a. Both male circumcision and FGM are painful. In the male, the foreskin that covers the penis is removed. Male circumcision is actually a good health practice, while FGM is not. Male circumcision plays a role in the prevention of sexually transmitted diseases and certain types of cancer.
- b. Both male circumcision and FGM are done as “rites of passage” to adulthood, although the most typical age for FGM is between four and ten years, indicating that FGM has less and less to do with initiation into adulthood.
- c. Males who are circumcised do not experience the health or psycho-social effects that women who have undergone FGM do.

7. Summarise and highlight the following points.

**Key points:**

- **Communities have many beliefs about harmful traditional practices such as FGM and early marriage. Some of those beliefs are facts, but many of those are myths.**
- **Many of the reasons given for practising FGM are myths.**
- **There are three types of FGM. All pose serious physical, psychological, and social risks to girls and women, even if the procedure is done in sterile conditions.**
- **Although FGM is sometimes referred to as “female circumcision,” suggesting that it is similar to male circumcision, the degree of cutting is much more extensive, often impairing a woman's sexual and reproductive functions. Male circumcision, on the other hand, has some health benefits if done properly and in hygienic conditions.**

**LINKING SENTENCE**

Although FGM is practised in many societies in Africa, many communities are reconsidering the practice. Some communities are recognising the serious health and social effects of FGM. Let us now look both immediate and long-term effects of FGM.

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**ACTIVITY 5.3: SOCIAL AND HEALTH EFFECTS OF FGM**


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**Purpose:** To understand the short-term and long-term physical, psychological, and social effects of FGM.

To examine and discuss why the practice of FGM continues despite its harmful effects.

**Time:** 40 minutes

**Steps:**

1. Ask participants to brainstorm on what the health and socio-psychological complications and consequences of FGM are. Write their responses on the flipchart and be sure to include the following:

**Immediate Complications**

- a. Haemorrhage, which could result in death.
- b. Shock due to bleeding and severe pain.
- c. Infection due to unhygienic conditions and the use of unsterilised or crude tools. These infections can cause tetanus, which causes death most of the time. HIV can also be transmitted through the use of dirty circumcision knives and instruments.
- d. Urine retention due to fear of passing urine on the raw wound.
- e. Injury to adjacent tissue.

**Long Term Complications**

- a. Bleeding after defibulation and re-infibulation due to childbirth.
  - b. Difficulty urinating due to the obstruction of the urinary opening.
  - c. Recurrent urinary tract infections due to damage of the lower urinary tract or because of subsequent complications.
  - d. Incontinence due to a damaged urethra.
  - e. Chronic pelvic infections.
  - f. Infertility, due to pelvic inflammatory disease or other diseases of the reproductive organs.
  - g. Vulval abscesses due to infections.
  - h. Keloid formations due to wounds healing with hard scar tissue.
  - i. Vesico-vaginal or recto-vaginal fistulae due to formation of an unusual opening between the vagina and the anus or the bladder.
  - j. Sexual dysfunction due to the absence of the clitoris and labia minora which are responsible for sexual pleasure.
  - k. Menstrual difficulties.
  - l. Problems in childbirth due to insufficient room for the child to leave the mother's body.
  - m. Increased risk of HIV transmission.
2. Discuss the psychological and social consequences of FGM, including:
    - a. Agony endured during the operation.

- b. Possible loss of trust and confidence in those who performed the procedure, or allowed it to occur.
  - c. Feelings of incompleteness, anxiety, depression, chronic irritability, frigidity, marital conflicts, and the inability to express feelings and fears in an acceptable way.
3. Ask the participants to name some good traditions in their community that have continued. Write the answers on the flipchart.
4. Ask the participants to name some harmful traditions in their community that have persisted. Write the answers on the flipchart.
5. Divide the participants in groups of three, and ask them to brainstorm for 15 minutes on why they think the practice is continuing. Have the small groups report their responses to the larger group. Add the following if they are not listed:
  - a. FGM is considered a significant rite of passage to adulthood.
  - b. Circumcised girls and women receive important recognition amongst peers and within their community.
  - c. Uncircumcised girls can be abused by their circumcised age mates or even younger circumcised girls.
  - d. It is believed that FGM prevents promiscuity.
  - e. FGM is believed to reduce girls' sexual desire.
  - f. It is considered taboo for an uncircumcised girl to have sex or become pregnant.
  - g. FGM increases marriage opportunities for the girl and attracts a big dowry.
  - h. Bearing the pain of FGM is supposed to "toughen" the girl for the subsequent pains of childbirth and wife beating.
  - i. It gives greater sexual pleasure to the husband.
  - j. Many men refuse to marry a girl who is uncircumcised.
6. Facilitate discussion on some of these statements in more depth. For example, is a six or eight-year-old ready to "pass" to adulthood? Then why perform FGM on such a girl?
7. Summarise and highlight the following points.

**Key points:**

- **FGM leads to many severe immediate physical, social, and psychological complications and consequences, including HIV infection and death.**
- **Long-term complications of FGM include infertility, difficulties in childbirth, and numerous emotional and psychological problems.**
- **Most communities have reasons why they continue FGM, but most of these reasons do not hold up to careful examination.**

**LINKING SENTENCE**

Many women have undergone FGM and suffered severe physical, social, and psychological effects. Although the practice is slowly becoming less prevalent, many girls and young women undergo FGM each year. Changing this practice requires communities to re-examine their beliefs, and this only happens when members of the community begin to question familiar traditions. Let us now look at what young people can do to help advocate for the eradication of FGM and other harmful traditional practices.

**ACTIVITY 5.4****PROMOTING ALTERNATIVES TO HARMFUL TRADITIONAL PRACTICES****Purpose:**

To think about what young people can do in their families and communities to advocate for the eradication of FGM, early marriage, and wife inheritance.

To learn about the international human rights charters and conventions that relate to FGM and other harmful traditional practices.

**Time:**

60 minutes

**Materials Needed**

- Handouts on the points in international human rights charters and conventions that relate to FGM and the rights of girls. (Annex 2: Sexual and Reproductive Rights).

**Steps:**

1. Ask participants to brainstorm what they think they could do in their communities and families to help promote alternatives to the practice of FGM. Add the following points if they do not come out:
  - a. If you are a girl, ask your parents to protect you, your sisters, and your female cousins from FGM.
  - b. If you are a boy, ask your parents to protect your sisters and cousins from FGM and its harmful effects. Also tell your friends and family that you do not require your future wife to be circumcised.
  - c. Promise you will not allow FGM to be performed on your daughter.
  - d. Participate in initiation ceremonies that do not include FGM, and refuse to celebrate when a girl is being circumcised.
  - e. Support girls who are not circumcised.
  - f. Discourage the community and anyone else who abuses uncircumcised girls.
  - g. Ask your parents, teachers, and religious leaders to educate the community about the harmful effects of FGM.
  - h. Form anti-FGM clubs in your school and community.
  - i. Explain to your friends that cutting a part of someone's body does not teach respect to parents, siblings, and elders.
2. Ask participants to brainstorm on the impact of early and/or forced marriages on girls. Write their responses on the flipchart. The following points should come out:
  - a. Girls are denied educational opportunities.
  - b. Girls do not acquire skills and training.
  - c. Early marriage leads to early and prolonged periods of childbearing which can have a bad effect on a young woman's health and opportunities.
  - d. Young girls often give birth to premature or low weight infants.
  - e. Young girls and their infants often suffer from various birth complications.

3. For each item mentioned in Step 2, ask the participants to brainstorm what they feel they can do to reduce the incidence of early or forced marriage in their communities.
4. Ask teens to identify any community they know that practices wife inheritance. Write their responses on the flipchart. Ask them if they can think of any harmful or beneficial aspects of wife inheritance. Emphasize the following points:
  - a. Wife inheritance is a harmful practice because it facilitates the spread of STIs, including HIV and AIDS.
  - b. Wife inheritance also denies the woman the right to decide her future.
5. Ask teens to brainstorm what they can do to reduce the practise of wife inheritance.
6. Conclude this activity by distributing the handout on the points in international human rights charters and conventions that relate to FGM and the rights of girls (Annex 2: Sexual and Reproductive Rights). Ask the participants to read through the handout and answer any questions they have.
7. Facilitate a discussion using the following points:
  - a. How should young people be involved in eliminating harmful traditional practices?
  - b. What would it take for girls like you to say to your parents “Enough! I do not want my body or sex life interfered with!”
  - c. What do young people say to their parents and families about FGM? Is the topic openly discussed? Why do you think this is so?
  - d. What can young people do to ensure that governments who ratified and signed the conventions implement them at the local and national levels?
8. Summarise and highlight the following points.

**Key points:**

- **Young people who oppose FGM and other harmful traditional practices can take action in their families and communities to eradicate the practices.**
- **Several international human rights charters and conventions illustrate that FGM is a violation of girls’ and women’s human rights. Many countries who have ratified and signed these conventions do not implement them at the local and national levels.**

## CONCLUDING NOTES, UNIT 5: HARMFUL TRADITIONAL PRACTICES

FGM, early marriage, and wife inheritance are harmful traditions that some communities continue to practise. They violate basic human rights of girls and women and can have serious physical, psychological, and social consequences. Like all traditions, they can be changed. It can be difficult for young people to question or examine familiar traditional practices, because parents or elders might object. However, young people are members of the community, and future leaders of the community, and therefore have the right and obligation to think about the community's beliefs and practices. In fact, youth may be best positioned to question harmful practices, since they may find it easier to accept, and then advocate for, new ideas. As an added benefit, young people who take the time to examine and learn about their community's traditions may find out about beneficial traditions that could be brought back or strengthened, to the advantage of all.

**ACTIVITY 5.5****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 harmful traditional practices.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them 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:**

9. 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?
10. Ask participants to think about one commitment they are going to make in terms of harmful traditional practices.
11. Ask participants to turn to **page 43** in their workbooks.



**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about harmful traditional practices. You will not be asked to share this with the group.

**NTF:**

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

12. 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 harmful traditional practices.



# Section Two:

## Where Am I Going?



# LIFE PLANNING SKILLS

## A CURRICULUM FOR YOUNG PEOPLE IN AFRICA UGANDA VERSION

### SECTION TWO: WHERE AM I GOING?

#### UNIT 6: GENDER ROLES AND EQUALITY

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## 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 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 selection of a vocation or job.

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

- Explain stereotypes and assumptions about gender and how these 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 vs. 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**

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**ACTIVITY 6.1**

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**WARM UP—FRUIT BASKET**

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**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, orange, pawpaw. 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.
4. Take away chairs so that there is one less than the number of people in the group.
5. Tell the group when you call out, say, “Apples ... out de pot!” all the apples must leave their seats and come to the centre. When you say, “Apples ... in de 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 total is between 20 and 30) and give each group one of the topics below:
  - a. Sex
  - b. Gender roles
  - c. Stereotype
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 summarise.

**PRESENTATION NOTES****DEFINITIONS****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 physical attributes. For example, only a woman can produce 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 “a woman’s ‘no’ means ‘yes’” 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, our goals we set for ourselves, etc.
6. Summarise and highlight the following points.

#### **Key points:**

- **Sex means either 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 the 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:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge/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. Emphasise the 3Cs: 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:

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—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 49** 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 its decision as a short skit.



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs 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 you have 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 realise 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?

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5. Why did you make this choice?

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6. How did your values help you to make this choice?

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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 her or his 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. Summarise 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 realise 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 to 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 realise that the final decision is ours and it will affect how we behave with and towards others.

**ACTIVITY 6.4****GENDER vs. 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 the participants 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 omitted**.

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 present them 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. Summarise and highlight the following points.

**Key points:**

- **It is a fact that the only thing a man cannot do that a woman can do is give birth to a child.**
- **A woman can do anything she decides to do.**
- **We need to be sure of what are real gender roles and what are stereotypes.**

**LINKING SENTENCE**

Gender roles have played a great influence in shaping men's and women's positions in life for many years. But many people hold beliefs that are not based on any fact at all. It is important to know this and to realise 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 realise the need to challenge certain beliefs about both sexes.

**Time:**

45 minutes

**Steps:**

1. 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:** Sarah 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:** Moses wants to buy a doll for his younger brother, but his friend Juma says “No way!” Moses explains that dolls help teach little boys to take care of someone and be loving, but Juma argues that they just teach boys to be sisters. Moses knows his own position is a good one, but he's concerned about what Juma might say to their friends. What should Moses do?

**Case Study 3:** Shirley and Dennis, both in tailoring school, have been writing to each other for more than a year now. Dennis is coming to visit Shirley during the summer holiday and it is likely that they will end up having sex. Shirley 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—that is what boys are for, and she refuses to sell them to Shirley. What should Shirley do?

**Case Study 4:** John and Mary have been married for about one year. In the beginning, John would come home at awkward hours of the night and demand to be given food. Mary would wake up, quickly prepare it, and return to bed. Now when John comes home, he is usually drunk and when Mary 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 dare not tell his family. What should she do?

2. 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.
  
3. 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.
  
4. Repeat the process until the group has discussed all the case studies.
  
5. 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 Uganda?
  - e. How do gender roles and stereotypes affect male and female relationships?
  
6. Summarise 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. We must be careful 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 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. Summarise and highlight the following points.

**Key points:**

- **People's beliefs about what men and women can do affect the work/study choices that they make.**
- **Sometimes people end up in unhappy jobs because of gender roles and beliefs.**

## **CONCLUDING NOTES, UNIT 6: GENDER ROLES AND EQUALITY**

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 larger groups, first divide them 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 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 roles and equality.
3. Ask participants to turn to **page 51** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you learnt about gender roles and equality. You will not be asked to share this with the group.

