

Good Things for Young People

Reproductive Health Education
for Primary Schools

Teacher's Resource Book

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MkV is the acronym for the MEMA kwa Vijana project; a collaborative adolescent sexual and reproductive health trial that was jointly undertaken by the Tanzanian Ministries of Health and Education, the Tanzania National Institute for Medical Research (NIMR), the African Medical and Research Foundation (AMREF), and the London School of Hygiene & Tropical Medicine (LSHTM).

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Preface [DRAFT PAGE ONLY]

Research has shown that young people, especially young girls, are at increasing risk of being infected with HIV. We must now recognize that many young people start to engage in sexual activities at a young age, and often have many different sexual partners. They are therefore at risk of getting HIV, sexually transmitted diseases, and unplanned pregnancies.

The Ministry of Education and Culture has given priority to AIDS education for primary school pupils in Standard 5-7. The current syllabuses for science include AIDS and sexually transmitted disease prevention as a part of the education on reproductive health. This Teacher's Resource Book has been developed to supplement information already contained in a series of 3 books that have been developed for Standards 5-7.

There is a lot of evidence showing that improving knowledge alone is not enough to change young people's behaviour and reduce their risk. Young people need life skills to avoid temptation, and to help them have the strength to make good decisions when under pressure. Therefore, this book brings together many different teaching techniques to improve life skills, such as story telling, flipchart pictures, competitions, dramas, simulations and role-plays to create an exciting and stimulating learning environment.

The Ministry of Education and Culture believes that this education is a critical tool in helping young people avoid sexually transmitted diseases, AIDS and unplanned pregnancies, and also to guide them towards safer and better behaviour.

This education will be conducted in classrooms and in school playing areas. This Teacher's Resource Book has been developed in a language that pupils can understand easily, using tools and examples drawn from their own environment. It has been extensively tested and revised in the light of more than three years experience in 62 primary schools in Mwanza Region. We are confident that, when used with the Teacher's Resource Book and other Ministry of Education-approved materials, it will provide teachers with the guidance and tools that they need to improve the knowledge and to provide the skills for our primary school pupils to reduce their future risks of HIV, other sexually transmitted diseases, and unplanned pregnancies.

It is our hope that this Teacher's Resource Book will provide a valuable resource for sexual and reproductive health education of young people in Tanzania and beyond.

XXX
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This Teachers' Resource Book was developed as part of the MEMA kwa Vijana project - a research programme conducted in The United Republic of Tanzania. The project was a collaborative undertaking between the Tanzanian Ministries of Health and Education and the National Institute for Medical Research (NIMR), the African Medical and Research Foundation (AMREF) and London School of Hygiene and Tropical Medicine (LSHTM). The guides were pre-tested and evaluated from 1998-2001 in four districts of Mwanza Region.

The AMREF team developed, implemented and monitored use of the teachers' guides as a central part of a broader adolescent reproductive health intervention. The core team (the authors) was assisted by several youth intervention facilitators, namely, Anthony Magadulla, Racheal Alex, Joseph Charles, Franklin Kabumbire, Emmanuel Mrita, John Enos, Prisca Methusela, Mkama Mwijarubi, Salma Jabir, Yasin Ali, Gaudencia Byontamanyire, and teachers attached to the project, namely, Neema Msumba and Susan Mataba.

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Last but not least, our thanks go to Hawa Shambe who carefully typed different editions of the teacher's guides and Marco Tibasima, Goodluck Mashalla and Andrew Maganga who were involved in drawing the beautiful illustrations.

Introduction

This Teacher's Resource Book is the result of research conducted by the MEMA kwa Vijana Project in 10 wards located in 4 districts in Mwanza region, Tanzania. It has been specifically developed for use in teaching Standard 5-7 in primary schools across Tanzania.

Phase 1 of the MEMA kwa Vijana Project has been a five-year (1997-2002) research and development project of the Government of Tanzania - led by the Ministry of Health, the Ministry of Education and Culture, and the National AIDS Control Programme. It has received support from the European Commission, Ireland Aid, the UK Medical Research Council, UNAIDS, and the UK Department for International Development. Implementation is by a collaborative team involving the African Medical & Research Foundation (AMREF), the Tanzanian National Institute for Medical Research (NIMR), and the London School of Hygiene and Tropical Medicine (LSHTM), with the two Ministries mentioned earlier.

MEMA kwa Vijana can be loosely translated as "Good Things for Young People", but MEMA also stands for Mpango wa Elimu na Maadili ya Afya or "Programme of Behavioural and Ethical Education for Health."

Research conducted in Mwanza Region and elsewhere in Africa has shown that the incidence of sexually transmitted diseases, HIV, and unwanted pregnancies are high, especially amongst adolescents. Young people are starting to have sex at an early age and they have little knowledge of HIV, sexually transmitted diseases, pregnancy, and how they relate to their health.

Statistics indicate that, on average, one out of every group of 10 adults in Tanzania, one has already been infected with HIV. In addition, out of every 6 young people between the ages of 15 and 19, one currently has another sexually transmitted infection, which increases their risk of becoming infected with HIV.

The goals of this reproductive health education programme are to help young people:

- understand the changes that their bodies go through during puberty;
- resist harmful peer pressure;
- delay their first experience of sex;
- understand AIDS and sexually transmitted diseases and know how they can be avoided;
- avoid unintended pregnancies;
- detect the symptoms of sexually transmitted diseases; and
- understand the importance of getting early treatment in order to avoid the long-term effects of these diseases.

Teaching about reproductive health is very difficult in the best of circumstances. Pupils and teachers have to overcome their fears and cultural taboos to talk openly about sexual matters. This Teacher's Resource Book supplements the information contained in the Teacher's Guides for Standard 5-7 to enable teachers to be better prepared to answer questions that may not be covered in the main text. It is critical for pupils to have accurate information if they are to make better and safer decisions about their sexual and reproductive health.

This Teacher's Resource Book has been developed for teachers' use after they have received training, without the need for additional teaching aids or books. However, this Resource Book has also been written in a simple manner and it should be fairly easy for teachers who have not received a specific training to use in the classroom.

We recognize that pupils learn better if they and their teachers are interested and actively involved in the learning. We encourage teachers to be lively and animated in the classroom to help young people learn well. This will increase pupils' desire to learn and will bring the lessons to life.

At the end of this Resource Book, we have included a small section on how teachers can gain access to additional resources should they be required. We greatly encourage teachers to explore this option and to make the teaching of sexual and reproductive health exciting. The future of our children depends on how well informed they are about such matters.

Chapter 1

Signs and Symptoms of Sexually Transmitted Diseases

There are many kinds of sexually transmitted diseases. Many of these can cause long-term health problems if they are not treated properly and in time. In the list below, you will find the names for these diseases and the scientific names of the organisms that cause them, their symptoms and the health problems that may occur if the disease is not treated properly or promptly. If you do not know some of the names that are given for the reproductive organs, please look at Session 5 in the Standard 6 Teacher's Guide, and Flipcharts 8-14.

