

Path to Growth - A Life-Planning Skills Training Manual

FOR THE CHINA YOUTH REPRODUCTIVE HEALTH PROJECT

China Family Planning Association (CFPA)
PATH

February 2004



**China Youth
Reproductive Health Project**



CFPA
China Family Planning Association



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Acknowledgments

This training manual used materials from *Life Planning Skills: A Curriculum for Young People*, developed by PATH; adolescent training materials by the Hong Kong Family Planning Association; the Youth Peer Education Manual for HIV/AIDS Prevention, developed by the Yunnan/Australian Red Cross HIV/AIDS Care and Prevention Project; and the HIV/AIDS Prevention Education Teacher's Guide, developed by the United Nations Children's Fund.

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From May to August 2001, a total of 54 national-level trainers conducted separate training workshops in 15 project sites for adolescents and unmarried youth ages 10 to 24 years in schools, communities, businesses, and other institutions, during which this training manual was tested. The manual is also a result of their efforts.

Although results have proven the usefulness of this training manual, there is still room for improvement. We hope that users of this version of the training manual will give us feedback so that we can continue to improve the manual.

China Youth Reproductive Health Project. *Path to Growth: A Life-Planning Skills Training Manual*. Beijing, China: CFPA and PATH (2005).

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The China Youth Reproductive Health project

The China Youth Reproductive Health (YRH) project was implemented jointly by the China Family Planning Association (CFPA) and PATH. The project began in April 2000 and ended in 2005. Its goal was to improve the sexual and reproductive health status of China's adolescents and unmarried youth between the ages of 10 and 24 years.

Objectives of the project included:

Increasing adolescents' self-esteem, awareness of positive gender and human rights values, and safer sexual practices.

Increasing adolescents' access to and utilization of high-quality sexual and reproductive health services and counseling (youth-friendly services).

Creating a safe and supportive environment for adolescents' sexual and reproductive health (ASRH) programming at the national, community, and school levels.

Improving the national-level response to ASRH issues by building the capacity of CFPA and other agencies to advocate for, plan, implement, and evaluate innovative health interventions for adolescents.

The project operated in 14 sites across 12 Chinese provinces, municipalities, and rural counties, including Beijing, Tianjin, Shanghai, Chongqing, Harbin, Hangzhou, Jinan, Qingdao, Wuhan, Guangzhou, Shenzhen, Xi'an, Pei County of Jiangsu Province, and Shangcai County of Henan Province.

The China Family Planning Association (CFPA)

CFPA is China's largest nationwide, nonprofit, nongovernmental organization in the field of family planning and reproductive health. Established in 1980, CFPA became a member of the International Planned Parenthood Federation (IPPF) in 1983. CFPA members across China collaborate with local governments to address local needs. Projects include family planning service delivery, HIV infection prevention, sexuality education for adolescents, women's rights advocacy activities, women's income generation and development projects, and collaboration with religious leaders on reproductive health education.

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PATH

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act.

Headquartered in Seattle, Washington, USA, PATH has 21 program offices in 14 countries. Currently, PATH is implementing project activities in over 100 countries in reproductive health, vaccine use and coverage, HIV and tuberculosis prevention and treatment, and child health and nutrition.

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About this version of *Path to Growth*

Path to Growth, a life-planning skills (LPS) training manual for the YRH project, is written by CFPA and PATH. Since the China Population Publishing House published its draft version in April 2002, the manual has been used on a trial basis in numerous training workshops in the project's 14 sites and is well accepted by both adolescents and facilitators. In addition to the 14 project sites, CFPA has also introduced the training manual to 246 project extension counties and an additional 30 counties under the project on ASRH sponsored by CFPA and the United Nations Population Fund.

During the refresher training workshop held for the project's national-level facilitators in November 2004, participants further studied the draft version of the training manual and identified the key information, attitudes, and skills to be covered in each unit. Participants in this workshop all agreed that the draft version of the manual could be used as the LPS training curriculum for Chinese adolescents in terms of sexuality and reproductive health. They suggested that the word "draft" be removed and that the training manual be finalized and reprinted.

Based on comments and recommendations from the Tianjin refresher workshop, and after further revisions were made to the draft version, the China Population Publishing House formally published *Path to Growth*. With the printing of the final version of the training manual, we would like to take the opportunity to thank those who participated in and supported the China YRH project, including officials, project staff, facilitators, peer educators, and adolescents.

Finally, please note that although the word "draft" was removed, the training manual is not perfect. We hope that the manual will be used creatively, by taking into consideration the local context and, most important, adolescents' needs. Only when adolescents' needs are addressed can the project's objectives and the purpose of writing the training manual be achieved.

To facilitators

Welcome to *Path to Growth*, a manual for training Chinese youth in life-planning skills (LPS). It is our hope that this handbook can prepare adolescents with the necessary skills to face various challenges in their “Path to Growth” and help them make safe, healthy, and responsible decisions in terms of sexuality and reproductive health.

Adolescents face various changes and challenges in their lives. It is in the adolescent stage that they start to make decisions as to what roles they will play in the future and to acquire the necessary knowledge and skills to meet this end. It is also during this stage that adolescents learn to interact with their peers of both genders and to maintain close relations with their parents while developing their independence. In addition, adolescents need to learn how to handle their sexual needs and prepare both physically and psychologically for future parenthood.

The LPS curriculum is designed to meet the above needs of adolescents. The purpose of the training is two-fold. First, it will help adolescents with the social roles they are to play; it will help them identify who they are now and who they want to be in the future. Second, it seeks to promote ASRH by exerting various influences upon their thoughts and behavior.

The curriculum uses various activities to help adolescents gain necessary knowledge, attitudes, and skills to face sexual and reproductive challenges in the course of growing up. Details of the curriculum include:

- Knowledge about one’s body, sexuality, contraception, sexually transmitted infections (STIs), and other information that is necessary to prepare adolescents for their future.

- Clarification of attitudes and opinions in terms of growing up, gender roles, risk taking, expression of feelings, and friendship.

- Development of the following skills: making decisions, setting goals, communicating clearly, negotiating for one’s own health, and not giving into negative peer pressure.

Some assumptions

The LPS curriculum is based on the following assumptions:

- Given the right attitudes, and equipped with necessary information and skills, adolescents are able to make the right decisions.

- Adolescents need appropriate information and skills.

- Adults can trust adolescents and are willing to share their experiences.

- Curricula that meet adolescents’ needs can incorporate LPS training into daily life.

The key to a successful LPS training is the facilitator. Considering the fact that the training involves some very sensitive topics, including sexuality and values, facilitators should:

- Really enjoy working with young people.

- Be informed about human sexuality, basic health issues, and job training.
- Be enthusiastic about being facilitators.
- Have good communication and group facilitation skills.
- Be good listeners and be able to tolerate different opinions.
- Be comfortable discussing sexuality issues.
- Have a sense of humor.
- Be good at using different participatory approaches in their training.

Facilitators should be able to adjust the training curriculum and activities according to the local situation and adolescents' needs. They should try to generate discussions so that adolescents learn to think instead of memorizing.

Curriculum objectives

The LPS curriculum aims to achieve the following objectives:

- Provide adolescents with opportunities to learn more about themselves and what they like to do, how they feel about key issues such as family and personal values, and to identify what influences their feelings and choices.
- Help adolescents identify what they want to achieve in their lives, help them work toward building a good future by planning for work and deciding about parenthood, and help them to meet their goals.
- Strengthen adolescents' knowledge and skills in three areas: sexuality, planning a family, and communication.

The objectives above can be written on a flipchart or displayed in a slide show so that every participant knows them.

Introduction to the training manual

About Path to Growth

Path to Growth: A Life-Planning Skills Training Manual is the result of the joint effort of numerous hardworking facilitators and builds on experience gained through five years of project activities.

At the end of 2000, the 14 project sites carried out needs assessments to assess adolescents' sexual and reproductive health status and needs. The exercise employed various participatory learning activities to encourage adolescents to freely express their opinions and attitudes. The participatory techniques included free listing, group discussion, role-playing, and case study, among others. A total of 2,674 adolescents, including 924 school students, 855 out-of-school local youth, and 777 out-of-school migrant youth, participated in the survey, which resulted in a comprehensive picture of Chinese adolescents' knowledge, attitudes, behavior, and needs with regard to sexual and reproductive health.

The curriculum was drafted in April 2000 in Hangzhou, China, by project consultants organized by CFPA and PATH. The draft was based on the survey findings as well as curricula already developed by relevant domestic and international institutions.

The curriculum was first used on a pilot basis in two training workshops held in April and May 2001 for 54 national-level trainers of the China YRH project. The two workshops were held in southern China's Hangzhou City and northern China's Jinan City respectively.

Project staff tested the curriculum on a systematic basis through a series of training workshops held from May to August 2001 in the 14 project sites. School students and young people from communities and businesses participated in these LPS training workshops.

China Population Publishing House first published the curriculum as *Path to Growth* (draft edition) in April 2002.

The draft edition of *Path to Growth* was then used as the curriculum in training workshops held by the project from April 2002 to November 2004. Some contents of the curriculum were also introduced to an ASRH project co-sponsored by the Chinese government and the United Nations Population Fund. CFPA also used contents of the curriculum in their 246 project expansion sites and local educational institutions. The *Water Exchange* game (an interactive HIV transmission exercise) became very popular among young people and has been widely used in China in its HIV/AIDS campaign.

In November 2004, CFPA and PATH jointly held a refresher training workshop in Tianjin City for 70 national-level trainers from the project's 14 sites. In this workshop, the participants divided into nine groups to study, discuss, and demonstrate contents contained in the nine units of the curriculum and finalize the key information, attitudes, and skills to be covered in each unit. They also clarified and resolved some common issues and confusion that arose during the curriculum's pilot period.

Project personnel from both CFPA and PATH finalized the curriculum as *Path to Growth* in March 2005, after additions from the retraining workshop for national-level trainers.

How to use the curriculum

This curriculum is for use with youth ages 10 to 24 years. If you are using this curriculum with youth who have never had similar training, try to cover the whole curriculum from start to finish. If you are using this curriculum with young people who have had similar training before, try to identify their needs first and then use the curriculum contents selectively to meet their needs.

This curriculum is divided into units. Each unit includes various practical and fun exercises. Each unit follows the same outline of purpose/objectives, materials needed, time required, procedures/steps to follow, and key points. Some activities require advance preparation. For some activities, reference materials are available for facilitators.

Throughout the curriculum, the words "participants," "adolescents," "teens," "youth," and "young people" are used interchangeably, as are the words "facilitators" and "trainers."

To design and conduct a program that meets the needs of youth, you must do the following:

Be very familiar with the entire curriculum, including suggested participatory techniques. Read reference materials for facilitators and text in bold letters intensively.

Determine the amount of time you will need for your session. The amount of time given for each activity is only an estimate; use more or less time, as needed.

Before the session begins, prepare any handouts or other materials that may be used. If you need to invite honored guests, do so in advance and inform them of what is expected of them.

Introduce each unit of the curriculum and each activity by talking about the objectives and what you hope to achieve during that session.

Text in italic characters represents possible responses from the participants. If participants do not come up with these answers by themselves, try to introduce these ideas for their reference.

Many activities in this curriculum require only pens, paper, readings, and chalkboard/chalk or flipchart/markers. Some activities may require index cards, tape, additional paper, scissors, boxes, or other containers. Only a few activities might require guests of honor. Advanced preparation is required in all cases.

Have a “Question Box” available throughout the training in which participants can place anonymous questions. These are questions that they may be embarrassed to ask in front of the group. You need to encourage them to write down any questions they may have at any time and assure them that none of their questions will be considered silly. Make sure that all posted questions are addressed within the workshop or responded to accordingly.

Setting ground rules

Before you begin the activities in the LPS curriculum, it is important to develop a set of ground rules so that participants are able to speak freely and openly about sensitive issues and personal experiences. It is useful to write the list of ground rules on flipchart paper and hang the list where the participants can see it during the entire workshop. Ground rules may include:

Confidentiality: What we share in this group will remain in this group and will not be told to others.

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

Openness: Be open and honest but do not talk about someone else’s private life.

Participation: Participate as much as you can in each activity.

Equality: Participants and facilitators can equally and freely express their opinions.

Use “I” statements: Make sure that the view you are expressing comes from you and only you and that you are speaking for yourself.

Sharing: Share the information you have learned from the activity with your peers.

Right to “pass:” Although this program encourages participation, individuals do have the right to pass on a particular issue if they do not wish to take part in the

discussion or share their views. It is okay to say, “I’d rather not do this particular activity” or “I do not think I want to answer that question.”

Anonymity: It is okay to ask a question without identifying yourself.

Acceptance: It is okay to feel shy or embarrassed; even adults feel uncomfortable when they talk about sensitive topics like values or sexuality.

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 start them off by giving them an example.

Facilitation techniques

Experimental/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 LPS curriculum are designed to help young people gain information, examine attitudes, and practice skills. In experiential education, participants do something and then talk about the experience together. They make general statements about what they learned and try to relate the new information to how they could use it in the future. Experiential learning is participant-centered. Your role as a facilitator is to create and manage the environment to make sure that each person in the group has the chance to actively participate.

Encouraging participants to learn through the sharing of experiences is very important. By being part of this experiential learning experience, facilitators can also learn from the group. Here are some tips for organizing experiential activities:

- Plan the unit and activities in advance until you feel comfortable with them.

- Rehearse at least once before conducting the workshop.

- Prepare points for discussion in advance by referring to the key points for each activity. You might also want to add your own points to the ones already listed with each activity.

- Set up the classroom in advance to accommodate all the participants; do not waste activity time on such things as hanging posters, setting up the flipchart, or arranging seats. Seating should be arranged in such a way that all participants sit in a circle or semi-circle facing the chalkboard or posters. Leave some room, if possible, for the participants to take notes and practice certain exercises. Place one or two chairs in the corner on which to put your materials.

- Make sure you can see the clock at all times to ensure that each activity remains within its time limit.

- Bear in mind that the fun of various activities should not replace the purpose of the activities—that participants learn from sharing their knowledge and experiences.

Specific techniques

There are many participatory techniques that are used commonly in LPS training. Listed here are only a few of them.

Lecture/presentation

Lectures/presentations used in LPS training should be brief, used only to introduce or elaborate on certain knowledge or skills. One-way lectures are not as effective as involving audience interaction and participation by allowing time for comments, questions, and feedback.

Small group discussion

Group discussion is a technique often used in training. In group discussions, participants think and talk about certain issues. The discussion generally starts with the facilitator introducing a certain topic. Then the group members express their own views on the topic. This process is repeated until all members who wish to participate in the discussion do so.

Small group discussion can be used to explore such topics as attitudes, communication skills, and knowledge. This technique can be used in the following circumstances:

- Asking for group opinions.
- Solving a problem.
- Exchanging opinions and experiences.
- Generating participants' interest if they become bored.

Techniques needed to organize small group discussions include open-ended questions, brainstorming, and case studies.

Role-play

The purpose of role-play is to let participants experience “in person” certain situations, concepts, or opinions by acting before an audience or observing others’ acting. Role-play is helpful for communication skills training and attitude training (especially when a person has the opportunity to play two opposing roles).

Role-playing, however, should not take a long time (10 to 15 minutes is appropriate). When you feel that the activity has achieved its purpose, or if you find that participants are becoming bored or restless, stop the role-play and thank the actors.

Brainstorming and free listing

In brainstorming and free listing, participants generate the largest number of ideas in the shortest possible time on a certain topic. The points raised by participants are listed without discussion. Only after the brainstorming, are the points arranged, categorized, or prioritized.

Processing exercises

Each activity in the curriculum has a set of key points at the end that is used to summarize the activity. This allows for processing what has been learned from the activity. The process involves discussion with the participants to let them speak on what they feel about the activity. This helps facilitators know what the participants have learned from the activity. It also helps the participants reinforce their learning and gives them the opportunity to raise questions and concerns. Processing may also include

repeating and summarizing some of the points already raised by the participants while drawing attention to the key points. As facilitators, you do not have to use this technique to its full extent with each activity. The focus should be on those activities that cause confusion and/or disagreement within the group. While key points can be useful guides, you may also consider the following questions:

- Why? What was the purpose of the activity?
- How do you feel about the activity?
- What have you learned from the activity?
- Do you have other questions?
- Have you learned anything new?
- How can we improve this activity?

Warm-ups/ice breakers

Certain activities can help participants become acquainted with each other, generate energy and laughter within the group, and facilitate discussions on sensitive topics. The following are some examples.

One-sentence introduction (for use with a large group)

In this activity, all participants sit in a circle. Each person introduces himself/herself using one sentence including his/her name, things he/she likes and dislikes, or his/her greatest expectations in life.

Finding people in common (for use with a group in which members already have some knowledge about each other)

Each person is given a questionnaire with questions about family, personal characteristics, or hobbies. Each person goes around the group to find somebody whose answer to a certain question is “Yes” and asks that person to sign his/her name after that question. Each person should try to approach as many participants as possible in a limited time period. Brief discussions can follow the activity, such as:

- Have you found someone with whom you have something in common?
- Was it difficult to ask certain questions? Why?
- Of whom did you find it easier to ask questions, boys or girls?

Car washing (for use in increasing self-esteem)

One participant is invited to play the role of a car while others “wash, wax, and polish” the car by complimenting that person. Encourage participants in advance to convey compliments that are sincere and not just for the sake of the game.

Finding friends (for use with the topic of communication)

Participants quickly form groups of a certain number of people after hearing a number announced by the facilitator. Those who do not belong to any group are out of the game.

What’s inside? (for use when generating discussions on sexuality)

Place three empty bowls or similar containers before the audience, with two of them open and one covered. Then ask the audience which bowl attracted their attention first. In most

cases, the covered bowl is the one that first captures attention, illustrating the point that curiosity is part of human nature.




Hard-to-do (to illustrate the fact that breaking habits or changing behavior requires continuous effort)

Ask participants to write a sentence using their left hands (right hands for people who are left-handed), walk while blindfolded, or do other things that are not ordinary habits.

Evaluation

Mood meter

At the beginning of the workshop, prepare a chart called a “mood meter.” The mood meter is an instrument for the group’s own daily measurement of the mood and atmosphere of the session (below is an example). The chart should include daily activities depending on what you are measuring and at least three mood symbols; for example, faces showing happiness, indifference, and frustration/anger. Participants should place a symbol, such as a check (√) mark, in line with the emotion they are feeling at the end of each session. This mood meter can be used to discuss the energy level of the group and/or reasons for success or failure as the program progresses.

Mood	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
						
						
						

Flash feedback

Participants and facilitators should sit in a circle. Ask the group a direct question, such as “How did you feel about the workshop today?” or “What two new things did you learn today?” Each person in the circle then gives a personal opinion in a very short statement 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.

Evaluation committee

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

Pre-/post-test evaluation

This can be used to measure a range of knowledge and skills the participants have both before and after the training. Multiple choice questions can be used to make the results comparable and measurable. Generally speaking, the scores after the training should be higher than those before the training, since participants are supposed to learn things from the training. A sample questionnaire is included in Appendix A.

Final workshop evaluation

There are many ways to approach the final evaluation of the workshop. One way is to turn the fears and expectations raised by participants at the beginning of the workshop into two evaluation questions: “Were we able to avoid the following fears?” and “Were we able to achieve our expectations?”

In addition, it is useful to assess other aspects of the workshop with the involvement of all the participants. The list of factors may include:

- Workshop venue, board, and lodging
- Facilities
- Facilitation
- Content of activities
- Output
- Duration (number of days)
- Daily schedule

Write the list on the chalkboard or the flipchart paper and ask each participant to place an answer for each question using a scale from 1 (poorest) to 10 (best). Then add up the points and discuss.

Yet another form of evaluation is an open-ended questionnaire to be completed by participants.

No matter what the evaluation results, facilitators should never take them personally. 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. This is the best way to both improve the quality of the training and to meet participants’ needs. In the meantime, remind the group to be constructive in their criticism and to look for ways to improve the program.

Consensus on using *Path to Growth*

Participants of the 2004 Tianjin refresher training workshop for national-level trainers reached the following consensus as a result of years of experience:

It is advisable to cover the curriculum in its entirety instead of avoiding certain sensitive but critical issues of adolescent reproductive health. Facilitators should be convinced that adolescents are capable of making responsible decisions for their own as well as others’ health if they are provided with comprehensive knowledge and skills on sexual and reproductive health.

It is important to be accurate and consistent with key points. While facilitators can and should have their own understanding of ASRH, they should try not to bring into the sessions opinions that are inconsistent with the curriculum.

Facilitators should adopt a non-judgmental approach to the training. Their role is to encourage participants to express their own opinions and make their own decisions.

Participatory learning approaches should be used in the training.

Contents of the workshop should reflect adolescents' needs regarding sexual and reproductive health. Facilitators can adapt activities to the needs of youth of different ages or different ethnic or educational backgrounds, the goal being to better meet young people's needs, not avoid certain needs.

Training should address common issues. As for individual questions, it is advisable to address them privately through other counseling services.

Unit one: Adolescent development

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

- Describe the physical and emotional changes that occur during adolescence.
- Describe the male and female reproductive anatomy and physiology.
- Understand health care during adolescence.

Time: 45–90 minutes.

Major activities:

1. Changes that take place during adolescence.
2. Feeling good about oneself.
3. Knowing about the human reproductive system.
4. Health care during adolescence.

Supplementary activities (optional):

- 1-1: Knowing about and accepting oneself.
- 1-2: Perceptions.
- 1-3: One's own changes.

Materials needed: Posters of the male and female reproductive systems, flipchart or chalkboard, markers or chalk.

Reading materials:

Participant handout 1-1: The male reproductive system.

Participant handout 1-2: The female reproductive system.

Suggestions for teaching this unit

This unit cannot possibly address all the issues related to adolescence. It describes the many changes that occur during this stage of life and sends the message that these changes are natural. Here are some tips:

1. You can change some activities in this unit to adapt to different groups, or you can combine this unit with the unit on communication skills.
2. It is important that facilitators strictly follow the curriculum when explaining the following concepts, because facilitators tend to bring their own understandings into the training when discussing these key points:
 - Masturbation.
 - Sexual dreams and wet dreams.
 - Gender roles.

While it is important to include gender roles in some local training activities, it is not advisable to emphasize the message that boys should be strong and girls should be soft.

These messages are inconsistent with such key points as gender equality, respecting individuality, and feeling good about oneself.

Activity one: Changes that take place during adolescence

Step one: Ask participants to brainstorm responses to the question, “What does adolescence mean?” Write their responses on the chalkboard or flipchart, and then, summarize the participants’ responses. The following points are for your reference; you can bring them up if the participants do not come up with them.

Adolescence is:

- A period between childhood and adulthood.
- A period of physical and emotional change.
- A period of sexual development.
- A period of experimentation.

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 changes physically, emotionally, and psychologically and begins to experience and express many different feelings. This is a normal and vital part of development.

Step two: Further discuss these changes during session activities. Divide the participants into same-gender groups and ask them to discuss and list changes that take place during adolescence, including physical, emotional, and psychological changes. Then ask the groups to come up with lists of problems they have and issues they would like to address during this period. They should write the resulting lists on the chalkboard or on flipchart paper. The following is an example:

	Boys	Girls
Physical changes		
Psychological changes		
Concerns and confusion		

Step three: Ask one person from each group to report on their discussion. Then summarize each group’s responses. (Summarize physical and psychological changes either separately or together.) Use the following list as a reference and add any changes that were left out by participants.