**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 gender and equality.

## UNIT 7: RELATIONSHIPS



### PURPOSE AND OBJECTIVES

This unit examines different kinds of relationships and helps participants to understand can help build or damage 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 the word “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>55 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 Break	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**9 hours 10 minutes**



**ACTIVITY 7.1****WARM UP—THE HUMAN WEB**

**Purpose:** To help 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 small groups, either simultaneously if there is enough space to do so 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 hold of whatever 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

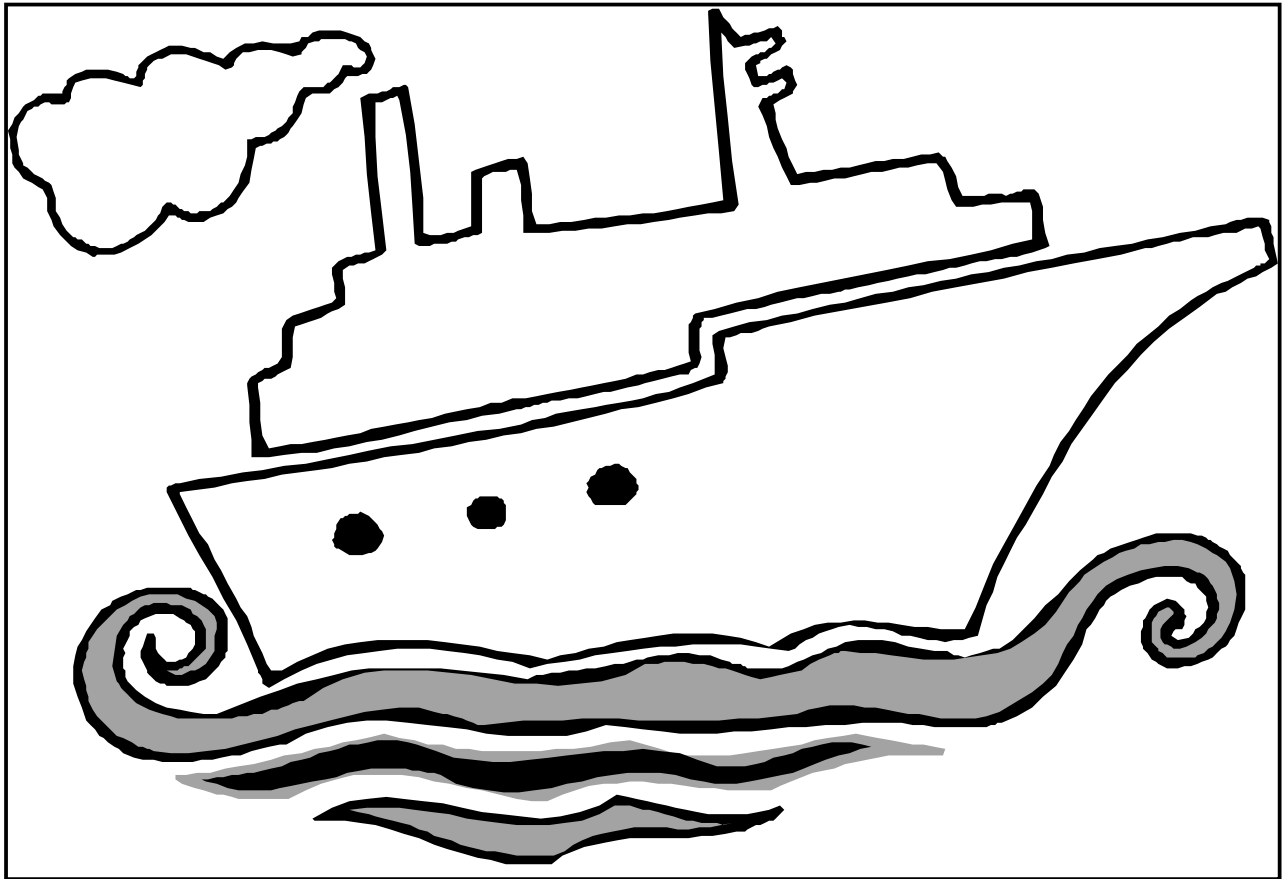
**Materials Needed**

- 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:
  - a. Peer
  - b. Social
  - c. Work
  - d. Sexual/Romantic
  - e. Family
  - f. 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 paper 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


- a. Respect**
  - Respect is shown through attitudes and behaviour.
  - The partner 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.
- b. Empathy**
  - 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.
- c. Genuineness**
  - Being genuine involves being yourself and having positive self-esteem.
  - Genuineness is shown if verbal and non-verbal behaviour give the same message.
- d. Values and Attitudes**
  - Successful friendships/relationships are often based on 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 prior to marriage will harm the relationship.

**e. Communication**

- Humans communicate verbally and non-verbally. Verbal communication is talking, non-verbal communication is known as body language and 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.

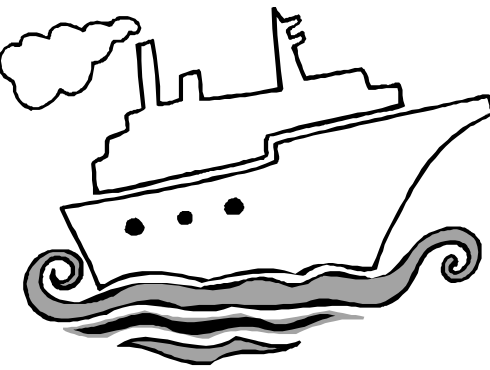
11. Encourage a brief discussion around the question, “Which qualities do you think are the most difficult to find in a relationship?”

12. Ask participants to turn to **page 54** in their workbooks.



**WORKBOOK ACTIVITY**

**BUILDING HEALTHY RELATIONSHIPS**



Copy the list of things that can build or break a relationship. Write them where they belong on the ship; things that build on the hull, and things that break in the water.

13. Ask if there are any questions or comments and address these.

14. Summarise and highlight the following points.

**Key points:**

- **No two people are the same. We therefore need to compromise and understand each others' 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 2.)**

- **We have to be honest with ourselves and those with whom we have a relationship. 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 herself/himself 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.

To provide some insight into “winner” and “loser” behaviour.

**Time:** 55 minutes

**Steps:**

1. Ask participants to brainstorm common areas where young people 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 her/himself under pressure to take part in activities that s/he does not or would not normally do. This is called peer pressure and often results in the adolescent joining in the group behaviour rather than risk being ridiculed or rejected by the group.

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 felt about the individual or group at that time. Encourage them to share how they handled peer pressure.
8. Ask the group to get back into their buzz groups of threes and come up with a list of ways to cope with peer pressure.
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. Explain that, while people are not “winners” or “losers,” they can exhibit behaviour at different times that can be described as “winner” and “loser” behaviour. Sometimes, groups that adolescents belong to might encourage them to act more like “losers.” In addition, people who exhibit “loser” behaviour and remarks are more easily bullied into potentially difficult or harmful situations. Use the following information in the table to discuss signs of “winner” or “loser” behaviour.

### Examples of Winner and Loser Behaviour

	<b>WINNER</b>	<b>LOSER</b>
1	A winner works harder, and has more time.	A loser is always too busy to do what is required.
2	A winner goes straight through the problem.	A loser gives way when s/he should not and holds on to things that are not worth fighting for.
3	A winner feels strong enough to be friendly.	A loser is rarely friendly, and at times is a petty tyrant.
4	A winner listens.	A loser only waits for her or his turn to speak.
5	A winner respects those who are more clever (or more experienced or knowledgeable) than s/he is and tries to learn from them.	A loser does not recognise other people’s strengths. S/he tries to find (and capitalize on) their weaknesses.
6	A winner explains why.	A loser explains away.
7	A winner feels responsible for more than just her or his own work.	A loser says “I just work here” or “I am only in charge of this little bit.”
8	A winner sets her or his own pace.	A loser has two speeds: one is hysterical, the other is apathetic.
9	A winner uses her or his time to improve herself/himself.	A user uses her or his time to avoid criticism.




10	A winner is not afraid of making mistakes in order to improve herself or himself.	A loser refrains from doing something out of fear of making a mistake, or what others will say.
11	A winner focuses on possibilities.	A loser focuses on problems.
12	A winner focuses on solutions.	A loser focuses on excuses.
13	A winner is proactive.	A loser is reactive.
14	A winner accepts responsibility.	A loser apportions blame.
15	The winner never wants to be a loser.	The loser always wants to be a winner.

### Examples of Remarks and Reactions to Situations

A WINNER SAYS	A LOSER SAYS
I was lucky.	I was unlucky.
Yes, I will. No, I will not.	Yes... perhaps... maybe... depends... but...
I will find time to do it.	How do you expect me to find time to do it?
Let's get to the heart of the matter.	Well, it is difficult to say.
I haven't expressed myself clearly.	You misunderstood me.
It seems we have different views.	I will not change my mind.
I'm OK but I can be better yet.	I'm not as bad as some of the others.
Tell me...	As I have already said...
There could be a better way.	We've always done it like this.
Let's try to be more flexible.	But the rule says...
Let's present our case to management.	Management will never agree to that.
You're never too old to learn.	Do you know how many years of experience I've had?
Let's make it work this time.	We've tried that before.
That sounds exciting.	We've never tried that before.
It may be difficult, but it is possible.	It may be possible, but it is difficult.

12. Ask participants to turn to **page 55** in their workbooks, and remind them of the list of ways to cope with peer pressure.



**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**

13. Ask if there are any comments or questions and discuss these.

14. Summarise 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.**
- **“Winner” behaviour can help us handle peer pressure.**

**LINKING SENTENCE:**

As part of normal adolescent development, we become more dependent on peers because we feel that they understand us better. This is fine, but it is important to know which peers are not good for us. They may not be bad people themselves, but have such an influence over us that they can convince us to do things which we do not want to, or which are not good for our development.

During adolescence we are especially vulnerable to peer pressure because we need to have friends, but we must choose friends who are good for us and who will help us make the right choices and decisions.

Friendships established during adolescence are vital, whether with the same or with the opposite sex, and can sometimes last a lifetime.

We all experience challenging situations in which we can behave like “winners” or “losers.” The aim should always be to be a winner as much as possible. Loser remarks and behaviour tend to lead to no reward and being bullied into situations we do not like. The more we talk and act like “winners” the more winner-oriented we become.

**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 prefers an intimate or sexual relationship with 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 young people feel when they are attracted to someone?
  - c. How do young people 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 at the end.
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 56** 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 herself/himself 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. By phone
- b. Face to face
- c. Via a friend
- d. By letter
- e. By sending them an 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 or when should 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. A relative or friend can drop you and pick you up again
- 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 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 questions.
- 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, 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 can include:
- What does the word “platonic” mean? (Platonic refers to a spiritual, friendly, non-physical/sexual relationship. There is no romantic or intimate expression of feelings between the two people involved.)
  - Can young people have platonic relationships? Why or why not?
  - What are the advantages and disadvantages of platonic relationships?
17. Summarise and highlight the following points.

**Key points:**

- **Dating is a fun thing to do when you are comfortable with the person.**
- **Make sure that you know what you 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 any sexual activity.**
- **Anyone can have a platonic relationship if s/he wants to.**
- **Girls do not have to wait to be asked out; they can 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 he or she does or says. 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 young people 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.
2. Do all the scenes before any discussion.

**NTF:**

**Copy and cut out the scenes to give to the different groups.**

**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 quietly observe the scenes 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 between five and 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. Summarise and highlight the following points.

**Key points:**

- **We will not find all the behaviours or qualities that we expect or like in one person alone.**
- **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. On the other hand, we also need to know 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 an exciting and interesting part 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 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:
  - 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. Emphasise the 3Cs: 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.

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—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 58** 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 its decision as a short skit.



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs 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?

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5. Why did you make this choice?

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6. How did your values help you make this choice?

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- 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 her or his 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. Summarise 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 of the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realise this and take steps to correct it.**
- **It is not always easy or possible to go through the 3Cs 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 we 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 which 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/spliff (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 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 other STIs and have decided that you will not have unprotected sex with anyone. Your new boyfriend/girlfriend 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/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 town. It is late at night and to get home you have to walk through some empty, deserted areas. Tabu, 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 other 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 should 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 Jinja to keep you out of trouble. One weekend at a party this young woman/man accuses you of trying to steal her/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/his girlfriend/boyfriend. What should 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 new 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. Summarise 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.**
- **Remember that we are the ones who will suffer the consequences of any decision that we make.**
- **If there is no time to consider all the choices and 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 the word "homosexuality" means.



**ACTIVITY 7.8****WHAT IS HOMOSEXUALITY?****Purpose:**

To understand what the word “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 do not affect or influence her/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 feels uncomfortable with facilitating this activity and discussion.**

**Steps:**

1. Write the word **HOMOSEXUAL** in the middle of the chalkboard or flipchart paper. You may also use the words **GAY** or **LESBIAN**.
2. Ask participants to call out the first words that come to mind on hearing or seeing this word.
3. Ask participants as many of the following questions as possible:
  - a. What picture comes to mind when we think of a person who 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 choose to be in a homosexual relationship.
5. Ask participants to turn to **page 60** in their workbooks.



## WORKBOOK ACTIVITY

### UNDERSTANDING HOMOSEXUALITY

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 she or he 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 she or he 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 he or she suspect 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. Copy and cut scenarios to give to groups.**

7. Divide participants into four groups and give each group instructions and one of the following scenarios. Check that they understand what to do before they start.

#### Instructions

In your groups read through the scenario assigned to you and discuss whether or not the person highlighted in bold homosexual or not.

**Tabu** is a married man with children. He has only been sexually involved with his wife and his girlfriends before. Tabu watches a lot of pornographic (sex) videos and finds himself fantasising about having sex with men, including some of his male friends.

**Don** 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.

**Toko** 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. Toko lives with his girlfriend but has started having sex with the man for the money and gifts that he gets.

**Simon** says that from an early age he knew he was different from other boys. He has never fantasised 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 that person may be a homosexual. They should give reasons to support their answers.
9. Encourage general discussion at the end of each presentation. Here are some guiding questions:
  - a. How easy/difficult was it to decide the person’s orientation 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. Summarise and highlight the following points.

**Key points:**

- **Homosexuality is not accepted in most societies, but it is practised in many.**
- **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 sometimes helps that individual move away from or choose to be in a homosexual relationship.**
- **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 who 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 in order to make the right choices.**

**LINKING SENTENCE**

During adolescence, many teenagers experience feelings of attraction to members of the same sex, and some may 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 confusing and difficult time and we must be careful not to judge or label others, but to be tolerant and supportive at all times.

**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

**Materials 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.

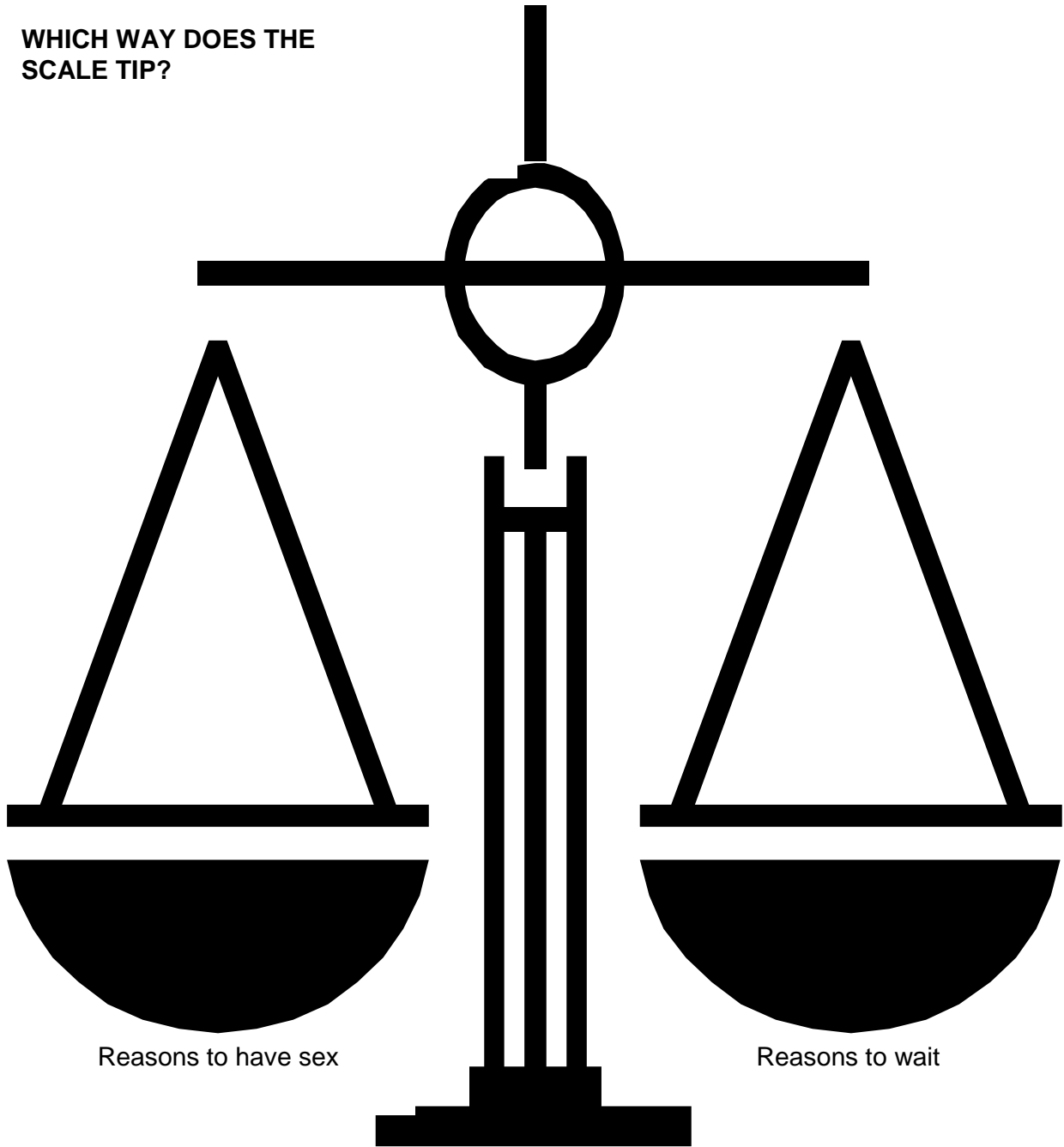
**NTF:**

**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 sex now.
  - b. Brainstorm all the reasons and arguments why a young person would say “yes” to having sex now.
6. Each group should write its responses on flipchart paper.
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

WHICH WAY DOES THE  
SCALE TIP?