1. Gonorrhoea

(*Neisseria gonorrhoeae*)

Symptoms in women:

- Pus discharge from genitals (“private parts”).
- Pain when urinating.
- Pain/cramps in the lower abdomen, below the belly button.
- Pain during sexual intercourse.
- **It is possible to have no symptoms at all.**

Possible problems if not treated properly:

- Long-term pain in the lower abdomen, below the belly button.
- Swollen labia, due to swelling of Bartholin's gland.
- Blocked fallopian tubes which can lead to infertility.
- An ectopic pregnancy (when the fertilized egg attaches itself to the wall of the fallopian tube, rather than to the uterus). If the ectopic pregnancy ruptures, this leads to bleeding into the abdomen, which can cause the death of both the mother and foetus.
- A pregnant mother infected with gonorrhoea may infect her baby's eyes when giving birth, thus causing the baby to become blind if the baby does not get proper treatment.
- A woman may give birth to children with physical disabilities.

Symptoms in men:

- Pus discharge from the penis.
- Pain when urinating.

Possible problems if not treated properly:

- Blocked urinary passage (this is a very dangerous condition and extremely painful).
- Swollen scrotum.
- Infertility.

2. Chlamydia

(Chlamydia trachomatis)

Symptoms in women:

- Cloudy discharge from the vagina..
- Pain when urinating.
- Pain in the lower abdomen, below the belly button.
- Pain while having sexual intercourse.
- **It is possible to have no symptoms at all.**

Possible problems if not treated properly:

- Long-term pain in the lower abdomen, under the belly button.
- Blocked fallopian tubes, which can lead to infertility.
- An ectopic pregnancy (the fertilized egg attaches itself to the wall of the fallopian tube, rather than to the uterus). If the ectopic pregnancy ruptures, this leads to bleeding into the abdomen, which can cause the death of both the mother and fetus.
- A pregnant mother infected with chlamydia may infect her baby's eyes when giving birth, thus causing the baby to become blind if the baby does not get proper treatment.
- A woman may give birth to children with physical disabilities.

Symptoms in men:

- Cloudy discharge from the penis;
- Pain when urinating;

Possible problems if not treated properly:

- Blocked urinary passage (this is a very dangerous condition and extremely painful).
- Swollen scrotum;
- Infertility.

Men and women who are infected with chlamydia often have no symptoms at all.

3. Chancroid

(Haemophilus ducreyi)

Symptoms in women and men:

- Painful pus-filled sore or sores on genitals (“private parts”).

Possible problems if either men or women are not treated properly:

- Swollen and painful lymph nodes in the groin.
- In addition, for men, it may cause the penis to rot and appear to be eaten away.

4. Syphilis

(Treponema pallidum)

Symptoms in women and men:

- Primary syphilis: Sore(s) on the genitals (“private parts”) (usually on the penis or cervix), or on the anus, mouth or nose that is not painful and does not discharge any pus. The sore disappears after a few days without any treatment.
- Secondary syphilis: After 1 to 6 months, other symptoms can appear. These can include a skin rash over the entire body, swollen lymph nodes, and a painful white sore on the genitals (“private parts”) or on the anus.
- Tertiary syphilis: 1-10 years after the appearance of the first sore, syphilis damages the heart, brain and nerves.

Possible problems if women are not treated properly:

- Miscarriages, giving birth to premature babies, birth of children with disabilities/birth defects, or death of foetuses in the womb (stillbirths).

Possible problems if either women or men are not treated properly:

- The heart, brain, bones and nerves may be permanently damaged.

5. Lymphogranuloma venerium (Buboe)

(Chlamydia trachomatis)

Symptoms in women:

- Often there are no symptoms.
- Rarely there can be back pain or pain in the lower abdomen below the belly button.
- Rarely there can be extremely painful lymph nodes in the groin, and very small sores on the genitals.

Symptoms in men:

- Swollen and extremely painful lymph nodes in the groin, and very small sores on the genitals.

Possible problems for women and men if not treated properly:

- Small holes and breaks in the perineum (skin close to the genitals).
- Blocked lymphatic vessels, which can lead to dramatically swollen genitals (“private parts”) and/or legs (elephantiasis).
- Burst lymph nodes in the groin, which lead to one or more sore(s) that takes a long time to heal, and can leave large scars on the groin(s).

6. Genital Herpes

(*Herpes Simplex Virus – Type 2*, often shortened to HSV-2)

Symptoms in women and men:

- Very small growths on the genitals (“private parts”) that do not have pus in them, but are itchy and painful. They may cause fever, headaches, and pain while urinating.
- A baby may be infected during childbirth if the mother is infected.
- Symptoms tend to recur from time to time.

There is no cure for this infection, but the severity of the symptoms can be reduced through use of certain anti-viral medicines.

7. Trichomoniasis

(*Trichomonas vaginalis*)

Symptoms in women:

- Cloudy, yellow-green discharge from the vagina; the discharge is frothy (full of bubbles) and has a bad smell.
- Itchiness and irritation of the genitals (“private parts”).
- Pain while urinating and during sexual intercourse.
- The symptoms sometimes worsen during or immediately after menstruation.

Possible problems for women if not treated properly:

- Swelling of the labia.
- Frequent and painful urination.

Symptoms in men:

- It may cause a cloudy discharge from the penis.
- Pain and irritation when urinating.
- Often there are no symptoms at all.

Possible problems for men if not treated properly:

- Inflammation of the head of the penis, prostate glands (a gland that is inside the man at the base of the scrotum) and the vas deferens (spermatic cord).

8. Genital Warts

(*Human Papilloma Virus*, often shortened to HPV)

Symptoms in women and men:

- Hard growths (warts) on and around the genital (“private parts”). Normally, these growths are not painful, however they may sometimes be painful during sex. The growths may go away and come again from time to time.

For women and men if not treated properly:

- Cancer of the cervix for women and cancer of the penis for men.

9. Candidiasis (sometimes called “fungus”)

(*Candida albicans*)

- This is not a sexually transmitted disease, but we have mentioned it here because it can affect the genitals. It is a health condition that often affects women, especially women who are pregnant, using antibiotics, or those who have an illness that reduces the body’s defences against infections (immunity), such as AIDS or Tuberculosis.

Symptoms in women:

- Curd-like white discharge (similar to milk that has spoiled) from the vagina. This causes itchiness and irritation of the genitals (“private parts”). The discharge may also cause small scars and result in swelling and pain.

For women if not treated properly:

- Swelling of the labia.
- Pain during urination.

For men if not treated properly:

- Inflammation of the head of the penis.