Physical changes that occur during adolescence:

Girls	Boys
Weight gain Growth in body height Development of sweat glands Gain in body fat Development of skin problems (acne) Voice changes Breast growth Body shape takes on characteristic adult pattern Growth of underarm and pubic hair Increase in vaginal and cervical secretions Onset of ovulation Onset of menstruation	Weight gain Growth in body height Development of sweat glands Gain in muscular strength Development of skin problems (acne) Voice changes Development of Adam's apple Body shape takes on characteristic adult pattern Growth of body, underarm, pubic, and facial hair Enlargement of the testes and penis First ejaculation Wet dreams

Emotional and psychological changes that occur during adolescence:

Confidence, imagination, and expectations for the future Eagerness to experiment and to learn new things Desire to become independent from and be treated with respect by parents Desire for adult behavior Desire to make friends and to socialize Behaviors are easily influenced by peers Emotional instability, confusion, and compulsiveness Strong sexual awareness Being attracted to and wanting to be attractive to the opposite gender Paying more attention to one's body and appearance
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Concerns and confusion that occur during adolescence:

<p>Concerns about body changes</p> <ul style="list-style-type: none"> Am I normal? Is my size normal? What has happened to my body? Why am I experiencing such changes? How do I compare with other boys/girls? <p>Feelings about oneself</p> <ul style="list-style-type: none"> Gender Sexual desire Self-confidence 	<p>Feelings about others</p> <ul style="list-style-type: none"> Parents Siblings Partners <p>Concerns about certain behaviors</p> <ul style="list-style-type: none"> Masturbation Sexual dreams Sexual fantasy Wet dreams Menstruation Erections Sexual intercourse Homosexuality • Homosexual relations 	<p>Sexual desire</p> <ul style="list-style-type: none"> Increase in sexual desire <p>Sexual behavior</p> <ul style="list-style-type: none"> Masturbation Heterosexual relations Homosexual relations <p>Change of attitude toward sexual behavior</p>
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Step four: Summarize the various changes and ask participants to discuss these changes. Use the following questions or use questions raised during the above activities for discussion. Some sample questions:

- Do most adolescents go through the same changes at the same ages? If not, why not?
- How do you feel about the changes that are happening to you?
- What does it mean when a girl begins menstruation and a boy begins to have wet dreams?
- What changes concern you, or what would you like to know more about?
- Which of the changes is most representative of your sexual maturity? What does this maturity mean?
- To whom do you turn most often with your concerns about the changes that take place during adolescence?

Step five: If all the questions raised during the discussion have been answered, you can now make concluding comments by referring to the following key points. If all of the questions have not been answered, spend time answering them now. If you do not have ready answers, let participants know when you are going to answer their questions and then make concluding comments.

Key points: All the changes that take place during adolescence are natural and normal, and we should face them with ease and happiness, since they represent maturity.

Generally, girls enter puberty earlier than boys. Many girls' bodies start to change between the ages 9 and 14; whereas boys' bodies typically start changing between the ages of 10 and 12. Many of the changes boys and girls experience are similar; for example, changes in body height, weight, and the development of sweat glands.

Most adolescents go through the same physical changes, but they do not happen to everybody at the same time. Some people experience them earlier than others, but whatever the case is, they are a normal part of human development. Therefore, nobody should be worried about any body changes that are different from those of others or laugh at others because they are different.

Anyone going through adolescence might have such questions as "Is my development normal?" It is very natural to have such worries, and it is very important to know about one's development.

Go to teachers, school nurses, and parents if you want to know more about your physical development or if you have any concerns. You should not be embarrassed to ask or go elsewhere, like to bookstands or the Internet, for answers, although you must be sure to check for credible sources. Remember, even your teachers, school nurses, and parents experienced what you are experiencing now when they were adolescents.

Certain physical changes like menstruation in girls and wet dreams in boys are a vital part of human development, meaning our bodies are ready for reproduction. However, this does not mean that adolescents are ready to take on the responsibility of parenting.

Apart from physical changes, adolescents often experience emotional and psychological changes. They begin to have many new feelings, including sexual desire. All these changes are normal and should not cause fear, worry, or embarrassment.

It is important that adolescents know about these changes and take good care of themselves physically, psychologically, and emotionally.

Some young people (both boys and girls) like to masturbate, which is also normal.

- Masturbation is a way to release one’s sexual urge by exciting one’s sex organ.
- Masturbation is not harmful to health and cannot cause pregnancy or sexually transmitted infections or HIV/AIDS.
- There is no scientific evidence to support such statements as masturbation is harmful to health or that it causes infertility. As a matter of fact, what can be harmful to health is the fear and worry young people have when they are convinced of the above statements.
- Symptoms sometimes associated with masturbation, such as sleeping disorders and fatigue, are the result of fears and worries young people have after they masturbate. Masturbation does not cause these symptoms.
- Some young people masturbate, while others do not. Both cases are normal.

Some youth (both boys and girls) experience sexual dreams. Boys can have wet dreams. Wet dreams are also normal and should not cause worry.

Activity two: Feeling good about oneself

Step one: Ask participants what they think of the idea of “feeling good about oneself.” “Why should we feel good about ourselves?”

Step two: Divide the participants into small groups of five to seven people each (preferably let the participants organize their own groups).

Step three: The group members sit together and each one lists five to ten strengths and labels them “My strengths.” No one should dispute any point of strength recorded in the group.

My strengths:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Step four: Begin a discussion with the question, “Do any of you often compare yourselves with your peers only to feel that your peers are better than you, and as a result, you feel inferior or worried?”

For example, the comparison may look like this: “I’m not as tall as she/he is;” “I’m so fat compared to her/him;” “I’m not as smart as she/he is;” “I’m not as handsome as he is;” or “She is prettier than I am.”

Step five: Ask each participant to read his/her own strengths aloud so as to convince himself/herself that he/she, indeed, possesses these strengths.

Key points:

Each one of us has strengths we may not even be aware of. Knowing where one’s strengths lie is the key to building self-confidence.

It is equally important to understand that every person has his or her own weaknesses. While we should live with those weaknesses that cannot be corrected, we should work on those that can be strengthened.

Each person has his or her own unique strengths. You should not compare yourself with others regarding factors that are not comparable; it will only cause unnecessary worry and anxiety.

Strengths in appearance, such as attractiveness, will not last forever. It is more important to build your inner beauty, such as integrity, and to develop your full potential.

Respect and appreciate others’ strengths.

Activity three: Knowing about the human reproductive system

After our discussion about the physical, emotional, and psychological changes that take place during adolescence, let’s now learn more about our reproductive organs and their functions.

Step one: Divide the participants into groups of five to seven and give each group a poster of either the male or female reproductive system. (If no such poster is available, replace it with flipchart paper and ask group members to draw a picture of each system instead.) Ask group members to name each organ.

Step two: Elaborate on the poster/drawing. The specifics of elaboration will depend on how much the participants already know about this topic.

Step three: Refer to reading materials and explain each organ’s function.

Step four: Ask the question, “What is pregnancy?” and then record participants’ answers.

Step five: Add to participants' answers using the following information as a reference:

When boys and girls enter puberty—that is, when boys experience wet dreams and girls begin menstruation—they are able to reproduce.

When a boy is able to reproduce, his testicles produce sperm. Sperm look like tadpoles, can swim, and are much smaller than female eggs. A normal ejaculation can produce 2 to 5 ml of semen containing 200 to 500 million sperm. Sperm can survive for 1 to 3 days in the female body.

When a girl is able to reproduce, her ovaries start to produce eggs. Each month, one mature egg is released alternately by the left or right ovary. The egg is round in shape and is the biggest cell in the human body.

When sexual intercourse takes place, sperm enter a girl's vagina. These hundreds of millions of sperm race to the uterus, but only a small number of sperm make it into the Fallopian tubes. If a mature egg has been released, it will combine with only one of the small number of sperm in the Fallopian tube to form a new cell called the fertilized egg. This process is called fertilization.

The fertilized egg moves along the Fallopian tube to the womb and is embedded there, which begins the pregnancy.

It takes 280 days for the embedded egg to develop into a baby that is ready to be born. The development of the fetus depends very much on the health status, food, and lifestyle of the pregnant woman.

The fetus will either be born naturally through the vagina or, under certain circumstances, through Caesarean section.

The bodies of young girls (under 20 years of age) are not physically ready for childbirth. A premature sex life and pregnancy can result in maternal and child health problems.

Step six: Summarize and highlight the following points.

Key points:

Boys and girls mainly differ physically. Neither gender is weaker or stronger than the other.

Whether you are a girl or a boy, it is important to know both the male and female reproductive organs and their functions.

Male and female reproductive organs have names just like any other organs in our bodies. No one should use negative nicknames for them.

Male and female reproductive organs are private parts that no other person should touch or violate. Nor should anyone make practical jokes about these organs.

Private parts are the parts of the body covered by swimming suits.

While adolescents may be capable of reproduction from a physical point of view, sexual intercourse during this period is not encouraged because adolescents are not physically, emotionally, or psychologically mature. Nor are they economically and socially ready for parenthood.

Step seven: Ask participants if they have any questions. If they do, answer them one by one.

Activity four: Health care during adolescence

Answer questions raised by participants about physical, psychological, and emotional changes during adolescence and their concerns and worries. The following points can be used as reference:

Acne is a skin problem that is very common among adolescents (both boys and girls). There is no need to worry about this. Instead, adolescents with this problem should keep their skin clean and never try to squeeze the affected skin. In severe cases, seeing a doctor is advised.

Personal hygiene is important during puberty. During adolescence, sweat glands develop, and because adolescents are physically very active, they tend to sweat more. Thus, adolescents are advised to bathe or shower and change their underwear often so as to keep their skin clean.

Boys need to clean the genital area properly each day with soap and water. While cleaning the penis, it is important to roll back the foreskin to show the head of the penis to make sure the cleaning is thorough.

Girls should clean their genitals (not the vagina, which can clean itself) each day with clean water (not soapy water) and a designated towel. Underpants should be made of cotton and changed every day. After going to the toilet, girls should clean their genitals from front to back to avoid infection.

Pain and anxiety during the menstrual period is normal. Showering instead of bathing is advised during this period, and only clean napkins should be used.

While excessive exercise should be avoided, a proper amount of exercise can reduce menstrual pain. It is also important to get adequate sleep and abstain from sexual intercourse.

Breast care is important for girls. They should use the right size bra and avoid bras that are too tight. Girls should clean their nipples regularly and keep their upper body straight while sitting, standing, or walking. It is normal for some girls to experience breast development later than others. It is also normal for girls to have different size breasts. Whatever size they are, all normal breasts are capable of breastfeeding babies.

Penis size is a cause of concern for many boys; however, penis size does not interfere with sex life or the ability to reproduce.

Key points:

Keep genitals clean all the time. Go to parents or medical personnel with any concern or questions.

It is important to eat well, exercise, get enough sleep, and have good personal hygiene.

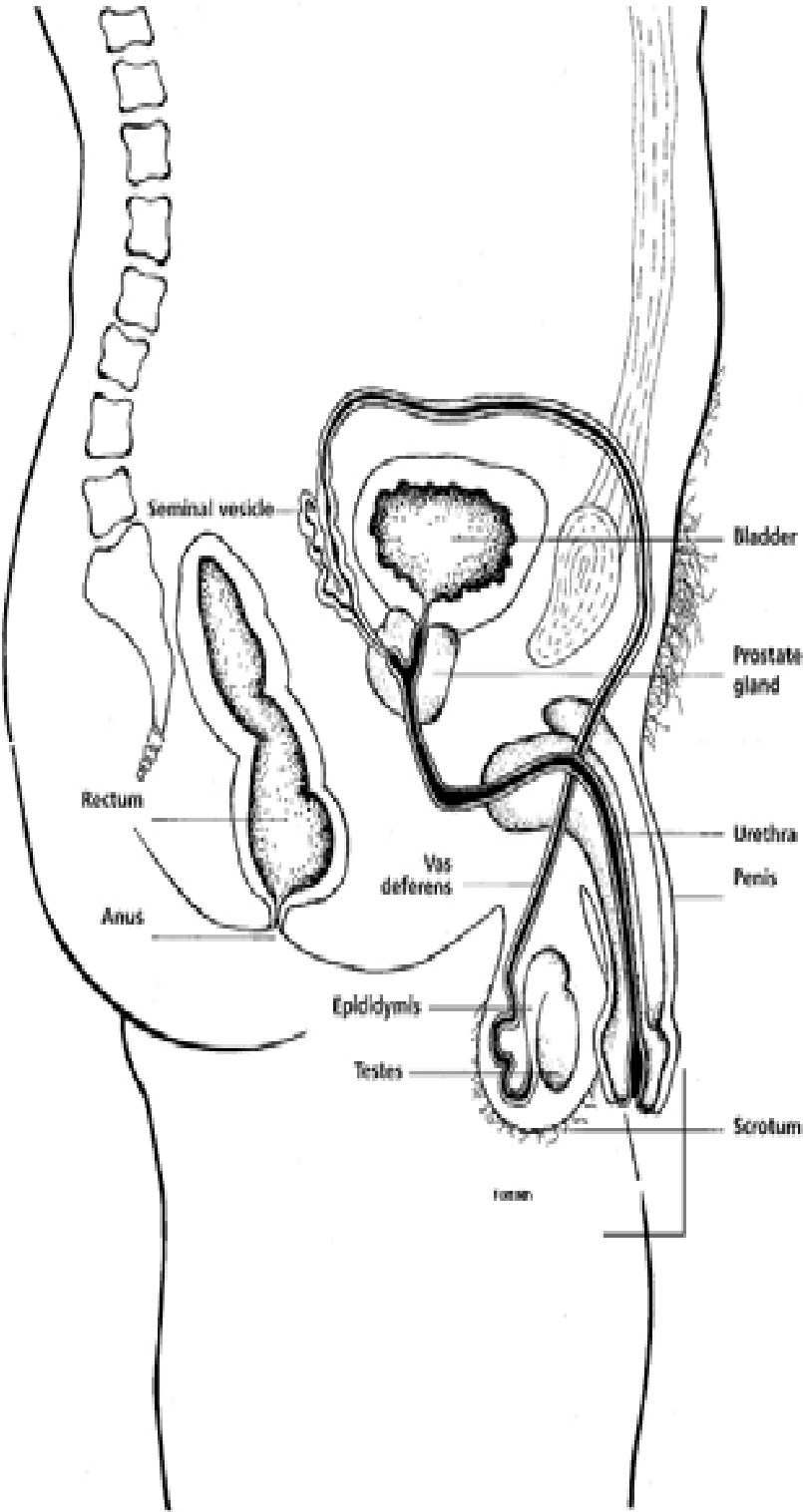
Unit wrap-up

The facilitator reviews with participants what has been covered in this unit and answers participants' questions if there are any. In the meantime, let participants know they can always go to facilitators, parents, or medical personnel with personal questions or

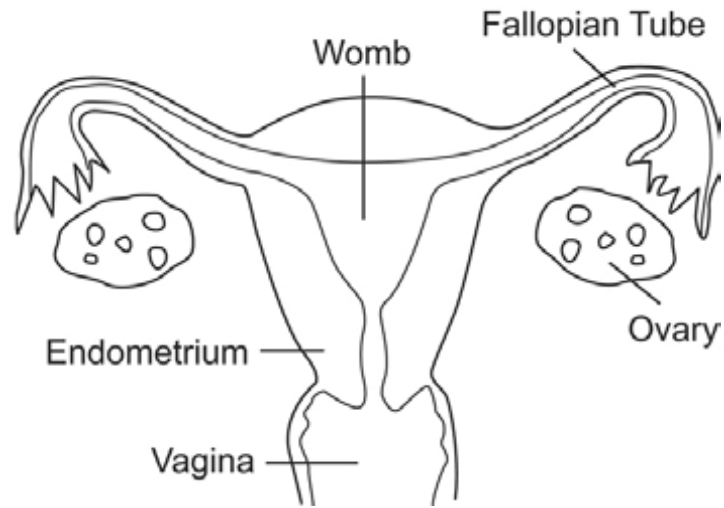
concerns after the training. Participants should also be informed of other topics that will be covered in future trainings in which they will participate.

Slides/posters: Reproductive anatomy

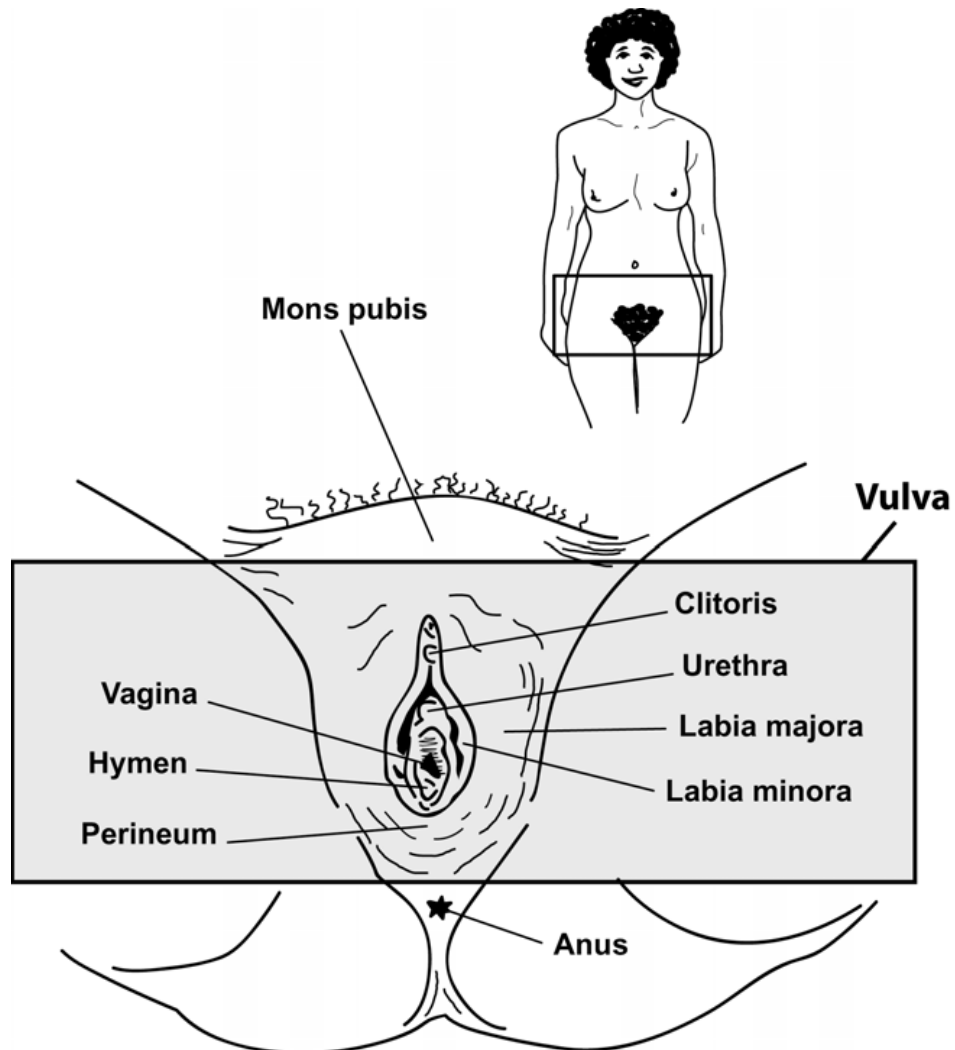
Male reproductive system



Female reproductive system: Inner reproductive parts



Female reproductive system: Outer sexual and reproductive parts



Participant handout 1-1

The male reproductive system

The **scrotum** is a muscular sac that hangs between the man's thighs.

The **testes**, also called testicles, are two balls that sit inside the scrotum and produce sperm and the male hormone testosterone.

The **prostate gland** produces lubricating fluid for the sperm called semen.

The **epididymis** stores the sperm until they are mature.

The **penis** is the outer male sex organ. The penis is made of spongy tissue with many blood vessels.

Once the sperm have matured, a tube inside the penis called the **vas deferens** carries semen and sperm from the testicles to the **urethra**, which has an opening at the end.

The urethra has two main roles: 1) it carries urine to the outside of the body, and 2) it allows semen to pass during sexual intercourse.

Participant handout 1-2

The female reproductive system

Outer sexual and reproductive parts

Two outer folds, or **labia majora**, protect the urinary and vaginal openings.

Two inner lips, or **labia minora**, lie between the outer lips and are without hair and are very sensitive.

The **clitoris** is found where the inner lips meet, just below the fatty part over the pubic bone. It is small and shaped like a flower bud. It is very sensitive to touch. Touching it and the surrounding area helps a woman to become sexually excited.

The outside opening of the urinary passage—called the **urethra**—lies below the clitoris. It leads directly to the bladder. Urine leaves the 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 partially blocks it.

The **vulva** encompasses all of the outer sexual and reproductive parts.

The **perineum** is the area between the vulva and the anus.

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 while giving birth.

The **uterus** or **womb** is a hollow organ that is shaped like an upsidedown pear. It is here, inside the womb, that the fetus grows during pregnancy.

Women have two **Fallopian tubes**, one at each side of the upper end of the womb. They reach outward and connect with two **ovaries**. When a female egg (ovum) is released from an ovary, it is sucked into the Fallopian tube. The ovum then begins its journey through the tube to the womb.

Female eggs and hormones are produced in the ovaries.

Supplemental activity 1-1

Knowing about and accepting oneself

Knowing about and accepting oneself is very important for adolescents, including how one feels about and views one's appearance, personality, intelligence, and interpersonal relations. Accepting oneself means feeling good about oneself and building positive self-esteem. A person with good self-esteem can judge a situation for him/herself, which is very helpful in dealing with problems in life, including sexual confusion and decision-making.

Purpose: Knowing about oneself through self-awareness and the help of classmates and friends.

Materials needed: Flipchart paper and pens.

Steps:

1. Ask each participant to draw a picture to represent himself/herself. The picture can be anything from simple lines and symbols to faces.
2. Make it clear that it is natural for a person to feel nervous when he/she tries to introduce himself/herself. That is why it is very important that all participants play the game by the rule and thus create a supportive learning atmosphere. The rules of the game are: be a good listener, try to be sensitive to others' feelings, make no negative comments, and never laugh at others.
3. Illustrate yourself as well and be part of the game.
4. After the drawings are finished, ask each participant to introduce himself/herself. The drawings might look like this:
 - Somebody draws a tiny screw showing that he/she is just like a small and quiet machine part that has its own role to play.
 - Somebody draws a correction pen showing that although he/she can make mistakes sometimes, he/she wants to correct them and start all over.
 - Somebody draws a smiling sun showing he/she is optimistic.
5. When each participant finishes his/her self-introduction, others may ask questions; however, the person may refuse to answer questions that are private.

Summary: Summarize participants' presentations.

Supplemental activity 1-2

Perceptions

Purpose: Encourage participants to accept their appearances and reinforce the point that inner beauty is more important than outer beauty.

Materials needed: Pictures of both male and female film stars and a questionnaire on perception (below).

Steps:

1. Show participants pictures of famous actors and actresses (including both good-looking ones and not-so-good-looking ones) and ask participants to make comparisons based on the items in the questionnaire. Write the answers on the chalkboard or flipchart.
2. Ask each participant to fill in a questionnaire about himself/herself.
3. Facilitate discussion on the following questions:
 - Are everyone's perceptions the same? Why or why not?
 - What are you going to do if you are not satisfied with your appearance?
 - Which features are inherent and which features can be changed?
 - What is inner beauty and why is it more important than outer beauty?

Summary: Summarize participants' presentations.

Questionnaire on perception:

Body parts/degree of satisfaction	Very satisfied	Fairly satisfied	Not very satisfied	Not satisfied at all
Face				
Hair				
Skin				
Eyes				
Mouth				
Nose				
Body build				
Height				
Muscles				
Waist				
Breasts				
Weight				

Supplemental activity 1-3

My own changes

Purpose: Help students learn about their own characteristics, including those that can be changed and those that are inherent.

Materials needed: Table, “My own changes” (below), paper, and pens.