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 one is 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.
- 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 (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. Summarise and highlight the following points.

**Key points:**

- **It is an individual choice whether or not to have sexual intercourse as a teenager. We must make our own decisions based on the advantages and disadvantages to ourselves.**
- **Teenagers are very vulnerable to peer pressure and the influence of friends and media. This often causes us 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 activity.**
- **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 sexual feelings, and have sexual intercourse, this is no guarantee that their friendship or relationship is going to last.

**ACTIVITY 7.10****WHEN RELATIONSHIPS BREAK****Purpose:**

To examine what causes adolescent relationships to break.

To discuss how to break 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 them off with a member of the opposite sex.**

**Choose and brief the actors for the TV talk show 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 while 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're 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 break?
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 care enough to stay.
- 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, or normal adolescent changes due to personal, family, or school pressures.
- One starts taking an interest in or dating others.
- The partners have different sexual desires.
- The person is found to be different from what was expected.
- The person's qualities are found to be different from what is considered important.
- One places higher value on outside activities, such as sport, 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 partner 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 the roles above and give each her or his part to read. The facilitator can act as the interviewer.

**Interviewer:** Welcome viewers, to "Youth Talk." Today we will be looking at breaking off relationships. We have with us Lucy and John from Kampala Secondary School, Mike from the rehab programme, Ms. Molinga from the Counselling Centre and Mr. White, a parent. Welcome, guests. If I can start with you Lucy, what message do you have for our young viewers?

**Lucy (youth):** 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 in the same way anymore. It hurts either way. If you're the one breaking 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, Lucy. How about you, Ms. Molinga? What do you have to say about this issue?

**Ms. Molinga (counsellor):** Well, it is really important that you are kind and honest—not cruel. Give reasons for the break up, 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 not too long.

**Interviewer:** Some good points there from counsellor Molinga. Can we hear from Mr. White? As a father of four teenagers, you must have seen a fair number of broken hearts.

**Mr. White (father):** 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 importantly, try to stay friends. This isn't always easy to do, but at least try.

**John (youth):** 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. You should be brave enough to talk to that person so that they can see that you mean what you are 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, Mike. What would you say?

**Mike (youth on parole):** 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 other person 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 share their experiences.

14. Ask participants to turn to **page 61** in their workbooks and ask volunteers to read a point each.



## WORKBOOK ACTIVITY

### 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 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 agony.
- Try to do it face-to-face. Fearing the other person's reaction causes some people to write a letter, phone, or 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-judgemental approach. Ask how these “rules” apply to ending a relationship.
16. Summarise and highlight the following points.

**Key points:**

- **No one has the right to force you to stay in a relationship or to physically or verbally abuse you if you choose to leave.**
- **If in a bad relationship you should talk to a relative or local counsellor or social worker. It is your right to leave that relationship so get the help you need.**

## CONCLUDING NOTES, UNIT 7: RELATIONSHIPS

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 was 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 larger groups, first divide them 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 relationships.
3. Ask participants to turn to **page 62** in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about relationships. You will not be asked to share this with the group.

### 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 UGANDA VERSION

### SECTION THREE: HOW AM I GOING TO GET THERE?

#### UNIT 8: TEENAGE PREGNANCY

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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 how early pregnancy affects teenagers and their families. The unit explores the options a teenager has to consider when pregnancy happens and the social and health consequences of early pregnancy, including the health risks of illegal abortion.

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

- Understand and explain how pregnancy occurs.
- Understand and explain how to prevent an unwanted pregnancy.
- Explain family planning and family planning methods suitable for young people.
- Speak more comfortably about family planning and contraception.
- Explain the social and health consequences of early pregnancy and the available options for pregnant teenagers.
- Describe the danger of illegal or unsafe abortion.

**ACTIVITIES** 

Warm Up—Robot Testing	<i>10 minutes</i>
Bag of Dreams	<i>20 minutes</i>
Consequences of Teenage Pregnancy	<i>135 minutes</i>
Good Decision Making	<i>60 minutes</i>
How Pregnancy Happens	<i>45 minutes</i>
How Family Planning Methods Work	<i>90 minutes</i>
Discussing Family Planning	<i>45 minutes</i>
Options Available to Pregnant Teenagers	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**7 hours 50 minutes**

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**ACTIVITY 8.1**

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**WARM UP—ROBOT TESTING**

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**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 the robots’ movements by simply touching either their right or left shoulders.
5. The tester must try to stop her or his own robots 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:** 20 minutes

**Materials Needed:**

- Paper bags that 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:**

135 minutes (2 hours 15 minutes)

**Material Needed:**

- “Yellow Card” Video

**Steps:**

1. Show the “Yellow Card” video or adapt it into a story.
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/story, 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/story, 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/mentioned in the video relate to real life?
  - f. What key lessons can we learn from the story?
  - g. Are there any stereotypes that you noted in the story?

**NTF:**

**If pressed for time, ask the questions in bold only to stimulate effective discussion.**

5. Summarise 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. We 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 s/he should bear in mind the possible consequences and make responsible decisions for herself/himself and her/his partner.

**ACTIVITY 8.4****GOOD DECISION MAKING****Purpose:**

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

To practise applying the 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:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge/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. Emphasise the 3Cs: 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.

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—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 68** 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 its decision as a short skit.**



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs 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 may be pregnant because she has not yet had her menstrual period since then, and it has 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?

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5. Why did you make this decision?

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

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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 her or his 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. Summarise 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 realise 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 sexual relationships and sexuality are amongst the most difficult ones to make. Young people 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 reproductive organs play.

To discuss special cases of pregnancy and what causes them.

To dispel common myths and misconceptions related to pregnancy.

**Time:**

45 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. (Unit 2: Adolescent Development)
  - b. Think back to the discussions we had before about the reproductive organs and how they function.
  - 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. Now invite them to mention any rumours related to pregnancy that they have heard. Use the information provided to cross check and provide appropriate responses.
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 Fallopian 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 instances the foetus dies and the woman stands to lose that Fallopian tube. It is still possible to become pregnant with one tube.


**Twins** are formed in two ways. Sometimes one fertilised 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 fertilised separately, two foetuses can develop and are called fraternal twins.

If a woman is having trouble conceiving, a doctor may suggest artificial insemination, in which sperm from a man is put into the woman’s vagina. A more complicated technique is called “in vitro” or “test tube” fertilisation. It is when sperm is taken from the male and an egg is taken from the female, and fertilised in a laboratory—outside of the mother’s uterus. Once the egg has been fertilised, it is then put into the uterus so that the foetus can grow normally.

9. Remind participants to beware of the many myths and misconceptions about how pregnancy can be avoided. Tell participants:

*There are many myths and misconceptions circulating amongst the youth in Uganda about the many ways that one can avoid unwanted pregnancy. Many of these have no basis at all. Let us examine the most common ones.*

10. Use the following “Presentation Notes” to explore common rumours as well as offering the facts and explanation.

 <b>PRESENTATION NOTES</b>		
<b>PREGNANCY: MYTHS AND RESPONSES</b>		
	<b>MYTH</b>	<b>RESPONSE</b>
1	A girl cannot get pregnant if she is having sex for the first time.	THIS IS NOT TRUE. Any girl can get pregnant even if it is the first time if both partners are fertile and neither of them is using contraception.
2	A girl cannot get pregnant if she plays sex while standing, since sperm cannot swim upwards and they will just flow out.	THIS IS NOT TRUE. Sperm have the power to swim upstream in the female reproductive system and if they meet with the egg, pregnancy can occur.
3	If a girl drinks a concentrated tea solution immediately after sex, she cannot conceive.	THIS IS NOT TRUE. Concentrated tea has no effect whatsoever on sperm or eggs.

4	If a girl plays sex immediately before/after her menstrual period, she cannot get pregnant.	THIS IS NOT TRUE. The fertile period of a female depends on the length of her menstrual cycle.
5	A girl cannot get pregnant if the man just “beeps” (plays around the outer part of the vagina).	THIS IS NOT TRUE. “Beeping” or playing around the outer part of the vagina is no safeguard against pregnancy. If a man releases sperm in the process, they can easily find their way inside and pregnancy can still occur.
6	A woman cannot get pregnant if she thoroughly washes her vagina immediately after sexual intercourse.	THIS IS NOT TRUE. Sperm move fairly fast. Sometimes even if the woman washes immediately, the sperm will already have gone far and can cause pregnancy.
7	A girl cannot get pregnant if she takes a few painkillers (paracetamol) immediately after playing sex.	THIS IS NOT TRUE. Paracetamol (painkiller) tablets have no effect on sperm or eggs.
8	Oral contraceptive pills prevent pregnancy if swallowed immediately before playing sex, even if a girl/woman has not taken them before.	THIS IS NOT TRUE. For the pills to prevent pregnancy they must be taken every day at the same time of the day, and be taken for a certain number of days or weeks before having sex (ask your trained provider).

11. Summarise and highlight the following points.

**Key points:**

- **Pregnancy happens if a female and male have unprotected sexual intercourse and the sperm from the male’s body meets an egg in the female’s body. This is called fertilisation.**
- **As long as a male’s reproductive system is producing sperm he can make a fertile 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 fertilised it will normally attach itself in the womb and grow into a baby.**

**LINKING SENTENCE**

It is important to note that if a fertile male and female have unprotected sexual intercourse, it can result in pregnancy. Apart from the risk of unwanted pregnancy, there is also the danger of contracting an STI if one of the partners is infected. The use of family planning methods helps prevent unwanted pregnancy. In addition, the correct and consistent use of condoms also prevents STIs, including HIV.

**ACTIVITY 8.6****HOW FAMILY PLANNING METHODS WORK****Purpose:**

To look at family planning methods that are suitable/appropriate for young people.

To discuss how family planning methods work to prevent pregnancy and discuss different methods of family planning.

**Time:**

90 minutes

**NTF:**

**You should have as many samples as possible of different methods of family planning for this activity.**

**Invite a family planning service provider to give the factual presentation. S/he could also address questions related to the advantages and disadvantages of each method.**

**If conducting the activity alone (in case you have not been able to invite a family planning service provider), ensure 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 available family planning.
2. List these on the chalkboard or flipchart paper and discuss those that are scientifically proven methods and those that are myths.
3. Encourage discussion about these methods and give factual information. Clearly distinguish which methods are scientifically proven and which are myths.
4. Ask participants to share their views on how each method works and which, if any, they think are most suitable for young people. Make a note of key words from the responses.
5. Use the following "Presentation Notes" to clarify and give factual information.



## PRESENTATION NOTES

### SUITABLE FAMILY PLANNING METHODS FOR YOUNG PEOPLE

Family planning, or contraception, is birth control. Unwanted pregnancy can be avoided 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 family planning methods recommended for young people to use. These include:

- Abstinence.
- The pill (oral contraceptives).
- Injection.
- The male condom.
- The female condom.
- Spermicide.
- Emergency contraception.

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.

All of these methods are reversible. That means 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.

**Abstinence:** Completely avoiding sexual intercourse. It is an important choice for those young people 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. Oral contraceptives do not protect against STIs, including HIV and AIDS.

**Family planning injections:** This is also a hormonal method, and works similarly to the pill. There are two types of injections—one that gives protection for eight weeks and another for 12 weeks. Injections do 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 most effective if used correctly and consistently. Used properly, male condoms can effectively protect sexual partners from STIs, including HIV and AIDS. Condoms fit all sizes of erect penises.

**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 and consistently, female condoms can effectively protect sexual partners from STIs, including HIV and AIDS.

**Spermicides:** These kill or immobilise sperm so that they are prevented from moving towards the egg. It should be inserted into the vagina before sexual intercourse. Spermicides do not protect against STIs, including HIV and AIDS. WHO recommends that spermicides not be used for contraception when a woman has intercourse frequently or when she is at high risk of HIV.

**Emergency contraception:** This is a special dose of oral 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 the partners are counselled, especially in cases where the sexual intercourse was either unplanned or unprotected. Each person must get the facts and make her or his own decisions, considering the disadvantages of each method against an unwanted pregnancy.

Family planning methods may have side effects and symptoms. These vary with the different methods but, particularly with hormonal methods such as pills or injections, girls or women may experience:

- Headaches.
- Irregular menstrual cycles.
- Stomach cramps.
- Nausea (sometimes vomiting).
- Weight loss or weight gain.

It is therefore important to get counselling from a qualified service provider before using any family planning method.

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 samples 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 the small group has just discussed.
  10. Make sure the participants understand this activity well. Be sure to correct any misinformation. Ask for questions or clarifications from other participants.
  11. If possible, organise a visit for the whole group to a local clinic where they can see and examine these methods.
  12. Summarise and highlight the following points.

**Key points:**

- **Abstinence is a form of family planning method.**
- **Other family planning methods are generally hormonal, barrier, or surgical methods.**
- **Different people experience different effects of contraception, and many have none at all.**
- **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 family planning 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. 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 FAMILY PLANNING****Purpose:**

To look at how to raise the issue of family planning with partners and parents.

To dispel common myths about family planning methods.

**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 skit 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 that 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 trousers 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 to present 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 young people want to be able to discuss issues of family planning with parents or partners?
  - b. Why is it difficult for young people to raise these issues with parents or partners?
  - c. How can these problems be addressed?
  - d. What are the common myths that discourage the would-be users from using family planning methods?
5. Use the following “Presentation Notes” to address and dispel myths.

 <p><b>PRESENTATION NOTES</b></p>		
<p><b>CONTRACEPTIVES: MYTHS AND RESPONSES</b></p>		
	<b>MYTH</b>	<b>RESPONSE</b>
1	The use of contraceptives promotes promiscuity.	FALSE. An individual’s attitudes and behaviour are not determined by contraceptives. Promiscuity is a matter of values.
2	Contraceptives cause chronic sickness.	THIS IS VERY UNLIKELY IF ONE IS ATTENDED TO BY A TRAINED SERVICE PROVIDER. Some contraceptives provide protection against diseases like cancer. People have different reactions to substances that enter their bodies. People who want to try a new contraceptive method should seek medical advice to help them choose one suitable for them, and should seek medical attention right away if they experience anything abnormal. Some methods, such as condoms, can be adopted without a medical examination.