Chapter 2

Family Planning Methods

There are many family planning methods that can be offered by specialized health workers. A client should be informed of all the options and counselled on the method that is most appropriate for his/her health before choosing one with the health care worker.

The following information summarises the commonest family planning methods, their particular advantages, and the potential problems they can cause.

1. Male Condoms

A male condom is made of rubber (latex). A man wears it on his penis to prevent pregnancy and HIV or sexually transmitted disease transmission. See Chapter 3 for detailed information about how to use male condoms.

Who can use male condoms:

- Any man.

Advantages

- Prevents sexually transmitted diseases and HIV.
- Allows the man to participate in family planning.
- Relatively easily available, either from shops or from hospitals, health centres and dispensaries.
- Does not require anyone to get special tests by a doctor before its use.
- Does not have biological side effects.



Potential Problems

- You must use a new condom every time you have sex.
- Can burst, if not used properly.
- May take time and practice for a man to be comfortable using them.
- Some men may experience itchiness or irritation of their penis when they use a condom.

2. Female Condoms

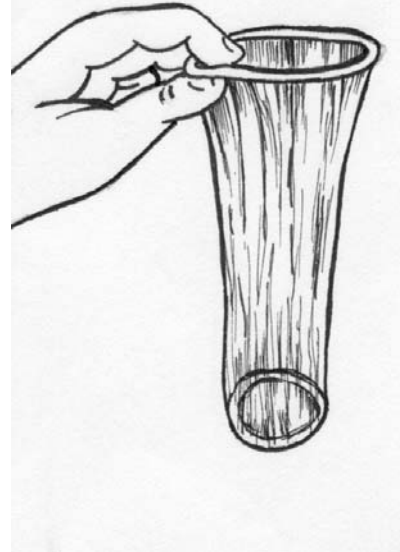
A female condom is made of plastic. A woman can place it inside her vagina to prevent pregnancy or HIV or sexually transmitted disease transmission. See Chapter 4 for more detailed information about how to use female condoms.

Who can use female condoms:

- Any woman.

Advantages

- Prevents sexually transmitted diseases and HIV when used properly.
- Can be used even if the man with whom a woman is having sex does not like to wear a condom or does not want to prevent pregnancy (though the condom does show outside the vagina if there is light in the room).
- Relatively easily available either from shops or from hospitals, health centres and dispensaries.
- Does not require anyone to get special tests by a doctor before its use.
- Does not have biological side effects.
- Can be inserted (put into the vagina) up to 6 hours before having sex.



Potential Problems

- Must use a new condom every time you want to have sex.

3. Contraceptive Pills

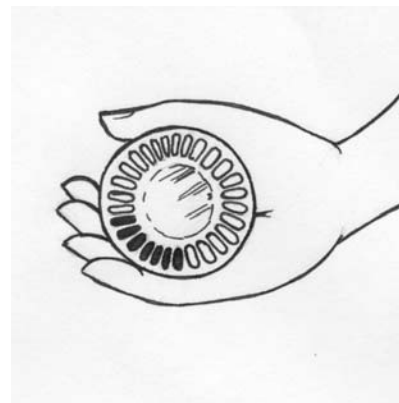
These are special pills that a woman can swallow every day to avoid pregnancy. These are not the same as pills used for illnesses like malaria. It is best to consult a doctor before deciding to take any kind of contraceptive (family planning) pill.

Who can use contraceptive pills:

- Women.

Who should not use contraceptive pills:

- Women who are pregnant.
- Women who have recurrent headaches.
- Women with high blood pressure.
- Women with breast cancer.
- Women who smoke cigarettes.



- Women with liver problems.
- Women over the age of 35 years.

Advantages

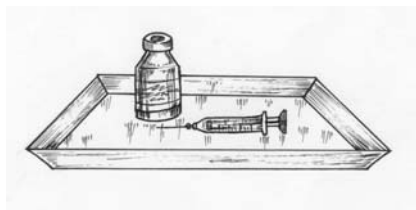
- Makes menstrual cycles more regular.
- Reduces severe pain/cramps in the lower abdomen during menstruation.
- Work well to prevent pregnancy if used properly.

Potential Problems

- **Contraceptive pills do not protect against HIV/AIDS and other sexually transmitted diseases.**
- Some women may experience headaches, nausea and vomiting, or weight gain/loss.
- The woman must remember to take her contraceptive pill every day and always at the same time. If she forgets to take a pill, even just on one day, she may be in danger of becoming pregnant.
- A small number of women develop more serious complications, such as blood clots in the veins in their legs, especially if they had some of the health problems listed above under, “Who should not use contraceptive pills”, but still took them.

4. Depo-Provera Injections

These are special injections that work in a similar way as contraceptive pills. However, unlike the pills, women do not have to take contraceptive injections every day, instead, they only need an injection once per month.



Who can use contraceptive injections:

- Women who may forget to take pills.
- Other women who do not have the conditions listed below.

Who should not use contraceptive injections:

- Women who are pregnant.
- Women who see blood clots throughout their menstrual cycle.
- Women who have epilepsy or have ever had a stroke.

Advantages

- Administered monthly, so women do not have to remember to take them regularly.
- Can be given up to 2 weeks before or after the date on which it was supposed to be given without any side effects.
- Can be used within 6 weeks of giving birth.
- Do not reduce breast milk, whereas contraceptive pills occasionally do.
- May prevent certain kinds of cancers of reproductive organs.

Potential Problems

- **Do not protect against HIV/AIDS and other sexually transmitted diseases.**
- May cause blood clots during menstruation.
- May cause menstrual periods to last longer than normal.
- May cause missed or skipped menstrual periods.
- May reduce the woman's ability to become pregnant for one or more months after treatment is terminated.
- May cause weight gain, headaches and reduced sexual desire.

5. Norplant (and other types of contraceptive implants)

These are special medical sticks (contraceptive implants) that are inserted under the skin of a woman's arm or thigh by a specially-trained health professional. These sticks release hormones very slowly and only need to be replaced once every 5 years.

Who can use Norplant:

- Any woman who does not have the conditions listed below.

Who should not use Norplant:

- Women who are pregnant.
- Women who bleed without knowing the cause.
- Women with heart problems.
- Women with breast cancer.
- Women who are breastfeeding babies less than 6 weeks old.
- Women who smoke cigarettes.

**Advantages**

- Starts working within 24 hours.

- Prevents pregnancy for 5 years, unless the implant is removed before that.
- When removed, a woman can get pregnant within 24 hours.
- Do not reduce the amount of breast milk, whereas contraceptive pills occasionally do.