Steps:

1. Ask students to think about various changes they have experienced while growing up and to write them down in the table.” These should include both changes the students liked and those they did not like.
2. Ask students to focus on those changes they did not like and divide them into “changeable” and “unchangeable” groups by marking the appropriate column using “√” and “x” symbols.
3. Ask the students to discuss in groups those features they did not like but that can be changed and to give each other ideas for ways to change them.

Summary:

1. Help students look into features that can be changed, such as hairstyle, clothing, and behavior, versus features that are inherent and therefore cannot be changed, such as voice and body structure, and help them learn to accept all changes that take place during the course of growing up.
2. Pay attention to students’ discussions, trying to find out some common questions, and ask students to talk about them. The purpose of doing this is to make students understand that they are not alone; their peers have the same concerns, too.
3. Give advice on common problems such as acne and weight.

My own changes:

Do you like the changes?	What are the changes?	Are they changeable or not?	How can they be changed?
Changes I like			
Changes I don’t like			

Source: The Family Planning Association of Hong Kong.

Unit two: Interpersonal communication

Purpose and objectives: By the end of this unit, participants should:

- Know how to get along with peers.
- Know how to get along with peers of the opposite gender.
- Know how to manage peer pressure.

Time: 60 minutes.

Overview:

1. Friends.
2. Circles of friends.
3. Relations with peers of the opposite gender.
4. Peer pressure.
5. Friendship, love, and fantasy.

Materials used: Flipchart paper and pens.

Reading materials:

- Participant handout 2-1: My circles of friends.
- Participant handout 2-2: Self-test on communication skills.
- Participant handout 2-3: The difference between love and fantasy.
- Participant handout 2-4: Love.
- Participant handout 2-5: Love is about....

Activity one: Friends

Step one: Ask participants to brainstorm on various interpersonal relationships in daily life and write down answers on the chalkboard or flipchart. (Responses may include relationships between friends, teachers and students, and between family members.)

Step two: Divide the participants into same-gender groups (for example, three male groups and three female groups, depending on the number of participants) and ask them to think about the following questions:

- What kind of person do you hope you are or what characteristics do you hope you have?
- What kind of people do you hope your friends are or what characteristics do you hope they have?
- What kind of people do you hope your friends of the opposite gender are or what characteristics do you hope they have?

Preferably each question will be discussed in at least two groups of different genders.

Step three: Each group first brainstorms on the questions and writes all responses on flipchart paper. Then each group picks five answers they think are most important and marks those answers.

Step four: After group discussions, participants come back for a general discussion.

Key points:

- Are you more demanding of yourself, of others, or the same of both? Why?
- Do your friends expect from you what you expect from them? Can you satisfy their expectations?
- Are your friends satisfied with you? Why or why not?
- Do the male and female groups have similar responses to the questions? Which responses are similar and which are not? Why?
- What would you do to maintain or strengthen your friendships?
- Which five key factors in your opinion are important in developing interpersonal relationships? (Possible responses: respect, responsibility, understanding, trust, care, support, and sharing.)
- What did you learn from this activity?

Highlights for summary:

Just as we have mentioned, friendship and friends are very important. This is especially true for adolescents. We learn things from interpersonal relationships, such as communication skills, listening and understanding skills, the ability to help the vulnerable, and how to be cooperative and responsible. Certain behaviors can strengthen friendships, while others can harm friendships.

Behaviors that are generally considered to strengthen friendships include:

- Respecting others, including those whose views are different from our own.
- Being responsible to both ourselves and others.
- Understanding others by asking ourselves questions such as, “How would I feel if I were him/her?” or “What would I do if I were him/her?”
- Trusting others, and in the meantime, trying to earn others’ trust through responsible behavior.
- Showing care and consideration for others’ feelings and needs.

Activity two: Circles of friends

Step one: Please note that friends are very important. Do you know your circles of friends? Please fill in “My circles of friends.” Remember, you do not have to share your responses with others.

Step two: Summarize by highlighting the following points:

- Some people may have many good friends, whereas others may have only one.
- Did you gain any new understanding of your circles of friends through this activity?

How do you distinguish your best friends, good friends, and regular friends?
What characteristics do your best friends have (including age, gender, and personality)? Why do you consider them your best friends?
In which circle did you put your friends of the opposite gender? Why?
What things do you like to share with your best friends? Why?

Step three: Tell participants that they may test their communication skills using the attached quiz after the class.

Keys points:

People may have different understandings and expectations of friends.
Friends may offer us their advice and help, especially when we are having difficult times.
We should show our care and concern for friends and share healthy information with them.
If our friends are engaging in risky behaviors, we should let them know the consequences and encourage them to make healthy and responsible decisions.

Activity three: Relationships with friends of the opposite gender

Step one: Divide the participants into same-gender groups and assign each group the following questions for discussion:

Male group: What kinds of girl friends do boys need? What can girl friends bring to you? What kinds of girls do you not want to be your girl friends? How would you feel if a girl you like asked you out on a date? What do you think would happen? What would you want to happen?

Female group: What kinds of boy friends do girls need? What can boy friends bring to you? What kinds of boys do you not want to be your boy friends? How would you feel if a boy you like asked you out on a date? What do you think would happen? What would you want to happen?

Step two: Each group reports their discussion results.

Step three: Wrap up group discussions. The following points are for reference:

Relationships with the opposite gender are a normal part of personal development. Boys and girls are different sexually and psychologically. Understanding this is helpful for maintaining relationships between boys and girls. For example, suppose a boy and a girl are taking a walk hand-in-hand in the moonlight. The girl may be quite satisfied with the romance itself, whereas the boy might see this as the beginning of a more intimate relationship or even more.
Respect is very important in relationships with the opposite gender. One should learn to accept “No” from one’s partner, instead of considering it as “Maybe” or “Yes.”

Boys and girls can be friends without necessarily being lovers. Boys and girls in love do not have to have sex, and those who have had sex can stop.

Activity four: Peer pressure

Ask participants to discuss peer pressure and ways to deal with it. Divide participants into groups and discuss the following topics, then summarize the participants' discussions.

Topics for discussion:

Try to list all peer pressures you can think of in your daily life (all kinds of pressures, such as clothes, make-up, and career and marriage expectations). Which of these pressures have a positive influence on you? Why? Which of these have a negative influence on you? Why? Which of these do you not care about? Why?
How do you usually deal with peer pressure?
What obstacles have you come across when you tried to overcome negative pressures? What suggestions do you have for overcoming negative pressures?

Organize further discussions on common peer pressures raised by participants. Common pressures may include such examples as:

“All my friends are dating someone. Although I don't want to do it, and I haven't even met someone I'd like to date, I'm dating anyway because I want to save face.”

“All my friends have had sex except me. They all tease me for being shy and conservative. What should I do?”

Help participants come up with ways to overcome these pressures through discussion.

Key points:

Stick to things you think are right rather than doing things just to make yourself accepted by peers.

Whatever you do, make sure that it is done responsibly.

Activity five: Friendship, love, and fantasy

Allow the participants to have free discussions using some real cases as examples. Organize the activity using reference materials.

Unit wrap-up

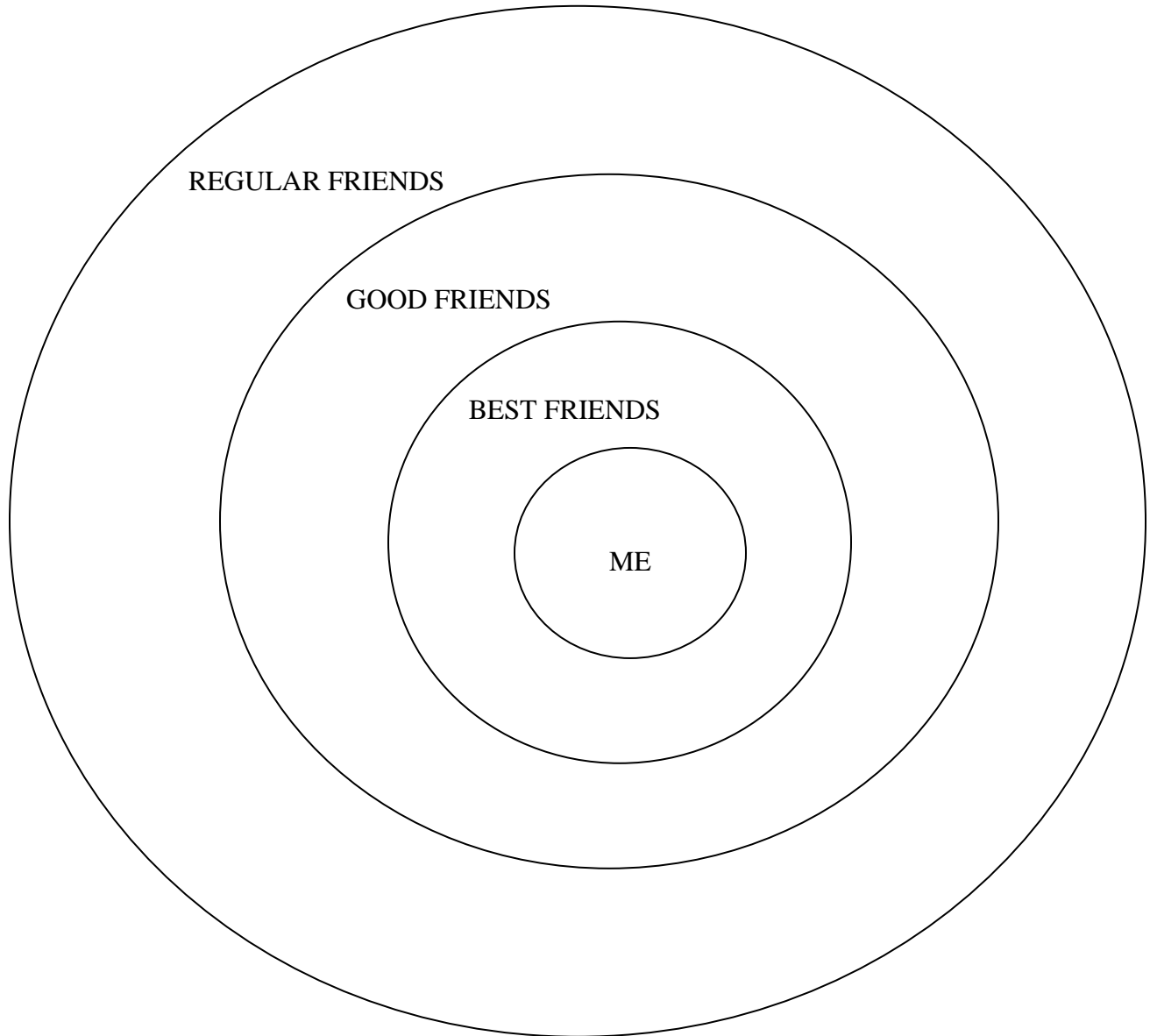
What have you learned from this unit? How do you feel about it?

What other questions do you have?

Participant handout 2-1

My circles of friends

1. Write your name in the first (center) circle.
2. Write the names of your best friends in the second circle.
3. Write the names of your good friends in the third circle.
4. Write the names of your regular friends in the fourth (outside) circle.



Participant handout 2-2

Self-test on communication skills:

Questions	A. Yes	B. Sometimes	C. Never
Do you often feel that you cannot find the right words to express yourself?			
Do other people often misunderstand you?			
Do you feel frustrated when others don't understand you?			
Do you try to explain when others don't understand you?			
Do you often try to stay away from socializing?			
Do you try not to talk to others during social occasions?			
Do you like to be alone most of the time?			
Do you feel it's difficult to make yourself understood?			
Do you feel it's very difficult to speak up in front of many people?			
Are you often considered "weird," "unsocial," or something similar?			
Do you try to be as quiet as you can in public?			

This is how to evaluate yourself on your communication skills:

Your total score is the sum of your answers to all the questions. Answers "A," "B," and "C" are assigned scores of 3, 2, and 1 respectively.

If your total score is anywhere from 30–38, you are not good at communicating, and you need to find ways to improve your communication skills.

If your total score is anywhere from 19–29, you have good communication skills.

If your total score is anywhere from 12–18, you are considered aggressive in communication, a behavior that is sometimes not so popular.

Participant handout 2-3

The differences between love and fantasy:

Love	Fantasy
<p>Love builds gradually between two people. Common experiences between two people promote their love. True love is based on understanding. Love is about the whole person. True love makes one happy and better. True love seeks to make another happy. True love is faithful, peaceful, safe, hopeful, and confident. True love says, "We will last forever; we can wait; nothing can ruin us." True love makes two people feel proud of each other and eager to introduce each other to family and friends. In true love, physical touch is mild and slow, natural and honest, considerate and respectful.</p>	<p>Fantasy makes one think one is in love "at first sight." Fantasy is about being attracted to only a few aspects of a person. Fantasy says, "Love cannot be explained." Fantasy can result in behavior that is selfish and forceful in order to satisfy oneself. Fantasy can be unstable, unfaithful, jealous, and fearful. Fantasy says, "We only have tonight. Let's get married now!" Fantasy usually makes someone feel embarrassed about the relationship and keep it a secret. In fantasy, physical touch is for its own sake and nothing else.</p>

Participant handout 2-4

Love

Love is widely talked about in everyday life. However, people seldom discuss what it is in depth. Adults often say to the young, “You don’t even know what love means.” On the other hand, young people often say, “You are too old to know what we feel.” If the two generations could talk and listen to each other, things would be quite different.

You can discuss the following topics with your family, friends, and/or dating partner:

Does love mean the same thing to both males and females?

Is the female more capable of loving than the male? Why or why not?

Do you believe in love at first sight?

In what aspects does love mean more to us?

Is hatred the opposite of love? If not, then what is it?

Describe how you fall in love.

Can you fall in love with several people at the same time?

Is jealousy an essential part of love?

Is loving somebody and being loved by somebody the same?

How do you know when you fall in love with somebody?

How do you know when you are loved by somebody?

Conclude by asking participants to tell what they learned from this activity.

Participant handout 2-5

Love is about...?

What is love anyway? How do I know if I indeed love him? What kind of love will last forever, and which one cannot survive the test of time? Unfortunately, you will not be able to find a satisfactory answer by going through dictionaries worldwide or by consulting world-renowned experts.

Below are three scenarios of love. We have found out that some young men and women, once in love, often fall into a fantasy, thinking that they have found their perfect boyfriend or girlfriend.

Perfection: He/she is Mr./Ms. Right

No one in the world is perfect. You are not too far from a fantasy if you are starting to believe your boyfriend or girlfriend is without imperfection. If you are indeed like this, you need to ask yourself the questions: “Have I turned a blind eye to his/her possible shortcomings as a result of my attraction to his strengths?” “Has she/he purposely hidden her/his imperfections to win my heart so that I have become completely unaware of her/his weaknesses?”

While it is human nature to try to impress the one you love, intentionally hiding one’s weaknesses could be tantamount to cheating. If you have already come to see his/her weaknesses, you need to ask yourself the question: “Am I going to put up with his/her shortcomings in the long years of marriage ahead?” You may also be trying your best to change him/her into your type. Is it realistic that she/he will change?

You must bear in mind one point: You love her/him as she/he is now, including her/his strengths and weaknesses. Any change on the part of your boyfriend or girlfriend must be wholehearted. Any intentional efforts from your side to try to perfect her/him will only bring you pain.

Passionate: He/she is a man/woman of passion

If you are aware of the love story between Romeo and Juliet, would you aspire to that kind of love—a love at first sight and for eternity?

Needless to say, you would not want to repeat the tragedy of Romeo and Juliet, but would you dream of a Romeo/Juliet type of person and that kind of romance?

To passionate boyfriends and girlfriends, a separation of one day seems like three years. While together, they are full of sweetness and romance, and they would like to stick together regardless of the cost, even at the expense of jobs or schoolwork.

We believe that love at first sight can develop into true love. However, such love usually begins with attraction to the other’s physical appearance and may not be true love. Over-emphasis on passion for each other slights the importance of shared values. One must bear in mind that a future together is not only about romance. The first priorities

boyfriends and girlfriends should consider are shared life goals, shared interests, likes, and dislikes. Are you truly in love with her/him, or are you distracted by the romance and temporary passion?

Sexual attraction: He/she is so attractive that I cannot resist the temptation

At a time of openness and emphasis on individuality, the temptation of sex is everywhere. Hand-holding, hugging, kissing, and touching between boyfriends and girlfriends are commonplace.

Of course, physical touching can give you irresistible pleasure. Nonetheless, is physical touching an expression of true love that will serve to guarantee an eternal love?

The answer is “not necessarily.” Physical touching can be spontaneous and may not necessarily originate from love. Youth, especially boys, can be easily provoked. Similarly, girls can find it hard to restrain their spontaneous sexual feelings. Physical closeness can happen beyond the control of young couples. Under such circumstances, are you psychologically and mentally prepared to accept sexual intercourse and face the consequences that may result? Over-emphasis on sexual attraction can slight the chance for spiritual communications, and it will not give you the opportunity to get to know the other’s personality. It should be made clear that equal attention to both mental and physical exchanges between couples can lead to a love that lasts forever.

Although it is very hard to give a definition of love....

We should all know that love embodies passion and commitment. Genuine love guarantees mutual trust and provides a sense of security.

Love also means taking responsibility. Some people tend to have reckless sex with others, ignoring possible consequences. Such people should have second thoughts about their behaviors that may eternally scar the lives of others. The development of true love takes time. A loving relationship is based not only on physical attraction but also on shared values, happiness and pains, and last but not least, shared goals for life.

What do you think about this?

Unit three: Sexuality and decision-making

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

- Understand that different people may have different perceptions of an issue.
- Understand the meaning of sexuality (its narrow sense as well as broad sense).
- Understand the consequences of sexual activity.
- Learn decision-making skills.

Time: 90–120 minutes.

Overview:

1. Values.
2. Sexuality.
3. Consequences of sexual activity.
4. Decision-making.
5. Decision-making in sexual activity.
6. Sexual harassment.

Materials needed: Index cards (three for each participant), pens, and flipchart paper.

Reading materials:

- Participant handout 3-1: About sexuality.
- Participant handout 3-2: Skills in the negotiation of sexual activity.

Suggestions for teaching this unit:

This unit combines two units from the draft version of the curriculum: “Values and decision-making” and “Sex and sexuality.” Values can also be included in the “Communication” unit to encourage discussions on how to respect values that are different from ours.

Keep in mind that people’s values differ. Facilitators should not impose their own values on participants.

Activity one: Values

Step one: Give each participant three index cards and ask them to write three things they consider most important, one on the back of each card. In addition, participants should write on the back of each card the reason why they think that particular thing is important.

Step two: Divide the participants into groups, each consisting of five to seven people, and ask each participant to share his/her answers with the rest of the group.

Step three: Each group should discuss and come up with three things the group considers most important and mark them down.

Step four: Each group selects a representative and reports to the class the three important things the group has come up with, as well as the reasons.

Step five: Organize a general discussion.

Key points:

- How did the group come up with the three things they consider important?
- What disagreements did the group have in the process of deciding on the three most important things?
- Do all group members agree on the three things they selected? Why or why not?
- Is it difficult for all group members to come to the same conclusion? Why or why not?
- How would you feel if somebody tried to force his/her opinions on you?
- How would you feel if somebody considered what you think important not important at all?
- Imagine what your list will be ten years from now. Is it going to be the same? Why or why not?
- Imagine what your parents' lists would be if they were asked to do the exercise. Are they going to be the same as yours? Why or why not?
- What have you learned from this activity?

Summarize and highlight major points based on participants' discussions. The following points are for reference:

- From the group discussions, we can see that each one of us has things we consider important; these are our values. These values cannot be divided into "right" or "wrong" categories, but rather, they are different for different people.
- Our values are shaped by many factors, including age, environment, and experiences.
- A particular person's values are not permanent. They can change over time as the person ages, changes environment, or experiences changes.
- While each one of us is influenced by our family values, in some cases, children do not share the same values as their parents.
- When our values are different from others, do we expect due respect from them? The answer is yes. Therefore, we should try to understand and respect those whose values are different from ours and never try to force our values upon others.

Activity two: Sexuality

Step one: Write the word "sexuality" on the chalkboard or flipchart and ask, "What comes to mind when you hear the word 'sexuality?'" Write down participants' responses without giving any hints or comments.

Step two: Elaborate and summarize the concept of sexuality using expressions that are easy to understand, preferably those used by the participants. The following points are for reference:

Sexuality consists of many aspects. It includes those aspects that easily come to mind, like sexual feelings, male and female reproductive systems, physiological changes both males and females experience while growing up, the origin of life, sexual intercourse, pregnancy and childbirth, sexually transmitted infections, and contraception. These are the physiological aspects of sexuality—or the narrow sense of sexuality.

The way a person outwardly expresses his or her gender, individual physical and mental development, feelings toward somebody of either the same or opposite gender, expressions of love, and our preferences and practices in love and marriage are psychological aspects of sexuality.

Interpersonal communications within family and society, moral standards and values about sexuality, gender roles, and others are social aspects of sexuality. The broader sense of sexuality refers to physiological, psychological, and social aspects of sexuality.

Sexuality is an essential aspect of a person's growth. Sexuality is an important part of who you are and plays a major role in the person you will become.

Sexuality includes sexual appeal, love, relationships, intimacy, and all the emotions, thoughts, and behaviors involved in sexual activity.

Perception of sexuality in a society is not consistent. Many times sexual perception can change in accordance with social and cultural changes. The differences in society, culture, environment, and experiences can result in differences in the perception, understanding, and orientation of sexuality.

Sexuality is, therefore, a very natural and normal part of human development.

Like adults, adolescents can experience sexual desire and may want to know more about sexuality. Knowing more about sexuality helps us develop positive attitudes toward it. Generally speaking, positive sexual attitudes include the following:

1. Healthiness: Acceptance of oneself, including gender, gender role, and sexual needs.
2. Equality: Respecting other people's sexual orientation.
3. Objectivity: Understanding sexuality in its broader sense.
4. Responsibility: Being responsible for one's own feelings and emotions as well as possible consequences of sexual activity.

Activity three: Possible consequences of sexual activity

Previously, we discussed changes young people experience during puberty. During adolescence, boys and girls start to experience sexual awareness and desire. Some adolescents begin to date, and some are ready to try sexual activity (or some already have). First, try to find out participants' attitudes toward premarital sexual activity.

Step one: Divide the participants into two groups. One group is for premarital sexual activity, and the other group is against it. The two groups are to discuss the following topics:

1. Why are you for or against premarital sexual activity?
2. What are the consequences of premarital sexual activity?

3. What consequences do you hope to see, and what consequences do you not want to see?
4. How are you going to deal with negative consequences?
5. How can you avoid those negative consequences?

Step two: Each group reports on their discussions. Do not make any comments on the discussion at this stage.

Step three: Summarize and highlight key points of the discussion:

When to have sex is your choice. That is to say, you do not have to give into pressures from your sexual partner or your peers. If you are not ready, or you simply do not want to do it, just say “no.”

Before deciding to have sex, you need to think it over and consider both the possible consequences and your due responsibility. In making such decisions, you need to be responsible for yourself and others, and you need to show respect to others instead of bringing harm to them.

If you decide to have sex, do it safely and avoid unintended pregnancies, sexually transmitted infections, and HIV/AIDS.

Activity four: Decision-making

We make decisions every day, from deciding on what time to get up in the morning, what clothes to wear, and whether or not to come to today’s training, to such events as dating and marriage. Some decisions are easy to make, whereas others are not so easy. What should we do when we need to make major decisions?

Step one: Tell the following story:

Qingchen Li (a boy) is attracted to Jia Xia (a girl) in his class. He thinks that Jia is bright, kind, and pretty, and he has been trying to find every opportunity to be close to her. Jia is an active and friendly girl. Whenever Qingchen needs help, she helps him just as she helps other classmates. Qingchen is very thankful to her and is very happy to be with her. One day, Qingchen writes Jia a letter to express his love for her.