3	Use of contraceptives early in life can cause infertility (unable to have children).	THIS IS NOT TRUE. Contraceptives do not cause sterility. Some, such as condoms, actually protect one's fertility by preventing infections that lead to infertility. To get a suitable choice, or to obtain answers to questions about side effects of contraceptives, a person should go to a family planning clinic. Many people in Uganda begin using contraceptives early but are able to make babies at the time of their choice.
4	Use of contraceptives leads to the birth of children with abnormalities.	THIS IS NOT TRUE. All methods have been tested, found to be safe, and are universally used. The incidence of abnormal babies is the same in both the users and non-users of contraceptives.
5	Promoting contraceptive use is a government ploy to reduce the population of some tribes/areas.	THIS IS NOT TRUE. In Uganda, the use of contraceptives is a <u>voluntary</u> decision by the individual user. It is the benefits that motivate the users. Government is only concerned with ensuring the provision of safe family planning products and services. The use of contraceptives/family planning has advantages for the baby, mother, father, family, community, and the country as a whole.
6	Some contraceptives cause cancer while others infect the womb.	THIS IS NOT TRUE. All methods have been tested, found to be safe, and are universally used. In fact there are methods that can protect against certain types of cancer. <u>Remember:</u> <i>One should always seek proper medical advice before choosing a method.</i>

6. Summarise and highlight the following points.

**Key points:**

- **Family planning is the responsibility of both partners.**
- **Although difficult, it is good if parents can be included in discussions about family planning.**
- **The use of a condom has a dual purpose: it prevents unwanted pregnancies and at the same time protects partners from STIs, including HIV.**
- **Apart from the male and female condom, no other family planning method protects those engaging in sexual intercourse from contracting STIs.**
- **Abstaining from sexual intercourse is the most effective way of avoiding unwanted pregnancies and protecting ourselves from STIs, including HIV.**
- **The use of contraceptives in Uganda is a matter of individual and personal choice. Contraceptive use should be preceded by self-reflection, and counselling and be prescribed by a trained service provider.**

**LINKING SENTENCE**

There are various family planning methods that young people can use to prevent unwanted pregnancies and STIs. It is however advisable that young people seek counselling and guidance from a trained family planning service provider before they use a given method. In this way they can avoid using unsuitable methods and can cope with expected side effects of the method of their choice.

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 for us to ask another member of the family or a health/social worker to help us talk to our 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 our partners' and parents' involvement in our decisions to use family planning methods. That way, should we or our partners accidentally become pregnant we will know that our parents and partners will be able to help us discuss our options and support the decision that we 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 FOR PREGNANT TEENAGERS**

There are options available to teenagers who become pregnant. These include:

- a. Termination of pregnancy/abortion. (This is illegal in Uganda.)
- b. Adoption.
- c. Marriage.
- d. Single parenthood.
- e. Fostering.

**a. Termination of Pregnancy/Abortion****Facts to Consider**

- Abortion can sometimes evoke emotional responses.
- Abortion is illegal in many countries, including Uganda.
- 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.

Illegal termination of pregnancy, sometimes called “back street abortion,” is more common than some people realise. Health risks include maternal death and infertility. The physical and emotional risks are higher and the girl is less likely to be counselled before and after the procedure.

### **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 the teenage mother or parents 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 right 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 life with another family.
- The girl may be able to start a new life for herself.

### **c. Marriage**

Marriages that take place because of unplanned or unwanted pregnancy are often referred to as “shotgun marriages” because they happen so fast, and often under pressure from the girl's or boy's family.

**Facts to Consider**

- Few teenagers realise the enormous responsibility of parenting.
- Poor employment opportunities can 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 the young couple lives with their own parents, they may have no privacy.
- Emotional immaturity contributes 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.
- The young parents want to give the child a name.
- The young parents feel it is their payment for making a mistake.
- The young parents want to leave their unhappy homes.
- The young parents may think it was “meant to be.”

**d. Single Parenthood**

This is a more common choice amongst teenagers but often they find that their education, career, and marriage opportunities may be restricted by being a single parent.

**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 can be limited, resulting in a lower socio-economic lifestyle.
- A young parent is frequently unable to afford babysitters and entertainment, which 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.
- The adolescent father may:
  - Experience conflict regarding his rights.
  - May be the forgotten factor.
  - Must decide on the child’s maintenance payments.

Some reasons for choosing single parenthood include:

- Thinking it is a more acceptable choice.
- The girl’s own parents may help raise the child.
- Either the boy’s or girl’s 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**

This is not usually considered a favourable option, mostly because some people think it is traumatic for both the child and the foster parents when the biological mother retrieves the baby.

Some reasons for choosing fostering include:

- The teenage mother is able to finish her education.
- The young mother is able to take responsibility when she is more mature and prepared or ready for the responsibility of parenthood.

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 70** in their workbooks and encourage them to read through it when they have more time.
7. Summarise and highlight the following points.

**Key points:**

- **Pregnant young people have several options to choose from.**
- **Everyone involved (the adolescent parents and their immediate families) must consider the different choices and consequences, and make their decision based on this.**
- **The final decision rests with the pregnant teen (sometimes with the consent of her partner and/or parent/s).**

## CONCLUDING NOTES UNIT 8: TEENAGE PREGNANCY

Teenage pregnancy is just one of the consequences of unprotected sexual intercourse and, as discussed, it brings 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 to 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 larger groups, first divide them 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 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 choices about getting involved in early sexual activity.
3. Ask participants to turn to **page 73** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about teenage or unwanted pregnancy. You will not be asked to share this with the group.

**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 teenage pregnancy.

## UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

### PURPOSE AND OBJECTIVES

This unit aims to help participants understand sexually transmitted infections (STIs)—also known as STDs to some—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 sex. 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 how high or low self-esteem affects the ability to protect oneself. If time allows, the participants are given an opportunity to visit a local sexual and reproductive health service provider.

**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 STIs.
- 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.
- Explain, through field experience, how it feels to seek services, condoms, and other methods of risk reduction in the community.

**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  
(plus 4 hours optional)**

**ACTIVITY 9.1****WARM UP—FRONT TO FRONT/BACK TO BACK**

**Purpose:** To acknowledge young people’s right to question and challenge things, especially if they are 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 about touching.

**ACTIVITY 9.2****MYTHS ABOUT STIs**

**Purpose:** To assess participants' understanding, knowledge, and beliefs about STIs.

**Time:** 35 minutes

**Materials Needed**

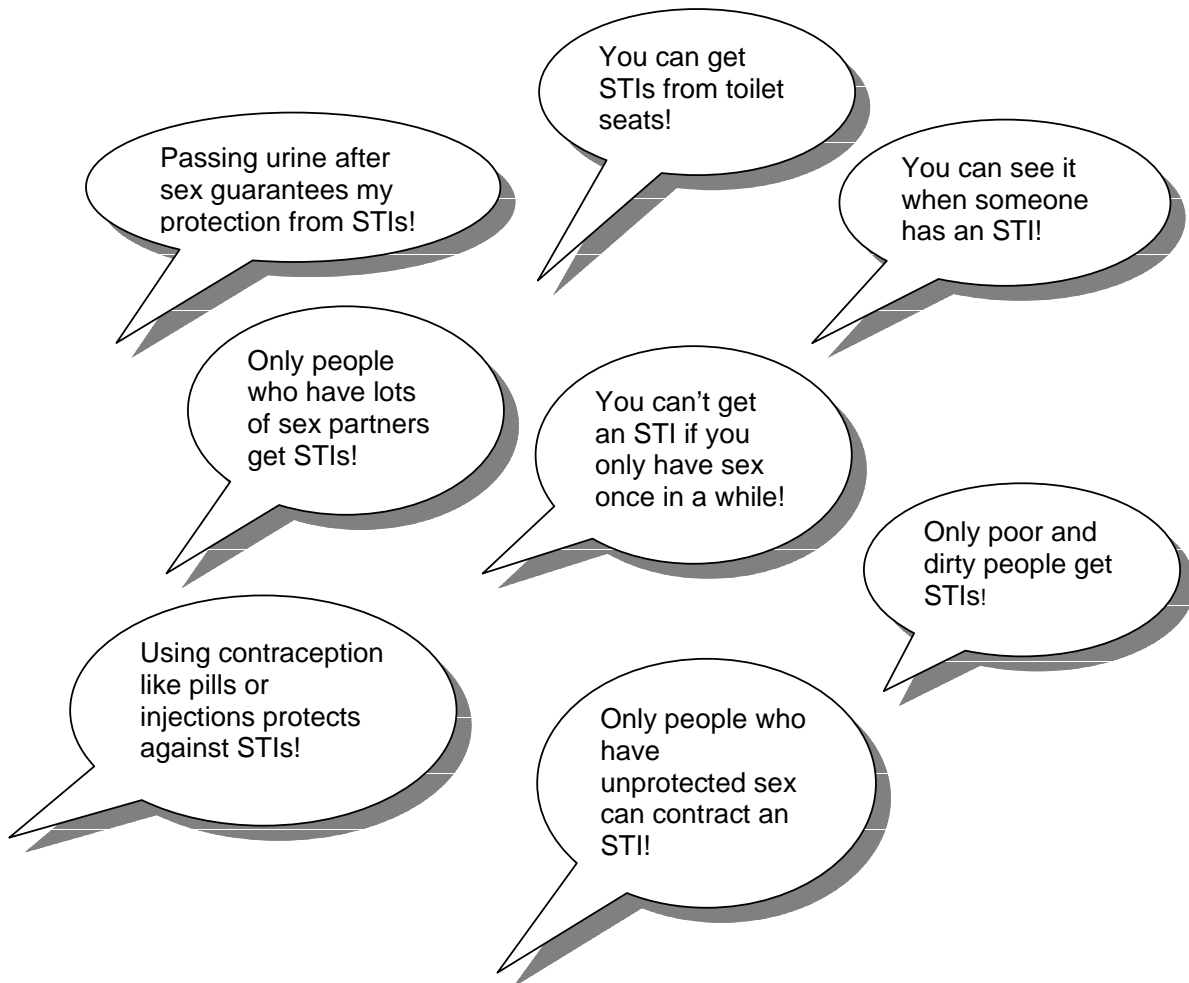
- Three signs marked "True," "False," and "Don't Know/Unsure"
- Sticky tape

**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 you can have an infection even though there are no signs or symptoms of disease. Also, the word "infection" is thought to carry less stigma than the word "disease" (see Activity 10.2 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 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" as 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. Summarise 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 transmitted.
  - To learn how STIs can be prevented.
  - To identify 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 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. While groups are working, prepare a sheet of flipchart paper as below:

Signs and Symptoms	What To Do	Consequences of Untreated STIs

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 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.
7. Go through the information in the table and allow questions and discussions as you go. Check that the group understands any words that look like THIS.
8. Make sure that participants understand the infections presented and that any concerns and/or fears are addressed.


**SEXUALLY TRANSMITTED INFECTIONS (STIs)** have been around for a long time, but in recent years new ones, such as HIV, have been discovered 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.

	<b>Syphilis</b>	<b>Gonorrhoea</b>	<b>Chlamydia</b>	<b>Candida (yeast)</b>	<b>Pubic lice</b>
<b>How do you get it?</b>	Sexual contact	Sexual contact	Sexual contact	Can occur in women who have not had physical contact	Sexual contact, close physical contact, sharing the same bed or clothing
<b>Common names</b>	The pox	Drip, clap, dose		White, Oedepua	Crabs
<b>How long before infection starts to show?</b>	<b>Stage 1:</b> 1-3 months <b>Stage 2:</b> 3-6 months <b>Stage 3:</b> Many years	1-10 days	1-3 weeks	No set timeframe	Immediately
<b>What are the symptoms?</b>	<b>Stage 1:</b> a painless sore called a chancre <b>Stage 2:</b> fever, headache, and a rash <b>Stage 3:</b> very ill and the cause is not always easy to find	<b>Women:</b> Many have pelvic pain, painful urination, vaginal discharge, or fever, <b>or no symptoms</b> <b>Men:</b> Painful urination, <u>DISCHARGE</u> , or drip from penis <b>or no symptoms</b>	<b>Women: No symptoms or</b> pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse <b>Men: No Symptoms or</b> <u>DISCHARGE</u> from penis, painful urination	<b>Women:</b> Thick white discharge, swelling of vulva, painful and frequent irritation, itching around genitals <b>Men:</b> Swelling, redness, itching of the penis	<ul style="list-style-type: none"> <li>Itching in the area of the chest or genital hair</li> <li>Lice crawling and small eggs (nits) on hair and clothing</li> </ul>
<b>Treatment</b>	Antibiotics	Antibiotics	Antibiotics	<ul style="list-style-type: none"> <li>Vaginal cream for women</li> <li>Cream for men</li> </ul>	Special shampoos or lotions, and all bedding and clothing must be washed in hot soapy water
<b>What are the effects if untreated?</b>	<ul style="list-style-type: none"> <li>Severe infection</li> <li>Infertility</li> <li>Paralysis</li> <li>Mental illness</li> <li>Skin diseases</li> <li>Arthritis</li> <li>Facilitation of HIV transmission</li> <li>Baby may be born blind or <b>STILLBORN</b></li> </ul>	<ul style="list-style-type: none"> <li>Pelvic infection</li> <li>Infertility</li> <li>Blindness in baby</li> <li>Sterility in men</li> <li>Risk of tubal pregnancy</li> <li>Facilitation of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Severe infection of reproductive organs</li> <li>Facilitation of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Severe itching</li> <li>Burning when weeing</li> </ul>	Skin irritation

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

	<b>Genital Herpes</b>	<b>Hepatitis B</b>	<b>Venereal Warts</b>	<b>Scabies</b>
<b>How do you get it?</b>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Direct contact with a sore</li> </ul>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Body fluids</li> </ul>	<ul style="list-style-type: none"> <li>Skin-to-skin contact with venereal warts</li> <li>Sexual contact</li> </ul>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Close physical contact</li> </ul>
<b>Common names</b>	Blisters	Jaundice	Warts	
<b>How long before the infection starts to show?</b>	2-20 days	1-6 months	1-6 months	1 month
<b>What are the symptoms?</b>	<ul style="list-style-type: none"> <li>Painful blisters break into open sores</li> <li>Sores on the mouth or sex organs</li> <li>No symptoms</li> </ul>	<p><b>Stage 1:</b> Flu, fatigue, weight loss, painful joints</p> <p><b>Stage 2:</b> Jaundice – the skin and whites of the eyes are yellow</p> <p><b>Stage 3:</b> Gradual recovery</p>	<ul style="list-style-type: none"> <li>Small painless bumps grow on the genitals, with a slight itching or burning</li> <li>Inside the vagina in women and inside the urethra in men</li> <li>There may be no outward signs; women need a <u>PAP SMEAR</u> to tell</li> </ul>	<ul style="list-style-type: none"> <li>Itching at night</li> <li>Red lines in the skin as the scabies burrow</li> <li>Ulcers develop after scratching</li> </ul>
<b>Treatment</b>	Once infected the virus stays in the body for life, however there are antiviral medications that can prevent the sores from reappearing, but they are not widely available	<ul style="list-style-type: none"> <li>Life-long infection</li> <li>Rest and healthy food</li> <li>A vaccine can be given to prevent this infection</li> </ul>	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 the cream), and repeat after three days
<b>What are the effects if untreated?</b>	<ul style="list-style-type: none"> <li>Sores will go away without treatment, but often reappear when the person is ill or stressed</li> <li>Facilitates HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Associated with liver cancer</li> <li>Can cause liver disease and death</li> <li>Can be passed on to a baby</li> </ul>	<ul style="list-style-type: none"> <li>Grow large and spread</li> <li>Can lead to cervical cancer</li> <li>Can be passed on to a baby</li> </ul>	Spreads all over the body

9. Refer participants to **page 76** in their workbooks.



**WORKBOOK ACTIVITY**

**GOLDEN RULES OF STI MANAGEMENT**

If you think you may have an STI, you should:

- a. Go for treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
- b. Tell your anyone that you have unprotected sex with that you may have an STI. Any sexual partners must be treated to avoid re-infection.
- c. Finish the course of medicines given. Go back for a check-up to make sure the infection is gone.
- d. Avoid sex or use a condom properly each time you have sexual intercourse.
- e. Go back to the doctor if you do not feel better.