Potential Problems

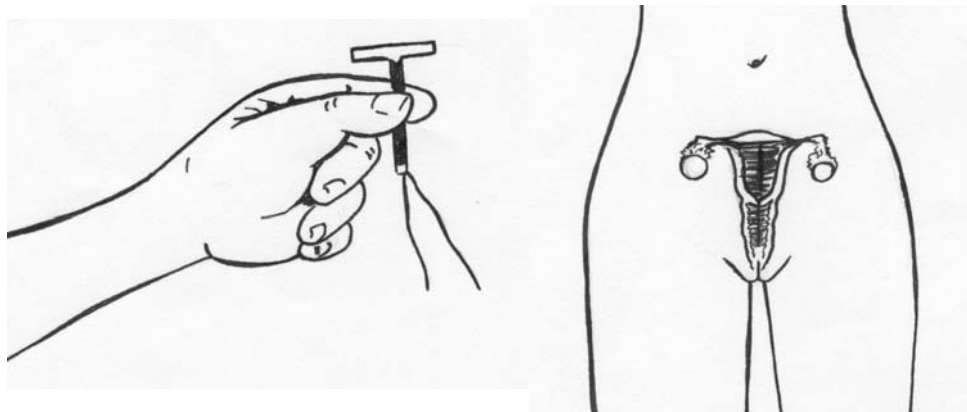
- **Does not protect against HIV/AIDS and other sexually transmitted diseases.**
- Changes the menstrual cycle or stops it completely.
- Must be inserted by an expert, so only a few hospitals and health centres offer this service.
- Must be removed by an expert after 5 years.

6. Intra-uterine device (IUD)

This is a special device that a medical expert carefully places inside a woman's uterus to prevent pregnancy.

Who can use IUDs:

- Women who cannot use the methods stated above (except for male and female condoms), and who do not have the conditions listed below.



Who should not use IUDs:

- Women with pain/cramps in the lower abdomen (below the belly button).
- Women with cervical cancer.
- Girls and women whose reproductive organs are not yet fully developed.
- Pregnant women.

Advantages

- Does not use hormones, like pills, injections and norplant, so avoids most of the problems that are sometimes associated with these other methods.

- Can work for up to 10 years.

Potential Problems

- **Does not protect against HIV/AIDS and other sexually transmitted diseases.**
- May cause lower abdominal pain.
- May cause a small amount of menstrual blood to flow throughout the month.
- May cause long menstrual periods.
- May cause a watery discharge from the vagina. The discharge will not be smelly.
- Occasionally slips out.

7. Foaming Tablets

These are special tablets that a woman can insert into her vagina up to 30 minutes before having sex.

Who can use Foaming Tablets

- They can be used by any woman.

Advantages

- Easy to use quickly (it takes about 30 seconds to insert).
- May reduce the possibility of being infected with gonorrhoea and chlamydia a little.

Potential Problems

- **Do not protect against HIV/AIDS and other sexually transmitted diseases.**
- Do not work very well to prevent pregnancies, unless they are used with something else, such as condoms.
- Must be inserted into the vagina at least 30 minutes before having sexual intercourse.
- You must use a new foaming tablet every time you want to have sex.
- Can only be inserted in the vagina in hygienic conditions.
- May irritate the man and/or the woman's genitals.

8. Calendar/Rhythm method

This is a method a woman can use for family planning without using any kind of medicine or other device at all. It involves carefully choosing days for sex based on a woman's menstrual cycle. This is a useful method, but whoever uses it has to be extremely careful, because they must know exactly when they are expecting to menstruate. It is very easy to make mistakes with this method, so though we explain it, we do not recommend it.

Who can use the Calendar/Rhythm method:

- Women who take 3-6 months to chart their menstrual cycles before they start to use the method.
- Women who have very regular menstrual cycles.
- Women who are very good in mathematics.

Therefore, before using this method, it is best for a woman to prepare a chart with the date when she first began to menstruate for each month for the past 3 to 6 months. This will help her to know when her eggs were released. This method works best for women with regular 28-day menstrual cycles, and depends on the fact that a woman's egg is released 14 days before the start of her next menstruation.

For example:

- 1) If you start your menstruation on **1 June** (and you have a regular 28-day menstrual cycle), then you will probably begin your next menstruation on **29 June**. Therefore your egg will be released 14 days earlier on **15 June**. Because of this, you are most likely to become pregnant if you have sex around that date, from **14 to 16 June** and to avoid pregnancy you should not have sex on those dates. *However, you must remember that male sperm can live inside a woman's body for up to 7 days, so to be more confident of avoiding pregnancy you should not have sex from 8 to 16 June.*
- 2) In another example, if you start your menstruation on **13 June** (and you have a regular 28-day menstrual cycle), then the next time you start to menstruate will be on **11 July**. So your egg will be released on **28 June**. Because of this, you are most likely to get pregnant if you have sex from **27 to 29 June**, and to avoid pregnancy, you should not have sex on those dates. To be safer, you should not have sex from **21 to 29 June**.
- 3) In another example, if after preparing a chart to show your menstrual cycles for 3-6 months, you find out that instead of 28 days, your cycle is **33** days long, then the following is true: if you start your menstruation on **1 June**, you should expect to start your next menstruation on **4 July**. Therefore your egg will be released on **20 June** (14 days before **4 July**). Because of this, you are most likely to get pregnant if you have sex from **19 to 21 June**, and you should avoid those dates. To be safer, you should avoid sex from **13 to 21 June**.
- 4) In another example, if after preparing a chart to shown your menstrual cycles for 3-6 months, you find out that instead of 28 days, your cycle is **26** days long, then the following is true: if you start your menstruation on **1 June**, you should expect to start your next menstruation on **27 June**. Therefore your egg will be released on **13 June** (14 days before **27 June**). Because of this, you are most likely to get pregnant if you have sex from **12 to 14 June**, and you should avoid those dates. To be safest, you should avoid sex from **6 to 14 June**.

Advantages:

- Does not have biological side effects.

Potential Problems:

- **Does not protect against HIV/AIDS and other sexually transmitted diseases.**
- Method is difficult and requires women to be especially good at mathematics, and very careful to record or remember the date when they started their last menstruation.
- Takes a long time (3 to 6 months) to get to know the length of menstrual cycle.
- The length of the menstrual cycle can change at any time based on changes in the body. This means that the date for the release of the egg may move forward or backward, therefore the woman may be in danger of becoming pregnant without knowing about it.
- For this method to be effective, the woman cannot have sex during the 9 “fertile” days during each of her menstrual cycles. The method therefore requires great self-discipline and works best only if the man and the woman have agreed upon it together and the man helps the woman in counting and/or recording the days of the cycle. The man must also agree not to have sex during the woman’s “fertile” days every month.
- Because the length of a woman’s menstrual cycle can change unexpectedly, even when used correctly and consistently, this method is not as effective at preventing pregnancy as the others listed here.