Ask: What will Jia do?

Step two: Divide participants into two male groups and two female groups and invite discussions on what Jia could possibly do. Why? What would be the consequences? The following format is for reference:

What could possibly happen? Why? Possible consequences:

Step three: Each group shares its discussion with the rest of the class and invites questions.

Step four: Talk about the decision-making process:

- There are several choices for any decision.
- Each choice has its own reason.
- Identify the advantages and disadvantages of each choice.

Step five: Based on the decision-making process and group discussions, ask participants to come up with lists of the following:

- All the choices Jia could make.
- Reasons for each choice.
- Possible consequences of each choice.

Step six: Stress the point that in order to make cautious and responsible decisions, we need to:

- Obtain all the necessary information.
- Weigh the advantages and disadvantages of each choice.
- Consider the possible consequences.
- Respect others and never do harm to others.
- Make responsible decisions and adopt responsible behavior.
- Make healthy, safe decisions and adopt healthy, safe behavior.
- Take necessary measures to avoid or reduce negative consequences.

Activity five: Decision-making in sexual activity

1. Practice decision-making

In the course of growing up, adolescents need to make many decisions concerning sexuality. Some decisions are of an individual nature, such as those involving sexual fantasy and masturbation, whereas others are related to things like dating, love, and sexual activity. One should learn to make good decisions in order to be responsible to oneself and others.

Step one: Organize discussions on the following questions and list as many answers as possible.

Question: What sexual behaviors are considered responsible? (Possible answers: mutual equality, mutual consent, those based on true love, physically mature, mentally mature, safe, contraceptive use, condom use, being prepared for possible consequences, and being able to take responsibility.)

Question: What consequences can result from unprotected sex? (Possible answers: pregnancy and sexually transmitted infections, including HIV/AIDS.)

Step two: Divide the participants into two male groups and two female groups and complete the following exercise.

Questions for the first male and female groups:

1. If your partner wants to have sex with you, how would you make your decision?
2. If you decide to have sex, what would you do?

Questions for the second male and female groups:

1. If your partner wants to have sex with you, how would you make your decision?
2. If you decide not to have sex, what would you do?

Step three: Each group reports on its discussion. If there is enough time, ask participants from the second set of groups to role-play their discussions. Then ask:

1. What have you learned from the discussions?
2. How did you make your decisions?
3. Was it difficult to make your decisions? Why or why not?
4. Is it hard to say “No” to others, especially someone you love? Why or why not?
5. When you refuse somebody’s request, do you simply say “No” or give your reasons as well?

Key points:

Everyone has the right to make their own decisions. Never give in to outside pressure or influence.

Nobody knows you better than yourself. No one can make decisions for you, and no one should force his/her decisions upon you.

A responsible decision is responsible to both yourself and the one you love.

Stick to your decision if you think your decision is a responsible one.

2. Learn to say “No”

Step one: Ask all participants to come to the center of the classroom and assume the following setting:

It’s a party. Some friends are trying to make you drink liquor. They say things like “Everyone else is drinking,” “Just a little drink won’t cause you any problems,” or “You’re letting us down if you don’t drink.” You don’t want to drink at all. What are you going to do?

Then ask the participants who would decide to drink to stand together on one side and ask those who would decide not to drink to stand on the other side. Each side then gives the reasons for their decision.

Then ask, “Is it easy to say ‘no’ under these circumstances?”

Step two: In our daily life, we often find it hard to say “No” to other people’s requests. Suppose your partner wants to have sex with you, but you do not want to. How would you refuse him/her?

Activities: Role-playing. Divide the participants into four groups. Give each group a particular situation to act out.

Situation A

Characters: two dating partners alone.
 Setting: beach, summer night, moonlight, breeze, light waves.
 Role play: The boy wants to have sex, and the girl refuses.

Situation B

Characters: two dating partners alone.
 Setting: beach, summer night, moonlight, breeze, light waves.
 Role play: The girl wants to have sex, and the boy refuses.

Situation C

Characters: two dating partners alone.
 Setting: a small room, birthday dinner, wine, candlelight, music, characters slightly drunk.
 Role play: The boy wants to have sex, and the girl refuses.

Situation D

Characters: two dating partners alone.
 Setting: a small room, birthday dinner, wine, candlelight, music, characters slightly drunk.
 Role play: The girl wants to have sex, and the boy refuses.

Organize a general discussion based on the role-playing:

- In each situation, was it the appropriate way to say “No?” Why or why not? Is there a better way to refuse?
- Is the one who was refused going to accept the refusal? Why or why not?
- Ask the one who played the role of saying “No,” “How did you feel when you said ‘No?’”
- Ask the one who played the role of being refused, “How did you feel when you were refused?”
- Are there any better ways to say “No?”

Step three: Organize the following activity. First, read the left side of the following dialogue and ask the participants to say “No.” Then, read the reference answers in the handouts to participants and let them figure out more effective ways to say “No.”

The facilitator reads the following	Participants’ responses
Let’s do it, since we are so in love. Besides, other lovers are doing it, too.	
If you really love me, you should understand my feelings, because I really want to have sex with you.	

Since we love each other so much, there is nothing we can't do.	
Come on, we're adults. What are you waiting for? We did this before, and we both felt very good. Why don't you want to do it this time?	
It's normal to have sexual desire. Besides, sex can make us feel closer to each other. Let's try it.	
Anyway, I love you so much and can't control myself. I want to do it now.	
I know you also want to try it. So, let's try it.	
Hugging makes me very excited. If you really love me, then prove it.	
If you don't want to do it, then I assume you don't love me at all, and I'd rather do it with somebody else.	

Summarize and highlight the following points:

You have the right to say "No." At the same time, you need to respect others' rights to say "No."

Saying "No" involves skills. You need to find the right reason. If your partner uses "love" as the reason to have sex, then you can also use it as the reason to say "No." You can say "If you really love me, then you won't force me to do things I don't want to do."

When saying "No," you need to be confident and assertive.

When saying "No," your body language should say the same thing as your verbal language and attitude.

Activity six: Sexual harassment

Step one: Ask, "Have you ever heard of sexual harassment?" "Have you ever discussed what sexual harassment means?" "What constitutes sexual harassment?" "What are reasons for sexual harassment?" Write down participants' responses.

Step two: Summarize: sexual harassment refers to unwelcome or unaccepted language or physical touch, with sexual intention. In other words, if one person tries very hard to be close to another person who does not like it, then this can be called sexual harassment.

Common sexual harassment includes:

Physical touching. This refers to unnecessary or intentional touching of another person's body, including touching a person's shoulder or arm. Examples include intentional touching of another passenger's body on the bus or intentionally bumping into another person's body on the street.

Verbal harassment. This refers to unnecessary or intentional talk about sexual topics, including another person's sexual activity; sexual comments about another person's dress, look, or body; and telling dirty jokes. Examples include using telephone discussions as an excuse to ask sexual questions.

Non-verbal behavior. This includes whistling or making kissing sounds; body gestures with sexual overtones; staring at others with dirty looks; and showing items with sexual content, such as adult magazines and posters.

Taking advantage of others sexually through abuse of power. This includes trading an interest for sex or even threatening others for sex. Examples include a teacher promising to increase a student's score in exchange for a date, or a boss negotiating sex with a subordinate as a condition for promotion.

Sexual harassment is not limited to physical touching. It also includes language, actions, or even noises such as whistling with sexual intention, which can make others feel uncomfortable, anxious, worried, embarrassed, insulted, or disgraced. Many cases of sexual harassment involve abuse of power. That is, a person with power uses that power for sex.

Step three: Divide the participants into three groups to role-play sexual harassment and skills of avoiding it in the following settings.

Situation A

Characters: a boss and a female employee of the company.

Setting: the boss' office.

Event: The boss uses promotion, dismissal, or money to negotiate sex with the female employee.

Role play: How should the female employee refuse her boss' harassment?

Situation B

Character: a school teacher and a student of the opposite gender (or an adult and an adolescent of the opposite gender in the neighborhood).

Setting: in the teacher's office with no one else around.

Event: The teacher is trying to physically touch the student.

Role play: What should the student do?

Situation C

Character: a young girl.

Setting: the bus.

Event: A man intentionally moves close to girl and touches her body with his hand.

Role play: What should the girl do?

Step four: Invite discussions as to whether the above players' ways of dealing with sexual harassment are appropriate. Why or why not?

Step five: Summarize and highlight the following:

You can use skills to avoid sexual harassment. These skills include:

1. The ability to know when sexual harassment happens and remain calm when it happens.

Trust your instincts. When you feel uncomfortable about something, trust yourself, and do not doubt your feelings.

Understand the meaning of sexual harassment. On one hand, try to never tolerate it. On the other hand, do not overreact, for that might stimulate further attack.

2. Use communication and body-defense skills.

Sexual harassment is beyond the level of intimacy you can accept. Therefore, whenever you are confronted with sexual harassment, whether you are male or female, you should state clearly your stand and your bottom line. In doing so, you need to be assertive and calm. You should tell the other person clearly that you are not pleased and ask him/her to respect you and himself/herself.

Pay attention to the following when you say “No” to sexual harassment:

1. Speech: Be direct and brief, just say, “No,” “No way,” “Stay away from me,” or “Stop.”
2. Tone: Loud and assertive.
3. Gesture: Look into the other person’s eyes and shake your head.
4. Facial expression: Furious and hateful.
5. Action: Turn away or scare the harassing person away by calling for public attention.

3. Talk to someone you can trust or seek help.

Even if the sexual harassment stops, you still need to talk to someone to obtain support or help with ways to prevent further sexual harassment. If the sexual harassment does not stop, talk to somebody to figure out ways to stop it.

You could talk to your parents, trustworthy peers, teachers, or mentors.

If the sexual harassment happens very often, then you need to record all the dates, times, locations, details of the harassment, or even the harassing person’s words as evidence for when you decide to sue the person.

Participant handout 3-1

About sexuality

When it comes to “sexuality,” people often think of sexual intercourse. This, although not wrong, is incomplete. To humankind, sexual intercourse cannot cover the rich connotation of sexuality; therefore, when we talk about sexuality, we should also talk about the social dimensions of the two participating partners. Sexuality is not only about sexual intercourse, it also includes facts such as who is involved in the sexual activity; their motivation for having sex; and the times, venues, and ways they conduct their sexual activity. Sexologists have summarized the aspects of sexuality as follows:

A process through which a natural being learns how to be a man or woman.

How a man or woman views him/herself as a man or woman.

Feelings, thoughts, and behaviors of being male or female.

How to socialize with the opposite sex.

Patterns of relationships with the opposite sex.

Sexuality touches on the entire life process. Therefore, it is not enough that we only concentrate on biological and technical issues such as impotence and premature ejaculation when we want to obtain sexual satisfaction. To acquire sexual knowledge, we should not just focus on the condition and functions of our sexual organs or try to exhaust our sexual skills. What we need to focus on is acquiring the knowledge and skills necessary to be a social human being.

We need to understand how to play our roles in society and learn how to respect, coexist with, and socialize with members of the opposite gender. Of course, we need to acquire knowledge on reproduction, such as how life is formed, including knowledge of contraception. We should also try to acquire knowledge on normal and abnormal sex, and the social systems, morals, and ethical values that go along with each one. These include the importance of sexual activity in human lives; the biological, social, and cultural factors that affect our sexual life; why human beings have different opinions on sexual activities under different circumstances; and how sexual life is managed by human beings.

Through the above learning process, we will gradually form our own values and moral principles. Such a process will enable us to make the right choices and decisions in a forever-changing, multidimensional society and learn how to be responsible for our own behaviors.

Adolescence is a very crucial phase in a person’s life. In addition to coping with the constant process of growing up and the changes that result, one has to learn how to deal with his/her sexual urges, the proper management of which is no easy task. The root cause of our sexual problems is not what we have done in our sexual life, but rather, our views and values related to sexuality—namely, our sexual attitudes.

Sexual attitudes include a person’s views and opinions on sex, such as whether you think you are a man or a woman (gender awareness), whether you are attracted to your own

gender or the opposite gender (sexual orientation), and whether or not you would like to have premarital and extramarital sex (ethical values on sexuality).

Sexual attitudes also include a person's views and opinions on sexual activities in society. For example, if you are a heterosexual and are against premarital and extramarital sex, would you have a tolerant attitude toward homosexuals and those who are engaged in premarital and extramarital affairs? Would you also tolerate prostitution and pornographic movies and videos?

How are sexual attitudes formed? Some believe they are embodied by both innate and acquired elements; however, current studies cannot determine if biological factors play a role in determining sexual attitudes. If biological factors do play a role, to what extent? Sex educators tend to be of the view that acquired values play a more important role in the formation of sexual attitudes.

The process of socialization begins at birth, and the formation of sexual attitudes is a very important part of socialization. The attitudes of parents, educators, peers, and mass media all have roles to play in the constitution of a person's sexual attitudes. Professor Pan Suiming from the People's University of China believes that sexual attitudes are largely determined in the three years immediately before and after puberty. How you are treated by individuals and social circumstances at the time when you have sexual fantasies and wet dreams and practice masturbation are very crucial in the formation of your sexual attitudes. As such, we should be able to develop appropriate sexual attitudes through constant learning and socializing during our adolescence.

The sexual attitudes of human beings vary in any society. It is hard to say which are correct and which are wrong. Specialists have organized sexual freedom into six categories, ranging from abstinence to complete freedom.

1. Traditional abstinence believes that sex can only happen in marriage for the purpose of reproduction. No sexual pleasure is entertained, and it emphasizes virginity and discourages promiscuity.
2. Moderate abstinence is of the opinion that sex is not only for reproduction, it also gives pleasure. However, this can only happen between a husband and wife. It values virginity and loyalty and is against premarital and extramarital sex.
3. Humane conservatism believes that adolescents have sexual urges that should not be ignored. They should be given proper sex education so that they learn how to cope with their sexual desires. However, humane conservatism is against sexual exploration among adolescents.
4. Radicalism suggests that whether or not adolescents are on the right track of development, they should not be judged by whether or not they have sexual activities. Instead, they should be judged by how responsible they are with their sexual

behaviors. This school of thought believes that adolescents should be given the freedom to decide their own sexual activities.

5. The school of pleasure-seeking is of the view that human sexuality is both healthy and natural. As long as the sexual activity is based on mutual consent, no harm can be done to the other party, and respect is maintained for established ethical and moral principles. No one should ever intervene in others' sexual lives.
6. Anarchism is of the belief that all restrictions by human beings on sexuality should be abolished, as such rules and practices are harmful to human development. It calls for the return to anarchy.

How would you identify yourself within the above categories? What about your parents, teachers, schoolmates, and other friends? In which category do you think our society is currently? We believe that many of your internal clashes and conflicts are due to the fact that your behaviors have overstepped your acceptable boundaries for sexual activities and consequently do not fit into the available social norms.

Source: China Youth Daily.

Participant handout 3-2

Skills in the negotiation of sexual activity:

Request for sex	Saying “No” to the request
Let’s do it, since we are so in love. Besides, other lovers are doing it, too.	I don’t know about others, but I’m not ready for it. Besides, I believe many other people wouldn’t do it either, just like me.
If you really love me, you should understand my feelings, because I really want to have sex with you.	Not having sex with you doesn’t mean I don’t love you. Besides, if you really love me, you shouldn’t force me to do things I don’t want to do.
Since we love each other so much, there is nothing we can’t do.	But I don’t think we’re ready for it yet.
Come on, we’re adults. What are you waiting for?	Adults would first think about the consequences before they do things. Don’t you think it’s better for us to talk about the consequences and responsibilities first?
We did this before, and we both felt very good. Why don’t you want to do it this time?	I don’t want to talk about last time. This time I need to give it a second thought. You wouldn’t force me to do it, would you?
It’s normal to have sexual desires. Besides, sex can make us feel closer to each other. Let’s try it.	I know it’s normal, and I understand you. But have you ever thought about the consequences? Besides, communication and respect between us can also make us feel closer.
Anyway, I love you so much and can’t control myself. I want to do it now.	You are too excited. If you really love me, you should also consider my feelings.
I know you also want to try it. So let’s try it.	In fact, you don’t know what I want. What I really want is someone who cares about me and treats me with respect.
Hugging makes me very excited. If you really love me, then prove it.	Sorry, I don’t want to. This is not the way to prove my love. Let’s cool down for a minute.
If you don’t want to do it, then I assume you don’t love me at all, and I’d rather do it with somebody else.	I feel you are not treating me with respect and need to reconsider if you are worth my love at all.

Unit four: Preventing sexually transmitted infections

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

- Know the trends and consequences of sexually transmitted infections (STIs).
- Understand how STIs are transmitted, how they can be prevented, and how to seek medical care.
- Understand the relationship between STIs and HIV/AIDS.

Time: 45–60 minutes.

Overview:

1. Defining STIs.
2. Signs, symptoms, and treatment of STIs.

Materials needed: Flipchart paper, color pens, a clean cloth or handkerchief for blindfolding.

Preparations:

Write down each of the following topics on five different index cards and then place them into separate envelopes. The five topics are abstinence, being faithful, using a condom, having unprotected sex with multiple partners, and STIs. Write down all questions for discussion on index cards.

Reading materials:

Participant handout 4-1: Basic facts about STIs.
Reference for facilitators: Hepatitis B.

Suggestions for teaching this unit:

The major issue to address in this unit is the inadequate attention paid to the consequences of STIs and the fact that some infected persons are afraid to go to licensed facilities for medical care. Therefore, this unit focuses on educating adolescents on the negative consequences of STIs and the importance of obtaining proper medical care if infected. Facilitators should not focus as much on the signs and symptoms of STIs.

It is advisable that facilitators do not emphasize the limited likelihood of STI transmission through daily activities. Although there are cases of such transmission, over 90 percent of STI cases are from unprotected sexual activities.

Activity one: Defining STIs

1. Ask the questions “Have you ever heard of STIs?” and “What are they?” and provide preliminary responses to participants’ questions as they arise during brainstorming.

2. Invite five volunteers to play a game to help the group better understand the concept of STIs. Give the envelope with the card marked “STIs” to one volunteer and ask him/her to show the card to the entire group. Then give the rest of the envelopes to the other four volunteers and ask them not to open them.
3. Blindfold the participant with the “STIs” card and ask him/her to stand inside the circle formed by the other four participants.
4. Spin the blindfolded participant until she/he cannot tell his/her direction and then ask him/her to pick a person from the other four participants. The one being picked is to open his/her envelope and read to the group what is on the card. She/he is also to explain whether a person practicing that particular behavior can contract STIs and why. Invite comments from the whole group and then give the right answer.
5. Repeat the routine until all four participants are chosen. (Note: Participants who have already been picked can remain in the game but cannot be picked again.)
6. Ask the volunteers to return to their seats and then make a presentation. The following notes are for reference:

STIs refer to infections that are passed through sexual activity. In China, eight of the most common infections are singled out to be monitored and controlled. They are syphilis, gonorrhea, chlamydia, genital warts, genital herpes, chancroid, donovanosis, and HIV/AIDS.

STIs are spread mainly through sexual activity. As demonstrated during the game, abstinence is the best way to avoid becoming infected with STIs. Being faithful requires that both partners be faithful to each other. Condom use refers to proper use of good quality condoms. You cannot easily contract STIs if you follow these practices. Those who have multiple sexual partners and never use condoms can easily become infected with STIs.

There were very few cases of STIs in China in the 1950s. Since the 1980s, however, STI cases have been on the increase and are widespread. This is directly related to the liberal practices with regard to sexual activity and the low rate of condom use.

HIV is one kind of STI that will be addressed in detail later on. Contracting other kinds of STIs, especially those with ulcers, can greatly increase a person's chances of becoming infected with HIV.

Apart from sexual activity, some STIs can also be transmitted through other means: from contaminated blood (blood transfusion, injectable drug use, and use of products made of contaminated blood), from a pregnant woman to her baby (during pregnancy, delivery, and breastfeeding), from medical facilities, physical contact, and sharing an infected person's underwear, bedclothes, towels, and toilet seats. Nonetheless, unprotected sexual activity is by far the riskiest behavior that can lead to contracting STIs.

STIs can have very serious consequences if left untreated. They can even be life-threatening. Major consequences include:

Permanent infertility.

Blindness.

Cervical cancer.

Infected newborns.

Greater chances of becoming infected with HIV.

The best way to prevent STIs is by not having sex—abstinence. You can also greatly reduce the risk of contracting STIs by having safe sex—having only one partner and properly using condoms with each sexual activity. STI pathogens cannot penetrate latex condoms; however, some STIs, such as genital herpes and pubic lice, can be contracted from contact with infected skin not covered by condoms.

Maintaining good personal hygiene can also help prevent STIs.

Activity two: Signs, symptoms, and treatment of STIs

Step one: Divide the participants into three groups, and give each group one of the following questions for discussion (the questions are prepared beforehand):

Group one: If a person is infected with an STI, can you tell by looking at the person? If yes, what are the signs? Are they the same for men and women?

Group two: If a person feels she/he might have become infected with an STI, where do you think she/he should go for medical care? (1) a pharmacy, (2) a non-licensed STI clinic, or (3) a licensed hospital? What is your reason for choosing that particular place?

Group three: If a person is infected with an STI, do you think the person should tell his/her partner and advise his/her partner to seek treatment as well? Why? Is it hard to do so? If so, why?

Step two: Each group reports back.

Step three: Summarize each group's discussion by emphasizing the following points:

Group one: Signs of STIs

Different people may respond differently to a certain STI. Some may show clear signs, whereas others may not show any signs at all.

In terms of gender, males may show signs of some STIs, while females do not usually show clear signs. Under this circumstance, females are more vulnerable with regard to obtaining timely medical attention, possibly making the consequences worse.

Common signs and symptoms include:

Men	Women
Discharge from penis Painful and frequent urination Inguinal swelling Blisters or open sores on sex organs Genital warts Non-itchy skin rash of the limbs Flu-like symptoms	Irregular bleeding Pelvic pain Abnormal vaginal discharge Pain, blisters, swelling, or rash in genital area Painful intercourse Vaginal swelling and itching

A woman can tell normal discharge from abnormal discharge by observing her discharge regularly. Normal discharge looks clear, colorless, and has no smell. Once abnormal discharge is observed, a woman should go to the doctor for an exam.

A person cannot tell if she/he has been infected with an STI just by self-examination. Anyone who has had unprotected sex with more than one partner should go to the doctor for an exam for possible STIs.

Please note that not all genital pains are associated with STIs. Some might be symptoms of other reproductive tract infections. Even so, they still need medical attention.

Group two: STI treatment

STIs need to be treated. They cannot heal by themselves.

The pathogens that cause STIs are numerous, including bacteria, viruses, and others. If treated properly, most STIs can be cured. Even the few STIs that are caused by viruses and have no cure, such as genital herpes, treatment can help alleviate symptoms.

If you think you may have an STI, never go directly to the pharmacy to obtain medication on your own, because different STIs require different treatments.

Besides, not every symptom is the result of an STI.

Never seek help from unlicensed private clinics that falsely claim they can cure any kind of STI with only one shot. Going to these clinics can only delay your treatment, make your illness worse, and thus increase the chance of contracting HIV/AIDS. There have been many such cases reported.

If you think you may have an STI, go to a licensed facility as soon as possible for treatment and strictly follow the doctor's orders. You should never stop the treatment yourself just because certain symptoms go away.

Some people go to pharmacies or unlicensed private clinics instead of licensed facilities because they are afraid of being looked down upon once found out by others. However, professional standards of licensed hospitals require that doctors not violate patients' privacy or look down upon patients with STIs. Only licensed facilities can provide standard and confidential counseling, exams, diagnoses, and treatment for people with STIs.