10. Spend a few minutes discussing this and address any questions or comments that come up.

11. Summarise and highlight the following points.

**Key points:**

- **Anyone can get an STI.**
- **STIs can be spread through unprotected sexual intercourse or sexual activity.**
- **Some STIs do not show any signs and symptoms especially amongst females. So it is very important to have both partners tested before engaging in any unprotected sex.**
- **Both partners must be treated to prevent re-infection.**
- **Abstinence or properly and consistently using condoms are the only ways to prevent STI transmission.**
- **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 amongst young people. 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. Some people with STIs may not show any signs and symptoms at all. The best way of knowing one's status is to be tested.

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 your partners if you have an STI.

To look at skills and ways of informing partners about STIs.

**Time:**

60 minutes

**Steps:**

1. Refer participants to the golden rule of STIs #2 “Tell anyone that you have had unprotected sex with.” 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 77** 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 sex 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. Summarise 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. Even though we can see why it is important to let our sex partners know if we are infected, it still 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 against STIs.

To learn how to use a condom properly.

To dispel common myths about condoms.

**Time:**


90 minutes

**Materials Needed:**

- Male and female condoms—one male and two female 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 blackboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask them to turn to **page 78** 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.



**ACTIVITY**

**WHY NO CONDOMS**

- Below is a list of common reasons that many young people give for not wanting to use a condom.
- With your partner, read through and discuss ways that you could reply about why you should use a condom.
- Choose one reply that you both feel is a good one and write it in the space provided.

Statements	Answers
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill so you don't need a condom.	
c. I'm a virgin.	
d. I can't feel anything; it's like eating a sweet in its wrapper.	
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?	

- 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 demonstrate how to use 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 opt out. 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 penis model and a 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 to let each see how it works (or practise if a model is available).
13. Tell participants that steps to using a condom properly are on **page 80** of their workbooks.
14. Encourage general discussion, including discussion of buying and storing condoms.
15. Refer participants to **page 81** in their workbooks.

**GOLDEN RULES OF CONDOM USE****Learn the following tips on how to use a condom properly:**

- Have a condom with you before you need it.
- 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.
- Feel the packet to check if it is air tight.
- Use a condom only once. A new condom should be used every time you have sex<sup>2</sup>.

<sup>2</sup> 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,

- 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 use or 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 to open the wrapper.
- Store the condom in a cool, dry place.
- 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 them when necessary.
- Put the condom on an erect/stiff penis before any sexual activity.
- Remove the penis from the vagina, anus, or mouth immediately after ejaculation (when it is still stiff).
- Have two separate pieces of cloth/tissue for cleaning yourselves (i.e. one for each partner).

***REMEMBER: If the condom is not on then the penis is not in!***

16. Go through the points one by one then check if there are any questions or comments and discuss these.
17. Remind participants to use the **Question Box** or **Anonymous Wall** if they have questions that they do not wish to raise in the group.
18. Ask participants to brainstorm on the most common rumours about condoms in Uganda that they have heard. Using the following “Presentation Notes” to offer participants the correct information regarding common rumours.

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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. Recognising 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>)



## PRESENTATION NOTES

**CONDOMS:  
MYTHS AND FACTS**

ISSUE	MYTH	FACT
1	Condoms get stuck in women and need to be surgically removed.	Condoms, when used correctly, are very effective and cannot get stuck in a woman. They should be put on an erect penis before sexual intercourse, and the penis must be withdrawn when it is still stiff, immediately after ejaculation. <b>ALWAYS LEARN THE CORRECT WAY TO USE A CONDOM BEFORE APPLICATION.</b>
2	Condoms reduce sexual urges, prowess, and satisfaction.	THE PROBLEM IS NOT THE CONDOM ITSELF BUT ONE'S ATTITUDE TOWARDS USING A CONDOM. The mind set plays a large part in ensuring sexual satisfaction and performance. If one's mind is plagued with fear, anxiety, prejudice, and embarrassment, a person's level of satisfaction (and performance) will be adversely affected. <u>Remember:</u> <i>Avoid the biases. Think about the many benefits.</i>
3	Condoms are too big for young men and too small for Ugandan men.	CONDOMS COME IN DIFFERENT SHAPES, SIZES, AND FLAVOURS. There is an appropriate and fitting condom for anybody, regardless of the size of his penis.
4	Condoms perform better and are more satisfying if first rubbed with a jelly.	ON THE CONTRARY, PETROLEUM JELLY CAN MAKE CONDOMS BREAK. Usually, no additional "oiling" for condoms is required (see the "golden rules") before use. Most condoms have their own lubrication. If lubrication is needed, use a water-based one.
5	Some young men cannot ejaculate when they use a condom.	POSSIBLE. The reason is not he condom, but what the young man <u>thinks</u> about using it: having a negative attitude towards condom use can affect ejaculation. Further counselling by a trained service provider should be done in such a case.
6	Most condoms are full of pores.	NEW CONDOMS ARE ELECTRONICALLY TESTED AND THEN PACKED IN AIR TIGHT PACKETS AND HAVE NO PORES WHATSOEVER. <u>Remember:</u> <i>Always check the condom for the expiry date and any breakages before use.</i>

19. Summarise 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 ourselves and our partners by using a condom each time we have sexual intercourse.

Remember that it is our choice to use a condom correctly and consistently to prevent infections, or to engage in unprotected sex and risk infection. We should not let friends or others influence us to make the wrong decisions, as it will be us who must bear the physical, psychological, emotional, and social consequences of having an STI.

**ACTIVITY 9.6****SAYING “NO” TO PEER PRESSURE**

**Purpose:** To examine pressure situations that young people may find themselves in and practise saying “no.”

To demonstrate skills of resisting negative peer pressure.

**Time:** 90 minutes

**Steps:**

1. Choose participants to act out the following scenarios.

**NTF:**

**Copy and cut out scenarios to give to participants.**

**SCENE 1**

**Actor 1 (male):** You are at a party with your good friend Tabu. He offers you a smoke and you can smell that it is marijuana. You are not sure that you want to smoke marijuana. Use every way you know how to say “no” to Tabu.

**Actor 2 (male):** You offer Peter a smoke of your marijuana. 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 Kelele 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 Kelele to have intercourse with you.

**SCENE 3**

**Actor 1 (female):** You and Birungi are good friends. Her boyfriend Jake drives a nice car and takes you both to bioscope and parties. You know that Jake likes you because he has told you so. One Easter weekend Birungi goes to visit her aunt in Nairobi. Jake 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 realise that you are not going to change your mind.

**Actors 2 and 3 (females):** Your friend Debbie has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Debbie and Birungi, Jake's girlfriend, are good friends but you think that Debbie should still go out with Jake. After all, Birungi's gone away for four days. Try to convince Debbie to go to the party with Jake.

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:
  - How convincing was the person saying "no"?
  - What did s/he do that could be done differently?
  - What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
  - How can a person say "no" verbally, with words? List the responses.
  - 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. Summarise 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.**

## **CONCLUDING NOTES, UNIT 9: SEXUALLY TRANSMITTED INFECTIONS**

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 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 change one thing about ourselves in terms of STIs.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them 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 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 STIs.
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 has taken 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about STIs. You will not be asked to share this with the group.

**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, e.g. STI clinic, 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. Make sure that there is one assertive person and mix the sexes if possible.
2. Ask each pair to turn to **page 84** in their workbooks.


**WORKBOOK ACTIVITY**

**TEEN SERVICES SAFARI**

When you go to the facility you have been assigned, 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 \_\_\_\_\_

Hours services available \_\_\_\_\_

Time spent at place visited \_\_\_\_\_

Are services available specifically for teens? \_\_\_\_ Yes \_\_\_\_ No

If special teen services are available, what are they? List them below:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE INTERACTION**

Title of staff member or employee interviewed \_\_\_\_\_

Male/Female \_\_\_\_\_

Response to questions: \_\_\_\_\_ Positive \_\_\_\_\_ Negative

**LOCATION AND ACCESS**

Where is the facility located? Tick those that apply.

- Near public transportation  
 In an easy to get to area  
 Near the village  
 Near where youth hang out  
 Other: \_\_\_\_\_

Does it have a separate youth section from adult section?  Yes  No

If yes, is youth area located in a space that gives a teen full privacy?  Yes  No

Are there any signs to identify services?  Yes  No

If yes, what does the sign say?

\_\_\_\_\_

2. Were any of the signs made especially to attract teens for programmes, contraceptives, or services?

\_\_\_\_\_

3. Are all services and programmes found in one place?  Yes  No

4. How did the receptionist and/or staff treat you when you asked for information or special teen services?

NOTES:

3. When the group comes back together ask the participants to share their experiences.
4. Use the following guiding points 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 from those of the boys?
  - c. If you ever needed treatment for STIs, or contraceptives such as condoms, would you go to any of these facilities?
  - 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 organisations that do. Young people 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 HIV as an STI and about AIDS, the disease caused by HIV. 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 addressing 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.
- Dispel rumours and provide correct information about 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.
- Advocate for necessary youth services to help young people live better lives.

**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 Practises	<i>45 minutes</i>
Condom Use	<i>90 minutes</i>
Showing Care and 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.**

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**ACTIVITY 10.1****WARM UP—LIFEBOAT**

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**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 threes, 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.

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**ACTIVITY 10.2****MARKING TIME**

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**Purpose:**

To help participants realise that anyone can be 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 red.
4. Conclude the activity by having participants cross their arms across their chests to hug themselves, while closing their eyes and making a silent wish.



**ACTIVITY 10.3****UNDERSTANDING HIV AND AIDS**

<b>Purpose:</b>	To assess participants' general knowledge and understanding of HIV and AIDS.
	To provide factual information about HIV and AIDS.
<b>Time:</b>	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 Background Information for Facilitators on page 330 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 large group back together and ask the small 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 **HIV** and **AIDS** 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?**

AIDS is a disease that happens when the body's immune system is too weak to fight off infection. AIDS is caused by a germ or virus called human immunodeficiency virus (HIV). The HIV germ is too small to see and lives in humans.

AIDS stands for "acquired immune deficiency syndrome." AIDS is a disease that happens to someone infected with HIV. It occurs 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 is 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 needles or blades, or a blood transfusion of infected blood.
- From an HIV-positive mother to her unborn or newborn child.

**Where Does HIV Live in the Body?**

HIV is found in large numbers in sexual fluids, 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 controls thought processes, 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 the HIV germ gets stronger and stronger, while the immune system gets weaker and weaker.

The person starts to feel sick when the HIV germ 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.

A person with AIDS is very weak and can get sick from many different germs. These germs can cause many problems: weight loss, severe diarrhoea, sores, coughs, pneumonia, TB, brain and nerve disease, fevers, etc. These do not usually get better because the immune system is too weak to fight the illness.

**How to Tell if a Person is HIV-positive?**

HIV-positive means the person is infected by HIV, as shown by an HIV test. It is impossible to know if a person is infected with HIV just by 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 (VCT) for HIV 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 she or he is ready for the test. If the person is found to be HIV-negative, 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 her or him 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 but the person who was tested.

### **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 sick 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.
- Night sweating.

### **How Can HIV Be Prevented?**

HIV infection can be prevented by:

- Not having sexual intercourse.
- Only having sex with one partner when both you and your partner have been tested to determine that neither of you has HIV.
- Not sharing needles for intravenous drug use.
- Using a condom correctly every time you have sex.
- Not having body piercing or tattooing, or getting cut with needles, razors, or other sharp objects that may not have 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 many people infected with HIV 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. Tell participants the preceding "Presentation Notes" can be found on **page 88** in their workbooks.

7. Use the following “Presentation Notes” to educate participants on the country-specific HIV and AIDS situation (as of December 2001).

 <b>PRESENTATION NOTES</b>		
<b>HIV AND AIDS IN UGANDA, FACTS AND FIGURES</b>		
	<b>FACT</b>	<b>FIGURES</b>
1	Since the onset of the HIV and AIDS epidemic in Uganda, there have been new cases reported every year.	Current estimates indicate that there are about 1million people living with HIV and AIDS in Uganda.
2	The HIV prevalence is still very high in spite of showing a downward trend.	Average HIV prevalence in Uganda is 6.1 percent. This means that a little more than 6 of every 100 people are HIV positive or 6.1 percent.
3	The number of people living with AIDS is relatively high.	At least 100,000 people are living with AIDS.
4	There are more females than males living with AIDS.	Of all the reported AIDS cases, 54 percent are females, while 46 percent are males.
5	Although there are far more people living with HIV in the urban areas than in the rural areas, the infection rate is high either way.	Eight percent of the urban population and 4 percent of the rural population is living with HIV.
6	AIDS has surpassed other common causes of death as the number one killer amongst individuals aged 15-49 years.	AIDS is responsible for 12 percent of all annual deaths and has surpassed malaria and other common conditions.
7	Over one million people are living with HIV and AIDS; with women being more affected than men.	As of December 2001, the estimated number of people infected was 1,055,555. Of these 531,909 were women, 413,591 were men, and the rest (105,055) were children below 15 years.
8	Drugs are now available for treatment of opportunistic infections of AIDS. However, the costs of the drugs though going down, are still very high for the average Ugandan.	Estimated monthly cost for treating one person is US\$100 (about Ug. Shs 200,000/= ) yet the annual expenditure per capita is US\$12 (about Ug. Shs 24,000/=)

HIV AND AIDS: FACTS ON FILE	
ITEM	FACT
1	Amongst youths aged 15 to 19 years, there is still a disproportionately higher number of females compared to males infected with HIV.
2	Sources from the AIDS Information Centre (AIC) indicate that, over the past years, there has been a consistent decline in HIV prevalence amongst first time testers aged 15 to 24 years. This, amongst other things, could be attributed to increased awareness and responsible sexual behaviour.
3	There is more awareness about HIV and AIDS prevention amongst males than females. According to the Uganda Demographic Health Survey (UDHS) Report of 2000/2001, 90 percent of the males interviewed were aware of two or more programmatically important way of avoiding HIV and AIDS compared to 78 percent of the females.
4	Fifty percent of the new HIV infections around the world occur amongst young people aged 15 to 24. Girls are more affected, disadvantaged, and at risk because they have less access to information, resources, and skills to negotiate condom use or other safer sex matters.
5	The most significant ways of avoiding HIV and AIDS infection are abstaining from sex (if you have the power, will, and determination to do so); using condoms (consistently and correctly, every time, all the time), and limiting the number of sexual partners (to <b>only</b> the one you trust, who has been tested and found to be HIV-negative).