9. Sterilisation**Female sterilisation (bilateral tubal ligation)**

A permanent contraception method for women. This method is used when a woman feels absolutely certain that she does not want any more children. Her fallopian tubes are cut and tied off to prevent the egg from passing through to the uterus, and therefore preventing contact with sperm.

Who can use it:

- A woman who is absolutely certain that she has enough children.

Who should not use it:

- Any woman who may want to have more children later in her life.
- A pregnant woman or a woman who suspects that she is pregnant.
- A woman with reproductive tract infection.
- A woman with an untreated sexually transmitted disease.
- A woman with a problem related to blood clotting.

Advantages:

- It is permanent; the operation is done only once.
- The woman does not need to sleep in the hospital either before or after the operation.

- It does not interfere with sexual intercourse.
- It does not reduce breast milk.
- It is a safe and reliable method.
- The woman does not need to go to the clinic regularly.

Potential Problems:

- **Does not protect against HIV/AIDS and other sexually transmitted diseases.**
- It cannot be reversed.
- The woman may experience minor discomfort. There is a possibility of slight bleeding, infection or slight pain from the operation wound after the operation. The woman should go to see a doctor if she is experiencing severe abdominal pain, sees blood mixed with pus coming from the operation wound, or has a fever during the first few days after the operation.

Male sterilisation (vasectomy)

This is the permanent contraception method for men. This method is used when a man feels that he does not want any more children. A man's spermatic cord (vas deferens) is cut and tied off to prevent sperm from passing through to the penis. After the vasectomy, the man cannot ejaculate sperm and therefore cannot make a woman pregnant. However, since he still produces semen, his ejaculate will look normal to the naked eye.

Who can use it:

- A man who is absolutely certain that he has had enough children.

Who should not use it:

- Any man who may want to have more children later in his life.
- A man with an untreated sexually transmitted disease.
- A man with a problem related to blood clotting.

Advantages:

- It is a safe and simple method; the operation does not take more than 30 minutes, and the man does not have to sleep in the hospital either before or after the operation.
- It is a permanent method.
- It does not affect the man's sexual desire; it is only that the woman cannot get pregnant.

Potential Problems:

- **Does not protect against HIV/AIDS and other sexually transmitted diseases.**
- It cannot be reversed.

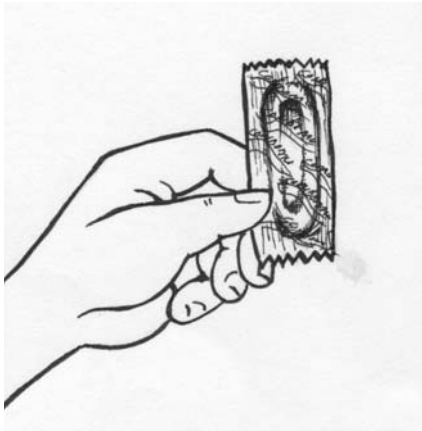
- The man may experience minor discomfort. There is a possibility of slight bleeding, infection or slight pain from the operation wound after the operation. The man should go to see a doctor if he is experiencing severe pain in his lower back and/or in the pubic area, sees blood mixed with pus coming from the operation wound, or has a fever during the first few days after the operation.

Chapter 3

How to Use Male Condoms

Use a new condom every time you have sex.

Try not to touch your lover's private parts (or wash your hands) before you touch your own private parts.

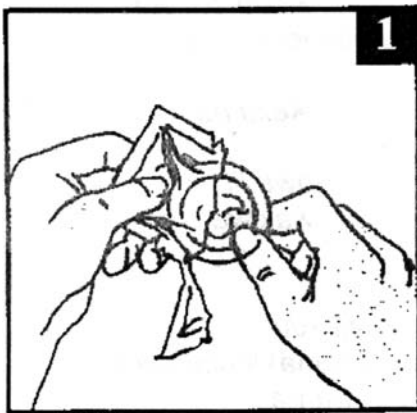


1. Do not touch your lover's private parts before you put the condom on.

Look at the unopened condom packet.

Make sure it has not been damaged or broken.

Check the expiry date that should be printed on the outside of the packet, to make sure the date has not been reached. If the expiry date has been reached, you should use another condom.



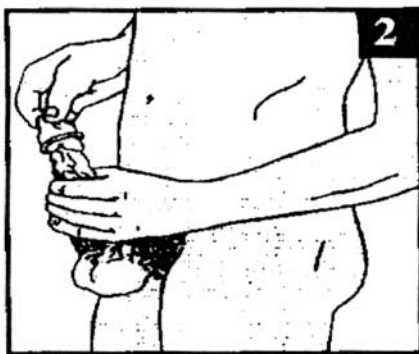
2. Open the packet carefully on the side with a serrated edge, so that you do not damage the condom.

Do not use your fingernails or teeth to open the packet, as they could tear the condom.

The condom should feel slightly slippery. If the condom does not feel slippery, it is damaged, so do not use it. The outside of a condom has a lubricating liquid on it that makes it easier to have sex.

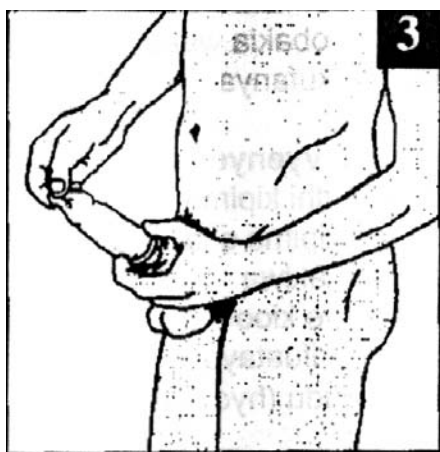
Before putting the condom on the penis, make sure you know which side will be on the outside once it is unrolled.

*Use a new condom every time you have sex .
Never re-use a condom.*



3. Only put the condom on an erect penis.

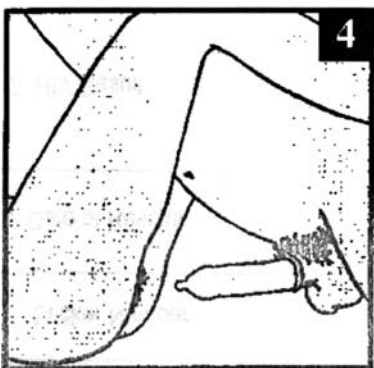
Squeeze the nipple at the end of the condom to make sure there is no air inside. This is to make sure there is enough space in the condom when the man ejaculates.



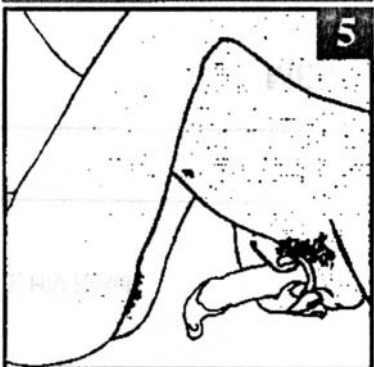
4. Keep squeezing the nipple and unroll the condom carefully until you reach the base of the penis. By squeezing the nipple, you make space for the semen when the man ejaculates.