Group three: Partner notification

A person can become infected with several different STIs at the same time, or she/he can be re-infected with a single STI. With the exception of Hepatitis B, there are no vaccines for STIs.

Anyone with an STI can pass it on to his/her sexual partner. Even if the person's STI is cured, she/he can still be re-infected by his/her partner.

Therefore, for successful treatment of STIs, both partners need to be treated at the same time.

For most people, it is difficult to tell a partner that she/he may have an STI. It requires courage. However, not doing so may put both of you at greater risk.

Since it is hard to break the news of an STI to a partner, prevention becomes even more important.

A person with an STI should avoid sex or properly use a condom each time she/he has sex.

If necessary (for example, for participants in a high-risk population), provide information on local counseling and treatment facilities for STIs. The following is an example of such information:

	Address	Telephone	Open hours
Counseling facility			
Testing facility			
Treatment facility			

Unit wrap-up

Review the following with participants:

What have you learned in this unit?

What is the most important piece of information that you have learned from this unit?

What questions do you have regarding STIs?

Distribute handouts to participants for reading after class.

Participant handout 4-1

Basic facts about STIs

Name	What are the symptoms?	What are the effects if untreated?
Gonorrhea	Women: Many have pelvic pain, painful urination, vaginal discharge, fever, or no symptoms. Men: Painful urination, discharge, or drip from penis or no symptoms.	Pelvic infection, infertility, blindness in baby, sterility in men, prostatitis.
Syphilis	Symptoms start to show after 10 days to 3 months following infection. The earliest symptom is painful sores called chancres found in ano-genital area or the mouth, to be followed by rash, hair loss, and fever in 3 to 6 weeks' time.	If not treated in the early stages, stage-3 syphilis can lead to permanent damage to the brain, heart, and other organs.
Chancroid	Symptoms start to show after one week from time of infection. The early symptom is a rash in the genital area that later changes into ulcers with inguinal swelling. Another symptom is painful urination. Many women have no symptoms.	Severe sores on the penis that can facilitate transmission of HIV.
Chlamydia	Symptoms start to show after 8 to 21 days from time of infection. Men: frequent and painful urination and/or discharge from penis. Women: vaginal discharge or no symptoms.	Severe infection of reproductive organs in both men and women.
Genital warts	Symptoms start to show after 3 months from time of infection. Small bumps grow on the genitals. Symptoms are recurrent.	Cervical warts and cervical cancer in women.
Genital herpes	Painful blisters break into open sores in the genital area after 2 to 10 days from time of infection and last for 14 days or so. Symptoms are recurrent.	Recurrence of painful blisters. Increased chance of cervical cancer. Infection can be passed on to a baby.
Donovanosis	Nodular swellings and ulcerative lesions of the inguinal and ano-genital areas. Cases are rare in China.	Elephantiasis, stenosis of rectum, among others.
Human immunodeficiency virus (HIV)	In the early stage, most people are asymptomatic, except for a few people who experience flu-like symptoms. Symptoms start to show after an average of 7 to 10 years from infection. Symptoms include fatigue, weight loss, diarrhea, fever, and weak immune system, among others.	Many other fatal diseases caused by weak immune system.

Reference for facilitators: Hepatitis B

The following key points are for facilitators' reference in case participants ask questions about Hepatitis B.

What is Hepatitis B?

It is caused by the Hepatitis B virus.

Once infected, the Hepatitis B virus destroys liver function of the infected person.

Hepatitis B is a common and highly contagious disease in China. (Facilitator could give the local infection rate.)

Is Hepatitis B a sexually transmitted infection?

While Hepatitis B is not treated as an STI in China, it is mainly transmitted through unprotected sexual activity.

Modes of transmission for Hepatitis B are the same as they are for HIV—including blood, bodily fluids, semen, and from mother to baby.

What can be done if a person becomes infected with the virus?

Most patients cannot be cured.

Currently, there is neither effective treatment nor medication available.

Hepatitis B patients need plenty of rest and to eat healthy foods in order to maintain liver function.

Hepatitis B patients should never drink alcohol.

People with the Hepatitis B virus should receive annual exams to check liver function. For those over 30 years old, annual exams for liver cancer are also needed.

People infected with Hepatitis B should not take medications other than those prescribed by the doctor, because too much medication could further damage the liver.

How can Hepatitis B be prevented?

Receive a Hepatitis B vaccine.

Practice safe sexual activity—use condoms.

Use new, disposable needles and syringes.

Premarital exams are advised. If one partner has the Hepatitis B virus, the other partner should receive the Hepatitis B vaccine.

If the woman is infected, then her baby needs to be vaccinated as well.

Unit five: Preventing HIV infection

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

- Explain basic facts about HIV and AIDS.
- Know the current trend of the HIV/AIDS epidemic.
- Understand correct information about the transmission and prevention of HIV infection.
- Understand the relationship between adolescents and HIV/AIDS.
- Know the importance of supporting people with HIV/AIDS.
- Know how to use condoms correctly.

Time: 90–120 minutes.

Overview:

1. The *Water Exchange* game.
2. Basic facts about HIV/AIDS.
3. Understanding risky behaviors and safer sexual practices.
4. Understanding key issues with regard to the prevention of HIV infection.
5. How to use condoms correctly.

Supplemental activities:

- 5-1: The *Signatures* game.
- 5-2: High-risk populations and risky behaviors.

Materials needed: Flipchart paper, tape, markers.

Reading materials:

- Participant handout 5-1: Key points about HIV/AIDS.
- Reference for facilitators 5-1: Notice from the General Office of the Ministry of Education.
- Reference for facilitators 5-2: Suggestions from the Ministry of Education.

Preparations:

- Supplies for the *Water Exchange* game: drinking glasses (or transparent plastic cups), syringes, sodium hydroxide (NaOH), phenol red.
- Preparation for the *Signatures* game: index cards marked with various behaviors. The behaviors listed below can be used as references. It is advised that facilitators use those behaviors that best suit the local situation. Certain behaviors can be repeated because different participants may have different opinions on the risk of the same behavior.

Behaviors to be written on the index cards can include:

- Sexual intercourse without using a condom.
- Transfusion of blood contaminated with the HIV virus.
- An HIV-positive mother breastfeeds her baby.

Sharing needles for intravenous drug use.
Having sex with a partner who has an STI.
Kissing.
Sharing clippers and razors.
Sharing a toothbrush.
Sharing plates.
Masturbating.
Being bitten by mosquitoes or other bugs.
Sharing a room with an HIV-positive person.
Using condoms while having sex with multiple partners.
Taking care of an AIDS patient.
Using a public shower room or bathroom.
An HIV-infected woman becoming pregnant.

Suggestions for teaching this unit:

Several games that are commonly used in the education of HIV/AIDS prevention are introduced in this unit. The purpose is to give facilitators choices. A common problem in training activities is that some facilitators spend too much time and energy playing all the games, leaving too little time for discussion. A reminder to facilitators: There is a purpose to each game. The key is to facilitate thinking and discussion from the participants.

The two games introduced in this unit are *Water Exchange* and *Signatures*. Their purpose is to help participants understand the potential risk of becoming infected with the HIV virus and how to protect themselves against HIV infection. The two games are similar. While *Water Exchange* is more vivid, it involves more preparation, and there is a greater chance of making mistakes. The *Signatures* game requires easier preparation and handling. It also vividly demonstrates the importance of using condoms. Each facilitator can choose the game more suitable for the local situation. However, whichever one is chosen, the purpose of the game is to stimulate questions and discussions both during and after the game. Facilitators need to make sure that participants learn from the activity—not receive answers from the facilitators.

Help the participants understand that the HIV virus is not far from us. Whether a person will become infected with the virus is not determined by status or prestige, but rather by behavior.

If available, the facilitator can quote the local statistics on HIV infection to draw more attention from the participants to this issue.

Facilitation:

Ask the question, “What do you know about HIV/AIDS?” and write down participants’ responses on the flipchart paper or chalkboard. Do not correct any of the participants’ responses during this process, but rather, ask the participants to think about their responses during the training activities that will follow.

Activity one: The *Water Exchange* game

Attention: Facilitators can pick the *Signatures* game if they find the *Water Exchange* game too difficult to organize. The two games have similar effects.

Steps:

First, prepare beforehand:

Supplies: Phenol red, sodium hydroxide, alcohol, as many syringes (or droppers) as there are participants, and two drinking glasses or transparent plastic cups per participant.

Fill one cup with a half-cup of sodium hydroxide and water and set it aside.

Fill as many cups as there are participants with a half-cup of water. Set aside five or six of the water-filled cups. (Note: if the number of participants is an even number, then set aside six cups; if the number of participants is an odd number, then set aside five cups. The purpose is to make sure that the remaining cups can be paired up. This example uses six cups.)

Next, add the sodium hydroxide/water mixture to one of the water-filled cups. Do not add the sodium hydroxide mixture to any of the six cups that were set aside.

(Note: The liquid in all the cups should look the same. In other words, make sure that the cups filled with sodium hydroxide/water do not look any different from the cups that are filled with regular water.)

Place a syringe in every cup.

Set on the table as many empty cups as the number of participants, keeping six of them aside.

Before starting the game, make it clear to the participants that during the game, everyone must follow the instructions and not go ahead or lag behind. Then start the game.

Attention: Remain calm throughout the game and give clear instructions. Keep reminding participants to listen to instructions before doing anything. A common error that occurred during pilot training was that after one or two rounds of water exchange, participants felt they already knew the rules and began ignoring the facilitator's instructions. The result was that some participants started exchanging water as soon as they found partners, leaving the rest of the participants repeating the exchange of water with previous partners. If this occurs, the effect of the game is impaired.

1. Invite six volunteers from the participants to the front of the classroom and ask each of them to pick one of the cups containing water and a syringe. Each of them is then to draw a full syringe of water from their own cup and inject the water into one of the six empty cups that were set aside. When this is done, the six volunteers should remain separate from the rest of the class. They can either stand or sit in front of the class as observers, instead of participating in the following activities, until they are instructed otherwise.
2. Ask the rest of the participants to pick up one liquid-filled cup each and return to their seats. Then ask each of them to do two things: "First, observe the liquid in your cup and see if it is different from the liquid in any other person's cup. Now, draw a

syringe of water from your cup and come to the front table one by one and inject the water from your syringe into one of the empty cups and then return to your seat.” Emphasize here that everyone is supposed to inject the water from the syringe into one of the empty cups, not one of the cups already filled with water.

3. Round one: Ask the participants to listen to this next set of instructions before taking any action. Instruct each participant except the six volunteers to find a pleasant-looking partner from those standing. Make sure that every participant finds a partner and then ask each participant to draw a half-syringe of water from his/her own cup and inject it into his/her partner’s cup—making sure not to let the syringe touch the water in the partner’s cup. Each participant then goes back to his/her seat and stirs the water in his/her cup with the syringe. Ask the question: “Have you noticed any difference in your cup of water?”
4. Round two: Again ask the participants to listen to the instructions before taking any action. Instruct each participant except the six volunteers to find another partner from those standing, one who looks pleasant but with whom he/she has not yet exchanged water. After making sure that every participant has found a partner, ask each participant to draw a half-syringe of water from his/her own cup and inject it into his/her partner’s cup—making sure not to let the syringe touch the water in the partner’s cup. Each participant then goes back to his/her seat and stirs the water in his/her cup with the syringe. Then ask the question: “Have you noticed any difference in your cup of water?”
5. Round three: Again ask the participants to listen to the instructions before taking any action. Instruct each participant except the six volunteers to find another partner from those standing, one who looks pleasant but with whom he/she has not yet exchanged water. After making sure that every participant has found a partner, ask each participant to draw a half-syringe of water from his/her own cup and inject it into his/her partner’s cup—making sure not to let the syringe touch the water in the partner’s cup. Each participant then goes back to his/her seat and stirs the water in his/her cup with the syringe. Then ask the question: “Have you noticed any difference in your cup of water?”
6. Round four: Again ask the participants to listen to the instructions before taking any action. Instruct each participant except the six volunteers to find another partner from those standing, one who looks pleasant but with whom he/she has not yet exchanged water. After making sure that every participant has found a partner, ask each participant to draw a half-syringe of water from his/her own cup and inject it into his/her partner’s cup—making sure not to let the syringe touch the water in the partner’s cup. Each participant then goes back to his/her seat and stirs the water in his/her cup with the syringe. Then ask the question: “Have you noticed any difference in your cup of water?”
7. Round five: This time, ask the six volunteers to participate. The six volunteers also need to find partners but not among themselves. They can pair up with any of the

participants who has exchanged water with somebody else. The rest of the participants follow the above steps to find their new partners. After making sure that every participant has found a partner, ask each participant to draw a half-syringe of water from his/her own cup and inject it into his/her partner's cup—making sure not to let the syringe touch the water in the partner's cup. Each participant then goes back to his/her seat and stirs the water in his/her cup with the syringe. Then ask the question: "Have you noticed any difference in your cup of water?"

8. Round six: Ask the six volunteers to go back to the front of the classroom and ask the other participants to do yet another round of water exchange following the same rules. Again, make sure each participant does not let his/her syringe touch the water in his/her partner's cup. After each participant has returned to his/her seat and finished stirring the water in his/her cup with the syringe, ask the same question: "Have you noticed any difference in your cup of water?"

9. All the participants should be seated, with the exception of the six volunteers, who remain in the front of the classroom.

10. Now ask the participants to discuss the following questions:

Question 1: "If we assume that exchanging water represents sexual activity in real life, what have each of you done just now, and how many times have you done it?"

Question 2: "Let's assume the cups represent people we are in touch with in real life, and some of those people are HIV-positive. Can you tell which of the cups is infected just by looking at it?" Emphasize that in real life, people with HIV infection are just like the water in the cups—that is to say, indistinguishable from any other people.

Question 3: "Have you ever heard of the ways HIV is spread?" "Can sexual intercourse transmit HIV?" "Why or why not?"

Question 4: "In daily life, how can we tell if a person is HIV-positive?" (Note to facilitators: The method of HIV testing currently available is a blood test.)

11. Tell participants that you have a reagent that can test the water in their cups to find out which water is infected. Those who want to have theirs tested should step forward. The facilitator then uses a clean syringe to draw some phenol liquid and drop it into the cups of those participants who want the test. If the water in a cup changes color, that means it is infected. If not, it either means that the water is not infected, or it is too soon to tell if the water is infected. Explain that there is a "window of time" between becoming infected with HIV and the point at which the immune system begins producing antibodies in a great enough number to be detected. Depending on the person, this window is between two weeks and three months. If a person thinks that he/she might be infected with HIV and wants to have a blood test, he/she should do so after the window period. If a test result is HIV-negative, and it is less than three months since engaging in the risky behavior, it is advisable that the person have another test after three months. Ninety-nine percent of HIV infections can be detected with a test three months after the time the person engaged in risky behavior.

Ask the first participant whose water changes color: “Do you still remember who you exchanged water with?” “Where do you think you might have gotten the infection?”

Ask the participants who exchanged water with the above participant the question, “How do you feel now that you see that the water in his/her cup has changed color?” “Do the rest of you think the water in your cups will change color, too?” “Would you like to have the test?” Then do the same test on the others who want to be tested. When the second cup of water is found infected, repeat the question, “Do you still remember who you exchanged water with?” “Where do you think you might have gotten the infection?”

Ask if anyone else wants to have the test, and then do the test on every participant’s water. Randomly select a couple of participants whose water changed color and ask the question, “Do you still remember who you exchanged water with?” “Where do you think you might have gotten the infection?”

Ask all the participants whose water changed color, “Why do you think you have been infected with HIV?” Emphasize the point that unprotected sexual activity with more than one partner is risky behavior and should be avoided to prevent HIV infection.

After performing the same test for the six volunteers, ask them to go back to their seats. Now ask the question, “How many times have the six volunteers exchanged water with others?” (It should be emphasized that they exchanged water only once.) Continue by asking, “What kind of people do the six volunteers represent in real life?” “Or what kind of behaviors do they represent?” Possible responses include: people who have sex for the first time; people who only have sex with one partner, such as a husband and wife or a boyfriend and girlfriend; people who have sex only once; or married people who have sex with a partner other than his/her spouse for the first time.

The facilitator raises the following questions:

1. Can HIV infection be avoided by having sex with only one partner? Why or why not?
2. How has somebody become infected with HIV through only one sexual intercourse?
3. Does a person usually have one partner or several partners in real life? Can we say that in real life, a person has no risk of contracting HIV if he/she has only one sexual partner?
4. How did you feel when you found out you had been infected? Imagine how a person feels in real life when he/she is told that he/she has been infected with HIV.
5. How did you feel when you knew that the partner you had exchanged water with was infected? Did you volunteer to have your water tested? Imagine how this would be in real life.

Ask the participants whether they would like to know how many cups were infected before the water exchange started. Then drop some phenol liquid into every cup of sample water on the table into which each participant had put water before the first round

of the water exchange began. The result shows that only one cup of water was infected before the water exchange started.

Some participants may want to know if the cups that were involved only once in the water exchange became infected. Test the six cups. The result is that none of the six cups was infected.

Ask the participants to think about the result of the game. Before the game started, only one cup was infected. After several rounds of water exchange, the infection spread to many cups. Ask the question, “What have you learned from the game?”

Draw conclusions based on the participants’ discussion.

Key points for conclusion (for reference only):

Unprotected sexual intercourse is the most common way that HIV is spread, accounting for 70 percent of all HIV infections worldwide.

The speed and magnitude of HIV transmission is beyond our imagination.

Currently, there are around five million new infections every year worldwide, and more than ten people become infected every minute. Unfortunately, many people are not aware of the risk they face.

The fact that it is impossible to tell if a person has HIV just by looking at him/her misleads many to engage in unprotected sexual activity.

Some might think, ‘If I only have sex with my boyfriend/husband or girlfriend/wife, I cannot possibly become infected with HIV, and I’m absolutely safe.’ Is this true? (Illustrate the answer with the illustration, *Network of Sexual Partners*” [next page].)

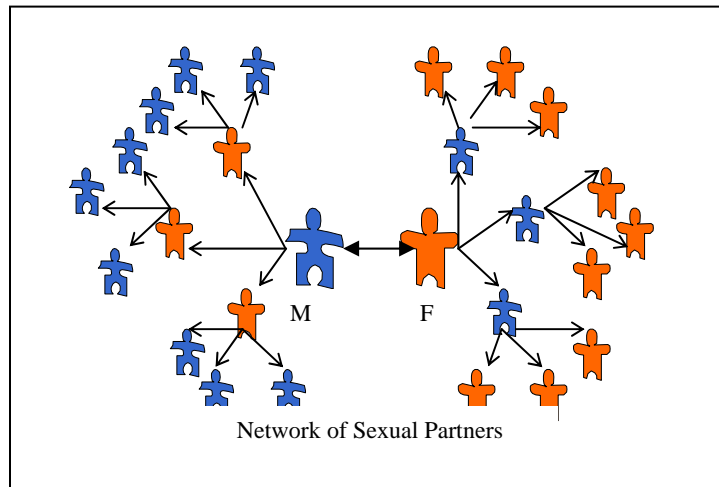
Generally, it is either not on a person’s mind, or the person is afraid to ask about his/her partner’s sexual history or whether his/her partner ever had unprotected sex with others. However, if you decide to have sex, it is very important to ask in order to protect yourself against HIV infection.

Anyone who has unprotected sexual activity runs the risk of becoming infected with HIV. This is true even for those who have only one sexual partner.

Those who have multiple sexual partners run a greater risk of contracting HIV. Having fewer or one partner can reduce the risk.

Properly using condoms is a very effective way to prevent HIV infection because the virus cannot penetrate the latex.

HIV infection in real life is very different from the game we played. Once a person is HIV-positive, that person has the virus for life, and HIV will eventually develop into the deadly disease AIDS. Therefore, prevention is the only solution.



Questions related to the network of sexual partners:

Are you sure that you know whether or not your boyfriend/girlfriend has an ex-girlfriend/ex-boyfriend?

Are you sure you know whether your boyfriend/girlfriend ever had sex before, with somebody other than you?

If he/she ever had sex before, is he/she going to let you know? Why or why not?

If your boyfriend/girlfriend had a sexual partner before, does he/she know everything about his/her previous sexual partner? Does he/she know whether his/her previous sexual partner has an ex-partner as well and whether or not he/she ever had unprotected sex?

Reference for facilitators explaining the network of sexual partners:

Let's assume the male and female in the center of the picture represent a pair of lovers. Do you think they will use any kind of protection when they first have sex? Why or why not? Why do you think those who know each other well and those who are intimate with each other are not likely to use any protection when they first have sex? (They may trust each other and consider their partners healthy.)

If the male in the picture has an ex-girlfriend, is it likely that he might have had sex with her? Or, is it possible that he might have visited prostitutes before? A prostitute has multiple sexual partners. Another question is whether the young man will tell his current girlfriend about his sexual history. If he does, what could happen? (The girl may break up with him.)

Now let's see whether or not the girl has similar experience. If she has had experiences similar to her boyfriend, is it likely that she's going to tell her boyfriend about them? (Usually not.) Why? (Pressured by traditional values.) That is to say, a person is not likely to tell his/her current sexual partner about his/her sexual history. This may make young people unaware of the risks they face.

In the network, once the girl has sex with her boyfriend, she runs the risk of becoming infected with HIV from anyone with HIV who is connected to her boyfriend sexually. The same is true with her boyfriend. Therefore, while it is only the couple in the center who is having sexual intercourse, in terms of transmitting HIV, they are having sex with all the people in the network.

Abstaining from sexual intercourse is the best way to prevent HIV, considering that HIV is mainly transmitted through sexual behavior. However, not everyone is able to do this. If you cannot abstain from having sex, what can you do to protect yourself from becoming infected with HIV? The answer is, use a condom. Using condoms is the only way to prevent HIV infection when the virus is transmitted during sexual activity.

Activity two: Basic facts about HIV/AIDS

From the water exchange game, everyone should have some idea about HIV. Now let's talk about some facts about HIV/AIDS.

Ask:

- What is HIV?
- What is AIDS?

Make the following presentation after listening to participants' responses:

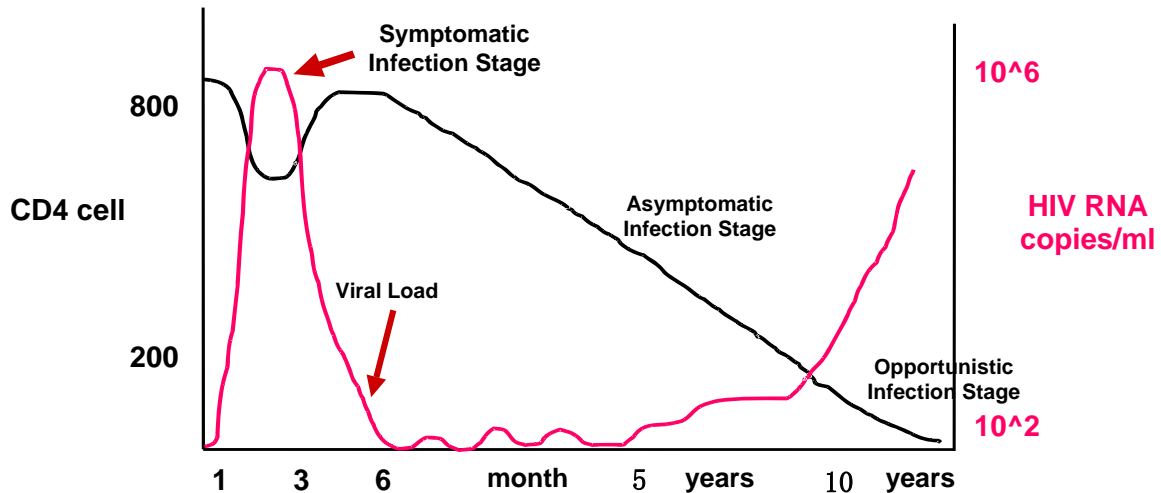
We have a very important system in our bodies called the immune system. The job of this system is to protect and defend the body against bacteria, viruses, and diseases.