8. At the end of the presentation, check if participants understand. Ask if there are any questions or comments and discuss these.
9. Summarise 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 looking at her/him. Only a blood test can tell. Someone who wants to know her or his HIV status should go for voluntary counselling and testing (VCT), which is confidential.**
- **Having an STI makes it easier to spread or get HIV.**
- **HIV can be prevented by not having sexual intercourse, or using a condom properly every time we have sexual intercourse.**

**LINKING SENTENCE**

Just like the flu is caused by a virus, AIDS is caused by a virus called HIV. Though most people recover from the flu, AIDS 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 HIV is spread, especially through unprotected sexual activity.

**Time:** 60 minutes

**Materials Needed:**

- Index cards and pencils—one per person (or a piece of paper per person)

**Preparation**

Write each of the following statements on one index card only:

**Z: Shake hands with any three people in the room.  
Get any three participants to put their signatures on your card.**

**X: Shake hands with any three people in the room.  
Get any three participants to put their signatures on your card.**

Prepare no more than three index cards with the following statement:

**W: Do not shake hands with anyone but try to get at least three 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 three participants to put their signatures on your card.**

**NTF:**

**Z = Infected with genital herpes, an incurable STI**

**X = HIV infected**

**W = Choose 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 three participants.
3. Tell participants to keep the special instructions on their cards a secret and to follow the instructions. Give the remaining cards to the other participants.
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 three 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 who is standing to stand up and so on.
8. Continue with this until all the participants are standing except for the three who received cards marked “W: **Do not shake hands with anyone, but try to get at least three signatures.**”
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 who are still seated why they did not stand up. Someone should say/read what the instruction was on their card. Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from HIV and STIs.
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 fortunately these people used condoms 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 following “Presentation Notes” to encourage discussion and clarify facts about how HIV is spread.
16. Ask participants if they have any questions or comments and address these.



## PRESENTATION NOTES

### HOW A PERSON CAN CONTRACT HIV

#### 1. Unprotected sexual intercourse or activity

This is the **most common way** that HIV is spread. The HIV germ is found in the semen or vaginal fluids of a person who is HIV-positive. During sex, the virus can

pass into the other person's sexual fluids 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 the HIV germ to get into the 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 prevent the spread of HIV from the mother to the baby.

### **3. Through Contact With Contaminated Blood**

The HIV germ 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
- Swimming pools
- Shaking hands

17. Allow participants to share their feelings about the activity and stimulate discussion. The following guiding 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/Question Box** to post sensitive questions or statements, or they can find time to talk to you later on.



20. Give the following information on safer sex.

### **SAFER SEX**

Safer sex means being sure that neither partner is infected, remaining mutually faithful, and using a condom if in doubt.

### **A GUIDE TO SAFER SEX**

- The best way to avoid HIV and AIDS is to stay in a mutually faithful relationship with an uninfected person.
- The more sex partners you have, the greater the risk of having sex with someone who is infected.
- The more partners your partner has, the greater the risk that you will be infected.
- Unless you and your partner have sex only with each other, and are sure you are both uninfected, you should protect yourselves by using a condom.

The following kinds of sex are more risky than others:

- Anal intercourse (in which the penis enters the rectum or back passage).
- Any sexual practice which causes even slight bleeding.
- Sex with male or female prostitutes.
- Sex with any person who injects themselves with drugs (drug abusers).

21. Summarise 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 practise safer sex behaviour.**

### **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 the person. 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 number of 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 or man—Liz/John
  - b. Three body soldiers
  - c. Two flu virus
  - 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:** Liz/John

**Narrator:** This is Liz/John. S/he loves partying with friends and enjoys life to the fullest.

**Actor(s):** Body soldiers

**Narrator:** These are Liz/John'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 Liz/John does not get sick.

**Actor:** Flu virus

**Narrator:** With the change of season and everybody getting sick, it is hard for Liz/John not to get the flu. Here comes the flu. 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 Liz/John is back to her/his healthy self again.

**Actors:** TB, health worker/nurse

**Narrator:** One day Liz/John gets TB. The immune system also fights off the TB and with a bit of medicine from the local clinic, Liz/John's body is able to win the fight and TB is defeated.

**Actor:** HIV

**Narrator:** Liz/John does not know it, but the person they are about to have unprotected sex with is HIV-positive.

There it goes. HIV enters the body silently—there is nothing whatsoever to tell Liz/John that they have 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.

Liz/John continues to enjoy life, partying and having fun, while 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:** Liz/John

**Narrator:** After a while Liz/John starts to suspect that something is wrong because s/he has had a runny nose and a slight temperature. It must be the flu again so she/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:** Liz/John

**Narrator:** With all these germs in her/his body, Liz/John 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, Liz/John 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 roles, 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 91** in their workbooks.



## 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 an 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) in the body 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 stays without knowing 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 affect the lungs directly and alcohol affects the bloodstream. This helps to weaken 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 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 that 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. Summarise 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 happen.
- 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 and AIDS.
- There is no vaccine to prevent HIV infection.

**LINKING SENTENCE**

Most people who contract HIV do so because they 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 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 at risk there is when engaging in certain behaviours.

**Time:**

50 minutes

**Materials Needed:**

- Four signs: “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):
  - 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. Having sexual intercourse with a person using a condom.
  - 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 a non-infected person is based on the following facts:
  - a. If person A is infected with HIV, s/he has sufficient quantities of HIV in her/his sexual fluids (semen or vaginal fluids), and her/his 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 as possible of the cards 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 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 using a condom (if used correctly and if it is unbroken).

#### **Definitely Not a Risk**

- Being close to a person with HIV who is coughing.
- Not 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 92** 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, an “N” for no, or a “U” for unsure on the line next to each question according to what you believe.

2. Explain how you can reduce your personal risk of getting an STI, HIV, or of having an unwanted pregnancy. Write in the space below.

#### ***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? \_\_\_\_\_

I can reduce my chances of being at risk of STIs, including HIV and AIDS, or unwanted pregnancy by doing the following:



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. Summarise and highlight the following points.

**Key points:**

- **Abstinence is the only completely safe sex behaviour.**
- **There is a degree of risk with most sexual activities that we do, especially sexual intercourse.**
- **Having unprotected sex with one partner is risky because we cannot be 100 percent sure that that person has only one partner—you.**
- **Knowing our own HIV status helps minimise 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 and so we may find ourselves doing something that unknowingly exposes us to 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 8 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 Tabu. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed.

**Actor 2 (male):** You offer Peter a smoke of your weed. You can see he is not sure and you keep pushing 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 always tell you what they did over the weekend. Your boyfriend John has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you are not sure if 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 Kelele 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 Kelele to have intercourse with you.

**SCENE 3**

**Actor 1 (female):** You and Birungi are good friends. Her boyfriend Jake drives a nice car and takes you both to leisure clubs and parties. You know that Jake likes you because he has told you so. One Easter weekend Birungi goes to visit her aunt in Nairobi. Jake 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. **Actors 2 and 3 (females):** Your friend Tendo has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Tendo and Birungi, Jake's girlfriend, are good friends but you think that Tendo should still go out with Jake. After all, Birungi's gone away for four days. Try to convince Debbie to go to the party with Jake.

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 body language shown.
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. Summarise and highlight the following points.

**Key points:**

- **There are many different ways to say “no.”**
- **Young people 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 so easy to have unprotected or unplanned sex. This is the main way that HIV and AIDS 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 activities are relatively safe and protect yourself.

**ACTIVITY 10.8****SAFE AND SAFER SEX PRACTISES****Purpose:**

To discuss what sexual behaviours or practises 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 words **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 summarise “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 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 lifetime partner who is faithful to you, or using other forms of sexual expression, such as mutual masturbation in the place of sexual intercourse. The benefits of safer sex behaviours or practises 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/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. In sexual relationships therefore 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. Summarise 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 STI infection (including HIV) but only if used properly and consistently.**

**LINKING SENTENCE**

Part of practising 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—one male and two female per participant
- 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-emphasise that apart from abstinence from sexual intercourse, condoms are the only protection against STIs, including HIV and AIDS.**


**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 94** 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 answer that you feel is a good one and write it in the space provided.



Statements	Answers
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill, so you don't need a condom.	
c. I'm a virgin.	
d. I can't feel anything; it's like eating a sweet in its wrapper.	
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 about 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 penis model and a 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 practice if a model is available.
13. At the end let participants say how they feel about being able to use a condom properly, including a discussion on buying and storing condoms.
14. Refer participants to **pages 80 and 81** in their workbooks for information on proper condom use and golden rules.
15. Remind participants to use the **Question Box** or **Anonymous Wall** for any questions or comments they may have.
16. Summarise and highlight the following points.

**Key points:**

- **Condoms are the only prevention against STIs.**
- **Always check the expiry date when buying condoms and before using them if you have had them for a while.**
- **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 an HIV-infected person needs.

**ACTIVITY 10.10****SHOWING CARE AND 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 the following question: "What should you do if someone you know, a family member, or a 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 with this situation.
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 who is HIV-positive needs:

**a. 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.

**b. 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.

**c. 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. In addition to protecting sexual partners from infection, this prevents the person from becoming re-infected with another strain of HIV, or getting an STI which will make her or him sicker and could cause her or him to get AIDS quicker. It also protects the person with whom s/he is having sex.

**d. Voluntary counselling, testing, and medical care.** There are many other things that the person needs to do to live positively with HIV. S/he should talk to a counsellor, medical doctor, or social worker who will be able to offer the information s/he needs and tell her or him where to go for more help.

**e. To continue being part of community.** It is important that the person is given the chance to continue work, training, or study so that s/he does not feel useless. S/he should try to live a normal life and do the things that s/he likes to do as this keeps her/his self-esteem up and helps build a positive outlook on life.

**f. To be protected from stigma and discrimination.** All of the above will help an HIV-positive person cope well if there are no undertones or overtones of stigma and discrimination. It is very important that the family, relatives, friends, and the community close to an HIV-infected person make a conscious effort not to stigmatise and/or discriminate against her/him.

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. Summarise 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 spirit and makes it difficult for that person to have hope or believe that s/he is worth being alive. 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.**

## CONCLUDING NOTES UNIT 10: HIV AND AIDS

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.

Knowing that people respect and care for us is such an important thing, but especially to a person living with HIV. It is not a good thing to shun or avoid a person with HIV. Remember, anyone can get HIV, and this does not make her or him any different. We need to treat people with HIV just as we treat everyone else. The illness will be with us for a long time, and we need to give support to our 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 change one thing about ourselves in terms of HIV and AIDS.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them 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 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 HIV and AIDS.
3. Ask participants to turn to **page 96** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

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

1. What is the most important piece of information 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about HIV and AIDS. You will not be asked to share this with the group.

**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 HIV and AIDS.

### **BACKGROUND INFORMATION FOR FACILITATORS**

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, as of 2002.

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 cell count (a laboratory test which 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 young people will have had intercourse, and some will never have kissed anyone. Others may have good reasons to fear that they have been exposed to HIV, while some may believe they contracted it from mosquitoes. Young people may have friends or relatives with AIDS, and some may have parents or partners 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 emphasising 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.

One simple, yet powerful, way to help youth consider delaying sexual intercourse is to change the language when discussing sexual behaviour. Young people who are having sexual intercourse are usually described as being “sexually active.” The message conveyed to a young person (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 expression from fantasy to social interaction, from touch, to masturbation that do not risk unwanted 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 transmission. 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 emphasising 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, fantasising, 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 is not the only way to give or receive sexual pleasure. You do not have to come up with the ideas; ask the youth themselves 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). 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, through 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 to prepare 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 between partners of vaginal or seminal fluid or blood is 100 percent effective. Using condoms with an infected partner, or a partner who does not know her or his 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 organisation, 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 young people in our community about the risk of HIV and AIDS, 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, or teaching young people to use a condom to avoid HIV—the more responsible alternative is the latter, to empower young people to protect themselves and their current and/or future sexual partners from death.

—Adapted from *Advocates for Youth's Life Planning Education: A Youth Development Program* (Washington, DC: 1995).

### **The State of HIV and AIDS**

There are over 40 million people living with HIV and AIDS worldwide, and 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 which causes the disease, AIDS. 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 Immunodeficiency 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 poorer nations poorer, and make the lives of already stigmatised and disadvantaged groups even more desperate.

#### **Why is AIDS so Important for Young People?**

AIDS is spreading amongst young people in Africa more 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 East and West Africa are relatively less affected by HIV than the southern cone, prevalence rates (particularly amongst young people) are creeping up in many places. Nearly five adults in every one hundred in Uganda are already infected as of the end of 2001 (5 percent prevalence amongst people aged 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. This is due in part to young girls having sex with older men, and so having a greater risk of becoming infected at an earlier age than their male peers. It is also because infected men more easily infect women or girls during vaginal intercourse, than vice versa.

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 has shown that the HIV prevalence rate amongst 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, s/he cannot 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 having sex (being abstinent), a young person can reduce the risk of HIV by always using condoms the correct way, every time s/he has sex.

### How Does HIV Make a Person 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 an infected 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 eventually dies 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, which slowly destroy 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's 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 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's 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: a person should never be forced 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 s/he 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 her or him 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 her/his HIV-positive or HIV-negative status.

### **How is HIV Transmitted?**

HIV is 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 sex 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 infection 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.

### **What is “Safer Sex”?**

Safer sex describes a range of ways that sexually active people can protect themselves from infection with all STIs, including HIV. Practising safer sex also provides protection from pregnancy. There are many ways of loving and satisfying sexual feelings that are not risky. Some of them include:

- 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, as long as none of the partners has any sores or cuts in the mouth, and correctly 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 of 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 a big 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 each use with bleach and water. Bleach (such as Clorex or JIK) kills HIV. The correct procedure for cleaning needles and syringes used for drug injections is to refill 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: Life Planning Education, *Advocates for Youth, Washington D.C., 1995. Updated data from UNAIDS 2002 Update.*

# UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL



## PURPOSE AND OBJECTIVES

This unit discusses how young people get involved in using drugs, alcohol, and other substances and looks at ways to deal with this. It also describes how drugs and alcohol affect people and helps participants apply decision-making techniques to avoid drug use by providing an opportunity 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 Drugs, Alcohol, and Other Substances	<i>90 minutes</i>
Good Decision Making	<i>60 minutes</i>
Resisting Peer Pressure to Use Drugs, Alcohol, and Other Substances	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**3 hours 45 minutes**



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**ACTIVITY 11.1****WARM UP—COPY CAT**

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**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 DRUGS,  
ALCOHOL, AND OTHER SUBSTANCES****Purpose:**

To discuss the effects of substance use and abuse.

To understand the facts about drugs and alcohol.

**Time:**

90 minutes

**Material Needed:**

- Basket

**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.

**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 processes.

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 take a statement from the basket.

**NTF:**

**Copy and cut the statements and put them in a basket. If participants do not read, then read each statement to the pair.**

7. The pair must discuss and decide if the statement is true or false.
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 to give participants a chance to share their view on the statement.

**Statements**

1. Alcohol is not a drug.
2. Alcoholism is a disease.
3. More young people use alcohol than weed (marijuana).
4. Young people are often introduced to drug use by their friends.
5. Coffee, tea, and sodas contain drugs.
6. It is rare for a teenager to be an alcoholic.
7. Cigarette smoking can be addictive.
8. Drugs help people to deal with difficult situations better.
9. Misusing contraceptives is not at all dangerous.
10. Substances like glue (inhalants) are basically harmless.
11. A cup of coffee and a cold shower will sober up a drunken person.