If you place the condom on the penis and start to roll it the wrong way, do not use it, because if you turn it around, there may be tiny drops of semen left on the outside of the condom.

Do not use Vaseline, lotion, or any other kind of oil to lubricate the condom more. Such oils increase the chance that a condom will break. If more lubrication is needed, use saliva or KY Jelly, which is available in pharmacies.

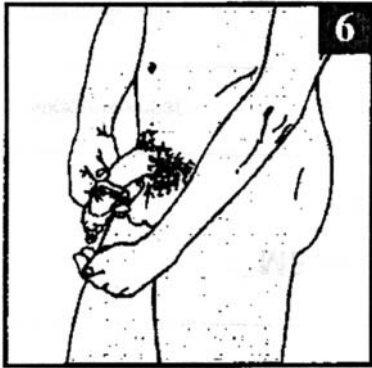


5. Start sexual intercourse.



6. Immediately after ejaculation, remove the penis from the vagina while holding on to the condom at its base.

Always withdraw the penis before it becomes soft, so the condom does not slip off in the woman's vagina.



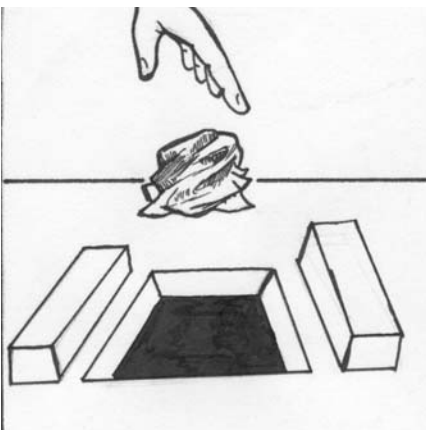
7. Carefully remove the condom from the penis.



8. Tie a knot at the open end of the condom to prevent semen from leaking out.



9. Wrap the condom in paper or its original packaging.



10. Throw the condom into a pit latrine, or burn it.

Wash your hands with soap and water.

USE A NEW CONDOM EVERY TIME YOU HAVE SEX

Chapter 4

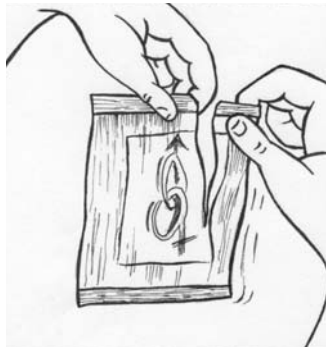
How to Use Female Condoms

Use a new condom every time you have sex.

The female condom can be put in the vagina immediately before sex, or at any time up to 6 hours before sex.

Try not to touch your lover's private parts (or wash your hands) before you touch your own private parts.

**INSERT
DRAWING OF
UNOPENED
FEMALE
CONDOM HERE**



1. Look at the unopened condom packet.

Make sure it has not been damaged or broken.

Check the expiry date that should be printed on the outside of the packet, to make sure that date has not been reached. If the expiry date has been reached, you should use another condom.

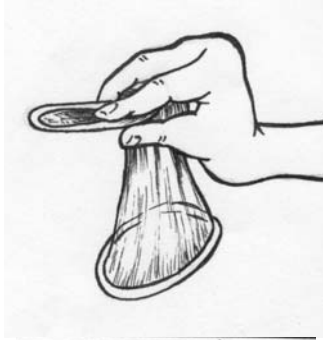
2. Gently rub the packet, to move the lubrication around inside so that the condom is entirely covered.

Open the packet carefully on the side with a serrated edge, so you do not damage the condom.

Do not use your fingernails or teeth to open the packet, as they could tear the condom.

The condom should feel slightly slippery. If the condom does not feel slippery, it is damaged, so do not use it. The condom has a lubricating liquid on it that makes it easier to have sex.

3. Inserting the condom is easiest if you squat, lift one leg on a chair, or lie on a bed, bending your knees while spreading your legs wide apart.



4. Squeeze the condom from the outside, pressing two sides of its inner ring together, like in the picture. This shape makes it easier to insert the condom inside your vagina.



5. While holding on to the outside of the condom in this way, gently push the inner ring of the condom part way into your vagina using your index finger.

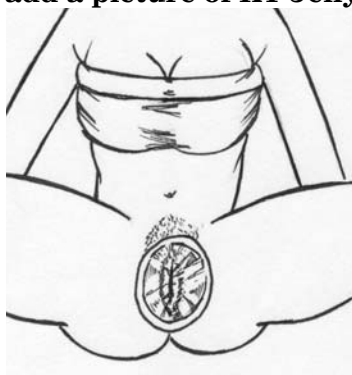


6. To make sure the condom is in the proper position, you can gently put your index or middle finger inside the condom, and push the inner ring as far as your finger will go. Be careful not to damage the condom with your fingernail.



7. Make sure the outer ring of the condom stops at the opening of the vagina: it should not go inside the vagina. The outer ring of the condom will cover the opening of the vagina during sex.

??? add a picture of KY Jelly???



8. Do not use Vaseline, lotion, or any other kind of oil to lubricate the inside of the condom more. Such oils increase the chance that a condom will break. If more lubrication is needed, use saliva or KY Jelly, which is available at pharmacies.

Have sexual intercourse within the next 6 hours.

Use your hands to direct the penis into the condom when it is in your vagina, to make sure the penis goes inside the condom and not to the side of it.

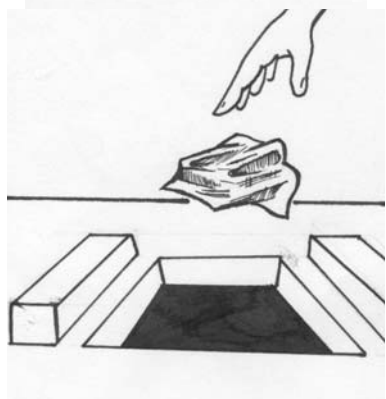


9. After having sex, twist the outer ring of the condom one full turn to stop the semen from spilling out.

Gently pull the condom out.



10. Wrap the condom in paper or its original packaging.



11. Throw the condom into a pit latrine or burn it.

Wash your hands with soap and water.

USE A NEW CONDOM EVERY TIME YOU HAVE SEX

Chapter 5

Misconceptions about Condoms

When discussing condoms, pupils may state some common misconceptions about condoms. In the list that follows, the commonest misconceptions about condoms are addressed.

Condoms have HIV in them even when they are new

- This is not true. Condoms are manufactured in very safe and clean conditions. In addition, HIV cannot live outside the human body, therefore it cannot live in a condom. It also cannot live in the lubrication that is put on to the condoms when they are manufactured.