HIV stands for Human Immunodeficiency Virus. It is a virus that lives in humans and attacks the immune system. As this virus slowly damages the immune system, the human body starts to lose its power to defend itself against other viruses and bacteria. As a result, a person with HIV will eventually die from one of many other incurable infections or cancers.

AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease that happens to someone infected with HIV. Currently, there is no cure for AIDS and no vaccine to prevent it. Therefore, it is a disease with a very high death rate.

From HIV to AIDS: generally speaking, if a person goes without medical intervention, he/she will experience four stages from the time of infection with HIV to the time when full-blown AIDS occurs, and the person eventually dies. The four stages are (when explaining the four stages, use the following diagram for illustration):

**TYPICAL HIV/AIDS DEVELOPMENT STAGES
WITHOUT MEDICAL INTERVENTION**



1. Symptomatic infection stage (from 1 to 4 weeks after a person is infected):
 During this stage, the virus quickly reproduces itself. As a response, the body's immune system starts to produce antibodies to fight off the infection. As a result, the person infected may experience flu-like symptoms, such as fever, swelling, headache, rashes, and diarrhea. These symptoms can last for one to two weeks. HIV is most contagious during this stage.

2. Asymptomatic infection state (or incubation period, which can last an average of seven to eight years; in some cases, as long as over ten years or as short as two to five years):
 During this stage, if the person is infected with HIV, a blood test can detect HIV antibodies. The symptoms that occurred during the first stage, however, are gone. During this time, there are not yet many HIV virus particles in the body (the "viral load" is low), though the number of CD4 cells (healthy body cells in the immune system) declines (or the "CD4 count" is declining). The person's immune system, though weakened, can still function. The infected person will still look and feel healthy, and he/she can live and work just like any other healthy person. Although the person does not feel or look ill, he/she can still pass on the virus to other people. Because this period is both long and asymptomatic, most HIV transmission occurs during this stage.

3. Early stage of AIDS (a period of one to two years):
 The immune system becomes weaker and weaker when there are many HIV virus particles in the body and the number of CD4 cells is low. The infected person now is said to have a high "viral load" and low "CD4 count." This is when the person begins to develop AIDS. The symptoms include thrush, fever, fatigue, weight loss, and genital herpes. Treatment during this period is very important.

4. Late stage of AIDS (a period of one-half to two years):

During this period, the infected person has a very high viral load, very low CD4 count, and a damaged immune system. The person is vulnerable to many other infections, called opportunistic infections, that invade the body, such as diarrhea, weight loss, skin and other cancers, tuberculosis, pneumonia, and other diseases. The infected person will eventually die of one or more of the above infections or diseases. Treatment is available to delay the deaths of AIDS patients and reduce the death rate of AIDS. In China, free treatment is available for low-income AIDS patients.

Continue to talk about the ways in which HIV is transmitted, if necessary.

Presentation notes: HIV transmission

HIV is found in human body fluids. It cannot survive in the bodies of animals or insects.

Only when the following three conditions exist at the same time can HIV be transmitted: quantity, quality, and means of transmission (exchange of body fluids):

1. **Quantity:** Only body fluids that can carry a sufficient quantity of the HIV virus can spread the virus. These body fluids include blood, semen, vaginal secretions, breast milk, ooze from wounds, and spinal cord fluid.
2. **Quality:** HIV is vulnerable when it is outside the human body. Once outside the human body, frequent use of disinfectant can kill the virus. In addition, the virus is not infectious in dry blood or other solidified body fluid.
3. **Means of transmission (exchange of body fluids):** HIV cannot pass through unbroken skin and mucous membranes. HIV can be spread only when broken skin and mucous membranes come into contact with the virus.

Only when these three conditions exist at the same time can HIV be transmitted. It is generally recognized that unprotected sexual intercourse, contact with contaminated blood, and transmission between mother and child are the major ways to HIV is spread.

Ask participants if they are clear about how HIV is transmitted and if they still have questions.

Body fluids	HIV viral load	Means of transmission?
Blood	Very high	Yes
Semen	Very high	Yes
Vaginal secretions	Very high	Yes
Breast milk	High	Yes
Ooze from wounds	High	Yes
Spinal cord fluid	High	Yes
Saliva	Very low	No
Sweat	Very low	No
Tears	Very low	No
Urine	Very low	No

Activity three: Understanding risky behaviors and safer sexual practices

The following game is played to help participants understand how HIV is transmitted.

1. Give each participant an index card prepared beforehand. Ask each participant to decide whether the behavior written on the card comes with the risk of transmitting HIV and the level of that risk. Allow two or three minutes for the participants to think about it.
2. In the meantime, write on the left side of the flipchart or chalkboard the words “Very risky” and on the right side “Not risky.”

Very risky	Not risky
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3. Then explain: The two sides of the board represent how HIV is and is not transmitted. Please decide for yourselves where the behavior on your card belongs. For example, those cards listing very risky behaviors should be placed on the side of “very risky,” and those considered not risky should be placed under “not risky.” If you feel that some behaviors are between “very risky” and “not risky,” you can include them in the middle area of the board, or perhaps closer to “very risky” or closer to “not risky,” depending on the behavior. However, no matter where you choose to categorize the behavior on your card, you should be able to explain your reasoning.
4. After the participants have placed their cards on the board, stimulate discussion for each behavior and gives explanations. Ask questions like, “Why did you put your card here?” “Does anyone have different opinions?” or “How did you decide where to put your card?”
5. Elaborate on each behavior, clarify misunderstandings if there are any, and provide correct information. While explaining the risk associated with each behavior, keep in mind the three important conditions that are needed for HIV transmission (quantity, quality, and means of transmission [exchange of body fluids]). For reference:

Very risky	Not risky
Sexual intercourse without using a condom Transfusion of blood contaminated with the HIV virus An HIV-positive mother breastfeeding her baby Sharing needles for intravenous drug use Having sex with a partner who has an STI	Masturbating Kissing Being bitten by mosquitoes or other bugs Sharing a room with an HIV-positive person Having sex with multiple partners using condoms Taking care of AIDS patients Sharing plates, forks, spoons Using public shower rooms or bathrooms Sharing clippers and razors Sharing a toothbrush

The following are reference points for answering participants' questions:

Certain behaviors run the risk of transmitting HIV in theory only:

1. Kissing, for example, can transmit HIV only when both of the people kissing have broken skin or open sores in their mouths, in which case, the virus can be passed to the other person through contact with blood from the wounds. The virus in saliva alone is not sufficient in quantity to infect another person.
2. The same is true for sharing a toothbrush or razor. In either case, the virus can be transmitted only when the toothbrush or razor is contaminated with the blood of the HIV-positive person, and the other person uses the toothbrush or razor when the blood is not yet dry. Another necessary condition: The other person happens to have broken skin in the mouth (or the razor happens to cut the skin). Only when these conditions co-exist can there be exchange of blood, and thus, HIV transmission. However, these conditions cannot possibly exist at the same time in real life. Do two people kiss each other when they both have broken skin in their mouths? Will a person use a toothbrush with blood on it without cleaning it first? The behaviors are quite risky only if the answer to those two questions is yes. However, such cases are very rare in real-life situations. That is why we only theoretically consider such behaviors risky. As a matter of fact, no such cases have ever been reported.
3. "Can a person become infected with HIV if the beef he/she eats has been injected with blood contaminated with HIV?" or "Can a person become infected with HIV if he/she swims in a swimming pool contaminated with an HIV-positive person's menstrual blood?" or "Can a person contract HIV if he/she is bitten by mosquitoes or other bugs?" The answer to these questions is "No." The reason—the three conditions necessary for HIV transmission—quantity, quality, and means of transmission (exchange of body fluids). In addition, remember that HIV lives only in human bodies, not in animals.

Only 30 percent of babies born to HIV-positive mothers contract HIV. A newborn baby born to an HIV-positive mother must be 18 months old to be tested for HIV. Before 18 months, the baby's body carries antibodies to HIV passed down from the mother, because before this time, the baby's body cannot produce its own antibodies. An HIV-positive pregnant woman should consult a doctor. She can take medicines called antiretrovirals to help reduce the risk of mother-to-child transmission of HIV. Caesarean section and bottle feeding can also reduce the risk of mother-to-child transmission.

Sexual intercourse with proper condom use is safe. Reported cases of HIV passing through condoms are not reliable. Research by the World Health Organization and other authorities shows that correct use of good quality condoms prevents the spread of HIV.

Other STIs, if left untreated, can increase the chance of contracting HIV.

Sterilized acupuncture needles are safe.

Sharing needles for intravenous drug use is very risky. It is the major method of HIV transmission in China.

Only under very rare circumstances can the sharing of nail clippers or razors cause the spread HIV.

Sharing a toothbrush is safe.

When asked if certain behaviors are safe, do not simply provide answers. Instead, facilitate discussion and try to clarify information in the process, referring to the three conditions. The issue of risk is relative not absolute.

Conclusions

Before concluding this topic, ask participants if they still have questions. If they do, use some time for further discussion and clarification.

The facilitator needs to emphasize the following points:

Everyday contact with people is safe because the three conditions for transmission of HIV cannot be satisfied at the same time during this kind of contact.

To prevent HIV, avoid risky behaviors that can transmit HIV; there is no need to avoid certain groups of people. The water exchange game shows that even one-time sexual intercourse, or a person with only one sexual partner, runs the risk of becoming HIV infected. Therefore, prevention is most important. With proper prevention, nobody is at risk of contracting HIV; without prevention, everyone is exposed to a certain degree of risk.

Activity four: Understanding key issues involved in preventing HIV infection

Step one: Divide the participants into three groups to discuss the following questions:

Are adolescents vulnerable to HIV infection? Why?

Are women vulnerable to HIV infection? Why?

What should you do if you find out that somebody you know is HIV-positive?

Step two: Groups report back.

Step three: Summarize and conclude group discussions (the following points are for reference):

1. Facts about adolescents and HIV:

Adolescents account for about 50 percent of the newly infected population. In 2004, about 6,000 adolescents were infected with HIV each day worldwide. Adolescents are a sexually active population that often has more than one sexual partner. They are more likely to have unprotected sex (without using condoms).

Adolescents may experiment with drugs. Sharing needles for drug use is very risky with regard to HIV infection.

The keys for prevention of HIV infection in adolescents lie in delaying first sexual activity, being faithful to one sexual partner, refusing unprotected sex, and refusing to use drugs.

2. Facts about women and HIV

The percentage of women infected with HIV is increasing. In 2004, among the newly infected population worldwide, women accounted for nearly 50 percent.

In China, the ratio of men to women among the HIV-positive population increased from 9:1, during the period 1990 through 1995, to 3:1 for the period 2001 through 2004.

Biologically, women are more likely to contract HIV than men. Under the same circumstance of unprotected sexual intercourse, the likelihood of a woman becoming infected with HIV from an infected man is twice as high as the likelihood of a man becoming infected by a woman.

Women generally have lower social and economic status in a society. They find it hard to make their partners remain faithful to them or use condoms. In order to better protect women from HIV, it is important to have gender equality, for men to respect and protect women's rights, and for women to be able to refuse unprotected sex.

3. Supporting people with HIV/AIDS

Prejudice against people with HIV/AIDS is common worldwide.

Prejudice jeopardizes the prevention of HIV/AIDS. Showing care and support for people with HIV/AIDS is an important component of HIV prevention efforts worldwide.

There is no risk of contracting HIV by giving care and support to people with HIV/AIDS.

People who are HIV-positive should be treated just like anyone else. They should be given the same opportunities to study, work, and live a normal life. People who are HIV-positive both look and feel healthy. They can work and make contributions to society. Even when they start to feel sick, proper treatment can help them live positively.

People with HIV/AIDS are an important force in the fight against HIV infection. They should be encouraged to participate actively in the efforts to prevent HIV.

Activity five: How to use condoms correctly

Step one: Divide the participants into same-gender groups to discuss the following questions:

Question one: We all know that correct use of condoms can help us avoid many negative consequences, such as unwanted pregnancies and STIs and HIV infection. Suppose you and your partner decide to have sex, are you going to suggest using a condom? Why or why not? Please list all your reasons. After you are done listing the reasons, go on to the next question.

Question two: What would you think if your partner suggested using a condom? Are you going to agree? Why or why not?

Each group should write down their discussion points and report to the class. After each group reports, other participants can give their comments.

Why are you going to suggest using a condom?	Why are you not going to suggest using a condom?

What would you think if your partner suggested using a condom?	Why would you agree?	Why wouldn't you agree?

Step two: Wrap up group discussions and then stimulate further discussions on the reasons for not suggesting condom use and not agreeing to use a condom. The following possible reasons are for reference:

Possible reasons	Answers
<ol style="list-style-type: none"> 1. If I suggest using a condom, my partner will think I'm sexually experienced. 2. It will seem like I don't trust my partner if I suggest using a condom. 3. I (You) can take pills instead of using condoms. 4. Using a condom doesn't feel good. 5. Look, I'm so strong. How can I possibly have a disease? We don't have to use a condom. 	

Step three: Discuss common reasons and come up with answers to address the reasons.

Step four: Practice the correct use of a condom.

We all know that proper use of a condom is the only effective way for sexually active people to prevent both unwanted pregnancies and STI/HIV infections. In addition, condoms are accessible and have no side effects.

Can anybody explain why condoms are effective? Can anybody demonstrate the proper use of a condom?

Invite two volunteers to demonstrate condom use while other participants observe and comment.

Then demonstrate the correct use of a condom by referring to both the volunteers' demonstration and the instructions in the box.

Instructions for male condom use
<p>Check the expiration date on the package. Never use a condom that is outdated. Carefully pull the wrapper apart with your fingers. Do not cut the condom pack with scissors or rip it with teeth, as this could tear the condom.</p> <p>Find the inside and outside of the condom. When you hold the teat or nipple at the tip, the condom is folding outward.</p> <p>Put on the condom when the penis is erect and before the penis touches the partner's genitals.</p> <p>Hold the tip of the condom between the thumb and index finger and put the other end of the condom on the head of the penis. Use the other hand to unfold the condom downward. Make sure to squeeze the air out of the nipple at the tip of the condom first to prevent the condom from bursting. The nipple at the tip acts as a reservoir for the semen and helps keep the condom from bursting.</p> <p>If a hole or tear is found in the condom, replace it immediately.</p> <p>After ejaculation and while the penis is still erect, carefully pull the penis out of the partner's vagina while holding the end of the condom to avoid leaving it inside the vagina and to prevent semen from leaking out.</p> <p>Dispose of the used condom properly and never reuse it.</p>

Now we know how to use a condom correctly. Next, let's see if you know the answers to the following questions:

- Where can we buy or obtain condoms?
- How can we tell if a condom is of good quality?
- What other things do we need to know about using a condom?

Mark down participants' answers on the chalkboard or flipchart. If the participants cannot come up with all the answers, present the following points.

- Go to reliable places to buy condoms, such as vending machines, licensed drug stores, and family planning service stations.
- Check the package for the following information: name and address of the manufacturer or retailer, date of manufacture, expiration date, trademark, type, and size.
- Check the condom wrapper for the same information as on the package.
- Choose the size. Generally, condoms come in three sizes: large, medium, and small. It is advisable to try the medium size first, and if it does not fit, change to

either the large or small size, depending on whether or not the medium size was too tight or too loose.

Generally, condoms are lubricated. A lubricated condom can make intercourse more comfortable and prevent the condom from breaking. If you need more lubricant, use a water-based lubricant instead of an oil-based one. Oil-based lubricants can cause condoms to break.

Unit wrap-up

Before concluding this unit, ask participants if they have any other questions. If they do, spend some time in discussion and clarification. Then conclude the unit by emphasizing the following key points:

Be aware of the potential risk of becoming infected with HIV and protect yourself.

Everybody can get infected. It is a person's behavior not his/her social status or profession that determine if he/she might become infected.

The ways and three means by which HIV is transmitted.

HIV/AIDS and adolescents, HIV/AIDS and women.

Show care and support to people with HIV/AIDS.

Condom use.

Participant handout 5-1

Key points about HIV/AIDS

1. HIV/AIDS is a deadly but avoidable disease. There is no cure yet for HIV infection or AIDS. Nor is there a vaccine to prevent HIV infection. But, there are medicines that can slow down the spread of HIV in the body and strengthen the body cells, and therefore, improve the infected person's quality of life.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a disease that happens to someone infected with HIV. HIV stands for Human Immunodeficiency Virus.

HIV slowly damages the immune system after it enters a person's body. The infected person will eventually die of many other infections and cancers as a result of the damaged immune system.

HIV is vulnerable when it is outside the human body. It can only live for several hours or days at room temperature. Maintaining a temperature of 100°C for 20 minutes can kill the virus. A dry environment and common sterilizing methods can also kill the virus.

Some body fluids from people with HIV/AIDS contain a large quantity of HIV and are very contagious. These body fluids include blood, semen, vaginal discharge, breast milk, and ooze from wounds.

It takes an average of seven to ten years from the time of HIV infection to the time when the person develops AIDS. During this period, the infected person both looks and feels healthy and can live a normal life. However, the person can pass the virus on to others, even if the signs of HIV infection have not yet shown up.

When the infected person's immune system is mostly broken down by HIV, and the person starts to feel sick, this person is said to have AIDS. Some of the most common signs include fever, weight loss, sweating, diarrhea, coughing, and rash. The medicines available for the treatment of HIV do not cure the infection, but they can restrict the activity and multiplication of HIV, and therefore, delay the person from developing AIDS and allow for a longer life.

HIV should be treated under the guidance of specially trained doctors.

It is important for people with HIV/AIDS to follow their doctors' instructions when taking medications. Consult a doctor if any problems arise during the course of treatment; otherwise, finish the entire course of medication without disruption to ensure its effectiveness.

There is not yet an effective vaccine to prevent HIV infection.

2. HIV can be transmitted in three ways: through unprotected sexual activity with a person infected with HIV, through contact with blood that is infected with HIV, and from a mother to her unborn or newborn child. Everyday contact with people living with HIV/AIDS is safe.

Worldwide, unprotected sexual intercourse or activity is the most common way that HIV is spread. In China, sharing needles for intravenous drug use is the most common way that HIV is transmitted, although the percentage of HIV infections caused by unprotected sexual intercourse is increasing every year.

HIV can be transmitted between a male and a female and between males through sexual activity including vaginal sex, oral sex, and anal sex. The risk of contracting HIV increases with the number of sexual partners a person has. Sharing needles for intravenous drug use is the most risky behavior with regard to transmitting HIV through contact with blood.

Transfusion of blood or blood products contaminated with HIV can transmit the virus. Devices used during operations, injections, acupuncture, tooth extraction, and cosmetic surgery can also spread HIV if not properly sterilized.

A pregnant woman infected with HIV can pass on the virus to her fetus or infant through pregnancy, delivery, or breastfeeding. If no preventative measures are taken, about one-third of fetuses and infants will become infected with HIV from an infected mother.

Everyday contact with people cannot spread HIV. HIV is not spread by shaking hands; hugging; kissing; eating together; or sharing tools, office supplies, or cash. Using the following public facilities is also safe: toilet seats, telephones, kitchen ware, bedding, swimming pools, and shower rooms.

HIV cannot be spread through coughing or sneezing.

Mosquito and other bug bites do not spread HIV.

3. Practicing of certain sexual behaviors can also prevent HIV infection.

Adopting the right ethical values with regard to sexuality, marriage, and family is key in preventing HIV infection.

An approach to sexuality that is too liberal—having multiple sexual partners and engaging in unprotected sexual activity—can greatly increase the risk of contracting and spreading HIV.

Prostitution is a risky behavior for the transmission of HIV.

Premature sexual activity among adolescents can have very negative consequences both physically and mentally.

Being faithful to each other can protect married couples from contracting STIs, including HIV.

4. Proper use of good quality condoms and early treatment of any STI once diagnosed can greatly reduce the risk of contracting and spreading HIV.

Condom use can greatly reduce the risk of contracting STIs, including HIV. It is important to use a condom for each and every sexual intercourse.

Although condom use to prevent HIV is not 100 percent effective, it is much safer than not using one at all.

No contraceptive method other than condoms can effectively prevent contracting or spreading HIV.

For physiological reasons, the chance of an infected male passing on HIV to his female partner during sexual intercourse is much higher than that of an infected female passing on the virus to her male partner. Therefore, women should either use female condoms or ask their partners to use male condoms when they have sex.

Male condoms cannot be reused. Instead, used condoms should be properly disposed of.

People with STIs can more easily contract and spread HIV. Early diagnosis and treatment of STIs can reduce the risk of contracting and transmitting HIV. If you think you might have an STI, go for an exam as soon as possible. If you are diagnosed with an STI, seek early treatment. In the meantime, you should also persuade your partner to have an exam. Some women do not have symptoms when they are infected with an STI. Those women who are exposed to such risky behaviors as having multiple sexual partners should have regular exams for any STIs to ensure early treatment. Only licensed hospitals can provide reliable and confidential services for counseling, diagnosis, and treatment of STIs. Resorting to unlicensed facilities for medical attention may delay treatment and increase the risk of becoming infected with HIV.

5. Sharing needles for intravenous drug use is the most risky behavior with regard to transmission of HIV through contact with blood. It is important to avoid drug use.
 - Using drugs is illegal. It threatens the health and life of the drug user. It is also a threat to families and society as a whole.
 - Sharing needles with others for intravenous drug use is the most risky behavior in the transmission of HIV.
 - Avoiding sharing needles and using clean or sterilized syringes can reduce the risk of transmitting HIV through drug use.
 - Having unprotected sex with a person using intravenous drugs increases the risk of becoming infected with STIs, including HIV.

6. Avoid unnecessary injections, blood transfusions, or use of blood products. If you cannot avoid them, use blood or blood products that have been tested and found to be HIV-negative and use disposable syringes or sterilized devices.
 - While blood donation is encouraged, selling blood is prohibited. In addition, strict testing of the blood donated is very important.
 - It is also important to select qualified blood donors and discourage those exposed to risky behaviors from donating blood.
 - Testing blood or blood products for HIV infection before using them can prevent HIV transmission through contact with blood.
 - Avoid unnecessary injections, blood transfusions, or use of blood products. If you cannot avoid them, use blood or blood products that have been tested to be HIV-negative, use blood substitutes, or use your own blood.
 - Using disposable needles and syringes is important in preventing the transmission of HIV through contact with blood. If this is not possible, reuse a needle and syringe only after it has been properly sterilized.
 - It is important for hotels, public shower rooms, barber shops, beauty parlors, and other public facilities to sterilize devices used on their customers, such as knives, needles, and any other devices that can pierce or cut the skin.

7. Certain measures can be taken to reduce transmission of HIV from an infected mother to her baby. Measures include medications called antiretrovirals for the mother, avoidance of risky procedures during delivery, and avoidance of breastfeeding.

The provision of prenatal care, HIV counseling and testing, and hospitalized delivery in those areas with a high percentage of HIV cases is a key to preventing transmission of HIV from the mother to the baby.

Pregnant women with HIV should follow their doctors' advice when taking antiretrovirals during pregnancy and delivery and avoid breastfeeding after the baby is born. In addition, care should also be taken to avoid any risky procedures during delivery. All these measures could greatly reduce the chance of passing HIV from the mother to the baby.

If diagnosed with HIV during the early stage of pregnancy, the pregnant woman should consult a doctor as to the potential risks to her baby and herself and decide for herself whether to continue with the pregnancy or not.

If a pregnant woman diagnosed with HIV chooses to terminate her pregnancy, she should go to a licensed medical facility for counseling and abortion service.