9. Use the following notes 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 or epilepsy are diseases. It is a common disease in many parts of the world, including Africa. It is especially common amongst males. It can respond to treatment, which includes eliminating alcohol consumption completely.

**More young people use alcohol than weed (marijuana).**

**Fact.** Alcohol is the most frequently abused substance. Substances also 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 young people use alcohol regularly 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 problems. They may be 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 her/his problems.

**Misusing contraceptives is not at all dangerous.**

**Myth.** Some young people are misusing the pill and Depo-Provera as a way of “indefinitely” postponing menstruation. They think that this is a smart and harmless way of getting rid of menstrual problems. However, contraceptives or family planning methods, especially hormonal methods such as the pill and injections, are medications that should only be used as they are prescribed by a doctor or trained service provider.

**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 you can 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 can begin 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 teeth stains, 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, tongue and throat cancer, 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 potentially dangerous and may lead to: a decrease in motivation, 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 their 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 100** 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. Summarise and highlight the following points.

**Key points:**

- **Substance abuse can cause emotional and psychological problems.**
- **Drugs and alcohol have addictive tendencies.**
- **Prescribed drugs should be taken as they are prescribed (be cautious of self-medication).**
- **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 the 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:
  - 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. Emphasise the 3Cs: 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:

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—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 101** 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 three and do the activity.
- Each pair or small group should present its decision as a short skit.





**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs 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 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?

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5. Why did you make this decision?

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6. How did your values help you make this choice?

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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 her/his 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. Summarise 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 realise 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. Let us now practise making decisions about drug use.

**ACTIVITY 11.4****RESISTING PEER PRESSURE TO USE DRUGS, ALCOHOL, AND OTHER SUBSTANCES**

**Purpose:** To use real-life situations to discuss how to deal 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 they are working on.**

**Steps:**

1. Divide participants into three groups.
2. Give each group one of the letters below. Write the instructions on the chalkboard or flipchart paper so that all the groups can see them.

**Group 1**

Dear Aunt Charity

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?

Mukisa

**Group 2**

Dear Aunt Charity

I am 16 years old and my best friend is 20. We get along very well even though she is so much older than I—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 makes 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?

Ayesiga

**Group 3**

Dear Aunt Charity

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?

Jerry

**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. Summarise and highlight the following points.

**Key points:**

- **Many young people get involved in drugs and alcohol, or are influenced to try drugs and alcohol, through 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, so it is important to make the right decisions for ourselves.**

## **CONCLUDING NOTES, UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL**

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 in our lives, like in everything else, we are responsible for ourselves and the decisions we make. We have to know and love ourselves enough to not 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 in terms of drugs, alcohol, and substance abuse.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them 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 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 avoiding drugs, alcohol, and substance abuse.
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 has taken 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. Write the commitment that you are going to make to yourself in terms of preventing drug, alcohol, and substance abuse in the space below. You will not be asked to share this with the group.

### 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 drugs, alcohol, and substance abuse.



## UNIT 12: PLANNING FOR THE FUTURE



### PURPOSE AND OBJECTIVES

This unit helps teens think about setting clear goals for their futures, and to identify obstacles that may keep them from achieving their goals. The unit will help young people recognise the link between personal values and vocational choices. It also helps them to learn what a resume (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 resume/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>25 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 5 minutes**

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**ACTIVITY 12.1****WARM UP—THE LETTER**

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**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 discuss 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 on 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 mother 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 participant 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 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 **SMART** goals. This means the goals are:

**Specific.** The goals are clearly stated to show what is required.

**Measurable.** Easy to monitor progress and success.

**Achievable.** Each goal is realistic and can be reached.

**Realistic.** Goals are based on a person'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. Summarise 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 analyse 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 adolescents. How do you feel about this? Who is actually 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. Summarise 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.**
- **We should remember the S.M.A.R.T. way to set objectives.**
- **We can also imagine the obstacles that could come up and plan for these.**

**LINKING SENTENCE**

Setting goals is like making decisions for the 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 for the future.

**Time:** 25 minutes

**Materials Needed:**

- Uganda 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 Uganda 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 Uganda shilling 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 monetary terms. 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 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 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; 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 106** 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 about the responses, focusing on who or what was the most influential person or factor in the values presented.

14. Summarise 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

Values are influenced by a range of things such as religious teachings, culture, friends, and media, 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 107** 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 when you want	Influencing other people
Having a daily routine that changes	Finding adventure
Having job satisfaction	Learning new things
Working with people all the time	Working with new technology
Helping to make the world a better place	
Being known as a thinker or intelligent person	

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 108** 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 might interest you, 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 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 are 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. Summarise 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 heart” 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 young people have.

To identify what young people 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 the chalkboard or flipchart paper. Ask participants to share their understanding of what the words mean.
2. Use the following “Presentation Notes” 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/his skills or talent to earn money for herself/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**

<b>Disadvantages</b>		
<b>Employment</b>	<b>Entrepreneurship</b>	<b>Volunteerism</b>


**Group 3**

<b>Qualities/Skills Needed</b>		
<b>Employment</b>	<b>Entrepreneurship</b>	<b>Volunteerism</b>

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 flipchart 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 others?
  - 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.

<b>Career Development—Adolescents' Needs</b>

8. Stimulate general discussion by asking, “How can you achieve the skills, knowledge, etc. that you identified in question (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 109** in their workbooks and copy the list of identified needs.



**WORKBOOK ACTIVITY**

**MY CAREER NEEDS AND HOW TO ACHIEVE THEM**

Copy the list of career needs discussed in the group and the suggestions made on how to achieve them.

<b>Need</b>	<b>How To Achieve It</b>

10. Summarise 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 her or his own business.**
- **A lot of experience and skill can be gained through volunteerism.**
- **Many employers recognise 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 that 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, or 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 110** 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><b>WORKBOOK ACTIVITY</b></p>	
<b>START WITH WHAT YOU'VE GOT</b>	
1. Think about yourself for a few minutes then fill in the blocks below:	
<b>A. My Abilities (List 3 below)</b>	<b>B. My Good Qualities (List 3 below)</b>
Things I can do well or am great at:	
2. Choose one item from block “A” and write how you could use this to either earn money or gain more skills or knowledge.	
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. Summarise and highlight the following points.

**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.

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**ACTIVITY 12.8**

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**PREPARING FOR WORK**

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**Purpose:**

To examine and discuss the application letter and curriculum vitae (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 summarise 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 112** in their workbooks.
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.

**SAMPLE APPLICATION LETTER**

Your address and contact numbers

**P.O. Box 389  
Kampala  
Tel: (041) 312 989  
Fax: (041) 312 999  
Email: [sonia.m@hotmail.com](mailto:sonia.m@hotmail.com)**

2 June 2003

Date that you write the letter

The Personnel Manager  
Modern Electronics  
P.O. Box 2198  
Kampala

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**

Body of your letter

Draws readers' attention to what the letter is about

I am applying for the position of Trainee Electrician as advertised in the Monitor on March 25, 2003.

I completed my Electrical Technician Diploma with Kyambogo Polytechnic in 2002 and have been seeking employment since then.

For the past year I have done small jobs with different companies, but I 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. Please find attached copies of my academic credentials and testimonials.

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 faithfully,

Your signature goes here

Sonia Muganzi

5. Tell participants to turn to **page 114** 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 1345  
 Kampala

**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" stands for 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 ways to write 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 116** in their workbooks.



## WORKBOOK ACTIVITY

### SAMPLE CURRICULUM VITAE (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: Sonia Muganzi  
 Date of Birth: 19.10.1965  
 Citizenship: Ugandan  
 Street Address: Plot 26 Kampala Road  
 Postal Address: P.O. Box 389, Kampala  
 Telephone No: (041) 312 989 or 077 417872  
 ID No: BB 196550120

#### Formal Education

Tertiary: **(any studies or training that you had since leaving secondary school)**  
 2002 Diploma in Electrical Engineering, Kyambogo Polytechnic, Uganda

Secondary:  
 1981-1982 Progressive Secondary School—O Levels

#### 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. **(Mention organisation you worked for, the job description, and the responsibilities you had)**

#### 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, and abilities are like)**

Ms Jacky Seiko  
 Teacher, Kampala CJSS  
 P.O. Box 1678  
 Kampala

Mr John Bakulu  
 Manager, General Trading Store  
 P.O. Box 2877  
 Kampala

Ms Gorret Akello  
 Youth Director, Nagulu Youth Centre  
 P.O. Box 1222  
 Kampala

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 118** in their workbooks.



**WORKBOOK ACTIVITY**

**WRITING A CURRICULUM VITAE (CV)**

Using the sample CV as a guide, write your own CV in the space below.

**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. Summarise 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 S.M.A.R.T. 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 if we do not feel ready enough. 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 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 promiscuous 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 the groups back together to 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 to 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 organisations 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 policy makers 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 organised 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 discuss any questions or comments.
8. Ask participants to discuss the following briefly:
- 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 in your community?
9. Summarise 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 are troublemakers. Remember, it is important that we know our facts and are able to put them across convincingly.

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**ACTIVITY 12.10****ADVOCATING FOR YOUTH ISSUES**

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**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 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 harmful traditional practices such as FGM, early and/or forced marriages, wife inheritance, 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 120** in their workbooks



**WORKBOOK ACTIVITY**

**PERSONAL ADVOCACY PLAN OF ACTION**

1. Choose one of the youth issues listed on flipchart paper that you feel strongly about and write it here:
2. Using the information you just learnt about advocacy and what it means, think about how you can advocate for the issue you wrote above.
3. Answer the following questions:

What can I do myself?

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What can I do within my family?

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What can I do within my school?

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What can I do in the community?

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5. When participants are finished, ask a few to share their plans.
6. Encourage general discussion for a few minutes.
7. Summarise 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.**

## CONCLUDING NOTES, UNIT 12: PLANNING FOR THE FUTURE

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.

Remember that most of our peers are experiencing the same things we are, and we should find time to talk about what we feel so that we can build strong relationships with each other. Also remember that what we do today will have an impact on the future, so we should always think ahead and try to make the best decisions that will help us maintain a healthy mind and body, and be a positive influence on those around us.

**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 larger groups, first divide them 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 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 planning for their future.
3. Ask participants to turn to **page 122** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken place, do 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. Write the commitment that you are going to make to yourself in terms of what you have learnt about planning for your future. You will not be asked to share this with the group.

**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.





# ANNEXES

## ANNEX 1

**SEXUAL AND REPRODUCTIVE RIGHTS****1. The Right to Information and Education**

As they relate to sexual and reproductive health and to ensure the health and the well being of persons and families.

**2. The Right to Health Care and Health Protection**

This includes the rights of health care clients to information, access, choices, safety, privacy, confidentiality, dignity, comfort, continuity, and opinion.

**3. The Right to Freedom and Thought**

This includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies, and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

**4. The Right To Decide Whether or When To Have Children****5. The Right to Life**

This means, amongst other things, that no woman's life should be put at risk or endangered by reason of pregnancy.

**6. The Right to Liberty and Security**

The recognition that all persons must be free to enjoy and control their sexual and reproductive life and that no person should be subject to forced pregnancy, sterilisation, or abortion.

**7. The Right To Be Free From Torture and Ill-Treatment**

Including the rights of children to be protected from sexual exploitation and abuse, and the right of all people to protection from rape, sexual assault, sexual abuse, and sexual harassment.

**8. The Right to Scientific Progress**

This includes the recognition that all clients of sexual and reproductive health services have the right of access to new reproductive technologies that are safe and acceptable.

—Adapted from: International Planned Parenthood Federation. *IPPF Charter on Sexual and Reproductive Rights*. IPPF, London (2000).

## ANNEX 2

**GLOSSARY**

<b>Abdomen</b>	The trunk of the body below the ribs, containing the stomach, liver, guts, and reproductive organs. Also called the belly.
<b>Abortion</b>	The ending of a pregnancy. It can happen on its own (spontaneous abortion or "miscarriage"), or it can be caused by a medical procedure (induced abortion).
<b>Abstain</b>	To avoid doing something. For example, you can decide to abstain from sex, from drugs, or from alcohol.
<b>Acne</b>	A skin problem found chiefly in adolescents and marked by a lot of pimples (spots), especially on the face.
<b>Acquaintance rape</b>	A rape committed by someone who is known by the victim, such as a neighbour, friend, relative, etc.
<b>Addiction</b>	A dependency on a substance (drug or alcohol). A person with a substance addiction cannot function without taking the substance.
<b>Aggression</b>	Forceful, unkind, or hostile behaviour towards other people.
<b>Alcohol</b>	Beer, wine, and "hard" liquors are types of alcohol. Alcohol can make people feel relaxed and less self-conscious. It removes their inhibitions and slows down reactions. Alcohol is addictive and can cause long-term health problems.
<b>Allergy</b>	A bad reaction of the body to a food, drug, or other substance. When a person is allergic to something, s/he may have reactions such as itching, sneezing, rashes, difficulty breathing, or shock.
<b>Anaemia</b>	A health condition in which the blood is weak and thin. It is often caused by lack of iron in the diet. Signs include tiredness, pale gums, tongue, eyelids, palms, and soles of the feet, and lack of energy.
<b>Anaesthetics/ Anaesthesia</b>	A painkiller medicine used to ease pain and discomfort during an operation.
<b>Antenatal</b>	The period before birth. For example, antenatal care is the care needed by a woman throughout pregnancy/before birth.
<b>Anti-fungal cream</b>	A medicated cream that kills fungi, which are certain parasites that can grow and live in or on your body, such as in the vagina or on the feet.
<b>Antiseptic</b>	A medical substance that prevents the growth of bacteria. Antiseptics are used to prevent infections.
<b>Anus</b>	The opening of the body where waste (faeces) comes out.

<b>Areola</b>	The ring of darker-coloured skin around the nipple of the breast on males and females.
<b>Aspirations</b>	Dreams for the future, including ambitions, long-term goals, and hopes of doing something great and being someone successful.
<b>Assert (assertiveness, assertive)</b>	To state clearly, confidently, and strongly without being hostile, rude, or nasty. To assert oneself is to stand up for oneself.
<b>Assumption</b>	A belief that is not necessarily based on complete factual information. If you make an assumption, you arrive at a belief based on whatever information you have. However, your assumption may be proven wrong by additional information.
<b>Awkward</b>	A feeling of being uncomfortable, ill-at-ease, embarrassed, clumsy, or self-conscious.
<b>Bladder</b>	The organ in which urine is stored before leaving the body.
<b>Buttocks</b>	The round, fleshy part of the body a person sits on.
<b>Caesarean section</b>	A medical operation to take the baby out of the uterus by making a cut in the woman's abdomen (belly). This operation is performed when a woman is not able to deliver the baby through the vagina.
<b>Calorie</b>	A unit that measures the amount of energy in foods.
<b>Candidiasis</b>	A yeast infection in the vagina. Symptoms of candidiasis include itching and increased discharge from the vagina.
<b>Cannabis (also called marijuana, banghi, hash, weed)</b>	Cannabis is a drug that comes from the leaves of a cannabis plant. People smoke the leaves, but sometimes there is a stronger version made from the stems of the plant. Cannabis can make people feel relaxed, happy, and sleepy. Cannabis can limit your ability to make decisions and can cause intense feelings of panic or fear.
<b>Cavity</b>	A hole in the tooth caused by decay or rot.
<b>Cervix</b>	The opening or neck of the womb.
<b>Circumcision</b>	In a man: when the loose fold of skin (foreskin) at the end of a man's penis is removed.
<b>Clitoris</b>	The small, pea-shaped organ in a woman's genitals that is a centre of sensation and sexual pleasure. It is located just in front of the opening of the urethra.
<b>Cocaine</b>	An illegal drug that makes a person high. It is extremely addictive.
<b>Condom (rubber, protector)</b>	A soft tube made of rubber that is put on a man's penis before sexual intercourse. Condoms provide protection against pregnancy and STIs.