Condoms prevent people from having families.

- If used correctly, condoms will prevent pregnancy. However, when you decide to have children, you can stop using condoms and a pregnancy is just as likely to occur as if you had never used condoms.

Condoms make people become sexually promiscuous.

- This is not true. A person's sexual behaviour is not determined by condoms, but by their decision to have sex. For example, prostitution (having sex in exchange for money or gifts) did not emerge as a result of the availability of condoms; it has existed for many centuries.

Condoms have holes in them.

- Condoms do not have any holes in them. For example, even if you pour water into them, they will not leak.
- Condoms may burst if they have not been stored in proper conditions or if they are not used properly.

Condoms cause cancer.

- This is not true. There is nothing on or inside a condom that can cause cancer. In fact, condoms may help prevent some kinds of cancer because they prevent sexually transmitted diseases such as human papilloma virus that can cause cancer.

Condoms reduce sensation and pleasure during sexual intercourse.

- This may be true to some extent. When you first begin to use condoms, you may experience some reduction in physical pleasure. However, as you get used to them, you will probably feel as much pleasure as you would without using condoms. Remember that you

will feel safer when using condoms and that can also increase your enjoyment.

Some women who use condoms start to experience pain and cramps in the lower abdomen.

- If a woman experiences such pains during sex, it is not because of the condom. It may be caused by other things, such as an underlying sexually transmitted disease.

Condoms make women have gas in the lower abdomen.

- This is not true. New condoms do not have any gas in them, nor can they make women have gas in the lower abdomen .

Condoms are not good for some men with very large or very small penises.

- This is not true. Condoms are made out of a strong and flexible rubber material called latex, which can expand to fit large penises quite easily. To test this, you can even roll a condom over your hand and down your arm without it breaking, and no penis is that large. Because they are so flexible, condoms also fit tightly over small penises .

Condoms make some people's sexual organs itch.

- This is very uncommon. Some women may experience a rash or itchiness when they start to use condoms because of dryness. In that case, we recommend that the woman uses additional non-oil based lubricants, such as K-Y jelly, which can be purchased at a pharmacy. Alternatively, their lovers could increase the amount of foreplay, thus helping the woman's vagina to become better lubricated naturally.

Chapter 6

Frequently Asked Questions

Below we have listed questions pupils frequently ask, with the correct responses.

Regarding Menstruation and Puberty

1. *What is the difference between puberty and first menstruation?*

These are two terms used to indicate different reproductive processes.

Puberty is the sum of all physical, mental and emotional changes that male and female youth undergo when they move from childhood to adulthood. For example, boys grow more muscle mass, while girls' breasts develop.

First menstruation or menarche occurs when girls release menstrual blood for the first time. Menarche is only one of the many physical changes that a girl experiences when she enters puberty and moves from childhood to adulthood.

2. *Does a boy also start to menstruate by releasing blood?*

No. A boy never menstruates (See Question 1). Sometimes people mistakenly compare menarche with when a boy starts to have wet dreams (sexual dreams when he ejaculates during his sleep), but only girls menstruate.

3. *When does a girl start to menstruate?*

Normally, girls first menstruate between the ages of 8 to 15 years. However, girls can menstruate for the first time (reach menarche) earlier or later than the normal range.

4. *Why does a boy who enters puberty like to have sex?*

The desire to have sex is caused by hormones that are released by the body when it enters puberty. The same hormones are needed for other physical changes that the body undergoes during puberty. Girls also release hormones that can affect their sexual desire in puberty.

5. *Can a girl start menstruating before her breasts start to grow?*

Normally, a girl's breasts start to grow before she starts to menstruate. However, it is possible that a girl begins menstruation before she notices her breasts have started growing, because they are still small.

6. *What causes menstruation?*

Usually, every month a woman releases an egg that will become a baby if it is fertilised by a man's sperm. At that time, the woman's body prepares itself for

pregnancy by increasing a hormone that strengthens and thickens the wall (endometium) of the uterus. If the egg is not fertilised, however, the hormone decreases and the walls of the uterus are reduced. The lining of the walls of the uterus is washed out of the body through the woman's vagina, mixed in with blood. This is what is called the menstrual blood.

7. *If a woman goes 35 days without menstruating, what may have happened?*

There are different reasons that may cause a woman to go 35 days without menstruating. For example,

- If she had sex since the last time she menstruated, it is possible that she is pregnant.
- Women are different; some women always have long menstrual cycles of around 35 days.
- Weight loss or gain, travel, or environmental change can all alter a woman's hormones, which in turn affects her menstrual cycle.
- After the age of about 45-49 years, women stop menstruating and stop being able to have babies. Occasionally this happens at an earlier age, though only very rarely before the woman is 40 years old.

8. *Can a girl get pregnant before her first menstruation?*

Yes. If she has sex, a girl may become pregnant before her first menstruation. This happens if her first egg is released and becomes fertilized. Since she becomes pregnant, her uterus walls remain thick and strong and she does not menstruate. Remember, you cannot know what day your first egg will mature.

9. *At what age can a boy make a girl pregnant?*

There is no specific age. Any boy who has begun experiencing the changes associated with puberty might be able to make a girl pregnant if he has sex with her. The issue is not the age of the boy, but whether he has entered puberty or not.

10. *If I have sex with a boy who has not entered puberty, can I get pregnant?*

If this boy has a desire to have sex, it is very likely that he has already started to enter puberty, even if his body still looks more like that of a boy than like that of a man. If he has entered puberty, there is real possibility that he will release sperm when he has sex. Remember, having sex even once is enough to cause a pregnancy.

11. *If I have sex when I am menstruating, is it possible to become pregnant?*

Normally, this is unlikely, because the egg is released 14 days before the first day when you start to bleed. Therefore, if you have sex when you are menstruating, the sperm normally will have died before the egg is released.

However, having sex during menstruation can still be dangerous for two reasons:

- If your menstrual cycle is short – for example, 22 days – your egg will be released only 8 days after the first day you menstruate. Therefore, if you

have sex when menstruating, the sperm could still be alive when the egg is released, and you could become pregnant.

- HIV live in large quantities in blood. Therefore, if you have sex when you are menstruating, you greatly increase your chance of being infected or of infecting your partner with HIV.

Regarding AIDS

12. What is AIDS?

AIDS is the acronym (first letters) for four words “Acquired Immune Deficiency Syndrome.”

AIDS is a disease that kills. It is caused by a virus called HIV (the Human Immunodeficiency Virus). These viruses can kill anyone.

The bodies of human beings have the ability to protect themselves from diseases. This is called the body’s “immune system”. HIV harms the body’s immune system , and therefore reduces the body’s ability to defend itself from being attacked by other diseases. The ultimate result of having HIV is that many different diseases can successfully attack a person’s body, often at the same time, causing the person to have severe illnesses (AIDS), until the person dies.