If a pregnant woman diagnosed with HIV chooses to continue her pregnancy, she should go to a designated local medical facility or maternal child health care center for free antiretrovirals and for HIV testing for the baby.

It is also important for a pregnant woman diagnosed with HIV to know about proper feeding of her baby. A baby born to an HIV-infected mother should be bottle fed to prevent the transmission of HIV through the mother's breast milk. Therefore, breastfeeding and mixed feeding of breast milk and bottles should be avoided. The mother should also be informed of the availability of free HIV testing for the baby. The baby can be tested when it is 18 months old.

8. Voluntary HIV counseling and testing is important for early diagnosis of HIV infection.

People engaging in unprotected sexual activity, sharing needles for drug use, selling blood, having suspiciously unsafe blood transfusions or injections, and pregnant women living in areas with a high percentage of HIV cases should go to a designated local clinic for voluntary HIV counseling and testing.

In China, free HIV counseling and testing services are available to those voluntarily seeking the services. Services are available in designated local disease control centers or hospitals.

Any level of disease control center or licensed hospital can offer HIV counseling and testing services if they chose to do so.

Both the counseling and testing are confidential. With informed consent, a person can decide whether to receive the testing or not.

If found to be HIV-positive, the person should be given necessary counseling or referral services to obtain information on HIV testing, treatment, prevention of transmission from mother to baby, prevention of transmission to other people, and available support for HIV-positive people.

Receiving HIV counseling and testing can help a person cope with anxiety and depression associated with any uncertainty about health. Once diagnosed as HIV-positive, early measures can be taken to ensure the well-being of both oneself and others.

9. Showing care and support for people living with HIV/AIDS and encouraging them to participate in the efforts to prevent HIV infection is very important.

People with HIV/AIDS are victims of diseases and deserve humanitarian support. Free HIV treatment is available in designated local facilities to rural and urban populations without medical insurance.

Financial assistance is available from each level of the government for low-income people infected with HIV.

Discrimination against people with HIV/AIDS is detrimental to the efforts of HIV prevention and the stability of society as a whole.

People living with HIV/AIDS can play an important role in efforts toward HIV prevention and should be encouraged to do so.

Families and communities should create caring and supportive environments for HIV/AIDS patients and encourage them to live and work positively.

10. HIV/AIDS is a threat to every individual, every family, and to society as a whole. HIV prevention requires the entire society's efforts.

In China, HIV is spreading at an increasingly fast rate. It is spreading from high-risk populations to general populations. If left uncontrolled, it will have negative consequences on China's social and economic development and social stability. The guideline for HIV prevention is to combine prevention with treatment while focusing on prevention.

Prevention and treatment of HIV/AIDS is not a single department's responsibility. Rather, it requires effort from multiple departments and the whole society.

Nongovernmental organizations play key roles in the prevention of HIV infection, including HIV education to the general public, intervention activities in high-risk populations, and care and support for people living with HIV/AIDS.

All citizens should participate actively in HIV-prevention efforts by educating themselves on basic facts about HIV/AIDS, avoiding risky behavior, and sharing knowledge with others.

It is the responsibility of families, schools, communities, and society as a whole to educate adolescents on STI/HIV prevention, avoidance of drug use, life-planning skills, sexuality, and reproductive health so as to protect adolescents from STI/HIV infection.

Reference for facilitators 5-1

“Notice from the General Office of the Ministry of Education on the distribution of *Curriculum Outline for Primary and Secondary Schools on the Prevention of HIV Infections*, *Curriculum Outline for Primary and Secondary Schools on the Prevention of Drug Use*, and *Curriculum Outline for Primary and Secondary Schools on Environmental Protection*.”

In the original Chinese version of the curriculum, this notice was provided as a reference for facilitators.

Reference for facilitators 5-2

Suggestions from the Ministry of Education on how to implement the *Notice from the State Council on Facilitating the Prevention of HIV Infection*.

In the original Chinese version of the curriculum, this notice was provided as a reference to facilitators.

Supplemental activity 5-1: The Signatures game

(This game is an alternative to water exchange)

Preparation: Prepare as many index cards as the number of participants. Mark an “X” on the back of one card and a “C” on the back of two cards without participants noticing. (“X” stands for HIV and “C” stands for condom.)

1. Invite five volunteers to the front and give each of them a card without any marks on the back. They will be standing aside, observing the other participants’ activities.
2. Distribute the rest of cards to the remaining participants.
3. Ask all participants to stand up and start the game. Each person is to find a partner and exchange signatures with the partner. The facilitator needs to make sure that every participant has a partner before starting the signature exchange. Since this is the first round involving obtaining signatures, each player is to write the number “1” before his/her name.
4. Participants repeat the process by finding other partners and obtaining each other’s signatures. This time, each player will put the number “2” before his/her name.
5. During the third round, each participant is to put the number “3” before his/her name while exchanging signatures with a new partner.
6. During the fourth round, the five volunteers will join the other participants and find five partners of their own with whom to exchange signatures. Note that the five volunteers should not find partners among themselves. The rest of the participants will repeat what they did during the first three rounds. After all have exchanged signatures, the five volunteers will go back to their places to continue observing the

game. Since this is the fourth round, the number “4” is to be put before each player’s name.

7. All participants except the five volunteers continue the game for the fifth round of signature exchange. Note that for each round, each player is to find a new partner. Put the number “5” before each name for this round.
8. After the fifth round is done, ask all participants to stand in a circle, with the five volunteers standing together.
9. Ask the question: “If we assume that the activity of exchanging signatures represents sexual activity in real life, what have each of you done just now, and how many times have you done it?” “Do you think you might have become infected with HIV through this sexual activity? Why or why not?”
10. Make a point and ask questions: As a matter of fact, you can’t tell from looking at a person whether he/she is HIV-positive or not. One of the cards has an “X” marked on the back. That card symbolizes HIV-positive. Check the back of your card and whoever has the card marked “X,” please come to the center of the circle. “Do you still remember the first person you exchanged signatures with? Please call out his/her name.” The facilitator asks the participant whose name was called out to stand beside the participant with the “X” card and asks “How would you feel if we told you that you just had sex with an HIV-positive person?”
11. Ask the two participants inside the circle to read the names of the participants who signed their cards during the second round of the game. Ask those two participants whose names were called out to stand behind their respective partners from the second round. They are also told that they just engaged in sexual activity with partners who might have been infected with HIV.
12. Then ask all the participants inside the circle to tell the names of their partners from the third round of signature exchange. Ask them to stand in the third row of the center.
13. Repeat these steps. Ask the participants who are partners with those inside the circle from the fourth round to stand in the fourth row of the center, implying that during the fourth round, they had sex with people who might be HIV-positive. Names of the five volunteers may also be called out, and they are to stand in the fourth row as well.
14. Ask participants who are supposed to have had sex during the fifth round of the game with people who might be infected with HIV to stand in the fifth row.
15. Point out that all the participants inside the circle have engaged in sexual activities with people who might be HIV-positive. However, those who engaged in protected sexual activity will be protected from contracting HIV. The mark “C” on the back of your card represents condom use. If you have that mark on the back of your card, you

can go back to the circle; you may not be infected with HIV since you used a condom every time you had sex.

16. Ask those remaining inside the circle who only exchanged signatures with “C” card holders and nobody else to go back to the circle as well, since they may not be infected either. Ask how those people who used condoms feel.
17. Ask participants to discuss the following questions:
 - A. This game demonstrates that after several rounds of signature exchange, the number of HIV-positive people increases from one to many. What have you learned from the activity?
 - B. Let’s take a look at the five volunteers. “How many times have the five volunteers exchanged signatures with others?” (Emphasize the fact they did it only once.) Continue by asking, “What kind of people do the five volunteers represent in real life? Or what kind of behaviors do they represent?”
 - C. Stimulate further discussions: The five volunteers represent people who have sex for the first time or people who only have sex with one partner. Then ask the following questions:
 - a. Can those people represented by the five volunteers ever be infected with HIV? Why or why not?
 - b. Why has somebody been infected with HIV through only one sexual intercourse?
 - c. Does a person usually have one sexual partner or several partners in real life? Can we say that in real life a person has no risk of contracting HIV if he/she has only one sexual partner? (Emphasize the point that a person can contract HIV even if he/she has sex only once or with only one sexual partner.)
 - D. How can you tell in real life whether a person is HIV-positive? (A blood test is the most common way of HIV testing. You cannot tell from a person’s looks whether he/she is HIV-positive.)
 - E. How did you feel when you found out you have been infected during the game? Just imagine how a person would feel in real life when told that he/she has been infected with HIV.
 - F. How did you feel during the game when you knew that the partner you had exchanged signatures with became infected? Imagine how that would feel in real life.

Based on participants’ discussion, draw conclusions.

Key points for conclusion (for reference only):

Unprotected sexual intercourse is the most common way that HIV is spread, accounting for 70 percent of all HIV infections worldwide. The speed and magnitude of HIV transmission is beyond our imagination. Currently, there are around five million new infections every year worldwide, and more than ten people become infected every minute. Unfortunately, many people are not aware of the risk they are facing.

The fact that it is impossible to tell if a person has HIV just by looking at him/her misleads many to engage in unprotected sexual activity.

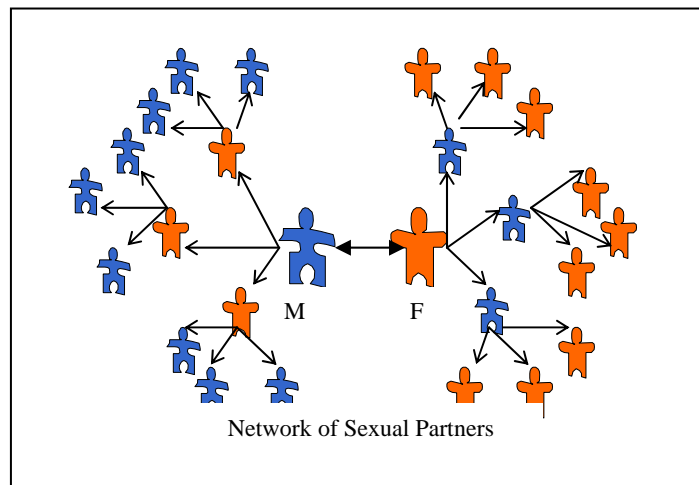
Some might think, 'If I only have sex with my boyfriend/husband or girlfriend/wife, I cannot possibly become infected with HIV, and I'm absolutely safe.' Is this true? (Illustrate this point with the following *Network of Sexual Partners*.)

Generally, it is either not on a person's mind or the person is afraid to ask about his/her partner's sexual history or whether his/her partner ever had unprotected sex with others. However, if you decide to have sex, it is very important to ask in order to protect yourself against HIV infection.

Anyone who engages in unprotected sexual activity runs the risk of becoming infected with HIV. This is true even for those who have only one sexual partner. Those who have multiple sexual partners run a greater risk of contracting HIV. Having fewer or one partner can reduce the risk.

Condom use is a very effective way to prevent HIV infection because the virus cannot penetrate the latex.

HIV infection in real life is very different from the game we played. Once a person is HIV-positive, that person has the virus for life, and HIV will eventually develop into the deadly disease AIDS. Prevention is the only solution.



Questions related to the network of sexual partners:

Are you sure that you know whether or not your boyfriend/girlfriend has an ex-girlfriend/ex-boyfriend?

Are you sure you know whether your boyfriend/girlfriend ever had sex before with somebody other than you?

If he/she ever had sex with somebody other than you, is he/she going to let you know? Why or why not?

If your boyfriend/girlfriend had a sexual partner before you, does he/she know everything about his/her previous sexual partner? Does he/she know whether his/her previous sexual partner had an ex-partner as well or whether he/she ever had unprotected sex?

Reference for facilitators explaining the network of sexual partners:

Let's assume the male and female in the center of the picture represent a pair of lovers. Do you think they will use any kind of protection when they first have sex? Why or why not? Why do you think those who know each other well and those who are intimate with each other are not likely to use any protection when they first have sex? (They may trust each other and consider their partners healthy.)

If the male in the picture has an ex-girlfriend, is it likely that he might have had sex with his ex-girlfriend? Or, is it possible that he might have visited prostitutes before? A prostitute has multiple sexual partners. Another question is whether the young man will tell his current girlfriend about his sexual history. If he does, what would happen? (The girl may break up with him.)

Now let's see whether the girl has had similar experience. If she has had experiences similar to those of her boyfriend, is it likely that she's going to tell her boyfriend about them? (Usually not.) Why? (Pressured by traditional values.) That is to say, a person is not likely to tell his/her current sexual partner about his/her sexual history. This may make young people unaware of the risks they face.

According to the network, once the girl has had sex with her boyfriend, she runs the risk of becoming infected with HIV by anyone with HIV who is connected to her boyfriend sexually. The same is true for her boyfriend. Therefore, while only the couple in the center is having sexual intercourse, in terms of transmitting HIV infection, they are having sex with all the people in the network.

Abstaining from sexual intercourse is the best way to prevent HIV, considering that HIV is mainly transmitted through sexual behavior. However, not everyone is able to do this. If you cannot abstain from having sex, what can you do to protect yourself from HIV infection? The answer is, use a condom. Condom use is the only way to prevent HIV transmission during sexual activity.

Supplemental activity 5-2: High-risk populations and risky behaviors

The purpose of this activity is to help participants understand the message that whether a person runs the risk of becoming infected with HIV is determined by behavior rather than profession or social status.

1. Prepare beforehand enough index cards for the number of participants. On each card, write a profession or a population group. (Refer to the list of professions and population groups below.) Adjust the list to reflect the local situation or backgrounds and professions of the participants. Certain professions or population groups can be repeated because different people may have different opinions about a certain profession or group. Allow participants to freely express their opinions, comments, or arguments.

List of professions and population groups: *teacher, prostitute, college student, housewife, out-of-school youth, homosexual, bisexual, actor/actress, people having*

multiple sexual partners, men visiting prostitutes, salesperson, alcoholic, singer, nurse, single young woman, single young man, drug user, village head, monk, farmer, caregiver for HIV/AIDS patients, officials, truck driver.

2. Put a sign reading “Risky” at one end of the classroom and one reading “Safe” at the other end.
3. Distribute one card to each participant.
4. Ask all the participants to find their positions based on the risk of becoming infected with HIV with regard to the particular professions or population groups on their cards. Those who believe that the professions or population groups on their cards have a high risk of contracting HIV can stand on the “Risky” side. Those who believe that the professions or population groups on their cards run no risk of contracting HIV can stand on the “Safe” side. Those who view their professions or population groups as neither particularly risky nor absolutely safe can stand in between, either closer to “Risky” or closer to “Safe” as they see fit.
5. After all participants have found their positions, ask participants first from the two ends (risky and safe) and then from in between to give the reasons why they picked their particular positions. Discuss how they evaluated the risks and why. Allow other participants to share their opinions and comments. If there is too much disagreement with regard to a particular position, the participant may choose to change his/her position.
6. Then raise the following questions:
 - Why do some people run a higher risk than others? (Pay attention to the reasons given.)
 - What factors or conditions did you consider when you tried to evaluate the risks involved with a certain profession or population group?
 - What is the relationship between a person’s profession or social status and his/her chance of becoming infected with HIV?
 - What are the characteristics of the professions or population groups that you believe have a higher risk of contracting HIV?
 - What have we learned from this activity? (Emphasize that the risk of contracting HIV is determined not by a person’s profession or social status but by behavior. In other words, the risk of contracting HIV is not determined by who you are but by what you do. It is wrong to think that only those so-called “high risk” people, for example men visiting prostitutes, prostitutes, or drug users, are at risk of becoming infected with HIV.

The following points are for the facilitator's reference. Participants' discussions may touch upon these points:

Why do those who visit prostitutes have a higher risk?

HIV can infect any person. Can you tell a person's behavior from his/her profession? It is generally believed that those dressed well are safer. Who do you think is safer, a teacher or a person with multiple sexual partners? Who is at higher risk, a truck driver or a medical doctor?

Can you tell a person's behavior only from his/her profession?

It is generally believed that people with higher social status and educational levels are safer. However, can social status and education be used as indicators as to whether a person is safe? When a person knows that his/her partner has more than one sexual partner, he/she may use a condom as self-protection. However, if the person believes that certain professions such as teachers or medical doctors are safer, he/she may choose not to use any protection during sexual activity. Under these circumstances, who do you think is more risky to that person, the one having multiple sexual partners or the teacher/medical doctor?

The term, "risky population," is no longer used when we talk about the risk of contracting HIV. Instead, the term, "risky behaviors," is used because it is possible for anybody to contract HIV. Some may think, 'Drug users and prostitutes run a high risk of contracting HIV, and since I am neither a drug user nor a prostitute, I should be safe from contracting HIV.' As a matter of fact, everybody runs a certain degree of risk.

Since you cannot change a person's profession or social status, the only way to protect a person from contracting HIV is to change his/her behavior.

It is not who you are but what you do that causes you to become infected with HIV. Paying more attention to high-risk populations rather than high-risk behaviors will result in two consequences: neglecting an individual person's risk and prejudice against HIV-positive people.

Unit six: Preventing unwanted pregnancies

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

- Understand how a pregnancy occurs.
- Know some effective contraceptive methods.
- Understand emergency contraception.
- Understand the consequences of abortion.

Time: 90 minutes.

Overview:

1. Contraception.
2. Emergency contraception.
3. Abortion.

Materials needed: Samples of commonly used contraceptive methods.

Reading materials: Participant handout 6-1: Quiz.

Suggestions for teaching this unit:

The information contained in this unit is often left out of school curricula, although it is needed by adolescents.

A suggestion from facilitators who participated in a retraining program was to target different groups with different focuses. For example, with students in junior high, the focus should be on how life begins—as part of natural science instead of contraception instruction, which should only be touched upon. Contraception should be covered in more detail with senior high school students and out-of-school youth. With senior high students, the emphasis should be on delaying sexual activity; whereas with out-of-school youth, the emphasis should be on the consequences of sexual activity and the practice of safe sex.

Facilitators should be careful to take into account the target population when introducing the rhythm method; this method is not safe, especially for adolescents. Male responsibility should be emphasized when introducing informed choice of contraceptive methods.

The facilitator should also inform the participants of locally available contraceptive services and encourage them to go to licensed facilities with any concerns or problems.

Condom use can be demonstrated either in this unit, the preventing HIV unit, or the sexuality and decision-making unit.

Linking sentence: We learned during the first unit about the male and female reproductive systems and how pregnancy occurs. We know that boys and girls entering into adolescence are capable of reproduction. Following that, we were introduced to the topic of sexuality and decision-making. We know more about the potential consequences of sexual activity, such as pregnancy and STI infection, including HIV/AIDS infection.

We also know that sexual activity is an individual’s responsible decision. In the previous unit, we were introduced to the prevention of STIs, including HIV. In this unit, we will learn about avoiding unintended pregnancy.

Activity one: Contraception

Step one: Divide the participants into groups and brainstorm on the following questions. Write participants’ responses in the table below.

- List all contraceptive methods you can think of.
- Which methods do you consider effective and which methods not effective?
- Which methods do you think can prevent STIs, including HIV/AIDS, and which methods cannot?
- Which methods are for male use, and which are for female use?

Contraceptive methods I know of	Effective in preventing pregnancy			Effective in preventing STI/HIV			For male or female use		
	Yes	No	No idea	Yes	No	No idea	Male	Female	No idea

Step two: Each group selects a representative to present the outcome of their discussion. The facilitator then invites comments from other participants.

Step three: Present how contraception works, preferably with the assistance of a poster showing the male and female reproductive systems. Pregnancy occurs when an egg meets a sperm and becomes fertilized. The fertilized egg then implants itself in the uterus and grows into a baby. Contraception, on the other hand, works through one of the following ways: suppression and prevention of ovulation; prevention of the meeting of the sperm and egg; or prevention of the fertilized egg from implantation.

Step four: Reinforce the correct information raised in the discussion and correct any misunderstandings by referring to how pregnancy works and the following table on common contraceptive methods.

Common contraceptive methods:

Contraceptive method	How it works/how to use it	Effective in preventing pregnancy?	Effective in preventing STI/HIV?
Abstinence	Completely avoiding sexual intercourse.	Yes. There is no possibility of getting pregnant.	Yes
The male condom	The rubber sheath rolled onto the erect penis before sexual intercourse prevents the sperm from entering the vagina. It is inexpensive and easy to use.	Yes	Yes
The pill (oral contraceptives)	These are hormonal methods used by females. These pills contain hormones that change the body in a number of ways in order to prevent pregnancy (e.g., by suppressing and preventing ovulation and altering the movement of the Fallopian tubes). They should be prescribed by licensed medical personnel and taken as prescribed.	Yes	No
Spermicides	These kill or immobilize sperm so that they are prevented from moving toward the egg. Spermicides should be inserted into the vagina before sexual intercourse.	Yes, if used together with the male or female condom.	No
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.	Yes, if used with spermicide.	Yes
Contraceptive injections	These work similarly to the pill. Women regularly receive shots to prevent ovulation.	Yes	No
Intrauterine device (IUD)	This is a long-term contraceptive method. A device is inserted by a doctor into the woman's uterus to prevent the egg from meeting with sperm or the fertilized egg from entering the womb.	Yes	No
Tubaligation	This permanent contraceptive method works by cutting the Fallopian tubes during an operation to prevent eggs from ever meeting sperm.	Yes	No
Vasectomy	This permanent contraceptive method works by cutting the tube, during an operation, that carries sperm to their storage place, and eventually, the body quits producing sperm.	Yes	No
Emergency contraception	This is a special dose of oral contraceptive pills that is taken within 72 hours of unprotected sexual intercourse to prevent ovulation, fertilization, or implantation.	Yes	No
Rhythm method	Avoiding sexual intercourse around the time of ovulation.	Not very effective	No
Withdrawal	Pulling the penis out of the vagina before ejaculation.	Not very effective	No

Cleaning the vagina	Cleaning the vagina after sexual intercourse to wash away the semen.	No	No
Having sexual intercourse in a standing position		No	No

Step five: Concluding notes (for reference)

No contraceptive method is 100% risk-free. The best way to prevent pregnancy is to abstain from having sex. Many young people choose not to have sexual activity before getting married.

The male condom is the only contraceptive method that can effectively prevent STIs, including HIV. As STIs and HIV become widespread, male condom use is the most appropriate method for young people. As the popular slogan goes, “No condom, no sex.”

The most popular condom is the male condom, which requires the responsibility of the men. Women should be able to negotiate condom use with sexual partners. Despite the availability of many effective contraceptive methods, every year, 15 million girls under the age of 20 became pregnant worldwide (this includes China), most of which are unintended pregnancies. The reasons are numerous, including lack of contraceptive knowledge, lack of access to contraceptives, and use of an ineffective contraceptive method. Have any of your friends ever had an unintended pregnancy?

The rhythm method and withdrawal are not very effective in preventing pregnancy, although they are still used by many people. These methods account for most of the unintended pregnancies resulting from failed contraception.

Contraceptives are available from pharmacies, stores, family planning stations, hospitals, and workplaces.

Consultation on contraceptive methods is available from medical personnel and family planning workers.

Activity two: Emergency contraception

1. Ask the following questions and note participants’ responses: “Have you ever heard of emergency contraception?” “Do you know how to use emergency contraception?” “Does emergency contraception make it okay to have unprotected sex?”

2. Make a presentation based on the following notes:

Emergency contraception is a special dose of oral contraceptive pills to prevent pregnancy that is taken within 72 hours after unprotected sexual intercourse, after a rape, or in the case of contraceptive method failure, such as failure to take the pill, a broken condom, or a dislodged IUD.

Emergency contraception prevents pregnancy by preventing or delaying ovulation or preventing the fertilized egg from entering the uterus. However, emergency contraception does not prevent pregnancy if the fertilized egg is already implanted

in the womb. Therefore, emergency contraceptive pills must be taken within three days of sexual intercourse.