<b>Criticise</b>	To find fault with or to say negative things about something or someone.
<b>Crush</b>	A feeling of intense admiration and liking for someone. Crushes usually last a short time, unlike love, which may last for a long time.
<b>Dandruff</b>	Flakes of dry skin on the head.
<b>Date rape</b>	Rape committed by a boyfriend or a date. For example, when a boyfriend forces his girlfriend to have sex against her will, it is considered date rape.
<b>Deodorant</b>	A product that prevents or hides strong underarm odour.
<b>Depression</b>	A feeling of being extremely sad and hopeless. Depression is a serious illness, which may result in difficulty thinking and sleeping, as well as thoughts about suicide (killing oneself), and loss of appetite (desire to eat). It can be treated.
<b>Detergent</b>	A strong cleansing soap, usually used for cleaning laundry.
<b>Ejaculation</b>	The release of semen from a man's penis.
<b>Embryo</b>	The term used to refer to the mass of cells, between the second and eighth week of pregnancy, that will become a foetus.
<b>Emergency contraception</b>	A contraceptive method that can be used to prevent pregnancy after unprotected sex, such as if a condom broke or slipped. To be effective in preventing pregnancy, emergency contraception must be taken within a few days of unprotected intercourse. Emergency contraception does not cause abortion.
<b>Empathy</b>	The ability to understand someone else's concerns, worries, fears, and needs. Being empathetic means that you can imagine yourself in the shoes of someone else and understand how the person feels.
<b>Erection</b>	When the penis becomes hard and stiff as a result of sexual excitement.
<b>Exploit</b>	To use someone or something (usually negatively). To take advantage of someone.
<b>Fallopian tubes</b>	The two tubes that lead from the female ovaries to the uterus (womb). After an egg is released from one of the ovaries, it travels down one of these tubes to the uterus.

<b>Female genital mutilation-(FGM (also called female circumcision)</b>	A traditional practice in which all or part of the female genitals are removed. This practice has negative health consequences and is considered by many people to be a violation of girls' and women's rights.
<b>Fluid</b>	A liquid. Sexual fluids are a woman's vaginal secretions or a man's semen.
<b>Foaming tablets</b>	A method of contraception. The woman puts foaming tablets into her vagina just before sexual intercourse. The foaming tablets contain a substance that kills sperm.
<b>Foetus</b>	The term used to refer to a baby in the uterus (womb) from the ninth week of pregnancy until birth.
<b>Follicles</b>	Tiny holes in the skin out of which hair grows.
<b>Foreskin</b>	A fold of delicate skin that covers the tip of the penis of an uncircumcised man.
<b>Genitals</b>	The private parts; the external sexual organs.
<b>Genital warts</b>	A sexually transmitted infection (STI) that causes fleshy bumps to grow in the genital area.
<b>Glands</b>	Cells in the skin that perform a certain function. For example, sweat glands produce sweat or perspiration, which helps cool the body.
<b>Gonorrhoea</b>	An STI that usually causes discharge from the vagina or penis.
<b>Growth spurt</b>	A period during which an adolescent's body grows quickly.
<b>Haemorrhage</b>	Heavy bleeding.
<b>Hallucinations</b>	Visions of strange things and hearing voices that others do not see or hear. Hallucinations can be caused by taking drugs.
<b>Heroin</b>	An illegal drug that can cause hallucinations and is extremely addictive and dangerous.
<b>Herpes</b>	An STI that is caused by a virus and cannot be cured. It causes small painful blisters, usually on or around the genitals or around the mouth.
<b>Heterosexuality</b>	Sexual attraction toward members of the opposite sex (men being attracted to women, and women being attracted to men).

<b>HIV/AIDS</b>	HIV, or Human Immunodeficiency Virus, is the virus that causes AIDS. The term "HIV/AIDS" is often used because infection with HIV eventually leads to AIDS, which stands for Acquired Immune Deficiency Syndrome. A person has AIDS (rather than just being infected with HIV) when the immune system gets so weak it can no longer fight off common infections and illnesses.
<b>Homosexuality</b>	Sexual attraction between people of the same sex.
<b>Hormones</b>	Natural chemicals that are produced by the body and that serve as messengers that tell the body how and when to do things, such as grow.
<b>Hygiene</b>	The practice of keeping clean.
<b>Hymen</b>	A delicate piece of tissue inside the vagina. Because the hymen can be stretched or torn during sexual intercourse, hymens are seen as a sign that a girl is a virgin. However, some girls are born with no hymen at all. For others, the hymen can become stretched or torn during sports or for no obvious reason at all. Therefore, not having a hymen is not necessarily a sign that a girl is not a virgin.
<b>Implants (Norplant)</b>	A contraceptive method in which small tubes containing hormones are put under the skin in a woman's upper arm by a specially trained health worker. Implants prevent pregnancy for about five years, but can be removed sooner if the woman wants to become pregnant.
<b>Implantation</b>	When a fertilised egg attaches itself to the lining or wall of the uterus (womb). This is the beginning of pregnancy.
<b>Incest</b>	Sexual contact between members of the immediate family.
<b>Infibulation</b>	A form of FGM in which the external genitals (the labia) are cut away and the opening to the vagina is sewn almost completely closed, which can lead to severe health problems.
<b>Inflammation</b>	Swelling caused by injury or infection.
<b>Inhibitions</b>	Self-imposed restrictions on one's behaviours. Often feelings of shyness or embarrassment that stop you from saying or doing something you believe might shame you.
<b>IUD (or coil)</b>	The IUD (intrauterine device) or coil is a method of contraception. It is inserted into the uterus by a health worker to prevent pregnancy.
<b>Khat (quat, miraa, mairungi)</b>	A drug that is chewed in the horn of Africa and in much of East Africa. It can make the person feel more energetic and confident, and less hungry. It can cause anxiety attacks, aggression, and hallucinations.
<b>Labia</b>	The inner and outer folds of skin that protect the vagina. Also called the "lips."

<b>Labour</b>	The work that a woman's body does during childbirth to push the baby out of the body.
<b>Lubricant</b>	A cream or substance used to make dry surfaces wet and slippery. Lubricants are often used on condoms during sex, but oil-based lubricants should never be used with a condom, as they can cause the condom to break.
<b>Masturbation</b>	Touching one's own body for sexual pleasure.
<b>Menarche</b>	The beginning of menstruation; the first menstrual period.
<b>Menopause</b>	The time a woman stops having monthly periods, usually between the ages of 45 and 55.
<b>Menstruation, menstrual period, monthly period</b>	The flow of blood and tissue from the uterus (womb) out of a woman's body, usually occurring every 28 days. Menstruation starts during adolescence and ends during menopause between the ages of 45 and 55.
<b>Monogamous</b>	The state of being committed emotionally and/or sexually to only one person at a time.
<b>Mucus</b>	A thick, slippery fluid that the body makes to protect the inside of the vagina, nose, throat, stomach, and intestines.
<b>Nausea</b>	A feeling of being sick to the stomach and wanting to vomit. This often happens during the first 12 weeks of pregnancy and is also called "morning sickness." Many drugs and illnesses may also cause a person to feel nausea.
<b>Nervous</b>	A feeling of being anxious, easily excited, or irritated.
<b>Nicotine</b>	Nicotine is the active ingredient in cigarettes. It makes a person feel energetic, and it reduces the appetite. Nicotine is highly addictive. Smoking cigarettes causes many cancers, and damages the heart and blood vessels.
<b>Oestrogen</b>	The female sex hormone produced by the ovaries. Oestrogen causes the monthly changes in the uterus, as well as the development of the breasts and the growth of hair in the female private parts.
<b>Orgasm</b>	The peak or height of sexual pleasure.
<b>Ovaries</b>	Two small egg-shaped organs on each side of the uterus (womb) that release an egg each month during a woman's reproductive years.
<b>Ovulation</b>	The release of an egg from one of the ovaries. It usually occurs 14 days before the next menstrual period.
<b>Ovum, Ova (plural)</b>	A female egg. A cell that, when released from a woman's ovary, may be fertilised by a man's sperm.



<b>Pap smear</b>	A test in which some cells are taken from the cervix and examined. This test is used to detect the early signs of cervical cancer.
<b>Paranoia</b>	Extreme and unreasonable worries and fears; often caused by taking drugs.
<b>Pelvis</b>	The area of the hips that surround the reproductive organs.
<b>Penis</b>	The male sex organ, also used to pass urine.
<b>Periodic abstinence</b>	A method of preventing pregnancy by avoiding sex during the days a woman thinks she may be fertile.
<b>Perspire</b>	To sweat or release water through the skin.
<b>Petrol, glue, industrial products in spray cans</b>	Substances that can be inhaled for drug-like effects. These substances can make the user feel warm, comfortable, and happy for a short period of time. They can reduce fear and hunger, and can cause nausea, vomiting, disorientation, and confusion. They can also cause brain damage and are very harmful.
<b>Physical</b>	Of or relating to the body.
<b>Pills (oral contraceptive pills, family planning pills, birth control pills)</b>	A method of contraception that prevents the monthly release of an egg from the woman's ovaries. Each pill contains a small dose of hormones that prevent ovulation (the release of an egg). The pills must be taken every day.
<b>Pores</b>	Tiny openings in the skin. If pores become blocked with dirt, sebum, or sweat, a person may develop pimples or acne.
<b>Postnatal, postpartum</b>	The time after childbirth or delivery.
<b>Pre-ejaculate</b>	A small amount of fluid at the tip of his penis as it becomes erect. This small drop is called pre-ejaculate because it appears before ejaculation. It can contain sperm and can cause pregnancy.
<b>Premature</b>	Happening too early or before the proper or usual time. For example, a premature baby is one born too early.
<b>Promiscuous</b>	Being too loose or too free, especially regarding sexual activity. Someone who is promiscuous has many sexual partners.
<b>Protein</b>	A body-building substance found in various types of foods, such as meats, eggs, milk, beans, and some vegetables. It is essential for growth and development of the body.
<b>Psychological</b>	Related to the mind or brain.

<b>Puberty</b>	The period of life when a person changes physically from a child into an adult. Most girls and boys enter puberty between the age of 10 and 16 years.
<b>Pubic hair</b>	The hairs that grow in the genital area or private parts.
<b>Pus</b>	White or yellow fluid that is the result of infection.
<b>Rape</b>	Forced sexual intercourse that takes place against a person's will. Females and males can be raped, but most often rape occurs to females.
<b>Saliva</b>	A person's spit or the fluid in one's mouth.
<b>Scars</b>	A mark left on the skin after a deep cut, wound, or burn has healed.
<b>Skeptical</b>	Feeling doubt and disbelief about something.
<b>Scrotum</b>	The bag or sac of skin that contains a man's testicles.
<b>Sebum</b>	An oily substance that is produced by the skin. Too much sebum can cause pimples or acne.
<b>Self-awareness</b>	An awareness and understanding of one's own feelings and emotions.
<b>Self-confidence</b>	A feeling of trust in oneself and in one's own skills and abilities.
<b>Self-esteem</b>	Feeling good about oneself and respecting oneself.
<b>Semen</b>	A sticky, whitish liquid, containing sperm and seminal fluid, which comes out of a man's penis during ejaculation.
<b>Seminal vesicles</b>	Two glands in the male reproductive system where seminal fluid is excreted, to keep sperm alive and help them move.
<b>Sexual abuse</b>	Any type of unwanted sexual contact, touching, or fondling.
<b>Sexual harassment</b>	Any type of unwanted sexual attention, such as unpleasant sexual comments or physical gestures.
<b>Sexual intercourse</b>	The act by which a male's erect penis is placed inside the vagina of a female.
<b>Sexually transmitted infections (STIs)</b>	Also known as sexually transmitted diseases (STDs). Infections that are passed from one person to another through sexual contact.
<b>Smegma</b>	The white lubricating substance under the foreskin of the penis. Smegma helps the foreskin slide back smoothly over the head of the penis.

<b>Sperm</b>	The male's reproductive cells. They are tiny cells that can fertilise a woman's egg, leading to pregnancy.
<b>Spermicides</b>	A slippery cream or gel that kills sperm. Spermicides are used as a method of contraception.
<b>Sterilisation</b>	A permanent method of contraception for either males or females. It is done through an operation, vasectomy for men and tubal ligation for women.
<b>Sterilised instruments</b>	Medical instruments that are clean and free of bacteria that might cause infection.
<b>Stimulate</b>	To excite, arouse, make awake.
<b>Stunt</b>	To hinder or block normal growth or development.
<b>Syphilis</b>	A sexually transmitted infection that causes small sores in the genital area. Later stages are marked by fever, headaches, and pain in the bones and muscles.
<b>Tampons</b>	Small hard pieces of cotton that are put inside the vagina to absorb or catch menstrual blood as it leaves the body. A string is attached to the tampon so that it can be pulled out.
<b>Tendency</b>	A habit or common practice.
<b>Testes, testicles</b>	Part of the male reproductive organs inside the scrotum where sperm and male hormones are produced.
<b>Testosterone</b>	The male hormone produced in a man's body.
<b>Trait</b>	A recognisable feature; an inherited characteristic.
<b>Tranquilizers</b>	Types of drugs that make a person feel very calm, relaxed, and sleepy.
<b>Unprotected sex</b>	Sexual intercourse without any protection against pregnancy or STIs.
<b>Urethra</b>	A short tube that carries urine from the bladder to the outside of the body.
<b>Uterus (womb)</b>	The muscular organ inside a woman's belly in which a baby grows.
<b>Vagina</b>	The passage that goes from a woman's womb to the outside of the body. It is also called the birth canal.
<b>Vaginal fluid</b>	The discharge or fluid that comes out of a woman's vagina. Strangely coloured or bad smelling discharge may indicate an infection.
<b>Vas deferens</b>	The tube through which sperm travels from the testicles to the urethra.

<b>Vessels</b>	Small tubes through which a body fluid (such as blood) travels around the body.
<b>Vulnerable</b>	At risk of being physically or emotionally wounded; easily hurt or damaged.
<b>Vulva</b>	The external female genitals.
<b>Wet dream</b>	The release of semen (ejaculation) during sleep. A wet dream is a way for the male body to get rid of excess sperm and semen.
<b>Window period</b>	The time between the moment when HIV enters a person's body and the moment when testing can detect the antibodies to HIV (usually three to six months). During this window period, a person may test negative, even though he/she is infected with HIV and can infect others.
<b>Withdrawal</b>	When the man pulls his penis out of the vagina before he ejaculates.
<b>Withdrawal symptoms</b>	The bad reaction the body when a drug to which it is addicted is taken away.
<b>Womb</b>	See uterus.
<b>Zygote</b>	An egg that has been fertilised by a sperm.

—Adapted from: Watson C and Brazier E. *You, Your Life, Your Dreams: A Book for Adolescents*. New York: Family Care International (2000).