13. What is the difference between having AIDS and having HIV infection?

When someone only has HIV infection, they have been infected with the virus but have not started to fall ill. A person who has been infected with HIV may feel and look healthy for a very long time (sometimes for as long as 10 or more years). Therefore, you cannot tell whether a person has HIV by looking at them. The period when a person has HIV but does not show any signs of the disease is very dangerous, because that person can infect other people unknowingly.

Having AIDS is when a person with HIV starts to show symptoms of the disease, falling ill until he/she dies. Some of the symptoms of AIDS are:

- Losing more than 10% of total body weight in a short time.
- Frequent fevers
- Diarrhoea
- Dry cough

14. How long can a person with HIV live?

It depends on how well a person’s body is able to protect itself against diseases. For example, on the average people with HIV live for about 10 years before showing any signs. However, some people die within 2 years after being infected.

15. Can you get AIDS if you eat with someone who is ill with AIDS?

No. You cannot get AIDS by eating with a person who is ill with AIDS, because the virus that causes AIDS does not live in food and cannot be passed on by touching the person’s hands or skin.

16. Can you get AIDS by kissing the mouth or tongue of someone who is HIV infected?

No, because the quantity of virus in saliva is not enough to infect someone. However, if both people have sores or cuts on or in the mouth, and the person with HIV has a sore that is bleeding, then there is a small possibility of being infected. This situation is very unlikely.

17. Is it possible to become infected with HIV if you touch a person with AIDS when you have sores on your hand?

No. HIV does not live on skin. It only lives in blood and other body fluids. Therefore, unless you touch open cuts or sores on the body of the person with HIV with the part of your hand that also has open cuts or sores on it, you cannot be infected because your sores will not come into contact with the virus.

18. How is it possible for a man to get HIV when his sperm enters a woman?

HIV also lives in women's vaginal fluids. Therefore, when a man has sex with a woman who is infected with HIV, he may be infected by her vaginal fluids through the tip of his penis or any small scratches or sores that he may have on his penis.

19. If a pregnant woman has HIV, will her child get HIV?

Not all pregnant women infected with HIV infect their babies. Various research has shown that the possibility of infecting the baby ranges from between 15% and 40%. This range can be lower or higher depending on the stage of the disease in the woman. Nevertheless, the baby can be infected in three ways:

When the child is in the womb:

This happens if the virus manages to enter the baby through the umbilical cord attached to its belly button.

While giving birth:

This happens if the mother's vaginal fluids and blood released during childbirth enter the baby's bloodstream, for example through small cuts on the baby's skin.

After giving birth:

This can sometimes happen when an infected woman breastfeeds her child, because the virus is found in breast milk; the chances of this may be higher if she has sores on her breast or the baby has sores in its mouth, so there is direct contact with the bloodstream.

Some babies show symptoms of the disease very quickly, within the first year of their lives, while others may survive up to the age of 10 years.

Other Questions

20. *How many eggs does a woman have in her body?*

A woman carries thousands of eggs in her ovaries, but not all of her eggs will be fertilized.

21. *There are women who cannot get pregnant. Are there men who do not produce sperm?*

Yes. Some men do not produce sperm, and other men only produce small amounts of sperm.

22. *Why is it that a girl and a boy cannot get along when they do not have sex?*

It is not necessarily true that a girl and a boy cannot get along if they do not have sex. They can be normal friends. Not getting along may be caused by one of them (either the boy or the girl) falsely hoping to have sex while the other has no such wish.

23. *What ways are there for a girl to avoid pregnancy?*

There are 3 main ways:

- Not having sex at all.
- Using condoms.
- Using other family planning methods.

24. *Can a boy come to any harm because he has never had sex?*

No. Some men have sexual problems later in life because of physical problems, but this does not relate to when they started to have sex.

25. *Why do some pregnant women miscarry?*

There are many reasons for a miscarriage:

- Often a miscarriage occurs because the baby in the womb is not formed properly. In this case, the miscarriage usually occurs in the first 3 months of the pregnancy.
- If there are problems with the reproductive organs of the woman, this may cause a miscarriage.
- A pregnant woman who has sexually transmitted diseases may be more prone to miscarriage.

Therefore it is very important for a woman who experiences miscarriages to go to a health clinic or a hospital for diagnosis and treatment.

Chapter 7

Additional Resources

1. **GTZ series** – “*Maswali waliyouliza vijana kuhusu. . .*”

1. Kuingia utu uzima
2. Mahusiano kati ya wasichana na wavulana
3. Mahusiano ya kimwili
4. Mimba
5. Usalama katika mapenzi
6. UKIMWI na kizazi kipya

Contact:

REPRO-GTZ

P.O. Box 65350

Dar es Salaam

E-Mail: repro-gtz@africaonline.co.tz

2. *Life planning education for young children (LPE): A Youth Development Programme core curriculum for young people in grades 7-12*

When I'm Grown (WIG)-the three-volume companion program to Life Planning Education for children in grades K-6

Contact:

The Centre for Population Options

1025 Vermont Avenue, N.Y., Suite 210

Washington, DC 20005-347-5700

USA

3. *Parents of tomorrow: A guide to Adolescent Sexual and Reproductive Health, published by the African Medical and Research Foundation (AMREF).*

Contact:

AMREF HQ

Wilson Airport,

P.O.BOX 30125,

Nairobi, Kenya.

4. Magazines

Amua!

Contact:

Population Services International (PSI)
P.O.Box 709,
Dar es Salaam
E-MAIL: psi-tnz@twiga.com

Femina

Contact:

East African Movies
CRDB Building, Azikiwe Street
P.O. Box 7429
Dar es Salaam
E-MAIL: eam@raha.com

5. Video films

“More Time” (English) translated as “Poa Mambo Bado” by Dance Theatre Studio

Contact:

Population Services International (PSI)
P.O.Box 709
Dar es Salaam.

“Zawadi” series (vol. I-VI)

Contact:

Bagamoyo College of Arts
P.O. Box 32
Dar es Salaam

For more information and help contact:

1. Teachers’ Resource Centres nearest to you
 2. District Education Office
 3. Non-Governmental Organisations working in your area
 4. AMREF Tanzania
PO Box 2773
Dar es Salaam
- or AMREF –Lake Zone Office
P.O. Box 1482
Mwanza

5. Tanzania Commission on AIDS (TACAIDS)
[add address]

6. REPRO-GTZ
P.O. Box 65350
Dar es Salaam
E-Mail: repro-gtz@africaonline.co.tz

7. TANESA (Tanzania-Netherlands Support on AIDS)
P.O. Box 434
Mwanza
E-MAIL: tanesa2@africaonline.co.tz