Emergency contraceptive pills can be purchased from drug stores. There are a number of them currently available. It is important to read the instructions before taking any of them because the dosage is different with each type.

If a woman does not have her menstrual period after taking the pill, she should take a pregnancy test.

3. Emphasize:

Emergency contraception is not a regular contraceptive method. The high dosage of hormones contained in the pills can disrupt the normal function of the ovaries as well as the normal menstrual cycle. This can have negative consequences for women, especially for young girls. Therefore, emergency contraception cannot be used as a regular contraceptive method.

It is concerning that many young girls overuse emergency contraception and are unaware of the many side effects involved.

Emergency contraception should be used only after a single act of unprotected sex. Any sexual activity after the single act needs to be protected with other appropriate contraceptive methods.

Like other oral contraceptive pills, emergency contraceptive pills do not prevent STIs, including HIV.

Emergency contraception cannot be used for abortion. In the case of a confirmed pregnancy, emergency contraception cannot be used.

Another kind of emergency contraception is the insertion of a copper IUD into the woman's womb by a doctor within five days of sexual intercourse.

Activity three: Abortion

Step one: The facilitator presents: As we have said, no contraceptive method is 100% effective in preventing pregnancy. Unintended pregnancy cannot be completely avoided, even with the availability of very effective contraceptive methods. In the event of an unintended pregnancy, some choose to give birth to the baby, and some choose to terminate the pregnancy by abortion. Abortion is not a contraceptive method. Instead, it is a way to terminate a pregnancy in the case of contraceptive failure.

Step two: Ask the following question and write down participants' answers: "What do you know about abortion?"

Step three: Organize a general discussion on the following:

There is a case of unintended pregnancy and three options to terminate the pregnancy: induced abortion, drug abortion, and painless abortion. If you were asked to choose, which method would you use?

Divide the participants into three groups according to the three options they choose and invite further discussion: What is the reason for choosing the method?

Step four: Each group reports the outcome of their discussion.

Step five: Concludes the discussion by emphasizing the following points:

Any kind of abortion is a remedial method to terminate an unintended pregnancy as a result of contraceptive failure. Any kind of abortion can harm one's health, both mentally and physically, especially in the case of multiple abortions. The risks include maternal diseases and even infertility. The best way to prevent pregnancy is to use contraception.

There are many advertisements on drug abortion and painless abortion. These advertisements can be very misleading in that they make people believe that unwanted pregnancy is not a cause for concern.

Drug abortion is not emergency contraception. It can only be administered in qualified medical facilities. Abortion pills cannot be purchased from a drug store. Drug abortion works by making the inner lining of the womb fall off to terminate the pregnancy; no operation is required. However, it is painful and has a ten percent rate of failure. In the case of an incomplete abortion, an operation is needed to make the abortion complete, which can result in three to four times more bleeding than a regular abortion procedure.

The so-called painless abortion is a regular abortion procedure with anesthesia. It can reduce the risk of uterus perforation caused by any struggle from the pregnant woman during the procedure due to pain. However, it requires even higher skill from the doctor because the woman undergoing the abortion does not respond to pain. Anesthesia also involves risks.

Abortions, especially those performed in unlicensed facilities, can have serious consequences, like vaginal infections, massive hemorrhage, infertility, and even death.

It is important to seek abortion services from a licensed facility, like a hospital or family planning station, in the event of an unintended pregnancy.

Induced abortion should be performed within ten weeks of pregnancy, whereas drug abortion needs to be done within seven weeks of pregnancy.

In the event of an unintended pregnancy, the harm done to the woman is much greater than that done to the man. Men should take part in the responsibility of protecting women, and women need to learn to protect themselves.

Concluding notes

Invite responses from participants regarding what they have learned from this unit:

Understanding of effective contraceptive methods.

Possessing knowledge of contraceptive methods does not mean you should experiment with sexual activity, just like learning how to use matches should not encourage you to set fires.

Although some contraceptive methods are quite effective, none of them can guarantee 100% effectiveness. The safest way to protect yourself is by not engaging in any sexual activity.

Both emergency contraception and abortion are harmful to health.

Both boys and girls should be thankful to their parents for bringing them into this world. We should learn to take care of ourselves by delaying sexual activities. We

should also learn to take responsibility and never do things that can harm ourselves or others.

Participant handout 6-1

Quiz

1. When is a woman with a regular menstrual cycle most likely to become pregnant?
 - a. before the menstrual period
 - b. during the menstrual period
 - c. 14 days before the next menstrual period
 - d. after the menstrual period

2. Can a girl become pregnant even if she engages in only infrequent sexual activity?
 - a. yes
 - b. no
 - c. don't know

3. What are some of the common symptoms a woman may experience after she becomes pregnant?
 - a. nausea or vomiting
 - b. no menstrual period
 - c. breast pain
 - d. frequent urination
 - e. no symptoms
 - f. don't know

4. Put a check mark (√) before the two most-effective contraceptive methods and a cross mark (x) before the two least-effective contraceptive methods.
 - condom use
 - rhythm method
 - oral contraceptives
 - withdrawal

5. Which of the following methods can prevent both pregnancy and STIs at the same time?
 - a. male condom
 - b. oral contraceptives
 - c. rhythm method
 - d. withdrawal
 - e. IUD
 - f. female condom
 - g. tubaligation/vasectomy

6. What are the appropriate contraceptive methods for unmarried youth if they decide to have sex?

7. In the event of a skipped dose of a contraceptive pill, which of the following remedies are correct?
 - a. double the dosage the very next day
 - b. take the pill within 12 hours
 - c. avoid sexual activity for the next two days
8. How do you use a male condom properly?
9. In the event of unprotected sexual intercourse, which contraceptive method can be used to prevent pregnancy and when should this method be used?
10. How can an IUD prevent pregnancy (choose only one answer)?
 - a. It blocks the sperm from entering the uterus
 - b. It prevents ovulation
 - c. It immobilizes the sperm
 - d. It prevents implantation of the fertilized egg
11. Under what circumstances can a woman avoid becoming pregnant in the event of unprotected sexual intercourse?
 - a. She is having her period
 - b. She is having sex for the first time
 - c. Her sexual partner uses the withdrawal method
 - d. She takes a shower immediately after the sexual activity
 - e. None of the above can prevent pregnancy

Unit seven: Avoiding drug use

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

- Understand drug use and its risks.
- Understand the harmful effects of drugs on adolescents.
- Know the skills to refuse drug use.

Time: 60–90 minutes

Overview:

1. Drugs and their risks.
2. Adolescents and drugs.
3. Saying no to drugs.

Materials needed:

- Reference 7-1 for facilitators: *Suggestions on the implementation of public advocacy for drug prevention.*
- Reference 7-2 for facilitators: *Curriculum outlines on drug prevention for primary and secondary school students.*

Suggestions for teaching this unit: If possible, organize one of the following activities:

1. A visit to a local singing and dancing club.
2. A visit to a local drug-dependency treatment facility.
3. A visit to a seminar/lecture on drug prevention.
4. Interviews with drug users.
5. Discussion regarding two well-known and educational cases of drug use.
6. Viewing of related films.

Activity one: Drugs and their risks

Step one: Organize group discussions on the following questions: “How many drugs can you name?” “What are the risks of using drugs?”

Step two: Group reports.

Step three: Based on group discussions, make presentation notes. The following points are for reference:

Drugs refer to narcotic drugs and psychotropic drugs that are dependence-producing, including opium, heroin, morphine, marijuana, and cocaine, among others. “Why do we call them drugs?” (Possible answers may include: addiction-producing, narcotic, and producing fantasy or illusion.)

There are many kinds of drugs. Worldwide, there are a total of 232 kinds of controlled drugs, including 128 narcotic drugs and 104 psychotropic drugs. A number of common drugs will be introduced here.

Drug use or substance abuse refers to a behavior of compulsory self-medicating that is long term, for non-medical purposes, and requires repeated and increasing doses.

Risks of drug use include:

1. To individual: Drug use is harmful to the user's health; the average life expectancy of drug users is much lower than for that of non-users. Statistics show that a quarter of drug users die within 10–20 years of drug use, making the death rate among drug users 15 times higher than that of non-users. Drugs can cause direct damage to the user's health, including damage to the central nervous system, the circulatory system, the digestive system, and the immune system. Drug users can die of overdose. Intravenous drug users who share needles may contract HIV, Hepatitis B, Hepatitis C, and other diseases. Poor living conditions may make drug users vulnerable to pneumonia, tuberculosis, and other similar types of diseases. In addition, once a person becomes drug dependent, everything in his/her life is controlled by drugs. Nothing is more important than drugs, including family, career, responsibility, life goals, and integrity. As a result, drug users are often suicidal and easily become victims of violence and accidents.
2. To family: If one family member uses drugs, the entire family suffers. Even very wealthy people can go bankrupt once becoming drug dependent. As a result, drug users are most often abandoned by family and friends.
3. To society: Drug use is expensive. In order to obtain the money needed for drugs, after spending the last penny saved, most drug users commit crimes, such as robbery or selling drugs to obtain money. Drugs have become a cause of social instability in some areas. Since most drug users are young people, there is a loss within the labor force, which can have a negative effect on social and economic development.
4. HIV/AIDS: Sharing needles for intravenous drug use can cause the transmission of HIV. In China, out of the 89,067 cases of HIV infections reported by the end of 2004, 41.3 percent were caused by sharing needles for drug use. Presently, drug use is still the major method of HIV transmission in China. It is true that with drug use, only sharing needles can spread HIV. However, although first-time drug users usually start by smoking drugs, they will eventually use needles as they become more addicted to drugs.

Step four: Invite comments from the participants and ask them to share cases of drug use they have heard of with the rest of the class.

Step five: Conclude: Drugs can do tremendous harm to individuals, families, and society as a whole. Never, ever try drugs.

Activity two: Adolescents and drugs

Adolescents are major drug users worldwide. Statistics from China show that among the 1.05 million reported drug users as of the end of 2003, about 72 percent were young

people under the age of 35. As new kinds of drugs are made available in entertainment places, where young people are major customers, drugs become an even greater threat to young people. In addition to the increased number of users, the average age of drug users among young people is decreasing.

In early 2005, eleven ministries of China, including the Ministries of Public Security and Education, jointly issued, *Suggestions on the implementation of a public advocacy for drug prevention*, and identified five target population groups, of which adolescents was the first priority group.

Step one: Ask participants to brainstorm the question of why adolescents are vulnerable to the temptation of drugs. Write down the responses.

Step two: Conclude based on participants' responses.

Misunderstanding about drugs is the major reason why adolescents use drugs. The following are some examples of these misunderstandings:

"These are not drugs!" From what they learn from television or other media, adolescents may think that drugs are used only with needle injections. They may not know that drugs can also take the form of pills, powder, or be placed in soft drinks. Adolescents need to know that no drug would claim to be a drug. Imagine how you would react if somebody said to you, "Come on, let's do drugs." People who intend to trick you into doing drugs would not let you know you are being offered drugs. Instead, they would make you believe that the stuff you are being offered will make you feel good.

"Are drugs that terrifying? I don't think so." Young people are adventurous. They believe they can handle drugs without becoming addicted. Yet, they do become addicted.

"They can really make people feel good? Let me try!" Young people are naturally curious. They are always ready to try new, exciting, and challenging things. If you let your curiosity lead you to try drugs, the consequence could be a painful and miserable life.

"All my buddies are using drugs themselves. They won't do me any harm!" When your buddies try to sell drugs, they will first approach buddies like you, because strangers will not buy them. If a stranger approached you with drugs, most likely you would refuse. It is a fact that most drug users begin using drugs because their buddies talked them into it.

"I'm only trying it once and won't get addicted." As a matter of fact, some drug users can become addicted to certain drugs after only one-time use. Even if they do not become addicted the first time, they try for the second and the third time because they mistakenly believe that they will not become addicted—and then they do.

"It is cool to use drugs." Some people feel that using drugs makes them appear cool, fashionable, and attractive.

“Drugs could make me smarter and inspire me!” Some people believe that drugs could inspire a person and encourage creativity. News and rumors about celebrities using drugs gives adolescents the desire to copy their idols.

“Drugs can make me forget my pain!” Some people use drugs when they are faced with difficult situations.

Emphasize the following point:

Drug use among adolescents is not a subject that has nothing to do with us. We have qualities just like those adolescents who use drugs: we’re curious, courageous, disobedient, and we want to be cool. We might have happy moments to celebrate and sad moments to cope with. However, whatever may happen in life, each of us should be able to say no to drugs.

Activity three: Saying no to drugs

Linking sentence: In a previous unit on sexuality and decision-making, we learned the skill of saying no. Saying no is both an attitude and an important skill. Next, we are going to practice saying no to drugs.

Step one: Ask each participant to write down three ways they consider the most effective ways to say no in the following situations:

Saying no to a buddy’s offer of alcohol and cigarettes.

Saying no to a stranger’s offer of drinks at a club.

Step two: Divide the participants into four groups and ask each group to summarize five ways they consider most effective in saying no and discuss how to role-play them. Then groups one and two practice saying no to a buddy’s offer of alcohol and cigarettes, and groups three and four practice saying no to a stranger’s offer of drinks at a club.

Step three: Each group reports back and plays their assigned roles.

Step four: Conclude:

Be assertive and forceful when saying no. For example, “You are not my friend if you ask me to use drugs!”

Body language and verbal language should send the same message.

The following ways of saying no are summarized from a training session in Harbin.

Verbal expression:

Say no assertively 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 expression:

Stand back and shake your head. Frown and look disgusted with the idea. Walk away.
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Unit wrap-up

Ask participants to review what they have learned in this unit, what they think about this unit, and what questions they have about this unit. Conclude by emphasizing that:

- Drugs are harmful to health.
- Using drugs is not accepted by social ethics and laws.
- Be always on the alert for unhealthy temptations.
- Set your goals in life and stay away from drugs.

Reference 7-1 for facilitators

Suggestions on the Implementation of Public Advocacy for Drug Prevention.

In the original Chinese version of the curriculum, this notice was provided as a reference to facilitators.

Reference 7-2 for facilitators

Curriculum Outlines on Drug Prevention for Primary and Secondary School Students.

In the original Chinese version of the curriculum, this notice was provided as reference to facilitators.

Unit eight: Planning for the future

Purpose and objectives: By the end of the unit, participants should be able to:

- Set goals, plan for their futures, and be determined to work toward their goals.
- Identify how to achieve their goals.

Time: 60 minutes.

Overview:

1. Understanding long-term and short-term goals.
2. Ten-year reunion.

Material needed: Participant handout 8-1: Ten-year reunion.

Suggestions for teaching this unit:

1. As a conclusion to the curriculum, this unit is related to all previous units. In teaching this unit, the facilitator can repeat some key issues from previous units.
2. As a reference, in some project sites, this unit is taught in conjunction with individual health, especially sexual and reproductive health.

Activity one: Understanding long-term and short-term goals

Step one: Write the word “goal” on the chalkboard or flipchart paper and ask participants to brainstorm what they think the word means. Work toward getting the group to agree on a common definition. Explain that a goal is something a person works to accomplish. It can be any of the following:

- Something to do.
- Someplace to go.
- Something to have.

Now ask each participant to come up with a goal. Without identifying the goals, ask each person whose goal is long-term to stand on one side of the classroom and each person whose goal is short-term to stand on the other side of the classroom. Then ask the participants if they know why they are divided into two groups. When someone points out that one group is long-term goals and the other group is short-term goals, continue to ask for differences between the two groups. After some discussion, ask all participants to return to their seats.

Step two: Give a brief presentation on short-term and long-term goals. A goal that can be accomplished in a short period of time, such as a day, a week, 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 and challenging.
Guide decisions in life.

When a person is setting goals, the following factors should be considered:

- The goals are clearly stated and show what is required to achieve them.
- There is a given timeframe for achieving each goal.
- Some goals require teamwork to be achieved.
- Most goals are achieved step-by-step and not all at once.

Step three: Ask each participant to write down a short-term goal and a long-term goal on separate index cards. Allow ten minutes to do so. After all participants are done, ask how do you think you can accomplish your goals?

Step four: Show participants the following time table and ask them to copy it down on their own paper.

0 years old	5 years old	10 years old	15 years old	20 years old	25 years old	30 years old
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Ask participants to think about the time period between when they were born and now and write down the special events or special dates that have happened so far. For example:

- First day of school.
- Family events, such as birthdays and anniversaries.
- Dating experience.
- Sad moments experienced.
- Incentives received at school.

Ask participants to write down at least three events they expect to happen before they turn 20 and 25 years of age. For example:

- Graduating from high school or college.
- Getting a job.
- Getting married.
- Having a baby.

Finally, ask the participants to write down what they expect to happen after 25 years of age, as well as the specific year of age they expect it to happen. For example:

- Starting one's own business.
- Buying a car.
- Changing to a better job.

Allow 20 minutes to finish this. Tell the participants to get ready to share their goals with the rest of the class. Then use the following questions to stimulate discussion:

1. Did you have much to write about what happened in childhood (for example, before you were 10 years old)? Why or why not? What things were out of your control?

2. Many adults think they can control what happens to teenagers. How do you feel about this? Who is actually in control of your life during adolescence? Who decides what goals you should achieve?
3. When it comes to life plans, which years are more difficult to think about? The years between 10 and 20 years old or after 20 years old? Why?
4. Which points on your future timeline would change if you become a parent? Describe how your goals would change and why.

Activity two: Ten-year reunion

Step one: Distribute the following table of questions to the participants and ask them to think about the goals they want to achieve ten years from now. Allow 15 minutes to do this.

Ten-year reunion
<p>Think about the following questions and try to describe yourself as you think you would be if we got together in ten years' time.</p> <ol style="list-style-type: none"> a. It would be the year _____ in ten years' time, and I would be ____ years old. b. I would be working as a _____. c. In order to get that job, I would _____. d. My duties with that job would be _____. e. My salary would be _____. f. I would be living in _____. g. My family members would include _____. h. The three most important things I would own: _____. i. The most important thing I would have done: _____. j. The most significant experience I would have had: _____.

Step two: Suppose it is the ten-year reunion now. Ask each participant to take one minute to describe his/her development over the past ten years. The presentation can be in any form, such as speeches, poems, songs, pictures, or acting. Select a winner from among the participants—someone who has chosen the most realistic and achievable goals.

Step three: Stimulate discussions by referring to the following questions.

Key points for discussion:

- Do you think it is necessary to think about your goals for ten years into the future? Why or why not?
- What is required to turn your goals into reality? Is it opportunity, hard work, or good planning?
- Do you know anybody who has set life plans and achieved them after years of working hard? What do you think of such a person?

What can you do right now to ensure you achieve your life goals? (Answers may include finishing high school; delaying marriage; avoiding violence, drugs or criminal activity; and taking care of one's health.)

Participant handout 8-1

Ten-year reunion

Think about the following questions and try to describe yourself as you think you would be if we got together in ten years' time.

- a. It would be the year _____ in ten years' time, and I would be ____ years old.
- b. I would be working as a _____.
- c. In order to get that job, I would _____.
- d. My duties with that job would be _____.
- e. My salary would be _____.
- f. I would be living in _____.
- g. My family members would include _____.
- h. The three most important things I would own: _____.
- i. The most important thing I would have done: _____.
- j. The most significant experience I would have had: _____.

Appendix A. Training evaluation forms

A. Pre-/post-test evaluation

Note: This form is to be filled out by participants. Please circle the letter for the correct answer.

1. Which of the following body fluids does not transmit HIV?
 - a. blood
 - b. sweat
 - c. semen
 - d. vaginal secretions

2. Which of the following can transmit HIV?
 - a. taking care of an HIV-positive person
 - b. using a public shower room
 - c. having unprotected sexual intercourse with an HIV-positive person
 - d. sharing plates, forks, and spoons with an HIV-positive person

3. What's the most effective way to protect yourself from an STI?
 - a. delaying first sexual intercourse
 - b. remaining with the same sexual partner
 - c. using a condom
 - d. abstaining from sex

4. 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

5. The most commonly abused substance is:
 - a. alcohol
 - b. marijuana
 - c. tobacco
 - d. opium

6. 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. decline gifts

7. Which of the following contraceptive method(s) are most effective in preventing unintended pregnancy and STIs?
 - a. oral contraceptives (the pill)
 - b. condoms
 - c. spermicides
 - d. emergency contraceptives

8. In normal conditions, the “best before” period for a condom should be:
 - a. six months
 - b. one year
 - c. two to three years
 - d. five years

9. The most likely time a girl/woman can become 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

10. Your attitude toward masturbation is _____

11. What kind of people do you consider most likely to contract HIV infection?

Answers: b, c, d, b, c, c, b, d, d

B. Training record

Note: This record is to be filled out by the facilitator after each training session and filed together with training plans and evaluation forms.

Name of facilitator	
Venue of training	
Date and time of training	
Number of male/female/total trainees	
Background and professions of trainees	
Other participants and their roles	
Overall comments	

C. Flash feedback form

Note: These questions could be answered briefly by participants after each activity.

1. What are the three most important things you have learned from the activity? Why?
2. What did you like best about the activity?
3. What did you like least about the activity?
4. What are your comments and suggestions?

Thank you for your cooperation.

Appendix B. Curriculum guidelines for different target groups

Note: During the pilot period, facilitators in some places found it difficult to finish all the *Path to Growth* units. Instead, they selectively covered only parts of the curriculum. In order to address this issue with some clear guidance, participants from the retraining workshop for national-level facilitators held in Tianjin at the end of 2004 were divided into five groups to discuss what parts of the curriculum should be covered for the following major target groups: junior high students, senior high students, college students, and out-of-school students (two groups). The following curriculum guidelines for different target groups resulted from these discussions. However, whenever possible, the curriculum should be covered in its entirety for best results.

For junior high school students

LPS training needs to be incorporated into the school curriculum and institutionalized. This way, *Path to Growth* can be covered in its entirety. In places where LPS training has not been incorporated into the school curriculum, the following contents of *Path to Growth* should be covered with junior high school students:

Adolescent development: physical, psychological, and emotional changes that take place during adolescence; health care for adolescents.

Communication: friends, peer pressure, and interpersonal communication with the opposite gender.

Sexuality and decision-making: values, understanding sexuality, consequences of sexual activity, sexual harassment, and decision-making skills.

Prevention of HIV infection: ways HIV is transmitted and protective measures; adolescents and HIV/AIDS; care and support for people with HIV/AIDS.

Preventing unwanted pregnancy: contraception, common contraceptive methods.

Avoiding drugs: facts about drugs, their harmful effects, and skills for refusing drugs.

Planning for the future: relationship between actions and goals.

For senior high school students

LPS training needs to be incorporated into the school curriculum and institutionalized. This way, *Path to Growth* can be covered in its entirety. In places where LPS training has not been incorporated into the school curriculum, the following contents of *Path to Growth* should be covered with senior high school students:

Three-hour training: “Preventing HIV infection,” “Sexuality and decision-making,” “Preventing unwanted pregnancy.”

Four-hour training: add “Avoiding drugs” to the above.

Five-hour training: add “Communication” to the above.

Six-hour training: add “Planning for the future” to the above.

Seven-hour training: add “Preventing STI infection” to the above.

For college students

For freshmen and sophomores, at least two to four hours of training is required. The following contents should be covered:

Preventing unwanted pregnancy: contraception, condom use, emergency contraception, and abortion.

STIs, including HIV/AIDS: methods of transmission, protected sexual activity, care and support for people with HIV/AIDS.

Communication: love and sexuality.

For out-of-school youth

At least three hours of training is needed. The following contents should be covered:

Contraception and accessing services.

Prevention of STIs, including HIV/AIDS.

Sexuality and decision-making: decision-making skills and skills for avoiding sexual harassment.

Planning for the future.

If four hours of training is possible, add the topic:

Avoiding drugs.